

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

20004

2005 SENATE APPROPRIATIONS

SB 2004

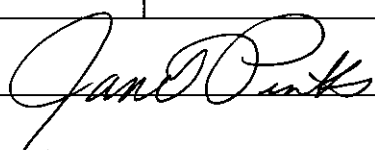
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Conference Committee

Hearing Date January 12, 2005

Tape Number	Side A	Side B	Meter #
2	A	B	246
Committee Clerk Signature 			

Minutes:

**Chairman Holmberg** announced the subcommittee for SB 2004, Senator Andrist, Senator Kilzer and Senator Mathern and SB 1022 IT budget, Senator Christmann, Chairman, Senator Fischer, and Senator Robinson..

**Terry Dwelle**, State Health Officer, North Dakota Department of Health, distributed a copy of his testimony and an organizational chart in **support of SB 2004**. (Meter 1450) He strongly supports healthy lifestyles as a part of health care services and facilitating local health efforts. He talked about the mission of the Health Department, gave an overview of the past biennium, identifying underlying health risk factors, Governor Hoeven's focus, and reviewed the budget. He urged **support of SB 2004**.

Questions were raised about air quality control, education as to the use of meth amphetamines, smoke regulations in work locations, regulatory capability of the health department.

**Arvy Smith**, Deputy State Health Officer, gave an overview (meter 3249) of the programs and budget, highlighting some of the major changes for the 2005-07 as per the written transcript on page 6. She stressed salary concerns, construction projects, and an update of the Life Safety Code as well as other areas per the written testimony. She strongly **supports approval of SB 2004**. Questions were raised regarding the crime lab, bioterrorism, budget concerns, future reductions in the budget needs, the WIC program, where the money was used from the tobacco settlement, and salary inequities. Other department members responded to various questions. Arvy Smith was asked to provide a report on the tobacco settlement and CDC to the appropriations committee.

**Nick Newman**, MD, Assistant Dean, University of North Dakota School of Medicine, (Meter # 1960) read written testimony from **Charles E. Kupchella**, President at the UND School of Medicine in **support of SB 2004**.

**Karen Volk**, RN, BSN, Wells County District Health Unit at Fessenden, distributed written testimony in **support of SB 2004**. (Meter 2388) She discussed state aid allocations and their financial dilemma..

**Bonnie Palecek**, on behalf of North Dakota Council on Abused Women's Services and Coalition Against Sexual Assault in North Dakota, (Meter 2700) distributed written testimony in **support of SB 2004**. She reviewed the history of abuse prevention, the problems, the current need, and results of a survey done in North Dakota.

**Mark LoMurray**, Project Director, North Dakota Adolescent Suicide Prevention Project, distributed testimony in **support of SB 2004**. (Meter 4067) He indicated the budget in the Health Department for this program is no longer there and he requests the committee looks at



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Senate Appropriations Committee

Bill/Resolution Number 2004

Hearing Date January 12, 2005

this. He reviewed suicides in North Dakota, and results of the ND Succeed Prevention Conference.

Questions were raised about funding sources.

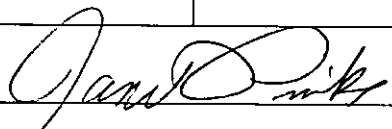
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Conference Committee

Hearing Date January 20, 2004

Tape Number	Side A	Side B	Meter #
1	a	b	
Committee Clerk Signature 			

Minutes: SUB COMMITTEE PRE-DISCUSSION

RE: SB 2004

SUB COMMITTEE CONCERNS or SUGGESTIONS:

Senator Andrist, Chairman -- Senator Kilzer -- Senator Andrist

Senator Andrist, suggested looking at a morgue representative in Grand Forks -- perhaps this should be from the Medical School budget. Suggest that the Health Department make a statement on this.

Senator Tallackson gave a reminder that the morgue is a self-funded program.

Senator Andrist indicated this will be discussed with the Health Department. If there is a need at the Medical School for a Morgue and a person is available for the position, perhaps it could be authorized.

Senator Schobinger asked if about inspection of day cares and Senator Andrist asked if this should be in the Health Department or Human Services budget.

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Senate Appropriations Committee

Bill/Resolution Number 2004

Hearing Date January 20, 2004

Senator Fischer indicated the licensing is through Human Services and inspections are through the Health Department. Possibly look at the disconnect between Human Services and the Health Department before the end of the session.

Senator Christmann expressed concerns about the use of tobacco money. Money has been taken away to hire a statewide coordinator and this needs to be investigated.

Senator Thane expressed concerns about monitoring of tobacco money.

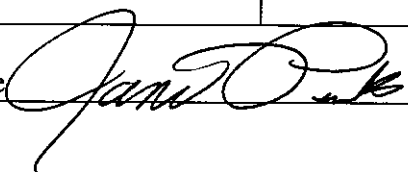
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☐ Conference Committee

Hearing Date February 11, 2005

Tape Number	Side A	Side B	Meter #
1	a		2,859
Committee Clerk Signature 			

Minutes:

**Vice Chairman Grindberg** opened the session on SB 2004.

**Senator Andrist** discussed a proposed amendment 58004.0112. He indicated the programs the Health Department is in charge of doing have been delegated and we are letting the Health Department establish their fee schedule by administrative rule which would require raising the fees somewhat to make the program self-supporting. Ultimately it will save the general fund \$300,000. This amendment in total reduces the appropriation by about \$1 million dollars and means about \$300,000 fewer dollars in revenue to the general fund as well the ultimate savings would be about \$700,000. There is also a request from a legislative council study on the cost benefit to a healthy North Dakota interim study and a salary adjustment.

Senator Christmann asked about community health and hiring another person in Bismarck.

Senator Andrist indicated this had not been addressed in this amendment.

No further questions of this amendment.

**Senator Mathern** discussed the proposed amendment 58004.0109 indicating there are three primary proposals, 1) to change the general fund allocation increasing by \$42,000 which would keep the service area the same as the past biennium, 2) Section 11 would clarify that the healthy North Dakota initiative would be kept in the bill but would change the direction of the staff person funded, and 3) Section 12, would put into law a 35 cent per pack tobacco tax. Senator Mathern distributed a handout Building a Health North Dakota which essentially would fund the entire program as recommended by the Department of Health to the Governor's office, including community grants, seat belts, baby friendly policy, chronic disease, tobacco prevention, public education, and child care consultant. A second proposed amendment 58004.110 was discussed and deals with suicide prevention adding \$150,000 to the Department of Health. He then distributed a description of ND Suicide Prevention Project discussing what the \$150,000 would be used for.

**Senator Andrist** moved to adopt the amendment 58004.0112, **Senator Bowman** seconded.

Discussion followed. The motion **passed** with a roll call vote of 13 yes, 0 no, 2 absent.

**Senator Mathern** moved to adopt amendment 58004.0109. There being no second the motion died.

**Senator Mathern** moved to adopt amendment 58004.0110, **Senator Krauter** seconded.

Discussion followed. A voice vote was taken and the amendment **did not pass**.

**Senator Christmann** expressed concerns about the Tobacco portion of the bill.

**Senator Kilzer** encouraged Senator Christmann to speak with the State Coordinator of Tabasco.

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Senate Appropriations Committee

Bill/Resolution Number 2004

Hearing Date February 11, 2005

**Senator Andrist** motioned to DO PASS as amended, **Senator Thane seconded**. No discussion followed. A roll call vote was taken with 13 yes, 0 no, the **DO PASS AS AMENDED** motion carried on **SB 2004**. Senator Andrist will carry the bill.

**Chairman Holmberg** closed the hearing on SB 2004.

*did not pass*

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; to amend and reenact section 57-36-32 of the North Dakota Century Code, relating to the tobacco products tax rate for sales of cigarettes; to provide a continuing appropriation; to provide an effective date; and to provide legislative intent"

Page 1, line 24, replace "5,776,038" with "5,818,038"

Page 2, line 4, replace "6,976,570" with "7,018,570"

Page 2, line 6, replace "1,338,016" with "1,380,016"

Page 2, line 15, replace "42,466,666" with "42,508,666"

Page 2, line 18, replace "126,559,318" with "126,601,318"

Page 2, line 20, replace "14,439,108" with "14,481,108"

Page 3, after line 20, insert:

**"SECTION 11. LEGISLATIVE INTENT - PHYSICAL ACTIVITY INFRASTRUCTURE.** It is the intent of the fifty-ninth legislative assembly that one full-time equivalent position for the healthy North Dakota program and \$124,124 of related salaries and wages appropriated in section 3 of this Act be used for the healthy North Dakota initiative physical activity infrastructure program rather than the worksite wellness program.

**SECTION 12. AMENDMENT.** Section 57-36-32 of the North Dakota Century Code is amended and reenacted as follows:

**57-36-32. Separate and additional tax on the sale of cigarettes - Collection - Allocation of revenue - Tax avoidance prohibited - Continuing appropriation.** There is hereby levied and assessed and there shall be collected by the state tax commissioner and paid to the state treasurer, upon all cigarettes sold in this state, an additional tax, separate and apart from all other taxes, of ~~seventeen~~ thirty-four and one-half mills on each cigarette, to be collected as existing taxes on cigarettes sold are, or hereafter may be, collected, by use of appropriate stamps and under similar accounting procedures. No person, firm, corporation, or limited liability company shall transport or bring or cause to be shipped into the state of North Dakota any cigarettes as provided herein, other than for delivery to wholesalers in this state, without first paying the tax thereon to the state tax commissioner. All of the moneys collected by the state treasurer under this section ~~shall~~ must be credited to the state general fund, except that the net revenue from seventeen and one-half mills per cigarette of the tax imposed under this section must be deposited in a special fund in the state treasury and dedicated to healthy North Dakota initiatives, and moneys in that fund are appropriated to the state department of health on a continuing basis for that purpose.

**SECTION 13. EFFECTIVE DATE.** Section 12 of this Act is effective for taxable events occurring after June 30, 2005."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**Senate Bill No. 2004 - State Department of Health - Senate Action**

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$32,816,481		\$32,816,481
Operating expenses	25,322,640		25,322,640
Capital assets	1,514,469		1,514,469
Grants	42,466,666	\$42,000	42,508,666
Tobacco prevention and control	8,689,062		8,689,062
WIC food payments	<u>15,750,000</u>		<u>15,750,000</u>
Total all funds	\$126,559,318	\$42,000	\$126,601,318
Less estimated income	<u>112,120,210</u>		<u>112,120,210</u>
General fund	\$14,439,108	\$42,000	\$14,481,108
FTE	317.00	0.00	317.00

**Dept. 301 - State Department of Health - Detail of Senate Changes**

	ADDS FUNDING FOR DOMESTIC VIOLENCE GRANTS <sup>1</sup>	TOTAL SENATE CHANGES
Salaries and wages		
Operating expenses		
Capital assets		
Grants	\$42,000	\$42,000
Tobacco prevention and control		
WIC food payments		
Total all funds	\$42,000	\$42,000
Less estimated income		
General fund	\$42,000	\$42,000
FTE	0.00	0.00

<sup>1</sup> This amendment adds \$42,000 from the general fund for grants for domestic violence prevention.

Section 11 of this amendment provides intent that 1 FTE position and related funding included in the executive recommendation for the Healthy North Dakota program be used for the physical activity infrastructure program of the Healthy North Dakota initiative.

Section 12 of this amendment provides for a 35-cent increase, from 44 cents per pack to 79 cents per pack, in the tobacco tax. The revenue generated from this increase is to fund the Healthy North Dakota initiative as included in the State Department of Health budget request. Section 13 provides an effective date for the tobacco tax increase.



*did not pass*

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 24, replace "5,776,038" with "5,926,038"

Page 2, line 4, replace "6,976,570" with "7,126,570"

Page 2, line 6, replace "1,338,016" with "1,488,016"

Page 2, line 15, replace "42,466,666" with "42,616,666"

Page 2, line 18, replace "126,559,318" with "126,709,318"

Page 2, line 20, replace "14,439,108" with "14,589,108"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**Senate Bill No. 2004 - State Department of Health - Senate Action**

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$32,816,481		\$32,816,481
Operating expenses	25,322,640		25,322,640
Capital assets	1,514,469		1,514,469
Grants	42,466,666	\$150,000	42,616,666
Tobacco prevention and control	8,689,062		8,689,062
WIC food payments	<u>15,750,000</u>		<u>15,750,000</u>
Total all funds	\$126,559,318	\$150,000	\$126,709,318
Less estimated income	<u>112,120,210</u>		<u>112,120,210</u>
General fund	\$14,439,108	\$150,000	\$14,589,108
FTE	317.00	0.00	317.00

**Dept. 301 - State Department of Health - Detail of Senate Changes**

	ADDS FUNDING FOR SUICIDE PREVENTION <sup>1</sup>	TOTAL SENATE CHANGES
Salaries and wages		
Operating expenses		
Capital assets		
Grants	\$150,000	\$150,000
Tobacco prevention and control		
WIC food payments		
Total all funds	\$150,000	\$150,000
Less estimated income		
General fund	\$150,000	\$150,000
FTE	0.00	0.00

<sup>1</sup> This amendment adds \$150,000 from the general fund for suicide prevention activities.

Date Feb. 11 2005  
Roll Call Vote #: 2004

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. SB 2004

Senate SENATE APPROPRIATIONS

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number bill

Action Taken

Do Pass as Amended .112

Motion Made By

Andrist

Seconded By

Thane

Senators	Yes	No	Senators	Yes	No
CHAIRMAN HOLMBERG	<input checked="" type="checkbox"/>		SENATOR KRAUTER	<input checked="" type="checkbox"/>	
VICE CHAIRMAN BOWMAN	<input checked="" type="checkbox"/>		SENATOR LINDAAS	<input checked="" type="checkbox"/>	
VICE CHAIRMAN GRINDBERG	<input checked="" type="checkbox"/>		SENATOR MATHERN	<input checked="" type="checkbox"/>	
SENATOR ANDRIST	<input checked="" type="checkbox"/>		SENATOR ROBINSON	<input checked="" type="checkbox"/>	
SENATOR CHRISTMANN	<input checked="" type="checkbox"/>		SEN. TALLACKSON	<input checked="" type="checkbox"/>	
SENATOR FISCHER	<input checked="" type="checkbox"/>				
SENATOR KILZER	<input checked="" type="checkbox"/>				
SENATOR KRINGSTAD	<input checked="" type="checkbox"/>				
SENATOR SCHOBINGER	<input checked="" type="checkbox"/>				
SENATOR THANE	<input checked="" type="checkbox"/>				

Total (Yes)

13

No

0

Absent

2

Floor Assignment

Andrist

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

Date Feb. 11, 2005  
Roll Call Vote #: ~~2004~~

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. SB 2004

Senate SENATE APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 58004, 0112

Action Taken Do Pass - Amendments

Motion Made By Andrist Seconded By Bowman

Senators	Yes	No	Senators	Yes	No
CHAIRMAN HOLMBERG			SENATOR KRAUTER		
VICE CHAIRMAN BOWMAN			SENATOR LINDAAS		
VICE CHAIRMAN GRINDBERG			SENATOR MATHERN		
SENATOR ANDRIST			SENATOR ROBINSON		
SENATOR CHRISTMANN			SEN. TALLACKSON		
SENATOR FISCHER					
SENATOR KILZER					
SENATOR KRINGSTAD					
SENATOR SCHOBINGER					
SENATOR THANE					

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

Absent \_\_\_\_\_

Floor Assignment Andrist

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

**REPORT OF STANDING COMMITTEE**

**SB 2004: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to amend and reenact subsection 1 of section 19-02.1-24, section 19-08-04, subsections 5 and 8 of section 23-09-01, and sections 23-09-16, 23-09-24, 23-09.1-02.2, and 23-10-03 of the North Dakota Century Code, relating to licensure of food vending machines, beverage sales, food and lodging establishments, assisted living facilities, pushcarts, mobile food units, salvaged food distributors, bed and breakfasts, mobile home parks, trailer parks, and campgrounds; to repeal sections 19-08-05, 23-09-17, 23-09.1-03, and 23-10-05 of the North Dakota Century Code, relating to license fee amounts for beverage sales, food and lodging establishments, mobile food units, pushcarts, bed and breakfasts, mobile home parks, trailer parks, and campgrounds; and to provide for a legislative council study"

Page 1, line 21, replace "2,843,552" with "2,712,149"

Page 1, line 22, replace "1,171,383" with "1,288,653"

Page 1, line 24, replace "5,776,038" with "5,901,038"

Page 2, line 1, replace "905,965" with "903,645"

Page 2, line 4, replace "6,976,570" with "7,085,117"

Page 2, line 5, replace "5,638,554" with "6,826,931"

Page 2, line 6, replace "1,338,016" with "258,186"

Page 2, line 12, replace "32,816,481" with "32,685,078"

Page 2, line 13, replace "25,322,640" with "25,439,910"

Page 2, line 15, replace "42,466,666" with "42,591,666"

Page 2, line 16, replace "8,689,062" with "8,686,742"

Page 2, line 18, replace "126,559,318" with "126,667,865"

Page 2, line 19, replace "112,120,210" with "113,308,587"

Page 2, line 20, replace "14,439,108" with "13,359,278"

Page 2, line 30, after the period insert "This amount includes \$50,000 for a grant to the North Dakota stockmen's association environmental services program."

Page 3, after line 20, insert:

**"SECTION 11. AMENDMENT.** Subsection 1 of section 19-02.1-24 of the North Dakota Century Code is amended and reenacted as follows:

1. ~~No~~ An establishment may not sell any type of prepackaged food from a food vending machine without first obtaining a license from the department. ~~A license may be issued upon payment of a fee of fifteen dollars annually.~~ The license expires on June thirtieth of each year. The

department may adopt rules establishing the amount and the procedures for the collection of license fees. License fees collected pursuant to this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 12. AMENDMENT.** Section 19-08-04 of the North Dakota Century Code is amended and reenacted as follows:

**19-08-04. License required.** The department may, ~~in its discretion,~~ require manufacturers, importers, jobbers, or other retailers to furnish suitable samples to the department for inspection and chemical analysis. If any beverage does not meet all requirements of law, the department shall refuse to license ~~it~~ the beverage and shall prevent its sale ~~of the beverage~~. The license fee must be paid annually during the month of December or ~~prior to before~~ placing the beverage on the market. The license expires December thirty-first next following its issuance. If the manufacturer or jobber secures a license for a product, subsequent sellers, including retailers and dispensers, need not again secure a license for the same product, and no dispenser may be required to secure a license for a product prepared for the dispenser's own use from a product already licensed. The department may adopt rules establishing the amount and the procedures for the collection of annual license fees. License fees collected pursuant to this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 13. AMENDMENT.** Subsections 5 and 8 of section 23-09-01 of the North Dakota Century Code are amended and reenacted as follows:

5. "Food establishment" means any fixed restaurant, limited restaurant, coffee shop, cafeteria, short-order cafe, luncheonette, grill, tearoom, sandwich shop, soda fountain, tavern, bar, catering kitchen, delicatessen, bakery, grocery store, meat market, food processing plant, school, child care, or similar place in which food or drink is prepared for sale or service to the public on the premises or elsewhere with or without charge.
8. "Lodging establishment" includes every building or structure, or any part thereof, which is kept, used, maintained, or held out to the public as a place where sleeping accommodations are furnished for pay to ~~four or more~~ transient guests. The term does not include a facility providing personal care services directly or through contract services as defined in section 23-09.3-01 or 50-32-01.

**SECTION 14. AMENDMENT.** Section 23-09-16 of the North Dakota Century Code is amended and reenacted as follows:

**23-09-16. License - Application.** Before any food establishment, lodging establishment, pushcart, mobile food unit, or assisted living facility may be operated in this state, it must be licensed by the department. The department shall waive the license requirement for any food establishment, lodging establishment, or assisted living facility licensed by a city or district health unit if the local health unit's sanitation, safety, and inspection rules are approved by the department. Application for license must be made to the department during December of every year, or before the operating of the food establishment, lodging establishment, pushcart, mobile food unit, or assisted living facility, as the case may be. The application must be in writing on forms furnished by the department and must be accompanied by the required fee. An additional amount of fifty percent of the license fee must be imposed upon renewal if the license was not renewed before February first following the expiration date. A

reduced license fee in the amount of one-half the applicable license fee must be charged for a new food establishment, lodging establishment, pushcart, mobile food unit, or assisted living facility beginning operations after July first of each year and for changes in ownership and location of such existing establishments after July first of each year. The department may adopt rules establishing the amount and the procedures for the collection of annual license fees. The fees must be based on the cost of reviewing construction plans, conducting routine and complaint inspections, and necessary enforcement action. License fees collected pursuant to this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 15. AMENDMENT.** Section 23-09-24 of the North Dakota Century Code is amended and reenacted as follows:

**23-09-24. Salvaged food - License required.** It is unlawful for a person to claim to be a salvaged food distributor or to engage in the activity of selling, distributing, or otherwise trafficking in distressed or salvaged food, or both, at wholesale, without a license issued under ~~section 23-09-17~~ this chapter authorizing that person to operate as a salvaged food distributor. A salvaged food distributor license may not be issued absent compliance with this section and any rules adopted to implement this section. The department may adopt rules establishing the amount and the procedures for the collection of annual license fees under this section. License fees collected under this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 16. AMENDMENT.** Section 23-09.1-02.2 of the North Dakota Century Code is amended and reenacted as follows:

**23-09.1-02.2. License required - Application - Issuance.** Before any bed and breakfast facility may operate in this state, ~~the facility~~ the facility must be licensed by the department. Licenses expire on December thirty-first following the date of issuance unless canceled by failure to comply with this chapter or with any of the rules adopted ~~under to implement~~ under to implement this chapter. Renewal application for license must be made to the department during December of every year. A license must be issued upon compliance by the applicant with provisions of this chapter and any rules adopted ~~under to implement~~ under to implement this chapter. The application must be in writing on forms furnished by the department and must be accompanied by the required fee. Licenses issued by the department are not transferable nor applicable to any premises other than those for which the license was issued. The department may adopt rules establishing the amount of and the procedures for the collection of annual license fees. License fees collected pursuant to this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 17. AMENDMENT.** Section 23-10-03 of the North Dakota Century Code is amended and reenacted as follows:

**23-10-03. License required - Application.** ~~No~~ A person may not establish, maintain, or enlarge a mobile home park, trailer park, or campground in this state without first obtaining a license from the department. The application for the license must be made in writing to the department and must state the location and type of the mobile home park, trailer park, or campground, the proposed water supply, the proposed method of sewerage and garbage disposal, and such other information as may be required by the department. Application forms must be prepared by the department and distributed upon request. The department shall waive the license fee for any mobile home park, trailer park, or campground owned by the state, a

municipality, or a nonprofit organization. The department shall waive all or a portion of the license fee for any mobile home park, trailer park, or campground that is subject to local sanitation, safety, and inspection requirements accepted by the department under section 23-10-02.1. A prorated annual license fee may be charged for new mobile home parks, trailer parks, and campgrounds. The department may adopt rules establishing the amount and the procedures for the collection of annual license fees. License fees collected pursuant to this section must be deposited in the department's operating fund in the state treasury and any expenditure from the fund is subject to appropriation by the legislative assembly.

**SECTION 18. REPEAL.** Sections 19-08-05, 23-09-17, 23-09.1-03, and 23-10-05 of the North Dakota Century Code are repealed.

**SECTION 19. LEGISLATIVE COUNCIL STUDY - HEALTHY NORTH DAKOTA PROGRAM.** The legislative council shall consider studying, during the 2005-06 interim, the costs and benefits of adopting a comprehensive healthy North Dakota and workplace wellness program funded by grants, fees, and increases in tobacco taxes in collaboration with the state department of health, health insurers and other third-party payers, workforce safety and insurance, interested nonprofit health-related agencies, and others who have an interest in establishing accident and disease prevention programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly."

Renumber accordingly

# STATEMENT OF PURPOSE OF AMENDMENT:

## Senate Bill No. 2004 - State Department of Health - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
Salaries and wages	\$32,816,481	(\$131,403)	\$32,685,078
Operating expenses	25,322,640	117,270	25,439,910
Capital assets	1,514,469		1,514,469
Grants	42,466,666	125,000	42,591,666
Tobacco prevention and control	8,689,062	(2,320)	8,686,742
WIC food payments	15,750,000		15,750,000
Total all funds	\$126,559,318	\$108,547	\$126,667,865
Less estimated income	112,120,210	1,188,377	113,308,587
General fund	\$14,439,108	(\$1,079,830)	\$13,359,278
FTE	317.00	0.00	317.00

## Dept. 301 - State Department of Health - Detail of Senate Changes

	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS 1	RESTORES OPERATIONS FOR FOOD AND LODGING INSPECTIONS 2	ADDS FUNDING FOR THE PHYSICIAN LOAN REPAYMENT PROGRAM 3	CHANGES FUNDING FOR HEALTHY NORTH DAKOTA 4	REDUCES COMPENSATION PACKAGE TO 3/4	TOTAL SENATE CHANGES
Salaries and wages					(\$131,403)	(\$131,403)
Operating expenses		\$117,270				117,270
Capital assets						
Grants			\$125,000			125,000
Tobacco prevention and control					(2,320)	(2,320)
WIC food payments						
Total all funds	\$0	\$117,270	\$125,000	\$0	(\$133,723)	\$108,547

Less estimated income	<u>639,958</u>	<u>117,270</u>	<u>          </u>	<u>517,766</u>	<u>(86,617)</u>	<u>1,188,377</u>
General fund	(\$639,958)	\$0	\$125,000	(\$517,766)	(\$47,106)	(\$1,079,830)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

- 1 This amendment changes the funding source for food and lodging inspections from the general fund to special funds from license fees.
- 2 This amendment restores \$117,270 for operating expenses for food and lodging expenses that were removed in the executive budget recommendation.
- 3 This amendment adds \$125,000 from the general fund for the state-community matching physician loan repayment program established in North Dakota Century Code Chapter 43-17.2 and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives established by Chapter 43-12.2.
- 4 This amendment changes the funding source for the Healthy North Dakota program from the general fund to other federal or special funds.

Sections 11 through 18 of the amendment relate to making the food and lodging inspection function within the State Department of Health self-supporting from annual license fees and provides that the related license fees are determined by department rules rather than provided for in the North Dakota Century Code. The executive recommendation included \$332,880 of general fund revenues from food and lodging license fees and this amendment will deposit those fees in a special fund.

Section 19 provides for a Legislative Council study of the costs and benefits of adopting a comprehensive Healthy North Dakota program.



2005 HOUSE APPROPRIATIONS

SB 2004

*These are excerpts from agency overview hearing; full set of minutes available ask a legislative council librarian -*

*2004*

**Ms. Arvy Smith** spoke on behalf of the Department of Health. Ms. Smith distributed written testimony (handout #33-3, attached) and reviewed the information provided.

With regard to salary increases mentioned on p. 1, **Rep. Ken Svedjan, Chairman**, asked if she plans to find money in the budget to award increases during 03-05.

**Ms. Smith** answered yes and said that would be explained as she goes through budget figures.

Later she explained that her Agency has tried eliminating positions to get salary increases, as well as using some roll up. The Agency has also used federal funds. There were salary adjustments around \$200,000 that were not promotional. There has been increased turnover and difficulty in hiring. In many cases, their employees are receiving less pay than those in city and county government. Staff have built in 3-5% increases for the locals and have gone without themselves.

Regionally, in 4 classifications, wages run \$1,000 less than other states; in 6 classifications, wages rank last and salaries run \$7,000 less than the next lowest state. Twenty-two percent of employees have masters or doctorates and only eight percent earn more than \$4,000 a month. They have prioritized some internal inequity issues, made work load adjustments, and did some external market adjustments. **Rep. Al Carlson** asked if there were any performance raises. **Ms. Smith** answered no because merit and performance measures are so subjective. They've made plans for bonuses. **Rep. Al Carlson** asked if the money for the raises came from unfilled positions. **Ms. Smith** said some came from the 3 that were eliminated in order to do the 1% last January. Some came from roll-up. Most was federal funding. There are 75 different federal grants that come through the budget, some are up and some are down. They did that and still turned back \$1 million. **Rep. Al Carlson** asked if they were consulting with Human Resources and Job services on this. **Ms. Smith** answered yes.

**Rep. Bob Skarphol** asked if the raises provided through federal funds could be sustained. **Ms. Smith** answered yes. Not only are they able to sustain through 05-07 with federal funds, but the general fund portion as well. The positions which were removed were administrative, which reduced administrative overhead. They filled with federal fund program positions, including a lab person in microbiology, which is contingent on continuing funds. **Rep. Bob Skarphol** asked what would happen if the federal funds went away. **Ms. Smith** answered that they are looking for alternative sources for this for when the time comes but this funding should last through the 05-07 biennium. **Rep. Bob Skarphol** commented that a policy statement should be created that states that federal funded raises and positions would not be supported through general funds if the federal funds disappear.

(tape #1, side B, meter #32.2)

**Rep. Joe Kroeber** asked about the Cessation programs and the excess of \$774,000 and whether that means few applied or there was extra money. **Ms. Smith** said part of that was because they didn't get Quick Line started right away because they tried to get a contract within North Dakota. The unspent funds stay in the Community Health Trust Fund. By law, the Cessation programs are directed to state, county, and city employees. They're not accessing the programs. Non-government entities have requested those dollars, but they're not allowed to use them for that. **Rep. Ole Aarsvold** asked if it was statutory that non-governmental groups were not eligible for this. **Ms. Smith** answered yes.

**Ms. Smith** continued by explaining Healthy ND:

**Rep. Jeff Delzer** asked if this schedule was shared with the Senate before they made these decisions. **Ms. Smith** answered yes and continued her review.

## 2005 HOUSE STANDING COMMITTEE MINUTES

### BILL/RESOLUTION NO. SB 2004 Department of Health

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-2-05 Wednesday

Tape Number	Side A	Side B	Meter #
I	X	X	
II	X	X	
III	X		End: 52.0
Committee Clerk Signature <i>Diane M. Overley</i>			

Minutes: **Chairman Delzer** called the meeting to order on at 8:30 a.m. All members present, including Rep. Wieland who came in at 8:34.

**Terry Dwelle, State Health Officer of the North Dakota Department of Health**, began testimony in support of SB 2004 (see 41-page handout). In overview, he described high risk behaviors, particularly smoking. An aggressive approach to reducing tobacco use is priority.

**Kathleen Mangskau, Tobacco Prevention and Control**, commented on costs to the state and lost productivity.

**Arvy Smith, Deputy State Health Officer of the North Dakota Department of Health**, reviewed organizational charts (see six-page handout). These should link to BARs. The Senate did not reduce FTEs.

**Chairman Delzer** asked for a report of the special additions that were 100% federally funded, pay raises given, what FTEs were reorganized, and updated figures since the Senate changes.

During budget section review, he requested breakdowns on all the operating fees, grants and professional fees. A recess was called.

After reconvening at 9:50, **Keith Johnson, Custer Health Administrator, and representing the ND Public Health Association and the ND Environmental Health Association**, testified in support of SB 2004 (see one-page handout). *(Tape I Side B starts )*

**Chairman Delzer:** I have concerns on increased inspection fees. A fee-supported inspection service is not good. We do it for the good of the public. Arvy, we will need a picture of the local health districts.

**Johnson:** The locals do charge different fees. We are split by geography and the State has locals do the inspections where possible. State-of-origin labeling is hard to enforce. We like programs we can pay for. We run with 55% federal grant, 20% local tax levies, 8% medical and the remaining from a variety.

**Karen Volk, R.N., B.S.N., from Wells County District Health Unit**, testified in support of SB 2004 (see one-page handout and yellow Pride In Public Health pamphlet. They ask for donations for immunizations, and have no sliding fee scale. Five mills bring in \$84,000.

**Bill Shalhoob, North Dakota Hospitality Association**, testified on SB 2004, expressing concerns on seven MOUs. An increase of 127% for restaurant fees is very high, especially for rural areas. The sentiment seems to be that the fees could be raised yet again. They are inspected

two times per year. There are over 5,000 licensees currently. Fees were established in 1993 by rule of the ND Department of Health.

**Tom Woodmancee, North Dakota Grocers Association**, testified on SB 2004, expressing strong concerns on fee increase. They go close to \$100,000 across state and have lost numerous stores in 25 years.

**Bonnie Palecek, representing the North Dakota Council on Abused Women's Services / Coalition Against Sexual Assault in ND**, testified in support of SB 2004 (see five-page handout which includes scope of problem, current need, hopeful trends and sources of revenue data).

**Nick Neuman, Assistant Dean of the University of North Dakota Medical School**, read President Kupchella's written testimony regarding the ND Department of Health's optional package to support the Healthy North Dakota initiatives (see two-page handout dated March 1, 2005).

**June Herman, Senior Advocacy director of American Heart Association**, testified in support of SB 2004 with O.A.R. (see 15-page handout).

**Wanda Rose, representing the North Dakota School Nurse Organization**, testified in support of SB 2004 with the Optional Appropriation Budget (see four-page handout).

*(Tape II Side A starts)*

**Kathy Lampman, RN, Child Care Nurse Consultant for Child Care Resource and Referral,**

testified in support of SB 2004 (see two-page handout; also one-page child care capacity by region handout). They lose 25% per year to turnover. The average salary is \$6 per hour versus \$8 per hour at McDonald's, for example. (Rep. Kerzman left to testify at 10:57 a.m.)

**Chairman Delzer** had Don/LC explain the two-page State Agency 03-05 Biennium Salary Increases handout; and asked Smith for justifications to workload changes with one individual section.

**Smith:** There is a set of criteria our Human Resources division looks at: workload, equity, performance, merit and promotions. We focus mainly on the first two. Let me hand out a schedule (see one-page State Agency 03-05 Biennium salary Increase Survey handout). Letter (e) is for a full-biennium cost. (Rep. Kerzman returned at 11:04 a.m.)

**Chairman Delzer:** When you say 4.4, what is your high and low?

**Smith:** An average of \$100 per month.

**Chairman Delzer:** We need to see the breakdown of positions salary base, increases, and funding splits for 03-05 and 05-07. We do not need to see names.

**Rep. Bellew:** Are all of the Health Department employees classified status?

**Smith:** Dr. Dwelle, Dr. Mozzelle and I am not classified, as well as one other position. That \$78,000 General Fund is a hold-even budget. We are not allowed to do across-the-board changes. I could not afford across-the-board equity changes. We had to focus on special market equities and environmental health.

**Chairman Delzer:** I know you and the other departments can do that, but I think you can understand the frustrations from the legislative standpoint. We tried to reduce the overall numbers last time and appreciated the Health Department's assistance. But when we look at this report and the overall costs that were added for pay-raises when there was not any given, it certainly justifies why HB 1334 is before the Senate and will likely pass.

**Smith:** We follow the rules and mandates, and 90 days to do the nursing home survey is not enough. And I still have to deal with staffing issues.

The one-page Local Public Health Units colored map was distributed and explained. **Darleen Bartz, Health Resources Section Chief for the North Dakota Department of Health**, gave comments.

**Smith** distributed the one-page FTE Summary Analysis for the 05-07 Biennium handout. The Data Warehouse Program is a new position.

**Chairman Delzer:** Can you give us this report for the last biennium?

**Smith:** That would be included in the first number.

**Chairman Delzer** called a recess until the afternoon.

**Chairman Delzer** called the meeting to order at 2:20 p.m.

**Smith:** We will start with Administrative Support. Most departments have their own Human Resources, but there is one director for them all. *(Tape II Side B starts)* We use video technology.

**Rep. Metcalf:** Who is responsible for that Health Alert Network?



**Smith:** Barry Stein.

**Tim Wiedrich, Director of Emergency Preparedness and Response for the North Dakota**

**Department of Health:** Barry does day-to-day operation work of the Healthcare Network. But others within the division provide assistance since it is a very large project. Some responsibilities are shared.

**Smith** explained the bioterrorism budget. Estimates were made since the numbers they had two years ago was during a time of uncertainty. Some of that federal authority did not come through, so they backed out.

**Chairman Delzer:** We need to go through what is federal and general.

**Smith:** Just about 50% of our salaries and administrative support is General. A larger part of our general funds can be explained by the funding sources and amounts listed. The CDC Bioterrorism money is different from the CDT Tobacco money. We do not have the grant guidelines yet for the upcoming year.

**Vice Chair Pollert:** The only Senate changes were what?

**Smith:** The Healthy North Dakota funding and to reflect the Legislature's compensation package.

**Rep. Wieland:** Your human resources person handles 300+ employees. Does it include payroll?

**Smith:** No, the HR administrator does more of the personnel issues, but not the accounting.

**Rep. Wieland:** That is inadequate?

**Smith:** Yes.

**Rep. Wieland:** In my county, our one person does payroll for 400 employees.

**Chairman Delzer:** We will review salaries.

**Smith:** If we cannot secure commitments, we will not fill positions.

**Chairman Delzer:** The IT Processing under operating is going up 330%.

**Smith:** It is due to centralization and server replacements. We now pay a monthly fee. It impacted us by \$75,000. Also, more significantly is the T1 network charges.

Discussion on broad-band Internet connections for the department took place. There are 30 connections for 24 months. The rates vary depending on the location in the state. A reduction of ongoing programs can occur because there are other programs to supplement. If the funding stops, they are in the dark.

**Chairman Delzer:** The money is not used strictly for bioterrorism prevention. The \$14,000 is a horrendous amount of money. The state is using this for schools.

**Vice Chair Pollert:** Why the 195% increase in Dues and Professional Development?

**Smith:** Public Health Scholarships (part of bioterrorism) for education.

**Chairman Delzer:** We would like a breakdown of that.

After review of rent, operating and professional services, **Vice Chair Pollert** asked about the Bioterrorism Funding.

**Smith:** We have had carryover, but it must be spent by August 30. We can find out how much overlap there is. We do not have grant guidelines yet.

**Chairman Delzer:** What are you doing with the Healthy North Dakota project? Did you take the money away from somewhere?

**Smith:** The Health Block Grant Funding. A position was freed up from retirement.

**Chairman Delzer:** BRSF?

**Smith:** Behavioral Risk Survey Findings. It is all federal and done annually. This grant is not in jeopardy and there is no match.

**Chairman Delzer:** Joe (OMB), is that number on insurance on risk management solid?

**Smith:** There are other insurances in there. *(Tape III Side A starts)*

**Chairman Delzer** asked for a breakdown and of funding for office equipment and a schedule for all their computers, along with a procurement for LPH HAN.

**Kathy Albin, Director of Accounting for the North Dakota Department of Health:** Our PCs are heavily funded.

**Joe/OMB:** ITD procurement rates for desktops is \$550 for base office automation PCs and \$795 for power PCs.

**Chairman Delzer:** Any comments on the language put in by the Senate for the study?

**Rep. Bellev:** I do not like the part where they want to increase taxes.

**Chairman Delzer:** We will have to remember that.

**Smith:** I saw a couple of versions and I do not think the department is entirely happy, either.

**Chairman Delzer:** Don (LC), we will want different language. We do not want to pay for the study with tax increases only. Has there been a study done before?

**Smith:** The Healthy North Dakota all started at the Governor's directive.

**Chairman Delzer** called a brief recess.

After reconvening at 3:30 p.m., the Health Resources division was started (see pages 24-28; also, one-page Health Resources Operating handout). **Smith** explained the Division of Health Facilities, Division of Emergency Medical Services, Division of Food and Lodging.

**Chairman Delzer:** Have we ever contracted with private agencies to do the surveys?

**Smith:** No. Federal issues prevented that perhaps.

**Darlene Bartz, Health Resources Section Chief:** The federal government contacts the local and state health departments to do these surveys. There are a couple exceptions and a couple pilot projects where they are doing federal look-behind of our work using other agencies.

**Kenan Bullinger, Director of Food and Lodging** reviewed where the seven MOUs are on the map. Schools are done by all of the units.

**Smith** expressed frustration by the department and providers over Life Safety Codes.

**Chairman Delzer:** Would we be better off if we had some of the legislators making the requests in person at the top levels?

**Bartz:** They can as a recommendation.

**Smith** made the point language could be improved, but the State cannot coordinate inspections. The federal government only pays for surprise visits. The cost by the department is one FTE traveling all over the state.

**Joe/OMB:** Mr. Chairman, monitors will cost \$115 (17") or \$168 (19"). Windows XP would be extra. The rate for a standard laptop is \$1,334; a power laptop is \$1,720.

**Chairman Delzer:** We will stop until tomorrow morning.

## 2005 HOUSE STANDING COMMITTEE MINUTES

### BILL/RESOLUTION NO. SB 2004 ND Department of Health

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-3-05 Thursday

Tape Number	Side A	Side B	Meter #
I	X	X	
II	X	X	End: 42.3
Committee Clerk Signature <i>Diana M. Buckley</i>			

Minutes: **Chairman Delzer** called the meeting to order at 8:30 a.m. All members present.

**Arvy Smith, Deputy State Health Officer for the North Dakota Department of Health**

continued with Health Resources division information. The 148% salary increase is a result of a funding source change for Food and Lodge. **Kathy Albin, Director of Accounting**, said their numbers are from the BARS system and said they reduced the general fund and replaced it with some special funds. The budget and major changes were reviewed (see pages 27-28). SB 2267 had an appropriation of \$125,000 from the general fund, but the Senate stripped that and passed it. Discussed the Dentist and Physician Loan Repayment Grant and specifics will be provided.

**Chairman Delzer** requested the figures for the Nurse Scholarship Grants to make sure the numbers are being used correctly and if the program is doing any good or if it is just being used to train CNAs. He did not know these were going to be ongoing with no sunsets. He also asked about the ambulance grants.

**Chairman Delzer:** How could you add Food and Lodging FTEs and then reduce operating?

**Smith:** It was under-funded. The Senate put back in all the operating money as fees.

**Chairman Delzer:** What is a Certificate of Public Advantage?

**Smith:** If we have to do an economic impact study, we can charge fees to cover it. We requested a continuing appropriation, but Rep. Svedjan gave us the spending authority. The \$100,000 may not be enough to cover law-stipulated items for this type of study and we hope we will not ever have to.

**Darlene Bartz, Health Resources Section Chief,** reviewed the Trauma Project. She will get clarification on why there was an increase for EMS Training.

**Chairman Delzer:** Were they aware of this in the Senate?

**Smith:** Bill 2266 is not ours. They did not look at detailed levels of federal dollars.

**Chairman Delzer:** We need to have some scenarios of who is covered and how much is being used. We do not want to put \$125,000 out there needlessly. We also need a list of who is on the Health Council.

**Smith:** Yesterday you wanted to know the difference between districts and departments. A department is a division within the county or city government. A district is its own legal entity.

**Chairman Delzer:** Don (LC), check out for us if they are a State entity or a local subdivision. But I think they would be considered a political subdivision.

**Smith** distributed a one-page UND Training Coordinator handout for Administrative section; Also, a three-page ND Department of Health Salary Adjustments 03-05 handout. Average pay in the department is \$3,000 per month. *(Tape I Side B starts)*

A one-page 05-07 IT Equipment handout was distributed along with a one-page Microsoft Office Software 05-07 handout. **Chairman Delzer** asked for a breakdown by percentage in adjusting unit prices, going with \$1,000 on PCs and \$1,700 on laptops.

**Chairman Delzer:** Don (LC), is there anything in code on Administrative Fees in Health Care Trust Fund? They are going to get \$79,000. Is it set on a percentage? We want to reduce that.

**Smith** started the Emergency Preparedness and Response section (see pages 19-20) which included major budget changes.

**Tim Weidrich, Director of Emergency Preparedness and Response**, explained the types of activities. It is not exclusive to bioterrorism. The environmental health practitioners have been in place a year with all federal dollars.

**Smith** reviewed the Inventory System, which is for tracking purposes. Federal funding is uncertain. They are still waiting for grant requirements to see if they have to shift gears.

Budget handout was reviewed. A one-page Health Alert Network (HAN) IT Budget 05-07 handout was distributed, and infrastructure needed to support the whole system, was discussed.

**Chairman Delzer** called for a recess.

After reconvening at 10:36 a.m., **Chairman Delzer** welcomed students (i.e. The Aggies) before proceeding with the Environmental Health section (see pages 29-33). Divisions include Air Quality, Chemistry, Municipal Facilities, Waste management and Water Quality.

**Dave Glatt, Environmental Health Section Chief**, commented on the revolving loan funds, which are off-budget moneys.

**Chairman Delzer:** Is that in a continuing appropriation?

**Kathy Albin, Director of Accounting:** It basically goes to Bank of North Dakota. The EPA wanted it to go through our department.

**Glatt:** The intent was that it would be self-sustaining.

**Chairman Delzer:** Don' (LC), lets get a report on the Clean Water and Drinking Water Loan Funds in the last biennium. *(Tape II Side A starts)*

The Abandoned Motor Vehicle Program was explained.

**Rep. Kerzman:** What is the Brownfield Program?

**Glatt:** It is for property that has been contaminated. Funding is still available and we will be aggressive in letting people know.

**Albin:** We took money for other operating, rather than contracting everything out. It was not used for salary adjustments and we plan to use it for administrative funding in the next biennium.

**Rep. Wieland:** Dave, a West Fargo dry cleaner used huge machines to clean up for \$3 million.

**Glatt:** That is Camelot Cleaners and the new property owners. They fell under a super-fund and were dealt with by EPA because we were not getting anywhere with it. We lose control when we turn stuff over to EPA. I think the chemicals will later be contaminating the West Fargo aquifer source.

The 319 funds were explained, making there case for the Trust Fund with 60% federal and 40% local match. There is a question of NRCS doing a local match. Budget expenditures were reviewed. Legal fees are a 70% federal, 30% general match. The One-Stop Program was explained. Air contaminant fees are paid by the power companies, which **Chairman Delzer**



asked for a breakdown of. A water treatment plants with designer contract was built for the southeast corner of the state to deal with high arsenic levels.

**Chairman Delzer:** Why was there a large increase on the General and Special salary lines and not the same percentage for federal?

**Smith:** The General funds would be the portion of the Governor's salary package. Our General funds do not automatically go up. They are capped at a certain level, so when we budget that out, it is not like Medicaid where the more you spend the more you get. When we increase our expenses, we do not always have the federal funding go accordingly. EPA money will be leveling off. Typically, when federal grants go up, we are able to absorb more of the Governor's salary package or other increases with the federal funding.

The one-page Operating Fees handout was reviewed.

**Chairman Delzer:** Are you limited to how much of the grants you can use on the administrative side?

**Glatt:** I do not know if there is a cap, but they look at it to make sure the work is getting done.

**Chairman Delzer:** Find out what you are paying for salaries and do all the contracts that have to be filled.

**Smith:** Some of it is considered direct fee and not part of salary.

**Vice Chair Pollert:** What is the Targeted Brownsfield?

**Glatt:** It is used to mediate ground contamination situations.

**Chairman Delzer:** We will stand in recess until 3:30 p.m.

After reconvening, the Medical Services section was reviewed (see pages 21-23). Dr. Lambrecht is the Chief of this division. *(Tape II Side B starts)*

**Chairman Delzer:** On the HIVAs, how many people are using that program through the Health Department?

**Kirby Kruger, Acting Director of Disease Control:** I do not know. I can get you that information. Most of this will be through the Ryan White program and they are not Medicaid eligible. I cannot tell you what limits they have.

**Chairman Delzer:** I would like the criteria. The numbers, too, I suppose.

After discussion on the West Nile disease, the major budget expenditures were reviewed. Vaccines for children was discussed.

**Chairman Delzer:** That is a lot of FTEs. We would like to see the immunization grants split out. The one-page Medical Services Operating Fees handout was reviewed.

**Chairman Delzer:** Your overtime is a healthy chunk again. Where is it and the funding source and why do you need it there?

**Albin:** I do not have the breakdown for the funding. (She explained, but did not record well on the tape).

**Chairman Delzer:** Did you need the Microbiology portion or is it there just in case?

**Bonna Cunningham, Microbiology Lab Director,** explained how temporaries were used.

**Smith:** It is all temporary salaries. Some are full-time temporaries, but most are seasonal.

**Albin** said there is \$113,000 for the Data Processing line item due to the consolidation connecting fees for off-campus facilities. It will be a significant hit. Repairs are up \$7,000 due to janitorial services.

Operating fees were discussed.

**Kruger:** We had a contract with HIVA-UND for prevention outreach to high-risk populations.

**Chairman Delzer:** You are continuing that? Could that money be better spent elsewhere? In salaries?

**Kruger:** The program does a good job of reaching those it normally cannot.

**Smith:** I do not think it could go to salaries.

**Chairman Delzer:** How much is being spent on the media versus training with the Red Cross?

**Kruger** did not know.

**Chairman Delzer:** Get that please. What is the ELC+ Media Campaign?

**Kruger:** It is for the West Nile Disease. PSAs can be used, but because of the importance of the situation, we wanted to be sure. It is all federal money. The reduction in AIDS Testing is because it is being done by other means, as they are not coming to our labs.

**Albin** said the capital assets of \$776,000 is for MicroLab Department assets. It is all federal money.

**Vice Chair Pollert:** With the Medical, Dental and Optical, are you supplying prescription drugs?

**Chairman Delzer:** They will be getting a breakdown of that for us.

**Rep. Wieland:** Who is Ryan White?

**Kruger** explained the Ryan White Program, and will provide funding figures.

After reviewing the Grants line, meeting was adjourned.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2004  
ND Department of Health

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-4-05 Friday a.m.

Tape Number	Side A	Side B	Meter #
I	X	X	
II	X	X	End: 1.5
Committee Clerk Signature <i>Diane M. O'Leary</i>			

Minutes: **Chairman Delzer** called the meeting to order at 8:33 a.m. All members present including Rep. Wieland who came in one minute later. A three-page Drinking Water Treatment and Water Pollution Control Revolving Loan Funds handout prepared by Legislative Council, was distributed.

**Dave Glatt, Environmental Health Section Chief**, answered questions from 3-3-05 hearing (see one-page Environmental Section Questions handout dealing with Program Administrative Costs, Clean Water and Drinking Water State Revolving Loan Funds, and Operating Fees).

**Kathy Albin, Director of Accounting**, addressed advertising costs. The line looks like it will be \$20,000.

**Arvy Smith, Deputy State Health Officer for the ND Department of Health**, started the Community Health section (see pages 13-18 of overview handout; also one-page Operating Fees handout). Divisions included are: Tobacco Prevention and Control, Cancer Prevention and

Control, Injury Prevention and Control, Family Health, Chronic Disease, Nutrition and Physical Activity, and the Budget review.

**Kathleen Mangskau, Tobacco Prevention and Control Director**, responded to **Rep.**

**Kerzman's** question on whether or not the money doled out to local public health is on a per capita basis. There are three components: In school, Community and State Aid.

**Vice Chair Pollert:** Explain the dental.

**Smith:** The dental loan is budgeted at the maximum expected rate under the law.

**Chairman Delzer:** Do you have a breakdown of the Community Health Trust Fund?

**Smith:** For the dental, we expect to spend \$220,000 for a three-year commitment. We are requesting it to go from \$380,000 to \$420,000. The spots not awarded are not carried over to the next year. We are allowed three each year.

**Smith** referred to the one-page Tobacco Prevention and Control budget page in the overview.

Next referred was the one-page Community Health Trust Fund Statement handout.

**Mangskau** explained the Quitline Program which gives five free calls on nicotine replacement therapy. It is for those up to 150% of poverty. They partnered with the Mayo Clinic and UND School of Medicine to deliver these services in the State. The calls are reviewed each month. Pay is based on the number of clients serviced each month. They are averaging \$35,000 each month and are right on target for what was budgeted.

**Chairman Delzer:** What are your plans in four years when tobacco doubles for eight years?

**Don/LC:** see J-12 in Analysis of 05-07 Executive Budget.

**Chairman Delzer:** The extra money will show up for the next biennium. Don, Arvy, we will need some language on how to handle that and get the Legislature involved in that.

**Mangskau:** How the programs work is we give \$3 for every \$1 dollar the city county employee program gives. Currently we have six communities using the program for cessation activities.

The State employee program is different in that it is administered through Blue Cross Blue Shield. Cash incentives for quitting smoking have only been discussed. What State employees do receive is basically free services.

**Chairman Delzer:** Committee members, we might want to think about doing something with the cash on hand. Think about a private program that rewards the first 50 people who try it, or something.

**Rep. Wieland:** There are six participants. Could we know who?

**Chairman Delzer:** Minot participated and their health insurance went up 1% or 2% versus 20% for others.

**Mangskau:** Bismack Burleigh Public Health, City County Health Department in Valley City, City of Minot, Fargo Cass Public Health and Hazen Public School.

**Chairman Delzer** asked for a one-page report on domestic violence money, that was available in the past.

**Smith:** There was a proposal in the Senate about \$42,000. It was defeated. Donations are down.

**Mary Dasovick, Injury Prevention and Control Director,** commented on the drop in funding (i.e. Average of \$42,000), and the competitive grants they have received this year which do not all go to domestic violence agencies.

**Kim Senn, Family Health Director,** explained what happens during teen conferences.

*(Tape I Side B starts)*

**Chairman Delzer:** Are some of these numbers just a lyceum by the school?

**Senn:** It is very rare it is the sole source for the program they are doing.

**Chairman Delzer:** What kind of people are you trying to help with Chronic Disease? Do you coordinate with the Department of Human Services? Are they Medicaid eligible?

**Smith** said cardiovascular and diabetes are key areas.

**Kathy Moum, North Dakota Department of Health:** Our program is for statewide reach. We pretty much do education and outreach for Chronic Diseases. It is all federal money. The grants are not allowed to be used to provide any direct services, but the Diabetes Program works with Blue Cross Blue Shield.

The Division of Nutrition and Physical Activity was reviewed.

**Vice Chair Pollert:** Is the Food Stamp Program in the Department of Human Services and your WIC program similar?

**Colleen Pearce, Nutrition and Physical Activity Director:** The difference is food. It is for people up to 180% of poverty level, for kids under six, for pregnant women, and there has to be a medical and nutritional need. We see clients on a monthly basis.

**Chairman Delzer** called a recess.

After reconvening at 9:55 a.m., the Community Health Budget section was reviewed (see pages 17-18 of overview handout). A breakdown of the matching available will be provided.

**Chairman Delzer:** On the Grants for Domestic Violence Sites, is this the same as what Bonnie Palecek's testimony referenced? Hers was \$2.4 million. Why is it \$5.1 million here? Is the \$2.4 part of or over and above the \$5.1?

**Mary Dasovick, Injury Prevention and Control Director:** The \$2.4 million is within the \$5.1 million. The breakdown of the funding source is on the next page.

**Chairman Delzer:** Arvy, for the next time, we would like the federal and general split with these dollar figures. Is there a match to that MCH Block Grant?

**Smith** said yes, it was 57 / 43. It is based on a formula. Because children are declining, they are getting less money. How matches were covered was explained. How the Title X money was being spent was discussed.

**Chairman Delzer:** We are spending ten times as much in birth control as abstinence. I share Rep. Bellew's concerns here.

**Smith:** We can get breakdowns.

**Pearce** explained that upgrading their current WIC management information system would aid them in staying compliant with federal regulations. It is development as well as CPU time. The maintenance should not be as high in two years. It is all federal money.

After finishing the Budget expenditures, the Operating Fees handout was reviewed.

**Senn:** We use data acquired to make decisions to target our money better. Our pregnancy rates are dropping.

**Chairman Delzer:** But it means a pretty large increase for UND if they are just doing the same stuff.

**Smith:** We will look further.

**Rep. Metcalf** voiced concern on fewer people being served in the future as federal dollars drop. He would be interested in knowing what gets dropped by the next biennium.



**Vice Chair Pollert:** Is there a report showing all bioterrorism dollars coming in and how many FTEs it has created? I share Rep. Metcalf's concerns.

**Smith:** We will do. *(Tape II Side A starts)*

**Chairman Delzer** reviewed the Grants line.

**Senn** explained there is carryover money for Domestic Planning. The majority of the Title X money is what really pays for administrative support. They could use some Title V money. They have not pushed money for abstinence.

**Smith:** We have three Continuing Appropriations (see pages 34-35 of overview handout): Environmental Quality Restoration Fund, Organ Tissue Transplant Fund, and Local Public Health Vaccine Purchases.

**Albin:** The latter's funding source is from the no income tax refund for amounts under \$5.

**Chairman Delzer:** You have answers for us? Committee members, be thinking of amendments for Monday. SB 2342 will be Monday or Tuesday.

**Smith** distributed a three-page handout for Medical Services, covering vaccine administration fee assessments, immunization grants to local public health units, professional fees for HIV prevention, and Ryan White eligibility and participation. (Rep. Metcalf left to testify at 11:02) The one-page Medical, Dental and Optical Expenditures handout was reviewed.

**Dave Peske, with the North Dakota Medical Association,** explained the one-page State Loan Repayment Program handout for Health Resources. Retention has been dwindling. SB 2266 was introduced to encourage physicians to go to work in rural communities. On top of \$75,000, the bill added \$125,000. The Senate removed it and placed it in the health department budget. The Physician Program, Nurse Practitioner/Physician Assistant Program, a Summary of Recruitment

Programs and a graph on the Educational Indebtedness of Medical School Graduates is included on the handout. A loan repayment of \$40,000 was not attractive enough, so that is why \$90,000 over three years was proposed.

**Darlene Bartz, Health Resources Section Chief**, explained in more detail the physician numbers and current biennium costs. Requested funding with strengthen the program.

(Rep. Metcalf returned at 11:17 a.m.)

**Chairman Delzer:** Dave, do some research on this with the \$100,000 to see if it is viable.

Include the matches involved with individual communities.

**Bartz** reviewed the Physician Loan commitments, and Dental Loan commitments of \$220,000.

The EMS Training increased by \$5,000 due to two data projects: the statewide ambulance online and website services. She explained the Nursing Home Scholarship issues.

**Keenan Bullinger, Director of Food and Lodging**, answered questions from 3-3-05 hearing.

The two increases in FTEs is tied to frequency of inspections. High risk facilities are inspected two to three times a year. The meat processed and stamped "USDA" is not necessarily domestic.

For the duplicate roles question between federal and state meat inspectors, the federal deals with carcasses and infection. Bullinger's area deals with retail only, such as labeling and temperature.

**Smith** distributed a one-page State Health Council members handout (Health Resource); a one-page 05-07 IT Equipment handout with updated price adjustments (Administrative); a one-page Environmental Health 05-07 Special Funds handout; and a one-page Notice of Availability of Tuition Reimbursement Scholarships for Public Health Studies handout (Health Resources). *(Tape II Side B starts)*

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Human Resources Division  
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**Rep. Wieland:** Of all the people involved, have any stayed in North Dakota when their contract was up?

**Smith:** We can do for Monday.

**Chairman Delzer:** I would be real surprised if they had.

Meeting adjourned.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2004

Health Department

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-7-05 Monday p.m.

Tape Number	Side A	Side B	Meter #
I	X	X	36.5 - 40.0
Committee Clerk Signature <i>Diana M. Overley</i>			

Minutes: **Chairman Delzer** called the meeting to order on SB 2004. A one-page CDC and HRSA Bioterrorism Program handout (under Emergency Preparedness and Response) was distributed by **Kathy Albin, Director of Accounting for the ND Department of Health.**

**Chairman Delzer:** Is that total dollars for those 15 FTEs?

**Albin:** That is total money in the department. The \$1,648,759 is for those 15 FTEs. The \$5,144,595 pays for the hospital. The second line is public health services.

**Chairman Delzer:** It is all used for local health. Can you share the contingency plan of when that money goes away? Stephanie (LC), we want intent language when the bioterrorism dollars are deleted, we want the positions to go away, too. Kathy, are these all new positions?

**Albin:** Yes.

**Rep. Wieland:** These 21 FTEs, are they in the Community Health, too?

**Chairman Delzer:** No.

**Albin:** They would be included in this list in our budget.

**Vice Chair Pollert:** With the 21 FTEs, the counties would have to deal with this. Same with the \$5 million grant that goes to hospitals. That would just be decreased funding that goes to the hospitals.

**Albin:** That is what I would assume.

**Chairman Delzer:** But that is HRSA.

**Rep. Bellew:** These are the bioterrorism numbers just from the State?

**Albin:** No, just the Health Department's. It is 100% federal.

A one-page Medical, Dental and Optical Expenditures handout and a two-page Community Health Cancer Prevention handout was distributed.

**Chairman Delzer:** Committee members, the Women's Way and Medicaid funding for treatment for women with cancer came up and I told Sen. Fischer we did not have a problem with putting it back in after we looked at it.

**Albin:** This is strictly cancer.

**Chairman Delzer:** Amendments? I do not like the fees. I think the \$100,000 can be taken out of the line item here and reduce the inspection fees in the SB 2266. I want to take the Food, Lodging, and the new FTE away and switch back to where the fees go to the General Fund, from which we would fund the program from.

**Stephanie/LC:** I have contacted Don/LC.

**Chairman Delzer:** Section 4 of the bill is the Abandoned Motor Vehicle removal. But it is almost like they go looking for them. I would like to go down to \$150,000. We pay \$2 of our registration for it.

**Chairman Delzer:** For the Environmental Health Practitioner License Protection Fee, Kathy, what kind of licensure do you keep on nurses and nurses assistants?

**Albin:** I will have to check.

*(Tape I Side B starts)*

**Chairman Delzer:** The bill allows the Health Council to take the limit off the number of loans they can offer and changes the five loan repayments from four years to three and increases the repayment from \$40,000 to \$45,000. I asked Rep. Price that it would be subject to Legislative approval. Don (LC), you have the amendments for the computer adjustments. Looks like all General. How come the percentage does not match?

**Don/LC:** The percentages were drawn up per division, not department-wide.

**Chairman Delzer:** Committee members, with the FTE for the data warehouse, we need information on that whole system.

**Vice Chair Pollert:** I would like more information on the Nurse's Registry. Are they duplicates? I also have a question on the data center and will get with the department.

**Chairman Delzer:** Joe (OMB), is that weighted data warehouse all Special Fund money?

**Joe/OMB:** I do not know. Lori does.

**Chairman Delzer:** Who are we requiring to gather the data and what are the reasons for doing so, and who would be the end-user of it?

**Vice Chair Pollert:** My questions are: is there some other system with the Board of Nursing for nurse registry? If so, what are the duplications? How many FTEs are required? What general or special funds are used? Is it possible to consolidate the two registries and save the dollars? Also, I have a series of questions on the data center: If it is General Fund dollars, how much? How

many FTEs? Where does the information come from? Is there a fee to obtain the data? Who wants this information? Would fees required to obtain information cover the cost of running the center? If not, what is used--general, federal, or special?

**Albin:** I will ask Arvy.

**Chairman Delzer:** I also need to know nursing homes training in the Health Resources section. Don (LC), I want an amendment to take the \$489,000 out. The executive director of the LTC said the money could be accessed, but is not spent. So they would like that money saved in the Health Care Trust Fund. I have an e-mail. My idea of saving money would be to leave the money in the trust fund to be used next time.

**Albin:** Functions and duties of the Children's Services Coordinating Committee is a problem that relates to last biennium.

**Chairman Delzer:** \$500,000 is what is in the current budget. You have spent \$60,000 of it and you have budgeted \$395,000. If they do not do anything with it, it will just sit there. Don, we want some language to delete the funding authority and the FTE with the exception of a certain portion of the Wellness Healthy ND. I gave Stephanie a copy. Dakota Medical is interested in matching this. Trying to stop continual growth of government.

**Don/LC:** Did you want to keep the study resolution in?

**Chairman Delzer:** I want to keep the study resolution in for Healthy ND I want to delete the FTEs.

**Don/LC:** Do you want me to take the funding source reference out?

**Chairman Delzer:** Right. We want to make more generic. Take out the line 22 after "program" and line 23.

**Don/LC:** Could we just take out the "funding by grants, fees, and increases in tobacco taxes" and leave the rest in there?

**Chairman Delzer:** Yes. Can you find out how much is work site wellness?

**Rep. Bellew:** On section 16 on license fees, if they get \$100,000 and they will get a match, will we need to leave that in there?

**Chairman Delzer:** Don, on the licensure, if we did not allow the new FTE and we added \$100,000, how much of the fees would have to go to cover it? Would they have to at all? The Senate was trying to make a self-sustaining program. We want to leave the federal authority there. The General Fund would support the fees.

**Don/LC:** But take out the FTEs and salary.

**Chairman Delzer:** Right. Do both ways.

**Rep. Metcalf:** On Environmental Health (see Expenditures handout), the water commission would no longer authorize to use the funds to cover this project.

**Chairman Delzer:** How can they not?

**Rep. Metcalf:** They can use their Water Trust Fund, but do not have to. The agreement between the Water Commission and the Health Department was they had to agree on how it would be used. The Water Development Trust Fund is absolutely necessary for stockmen.

**Chairman Delzer:** We will have to develop language.

**Don/LC:** Because of the bonding issue, money is scarcer.

**Chairman Delzer:** Check it out to see if there is \$200,000. Be prepared to do an amendment.

**Rep. Kerzman:** The arsenic situation was not budgeted for, I see.

**Albin:** That is all 100% federal money. We are not sure we will get the construction money.



**Rep. Kerzman:** I have problems with the Family Planning funding. It is expensive.

**Chairman Delzer:** I would not mind an amendment saying \$1 million for Family Planning and \$90,000 for Abstinence. Maybe we should move Title V money, say \$225,000, to Abstinence. We cannot with Title X money. I want intent language.

**Vice Chair Pollert:** I would like language that says if funding for the half-FTE provided by the Asthma Grant through Community Health does not come, it can be done.

**Chairman Delzer:** Actually we should just remove and have them come before the emergency commission to use funds if they become available.

**Rep. Wieland:** Of that \$175,000 on page 27, was \$50,000 IGT Funds?

**Chairman Delzer:** They actually used \$50,000 and it was all IGT.

**Rep. Wieland:** Is there an advantage to lowering it?

**Chairman Delzer:** It would guarantee they would not spend more than they need. It makes a difference on their taxing units. If you want, do an amendment to take some of the authority out of there. I do not have a problem with that.

**Rep. Wieland:** Do an amendment for going down to \$125,000. It removes \$100,000 funding.

**Chairman Delzer:** We need to be careful someone will not rob IGT. Kathy, is there statutory limits on using your continuing appropriation of the Environmental Respiration Funds?

**Albin:** It is for specific environmental projects.

**Chairman Delzer:** What about using this, if we had to, for 319 non-source pollution?

**Albin:** I do not know.

**Chairman Delzer:** Check that out.

Meeting adjourned.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2004  
Department of Health

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-24-05 Thursday a.m.

Tape Number	Side A	Side B	Meter #
I		X*	2.2 - end of tape
II	X		End: 38.0
Committee Clerk Signature <i>Diane M. Overby</i>			

Minutes: **Chairman Delzer** called the meeting to order at 10:11 a.m. Reviewed Proposed Amendments to Engrossed SB 2004 (see 58004.0202). Comments were asked for on Section 20 Legislative Council Study - Tobacco Settlement Collections. (**\*Note:** *Problems with side Tape I Side B. Words continually fade out. Press "forward" and "listen" intermittently and much of hearing can be heard. Blanks in typed minutes denote words undistinguishable.*)

**Rep. Bellew:** Isn't \_\_\_\_\_

**Chairman Delzer:** We are talking about the 10% and we do not have in Code to \_\_\_\_\_

Change the guidelines, Don (LC), on how to use money during \_\_\_\_\_

Section 20 passed 5-1 by a voice vote.

Section 21 Legislative Intent - Work-site Wellness Pilot Project was discussed. It passed 6-0 by a voice vote.

Section 22 Legislative Intent - Funding For Abstinence Programs was discussed. It passed 6-0 by a voice vote.

Section 23 Legislative Intent - Federal Bioterrorism Funding was discussed. It passed 6-0 by a voice vote.

**Chairman Delzer:** At this time I will hand out my proposed amendment (see one-page 58004.0203). Long Term Care would like half of the surveys for Basic Care done on an announced time. I am not sure if we can ask for this on the federal side.

**Rep. Kerzman:** Cost?

**Chairman Delzer:** No cost. It should be the same.

**Rep. Metcalf:** I oppose announced surveys. It is a waste of time getting ready for it.

**Chairman Delzer:** The feeling of LTC is they have to be ready for surveys at any time. It just helps them have the right staff available.

**Rep. Wieland:** We are interested if consumers are in support of this. We meet with ombudsmen.

**Chairman Delzer:** There seems to be a concern that the Legislature should agree with your working groups. This will be up in conference committee. The only one we will be leading is HB 1012, so this one will be led by the Senate.

Section 20 Basic Care Survey Pilot Project - Legislative Council Report 58004.0203 passed 4-2 by a voice vote.

Discussion on the Statement of Purpose of Amendment section was started. 1) Removes funding for physician loan repayment program: passed 4-2 by a voice vote; 2) Decreases funding for computers: failed 3-3 by a voice vote; 3) Changes funding source for food and lodging inspections:

**Rep. Kerzman** said he would oppose it as it should be a General Fund obligation. **Chairman**

**Delzer** said he wanted to do without the continuing appropriation language and asked if he would like an amendment that goes all the way to zero. **Rep. Kerzman** said yes.

**Chairman Delzer:** That means, committee members, \_\_\_\_\_ Don (LC), that would change the amount under House purpose. Committee members, I do not have a strong feeling about it. It will be an issue with conference committee.

**Rep. Kerzman:** I just know when we put a 40% increase, we are going to hear about it.

**Arvy Smith, Deputy State Health Officer for the North Dakota Department of Health,** said restaurant inspection fees vary from \$60-\$85 (\$80-\$100 with 40% increase); grocery stores (i.e. meat) and retail stores fees are \$50-60 (more with 40% increase).

**Chairman Delzer:** I think we should do as one package, or we can vote on the fees separate from the six FTEs. It would add \$141,000 to General Fund and reduce Special Fund by \_\_\_\_\_

**Rep. Kerzman:** Maybe I can sell a 20% increase.

**Chairman Delzer** explained how numbers were arrived at.

**Rep. Kerzman:** We did not do anything with position in a motion, but it is included in there.

**Rep. Wieland:** Do we need the inspections in the first place?

**Chairman Delzer:** Let's vote on that. \_\_\_\_\_ They could get by with it.

**Rep. Wieland:** I believe in user fees to pay for it. If there is not a need, leave the FTE out.

**Rep. Kerzman:** It is a recommendation by the federal government and may jeopardize the relationship.

5) The proposal to remove one FTE from Food and Lodging budget passed 4-2 by a voice vote.

**Chairman Delzer** stated they were now at six FTEs. Committee discussed impact on rural businesses and the raising of fee levels, something that has been fought in Appropriations a number of years. **Smith** said by law, \_\_\_\_\_ choose what they are going to charge and the Health Department does what they do not want to handle. Committee voted on keeping the fees. Clerk called roll (recorded in minutes only). Amendment proposal failed 4-2.

**Chairman Delzer:** Rep. Kerzman, do you wish to try 20% at \$70,000 added to General Fund and remove \$70,000 out of fees? The clerk will call a roll. Proposal fails 3-3.

The proposal to change funding source for Food and Lodging Inspections by removing \$141,000 \_\_\_\_\_ and increases to 140% was voted on. Proposal passed 4-2 by roll call.

*(Tape II Side A starts)*

4) Decreases operations for food and lodging inspections: passed 4-2 by voice vote; 6) Removes funding for the nurse scholarship and grant program: passed 6-0 by a voice vote; 7) Reduces funding for quick response unit pilot project; passes 5-1 by a voice vote; 8) Adds funding for arsenic program: passed 6-0 by a voice vote; 9) Decreases funding for Healthy North Dakota Program: passed 4-2 by a voice vote; 10) Removes one FTE position and funding for asthma program: passed 5-1 by a voice vote; 11) Reduces recommended funding for health insurance: passed 6-0 by a voice vote.

**Chairman Delzer:** On line 7 on page 22, grants, fees and tobacco taxes, I like taking out the reference to increasing the tobacco taxes. Especially when we look at the Community Health Trust Fund doubling its amount in the short future for a number of years. We will take a voice vote. Proposal passes 6-0.

**Rep. Wieland:** I have been asked to submit an amendment on behalf of Public Health of Fargo.

On the Senate side, there was \$2.2 million for State Aid Distribution in General Fund. The Senate rejected it. So Public Health is asking, and I move for \$1.1 million. The changes are: line 25 page 2, delete \$42,591,666 and insert \$43,691,666; line 28 page 2 total all funds \$126,667,865 and insert \$127,767,865; line 30 page 2 total General Fund \$13,359,278 and insert \$14,459,278.

**Rep. Kerzman:** I second it.

**Chairman Delzer:** What they are trying to do is double what they currently get by going to \$2.2.

**Rep. Wieland:** That is what I thought.

**Rep. Bellew:** The fees would go to local health units?

**Chairman Delzer:** Yes. The clerk will call the roll. Motion fails 2-4. The clerk will include Rep. Wieland's numbers in the minutes.

**Rep. Metcalf:** My amendment has to do with Environmental Health and the 319 Water Quality Projects. It is ambiguous where funds will come from. The water commission discussion showed the HIPA money that was taken out, so there is not enough money left. So I move to switch \$157,500 from Special Funds to go to General Funds.

**Chairman Delzer:** Did you look to see if money could be found elsewhere?

**Rep. Metcalf:** Yes.

**Rep. Kerzman:** I second it.

**Rep. Metcalf** explained the need to fund engineering teams who will explain to farmers / ranchers ahead of time on what is law. This \$157,000 would be enough to supplement two teams and 60% is met with federal funding.

**Chairman Delzer:** Did you look to change language so that gets funded instead of having to ask the water commission?

**Rep. Metcalf:** I was met with a lot of hostility.

**Chairman Delzer:** I will not support it. It should come out of the Resources Trust Fund. Their hostility is not warranted. I do not want to add that expense to the General Fund. If we can find a way so that it is not all up to the water commission, I would find that acceptable.

**Rep. Metcalf:** We have already relieved the State of \$9 million of responsibility.

**Chairman Delzer:** We have shifted it from General Fund to special funds.

**Rep. Metcalf:** That is a shift of our responsibility. I do not feel it is unfair at all to expect the General Fund to kick in \$157,000.

**Chairman Delzer:** Further discussion? The clerk will call the roll. Motion fails 3-3. Anything further? Let's go through the bill quickly. In section 4, I am not sure we should go to farmsteads. We need to leave money for what is truly a health hazard. I would like to change the \$250,000 to \$200,000 on line 2 page 3 of bill.

**Vice Chair Pollert:** So moved.

**Rep. Wieland:** I second it.

**Chairman Delzer** explained the reason for his amendment. He asked **Smith** to find out which entities receive the money exactly. If abandoned vehicles are on county property, they can go after. The funds come from a trigger mechanism on registration fees until \$300,000 is built up.

**Smith** said they contract with both urban and rural counties who do a survey and make a proposal, which the communities really like. **Rep. Wieland** hoped the money is for the actual

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Human Resources Division

Bill/Resolution Number SB 2004

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work and not for planning and surveying. **Rep. Metcalf** opposed the motion as \$50,000 was not worth the change. Motion failed 2-4 by a voice vote.

**Chairman Delzer:** Rep. Metcalf, do you want intent language? Arvy, find out what you can and how much is used in urban and rural, and if farmsteads are being cleared up, and who is furnishing the request.

Section 9 was discussed. The Council of Abused Women requests another \$800,000. **Smith** said bill 2361 is another bill dealing with abused women. If it passes, another \$58,000 is available.

**Rep. Kerzman:** I would add \$60,000 to the \$280,000 section 6 of the bill to reflect the expected increase in possible revenue from SB 2361.

**Metcalf:** I second it.

**Chairman Delzer:** Further discussion? Motion passes 6-0 by a voice vote.

**Rep. Bellew** will carry the bill.

After comments on another bill, a recess was called.



## 2005 HOUSE STANDING COMMITTEE MINUTES

### BILL/RESOLUTION NO. SB 2004 Department of Health

House Appropriations Committee  
Human Resources Division

Hearing Date: 3-25-05 Friday a.m.

Tape Number	Side A	Side B	Meter #
I	X		1.0 - 9.3
Committee Clerk Signature <i>Diane M. Overly</i>			

Minutes: **Chairman Delzer** called the meeting to order at 10:25 a.m. All members present.

Reviewed SB 2004 amendments (see two-page 58004.0204). Sections 20, 21, 22, 23 and 24 were all okay. **Chairman Delzer** explained that for section 24, Basic Care in other parts of the nation showed no difference between announced and unannounced surveys. This is a pilot program for two years.

Detail of House changes were reviewed and found to be okay.

**Don/LC** pointed out that a 1.00 instead of 0.00 over the 10) health insurance column was necessary. **Chairman Delzer** directed him to make the change and reprint.

**Vice Chair Pollert:** I move amendment .0204 for SB 2004 with that one correction of FTE.

**Rep. Wieland:** I second it.

**Rep. Kerzman:** Rep. Bellew, do you have any more problems with that section 22?

**Rep. Bellew:** I want to leave as is for now.

**Chairman Delzer:** We will take a voice vote. Motion passes 4-2.

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Human Resources Division

Bill/Resolution Number SB 2004

Hearing Date 3-25-05

**Vice Chair Pollert:** I move a Do Pass As Amended on SB 2004.

**Rep. Wieland:** I second it.

**Chairman Delzer:** The clerk will call the roll. Motion carries 4-2.

**Rep. Bellew** will carry the bill.

2005 HOUSE STANDING COMMITTEE MINUTES

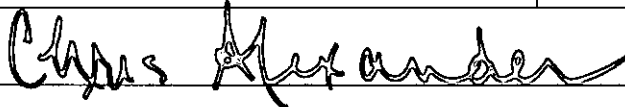
BILL/RESOLUTION NO. SB2004

Department of Health

House Appropriations Full Committee

☐ Conference Committee

Hearing Date March 25, 2005

Tape Number	Side A	Side B	Meter #
1	X		#10.6 - #26.0
Committee Clerk Signature 			

Minutes:

**Rep. Ken Svedjan, Chairman** opened the discussion on SB2004.

**Rep. Larry Bellew** moved to adopt amendment #0205 to SB2004.

**Rep. Jeff Delzer** seconded

**Rep. Larry Bellew** explained that this bill is 90% federal funds. We removed \$100,000 of general funds from the state-community matching physician loan repayment program and shifted it to the food and lodging inspection program. We adjusted the operating expenses for food and lodging inspectors to \$117,000. We removed 1 FTE from the environmental health inspector position. We removed funding from the health care trust fund and decreased funding from \$225,000 to \$125,000 for the quick response unit pilot project. These funds were reduced because apparently there is not that much use out there and these moneys from these reductions will go back into the ITT fund. We increased the other funds spending authority so the department could receive a grant for \$1 million for arsenic issues in southeastern North Dakota.

We also removed 2.5 FTE positions and decreased funding by \$382,766 for Healthy North Dakota. \$135,000 was left in Healthy ND for a work site wellness pilot project. We removed 1 FTE position and decreased funding for the asthma program because the department wanted to be sure the federal funds would be here for this program. If the funds come in they will come before the budget section and the emergency commission and request approval. We made the adjustments for the health insurance premiums and we increased funding for the domestic violence prevention fund for grants because SB2361 which increased the marriage licenses by \$6 for this program. We are also doing 4-5 studies in this bill including the tobacco settlement study,

**Rep. Ken Svedjan, Chairman** asked if the tobacco settlement study will adjust the 45-45-10.

**Rep. Larry Bellew** answered that this will stay the same but we will also receive additional moneys so we want to make sure that we are proceeding properly with these moneys.

**Rep. Jeff Delzer** commented that between the years 2008 and 2017 we will receive almost twice what we normally receive so we need to decide how this excess should be spent.

**Rep. Larry Bellew** further explained that there will be studies on the wellness pilot program. We added \$225,000 for the abstinence education fund for a total of \$380,000 and there is \$2.2 million for planned parenthood type education. In section 23 we state our intent that when the bioterrorism dollars are cut off, their employees will no longer be employed. In section 24 the health department will only announce half of the inspections to the basic care facilities. We also removed the language in Section 19 of the original bill regarding the funding sources of the Healthy North Dakota legislative study.

**Rep. James Kerzman** had a problems with the 40% increase that will go to user fees, and the statewide tobacco plan was just passed and yet we take out \$1 million from the Healthy North Dakota program. Maybe we can get some of this back in a conference committee.

**Rep. Jeff Delzer** commented that the Governor funded 7 positions with general funds with the exception of the current food and lodging fee registrations which is around \$360,000. The Senate took all the general fund money out and funded the total \$785,000 and we took it back down to 600,000. We voted on the fee increase at 0%, 20%, and 40% and we settled on 40% which is down from the 127% increase from the Senate. Regarding Healthy North Dakota, the Governor put general fund money in and the Senate changed this to special funds but didn't say where it was coming from. We think the study needs to be done to see if Healthy North Dakota is something we want to pursue. We put the wellness pilot project in because the Dakota Medical Foundation out of Fargo wants to run a program as a non-government entity to see if they can do some good in reporting back to the health department in the next legislative assembly to see where we can go with this.

**Rep. Mike Timm, Vice Chairman** asked what the general funds in this budget are used for.

**Rep. Larry Bellew** answered that general funds were mostly used for matching grants

**Rep. Ken Svedjan, Chairman** called for a voice vote on the motion to adopt amendment #0205 to SB2004. Motion carried

**Rep. Larry Bellew** moved a Do Pass As Amended motion for SB2004

**Rep. Chet Pollert** seconded

**Rep. Bob Skarphol** asked if the tobacco settlement study was germane only to the money deposited in the community health trust fund.

**Rep. Jeff Delzer** answered that it was meant this way

**Rep. Bob Skarphol** commented that we should also study the utilization of these excess funds in a way different then we are currently distributing them. We might be able to use these funds to pay down some of our bonding instead of distributing them in the same manner.

**Rep. Jeff Delzer** commented that this study is supposed to do this.

**Rep. Bob Skarphol** wants to look at the total funding distribution including the 45% for the common schools and the 45% that goes to water resources. For example maybe we would want to give 60% to water resources because we did so much bonding in non revenue producing bonds.

**Rep. Jeff Delzer** commented that this was written to study only the 10%, not the total distribution. If you wanted to do this perhaps it could be accomplished through one of the other bills

**Rep. Ken Svedjan, Chairman** called for a roll call vote on the Do Pass As Amended motion for SB2004. Motion carried with a vote of 15 yeas, 6 neas and 2 absences. Rep Bellew will carry the bill to the house floor.

**Rep. Ken Svedjan, Chairman** closed the discussion on SB2004.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2004  
Department of Health

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date April 1, 2005

Tape Number	Side A	Side B	Meter #
1	X		0-5.1

Committee Clerk Signature

*Robin Punley for Chris Alexander*

**Minutes:** Chairman Svedjan called hearing on SB2004 to order. Want to reconsider the actions by which we passed out the Health Department bill. There is an amendment we would like to put in that relates to the Dakotah Foundation building and some criteria that are being suggested for the Health Department review for buildings like that.

**Rep. Delzer** I move that we would reconsider our action whereby we put a Do Pass on amended HB2004. The purpose of this amendment is to reconsider but not to remove the amendments.

**Rep. Bellew** Second.

**Rep. Delzer** If we can do this, I would move to further amend after it is reconsidered and put this directive on there about the environmental process of dealing with commercial builders.

**Voice vote on motion to reconsider SB2004 carried.**

**Rep. Delzer** I would move to further amend HB2004 with amendment .0206.

**Rep. Brusegaard** Second.

**Rep. Delzer** The essence of this amendment is to try to get some language we can deal with in conference committee to set up protocol for when there is an epidemiological or environmental assessment from the Health Department that has to do with the value of the building. Protocol or steps on what to do to environmentally clear the building so it doesn't lose it's value.

**Chairman Svedjan** Dakotah Medical Building is located down south, believe West Central Human Services was located there. The Health Department went in to do a review of the building because there was an inordinate amount of breast cancer that was being discovered in the people that worked there. This is what brought this to the fore. The amendment sets up protocol on what needs to be followed in getting an analysis done on these buildings and clearing the building.

**Rep. Delzer** Been working on this for a while. Want to put this one on a council and look at changing this so everyone is in agreement with it for conference committee.

**Rep. Kerzman** Does this remove the Department or State from any liability?

**Rep. Delzer** That is what we are trying to do, set up protocols so that doesn't happen to a building. If they follow these steps and do these things, then the building should not be financially burdened. Should take care of the liability issue also.

**Voice Vote on motion To Further Amend .0206 to SB2004 carried.**

**Rep. Delzer** I move Do Pass As Amended on SB2004.

**Rep. Brusegaard** Second.

**VOTE 18 YES and 0 NO with 5 absent and not voting. DO PASS AS AMENDED on SB2004. Rep. Bellew will carry bill to floor.**



PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 10, after "campgrounds" insert "; to provide legislative intent"

Page 2, line 7, replace "2,712,149" with "2,206,994"

Page 2, line 8, replace "1,288,653" with "1,336,866"

Page 2, line 10, replace "5,901,038" with "5,076,538"

Page 2, line 11, replace "903,645" with "902,898"

Page 2, line 14, replace "7,085,117" with "5,802,928"

Page 2, line 15, replace "6,826,931" with "5,574,578"

Page 2, line 16, replace "258,186" with "228,350"

Page 2, line 22, replace "32,685,078" with "32,179,923"

Page 2, line 23, replace "25,439,910" with "25,488,123"

Page 2, line 25, replace "42,591,666" with "41,767,166"

Page 2, line 26, replace "8,686,742" with "8,685,995"

Page 2, line 28, replace "126,667,865" with "125,385,676"

Page 2, line 29, replace "113,308,587" with "112,056,234"

Page 2, line 30, replace "13,359,278" with "13,329,442"

Page 7, line 22, remove "funded by grants, fees, and increases in tobacco taxes"

Page 7, after line 27, insert:

**"SECTION 20. LEGISLATIVE COUNCIL STUDY - TOBACCO SETTLEMENT COLLECTIONS.** The legislative council shall consider studying, during the 2005-06 interim, possible uses of additional tobacco settlement collections that are anticipated to be received and deposited in the community health trust fund beginning in 2008 through 2017. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 21. LEGISLATIVE INTENT - WORKSITE WELLNESS PILOT PROJECT.** It is the intent of the fifty-ninth legislative assembly that the state department of health may use federal funding to match nonstate funding and conduct a worksite wellness pilot project in association with a nonstate entity during the 2005-07 biennium. The state department of health shall provide a report on the pilot project to the sixtieth legislative assembly.

**SECTION 22. LEGISLATIVE INTENT - FUNDING FOR ABSTINENCE PROGRAMS.** It is the intent of the fifty-ninth legislative assembly that the state department of health use \$220,000 of federal maternal and child health funding for abstinence education programs.

**SECTION 23. LEGISLATIVE INTENT - FEDERAL BIOTERRORISM FUNDING.** It is the intent of the fifty-ninth legislative assembly that the full-time equivalent employee positions funded with federal bioterrorism grants be discontinued when the funding for the programs end."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**Senate Bill No. 2004 - State Department of Health - House Action**

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$32,816,481	\$32,685,078	(\$505,155)	\$32,179,923
Operating expenses	25,322,640	25,439,910	48,213	25,488,123
Capital assets	1,514,469	1,514,469		1,514,469
Grants	42,466,666	42,591,666	(824,500)	41,767,166
Tobacco prevention and control	8,689,062	8,686,742	(747)	8,685,995
WIC food payments	<u>15,750,000</u>	<u>15,750,000</u>		<u>15,750,000</u>
Total all funds	\$126,559,318	\$126,667,865	(\$1,282,189)	\$125,385,676
Less estimated income	<u>112,120,210</u>	<u>113,308,587</u>	<u>(1,252,353)</u>	<u>112,056,234</u>
General fund	\$14,439,108	\$13,359,278	(\$29,836)	\$13,329,442
FTE	317.00	317.00	(4.50)	312.50

**Dept. 301 - State Department of Health - Detail of House Changes**

	REMOVES FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM 1	DECREASES FUNDING FOR COMPUTERS 2	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS 3	DECREASES OPERATIONS FOR FOOD AND LODGING INSPECTIONS 4	REMOVES 1 FTE FOOD AND LODGING INSPECTOR POSITION 5	REMOVES FUNDING FOR THE NURSE SCHOLARSHIP AND GRANT PROGRAM 6
Salaries and wages					(\$90,077)	
Operating expenses		(\$58,500)		(\$117,270)		
Capital assets						
Grants	(\$100,000)					(\$489,500)
Tobacco prevention and control						
WIC food payments						
Total all funds	(\$100,000)	(\$58,500)	\$0	(\$117,270)	(\$90,077)	(\$489,500)
Less estimated income		<u>(51,420)</u>	<u>(114,116)</u>	<u>(117,270)</u>	<u>(63,054)</u>	<u>(489,500)</u>
General fund	(\$100,000)	(\$7,080)	\$114,116	\$0	(\$27,023)	\$0
FTE	0.00	0.00	0.00	0.00	(1.00)	0.00
	REDUCES FUNDING FOR QUICK RESPONSE UNIT PILOT PROJECT 7	ADDS FUNDING FOR ARSENIC PROGRAM 8	DECREASES FUNDING FOR HEALTHY NORTH DAKOTA PROGRAM 9	REMOVES 1 FTE POSITION AND FUNDING FOR ASTHMA PROGRAM 10	REDUCES RECOMMENDED FUNDING FOR HEALTH INSURANCE 11	TOTAL HOUSE CHANGES
Salaries and wages			(\$282,240)		(\$39,064)	(\$505,155)
Operating expenses		\$700,000	34,474	(\$93,774)		48,213
Capital assets				(510,491)		
Grants	(\$100,000)		(135,000)			(824,500)
Tobacco prevention and control					(747)	(747)
WIC food payments						
Total all funds	(\$100,000)	\$700,000	(\$382,766)	(\$604,265)	(\$39,811)	(\$1,282,189)
Less estimated income	<u>(100,000)</u>	<u>700,000</u>	<u>(382,766)</u>	<u>(604,265)</u>	<u>(29,962)</u>	<u>(1,252,353)</u>
General fund	\$0	\$0	\$0	\$0	(\$9,849)	(\$29,836)
FTE	0.00	0.00	(2.50)	(1.00)	0.00	(4.50)

- <sup>1</sup> The House removed \$100,000 from the general fund for the state-community matching physician loan repayment program and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives.
- <sup>2</sup> The House decreased funding for computers based on the budgeted per unit cost.
- <sup>3</sup> The House further adjusted food and lodging inspections and provided \$100,000 from the general fund for the program. The anticipated fee increase necessary to fund food and lodging inspections will be \$141,242.
- <sup>4</sup> The House adjusted operating expenses for food and lodging inspections to what was included in the executive recommendation.
- <sup>5</sup> The House removed 1 FTE environmental health inspector position, which was included in the executive recommendation to conduct additional food and lodging inspections.
- <sup>6</sup> The House removed funding from the health care trust fund for the scholarship and nurses' student loan repayment grant program.
- <sup>7</sup> The House decreased funding from the health care trust fund for the quick response unit pilot project from \$225,000 to \$125,000.
- <sup>8</sup> The House increased the other funds spending authority for the department to receive a grant to address arsenic issues in southeastern North Dakota.
- <sup>9</sup> The House removed 2.5 FTE positions and decreased funding for the Healthy North Dakota program by \$382,766. The remaining Healthy North Dakota funding authority is for contract services related to a worksite wellness pilot project (\$135,000).
- <sup>10</sup> The House removed 1 FTE program administrator position and decreased the funding for the asthma program. The department is to request approval from the Emergency Commission and Budget Section if federal funding for this program is authorized.
- <sup>11</sup> This amendment reduces the funding for state employee health insurance premiums from \$559.15 to \$553.95 per month.

The House provided for a study on the possible uses of additional tobacco settlement funds that are anticipated to be received during the 2007-09 biennium.

The House provided intent for additional spending on abstinence education programs.

The House provided intent that positions funded with federal bioterrorism grants not be continued by the department when the funding stops.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 10, remove the second "and"

Page 1, line 11, after "study" insert "; and to provide for a report to the legislative council"

Page 7, after line 27, insert:

**"SECTION 20. BASIC CARE SURVEY PILOT PROJECT - LEGISLATIVE COUNCIL REPORT.** The state department of health shall develop a pilot project to test an announced basic care survey process. The pilot project will initially begin with fifty percent of the state-licensed basic care providers surveyed receiving an announced survey and the remaining receiving an unannounced survey. The state department of health is to evaluate the survey pilot project and submit a report to the legislative council during the 2005-06 interim. The report must include a recommendation of whether the unannounced survey process should continue for all basic care facilities. The pilot project must include standard basic care surveys and all complaint investigations must be unannounced."

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 10, after "campgrounds" insert "; to provide for a report to the legislative council; to provide legislative intent"

Page 2, line 7, replace "2,712,149" with "2,206,994"

Page 2, line 8, replace "1,288,653" with "1,395,366"

Page 2, line 10, replace "5,901,038" with "5,136,538"

Page 2, line 11, replace "903,645" with "902,898"

Page 2, line 14, replace "7,085,117" with "5,921,428"

Page 2, line 15, replace "6,826,931" with "5,685,998"

Page 2, line 16, replace "258,186" with "235,430"

Page 2, line 22, replace "32,685,078" with "32,179,923"

Page 2, line 23, replace "25,439,910" with "25,546,623"

Page 2, line 25, replace "42,591,666" with "41,827,166"

Page 2, line 26, replace "8,686,742" with "8,685,995"

Page 2, line 28, replace "126,667,865" with "125,504,176"

Page 2, line 29, replace "113,308,587" with "112,167,654"

Page 2, line 30, replace "13,359,278" with "13,336,522"

Page 3, line 13, replace "\$280,000" with "\$340,000"

Page 7, line 22, remove "funded by grants, fees, and increases in tobacco taxes"

Page 7, after line 27, insert:

**"SECTION 20. LEGISLATIVE COUNCIL STUDY - TOBACCO SETTLEMENT COLLECTIONS.** The legislative council shall consider studying, during the 2005-06 interim, whether to change guidelines for funding programs as a result of additional tobacco settlement collections that are anticipated to be received and deposited in the community health trust fund beginning in 2008 through 2017. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 21. LEGISLATIVE INTENT - WORKSITE WELLNESS PILOT PROJECT.** It is the intent of the fifty-ninth legislative assembly that the state department of health may use federal funding to match nonstate funding and contract with a nonstate entity for a worksite wellness pilot project during the 2005-07 biennium. The state department of health shall provide a report on the pilot project to the sixtieth legislative assembly.

**SECTION 22. LEGISLATIVE INTENT - FUNDING FOR ABSTINENCE PROGRAMS.** It is the intent of the fifty-ninth legislative assembly that the state department of health use \$220,000 of federal maternal and child health funding for abstinence programs.

**SECTION 23. LEGISLATIVE INTENT - FEDERAL BIOTERRORISM FUNDING.** It is the intent of the fifty-ninth legislative assembly that the full-time equivalent employee positions funded with federal bioterrorism grants be discontinued when the funding for the programs end.

**SECTION 24. BASIC CARE SURVEY PILOT PROJECT - LEGISLATIVE COUNCIL REPORT.** The state department of health shall develop a pilot project to test an announced basic care survey process. The pilot project will initially begin with fifty percent of the state-licensed basic care providers surveyed receiving an announced survey and the remaining receiving an unannounced survey. The state department of health is to evaluate the survey pilot project and submit a report to the legislative council during the 2005-06 interim. The report must include a recommendation of whether the unannounced survey process should continue for all basic care facilities. The pilot project must include standard basic care surveys and all complaint investigations must be unannounced."

Renumber accordingly

#### STATEMENT OF PURPOSE OF AMENDMENT:

#### Senate Bill No. 2004 - State Department of Health - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$32,816,481	\$32,685,078	(\$505,155)	\$32,179,923
Operating expenses	25,322,640	25,439,910	106,713	25,546,623
Capital assets	1,514,469	1,514,469		1,514,469
Grants	42,466,666	42,591,666	(764,500)	41,827,166
Tobacco prevention and control	8,689,062	8,686,742	(747)	8,685,995
WIC food payments	<u>15,750,000</u>	<u>15,750,000</u>		<u>15,750,000</u>
Total all funds	\$126,559,318	\$126,667,865	(\$1,163,689)	\$125,504,176
Less estimated income	<u>112,120,210</u>	<u>113,308,587</u>	<u>(1,140,933)</u>	<u>112,167,654</u>
General fund	\$14,439,108	\$13,359,278	(\$22,756)	\$13,336,522
FTE	317.00	317.00	(4.50)	312.50

#### Dept. 301 - State Department of Health - Detail of House Changes

	REMOVES FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM <sup>1</sup>	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS <sup>2</sup>	DECREASES OPERATIONS FOR FOOD AND LODGING INSPECTIONS <sup>3</sup>	REMOVES 1 FTE FOOD AND LODGING INSPECTOR POSITION <sup>4</sup>	REMOVES FUNDING FOR THE NURSE SCHOLARSHIP AND GRANT PROGRAM <sup>5</sup>	REDUCES FUNDING FOR QUICK RESPONSE UNIT PILOT PROJECT <sup>6</sup>
Salaries and wages				(\$90,077)		
Operating expenses			(\$117,270)			
Capital assets						
Grants	(\$100,000)				(\$489,500)	(\$100,000)
Tobacco prevention and control						
WIC food payments						
Total all funds	(\$100,000)	\$0	(\$117,270)	(\$90,077)	(\$489,500)	(\$100,000)
Less estimated income		<u>(114,116)</u>	<u>(117,270)</u>	<u>(63,054)</u>	<u>(489,500)</u>	<u>(100,000)</u>
General fund	(\$100,000)	\$114,116	\$0	(\$27,023)	\$0	\$0

FTE	0.00	0.00	0.00	1.00	0.00	0.00
	ADDS FUNDING FOR ARSENIC PROGRAM 7	DECREASES FUNDING FOR HEALTHY NORTH DAKOTA PROGRAM 8	REMOVES 1 FTE POSITION AND FUNDING FOR ASTHMA PROGRAM 9	REDUCES RECOMMENDED FUNDING FOR HEALTH INSURANCE 10	ADDS FUNDING FOR DOMESTIC VIOLENCE PREVENTION GRANTS 11	TOTAL HOUSE CHANGES
Salaries and wages		(\$282,240)	(\$93,774)	(\$39,064)		(\$505,155)
Operating expenses	\$700,000	34,474	(510,491)			106,713
Capital assets						
Grants		(135,000)			\$60,000	(764,500)
Tobacco prevention and control				(747)		(747)
WIC food payments						
Total all funds	\$700,000	(\$382,766)	(\$604,265)	(\$39,811)	\$60,000	(\$1,163,689)
Less estimated income	<u>700,000</u>	<u>(382,766)</u>	<u>(604,265)</u>	<u>(29,962)</u>	<u>60,000</u>	<u>(1,140,933)</u>
General fund	\$0	\$0	\$0	(\$9,849)	\$0	(\$22,756)
FTE	0.00	(2.50)	(1.00)	0.00	0.00	(4.50)

1 The House removed \$100,000 from the general fund for the state-community matching physician loan repayment program and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives.

2 The House further adjusted food and lodging inspections funding to provide \$100,000 from the general fund for the program. The anticipated fee increase necessary to fund food and lodging inspections will be \$141,242.

3 The House adjusted operating expenses for food and lodging inspections to what was included in the executive recommendation.

4 The House remove 1 FTE environmental health inspector position, which was included in the executive recommendation to conduct additional food and lodging inspections.

5 The House removed funding from the health care trust fund for the scholarship and nurses' student loan repayment grant program.

6 The House decreased funding from the health care trust fund for the quick response unit pilot project from \$225,000 to \$125,000.

7 The House increased the other funds spending authority for the department to receive a grant to address arsenic issues in southeastern North Dakota.

8 The House remove 2.5 FTE positions and decreased funding for the Healthy North Dakota program by \$382,766. The remaining Healthy North Dakota funding authority is for contract services related to a worksite wellness pilot project (\$135,000).

9 The House removed 1 FTE program administrator position and decreased the funding for the asthma program. The department is to request approval from the Emergency Commission and Budget Section if federal funding for this program is authorized.

10 This amendment reduces the funding for state employee health insurance premiums from \$559.15 to \$553.95 per month.

11 The House increased funding from the domestic violence prevention fund for grants. Additional revenues of approximately \$60,000 are anticipated to be generated for the fund if 2005 Senate Bill No. 2361 is approved by the Legislative Assembly.

The House provided for a study to determine the funding guidelines for additional tobacco settlement funds that are anticipated to be received during the 2007-09 biennium.

The House provided intent for additional spending on abstinence education programs.

The House provided intent that positions funded with federal bioterrorism grants not be continued by the department when the funding stops.

The House provided for a pilot project for the State Department of Health to conduct announced basic care surveys.

Date: 3/25/05  
Roll Call Vote #: ①

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. SB 2004

House Appropriations - Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number (58004.0204 w/correction)

Action Taken Do Pass As Amended

Motion Made By Rep. Pollert Seconded By Rep. Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Jeff Delzer	✓		Rep. James Kerzman		✓
Vice Chairman Chet Pollert	✓		Rep. Ralph Metcalf		✓
Rep. Larry Bellew	✓				
Rep. Alon C. Wieland	✓				

Total (Yes) 4 No 2

Absent \_\_\_\_\_

Floor Assignment Rep. Bellew

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



Date: March 25, 2005  
Roll Call Vote #: 1

**2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. SB2004**

House Appropriations - Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 58004.0205

Action Taken DO PASS AS AMENDED

Motion Made By Rep Bellew Seconded By Rep Pollert

Representatives	Yes	No	Representatives	Yes	No
Rep. Ken Svedjan, Chairman	X		Rep. Bob Skarphol	X	
Rep. Mike Timm, Vice Chairman	X		Rep. David Monson	X	
Rep. Bob Martinson	X		Rep. Eliot Glassheim		X
Rep. Tom Brusegaard	X		Rep. Jeff Delzer	X	
Rep. Earl Rennerfeldt	X		Rep. Chet Pollert	X	
Rep. Francis J. Wald	X		Rep. Larry Bellew	X	
Rep. Ole Aarsvold	X	X	Rep. Alon C. Wieland	X	
Rep. Pam Gulleson	AB		Rep. James Kerzman		X
Rep. Ron Carlisle	X		Rep. Ralph Metcalf		X
Rep. Keith Kempenich	X				
Rep. Blair Thoreson	X				
Rep. Joe Kroeber		X			
Rep. Clark Williams		X			
Rep. Al Carlson	AB				

Total Yes 15 No 6

Absent 2

Floor Assignment Rep Bellew

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

**REPORT OF STANDING COMMITTEE**

SB 2004, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (15 YEAS, 6 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 10, after "campgrounds" insert "; to provide for a report to the legislative council; to provide legislative intent"

Page 2, line 7, replace "2,712,149" with "2,206,994"

Page 2, line 8, replace "1,288,653" with "1,395,366"

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Page 2, line 11, replace "903,645" with "902,898"

Page 2, line 14, replace "7,085,117" with "5,921,428"

Page 2, line 15, replace "6,826,931" with "5,685,998"

Page 2, line 16, replace "258,186" with "235,430"

Page 2, line 22, replace "32,685,078" with "32,179,923"

Page 2, line 23, replace "25,439,910" with "25,546,623"

Page 2, line 25, replace "42,591,666" with "41,827,166"

Page 2, line 26, replace "8,686,742" with "8,685,995"

Page 2, line 28, replace "126,667,865" with "125,504,176"

Page 2, line 29, replace "113,308,587" with "112,167,654"

Page 2, line 30, replace "13,359,278" with "13,336,522"

Page 3, line 13, replace "\$280,000" with "\$340,000"

Page 7, line 22, remove "funded by grants, fees, and increases in tobacco taxes"

Page 7, after line 27, insert:

**"SECTION 20. LEGISLATIVE COUNCIL STUDY - TOBACCO SETTLEMENT COLLECTIONS.** The legislative council shall consider studying, during the 2005-06 interim, whether to change guidelines for funding programs as a result of additional tobacco settlement collections that are anticipated to be received and deposited in the community health trust fund beginning in 2008 through 2017. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 21. LEGISLATIVE INTENT - WORKSITE WELLNESS PILOT PROJECT.** It is the intent of the fifty-ninth legislative assembly that the state department of health may use federal funding to match nonstate funding and contract with a nonstate entity for a worksite wellness pilot project during the 2005-07 biennium. The state department of health shall provide a report on the pilot project to the sixtieth legislative assembly.

**SECTION 22. LEGISLATIVE INTENT - FUNDING FOR ABSTINENCE PROGRAMS.** It is the intent of the fifty-ninth legislative assembly that the state department of health use \$220,000 of federal maternal and child health funding for abstinence programs.

**SECTION 23. LEGISLATIVE INTENT - FEDERAL BIOTERRORISM FUNDING.** It is the intent of the fifty-ninth legislative assembly that the full-time equivalent employee positions funded with federal bioterrorism grants be discontinued when the funding for the programs end.

**SECTION 24. BASIC CARE SURVEY PILOT PROJECT - LEGISLATIVE COUNCIL REPORT.** The state department of health shall develop a pilot project to test an announced basic care survey process. The pilot project must begin with fifty percent of the state-licensed basic care providers surveyed receiving an announced survey and the remaining receiving an unannounced survey. The state department of health shall evaluate the survey pilot project and submit a report to the legislative council during the 2005-06 interim. The report must include a recommendation of whether the unannounced survey process should continue for all basic care facilities. The pilot project must include standard basic care surveys and all complaint investigations must be unannounced."

Renumber accordingly

# STATEMENT OF PURPOSE OF AMENDMENT:

## Senate Bill No. 2004 - State Department of Health - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$32,816,481	\$32,685,078	(\$505,155)	\$32,179,923
Operating expenses	25,322,640	25,439,910	106,713	25,546,623
Capital assets	1,514,469	1,514,469		1,514,469
Grants	42,466,666	42,591,666	(764,500)	41,827,166
Tobacco prevention and control	8,689,062	8,686,742	(747)	8,685,995
WIC food payments	15,750,000	15,750,000		15,750,000
Total all funds	\$126,559,318	\$126,667,865	(\$1,163,689)	\$125,504,176
Less estimated income	112,120,210	113,308,587	(1,140,933)	112,167,654
General fund	\$14,439,108	\$13,359,278	(\$22,756)	\$13,336,522
FTE	317.00	317.00	(4.50)	312.50

## Dept. 301 - State Department of Health - Detail of House Changes

	REMOVES FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM 1	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS 2	DECREASES OPERATIONS FOR FOOD AND LODGING INSPECTIONS 3	REMOVES 1 FTE FOOD AND LODGING INSPECTOR POSITION 4	REMOVES FUNDING FOR THE NURSE SCHOLARSHIP AND GRANT PROGRAM 5	REDUCES FUNDING FOR QUICK RESPONSE UNIT PILOT PROJECT 6
Salaries and wages				(\$90,077)		
Operating expenses			(\$117,270)			
Capital assets						
Grants	(\$100,000)					
Tobacco prevention and control					(\$489,500)	(\$100,000)
WIC food payments						
Total all funds	(\$100,000)	\$0	(\$117,270)	(\$90,077)	(\$489,500)	(\$100,000)
Less estimated income		(114,116)	(117,270)	(63,054)	(489,500)	(100,000)

(2) DESK, (3) COMM

General fund	(\$100,000)	\$114,116	\$0	(\$27,023)	\$0	\$0
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00
	ADDS FUNDING FOR ARSENIC PROGRAM 7	DECREASES FUNDING FOR HEALTHY NORTH DAKOTA PROGRAM 8	REMOVES 1 FTE POSITION AND FUNDING FOR ASTHMA PROGRAM 9	REDUCES RECOMMENDED FUNDING FOR HEALTH INSURANCE 10	ADDS FUNDING FOR DOMESTIC VIOLENCE PREVENTION GRANTS 11	TOTAL HOUSE CHANGES
Salaries and wages		(\$282,240)	(\$93,774)	(\$39,064)		(\$505,155)
Operating expenses	\$700,000	34,474	(510,491)			106,713
Capital assets						
Grants		(135,000)			\$60,000	(764,500)
Tobacco prevention and control				(747)		(747)
WIC food payments						
Total all funds	\$700,000	(\$382,766)	(\$604,265)	(\$39,811)	\$60,000	(\$1,163,689)
Less estimated income	<u>700,000</u>	<u>(382,766)</u>	<u>(604,265)</u>	<u>(29,962)</u>	<u>60,000</u>	<u>(1,140,933)</u>
General fund	\$0	\$0	\$0	(\$9,849)	\$0	(\$22,756)
FTE	0.00	(2.50)	(1.00)	0.00	0.00	(4.50)

1 The House removed \$100,000 from the general fund for the state-community matching physician loan repayment program and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives.

2 The House further adjusted food and lodging inspections funding to provide \$100,000 from the general fund for the program. The anticipated fee increase necessary to fund food and lodging inspections will be \$141,242.

3 The House adjusted operating expenses for food and lodging inspections to what was included in the executive recommendation.

4 The House remove 1 FTE environmental health inspector position, which was included in the executive recommendation to conduct additional food and lodging inspections.

5 The House removed funding from the health care trust fund for the scholarship and nurses' student loan repayment grant program.

6 The House decreased funding from the health care trust fund for the quick response unit pilot project from \$225,000 to \$125,000.

7 The House increased the other funds spending authority for the department to receive a grant to address arsenic issues in southeastern North Dakota.

8 The House remove 2.5 FTE positions and decreased funding for the Healthy North Dakota program by \$382,766. The remaining Healthy North Dakota funding authority is for contract services related to a worksite wellness pilot project (\$135,000).

9 The House removed 1 FTE program administrator position and decreased the funding for the asthma program. The department is to request approval from the Emergency Commission and Budget Section if federal funding for this program is authorized.

10 This amendment reduces the funding for state employee health insurance premiums from \$559.15 to \$553.95 per month.

11 The House increased funding from the domestic violence prevention fund for grants. Additional revenues of approximately \$60,000 are anticipated to be generated for the fund if 2005 Senate Bill No. 2361 is approved by the Legislative Assembly.

The House provided for a study to determine the funding guidelines for additional tobacco settlement funds that are anticipated to be received during the 2007-09 biennium.

The House provided intent for additional spending on abstinence education programs.

The House provided intent that positions funded with federal bioterrorism grants not be continued by the department when the funding stops.

**REPORT OF STANDING COMMITTEE (410)**  
**March 28, 2005 1:18 p.m.**

**Module No: HR-56-6333**  
**Carrier: Bellew**  
**Insert LC: 58004.0205 Title: .0300**

The House provided for a pilot project for the State Department of Health to conduct announced basic care surveys.

Date: April 1, 2005  
Roll Call Vote #: 1

**2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. SB2004**

House Appropriations - Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 58004.0207

Action Taken **DO PASS AS AMENDED**

Motion Made By **Rep Delzer** Seconded By **Rep Brusegaard**

Representatives	Yes	No	Representatives	Yes	No
Rep. Ken Svedjan, Chairman	X		Rep. Bob Skarphol	AB	
Rep. Mike Timm, Vice Chairman	X		Rep. David Monson	AB	
Rep. Bob Martinson	X		Rep. Eliot Glassheim	AB	
Rep. Tom Brusegaard	X		Rep. Jeff Delzer	X	
Rep. Earl Rennerfeldt	X		Rep. Chet Pollert	AB	
Rep. Francis J. Wald	X		Rep. Larry Bellew	X	
Rep. Ole Aarsvold	X		Rep. Alon C. Wieland	X	
Rep. Pam Gulleeson	X		Rep. James Kerzman	X	
Rep. Ron Carlisle	X		Rep. Ralph Metcalf	X	
Rep. Keith Kempenich	X				
Rep. Blair Thoreson	X				
Rep. Joe Kroeber	X				
Rep. Clark Williams	X				
Rep. Al Carlson	AB				

Total Yes **18** No **0**

Absent **5**

Floor Assignment **Rep Bellew**

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

*Reconsidered Action of 3/26/05*

**REPORT OF STANDING COMMITTEE**

**SB 2004, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (18 YEAS, 0 NAYS, 5 ABSENT AND NOT VOTING). Engrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to create and enact a new subsection to section 23-01-05 of the North Dakota Century Code, relating to the state health officer's duty to establish an environmental review process for commercial buildings"

Page 1, line 10, after "campgrounds" insert "; to provide for a report to the legislative council; to provide legislative intent"

Page 2, line 7, replace "2,712,149" with "2,206,994"

Page 2, line 8, replace "1,288,653" with "1,395,366"

Page 2, line 10, replace "5,901,038" with "5,136,538"

Page 2, line 11, replace "903,645" with "902,898"

Page 2, line 14, replace "7,085,117" with "5,921,428"

Page 2, line 15, replace "6,826,931" with "5,685,998"

Page 2, line 16, replace "258,186" with "235,430"

Page 2, line 22, replace "32,685,078" with "32,179,923"

Page 2, line 23, replace "25,439,910" with "25,546,623"

Page 2, line 25, replace "42,591,666" with "41,827,166"

Page 2, line 26, replace "8,686,742" with "8,685,995"

Page 2, line 28, replace "126,667,865" with "125,504,176"

Page 2, line 29, replace "113,308,587" with "112,167,654"

Page 2, line 30, replace "13,359,278" with "13,336,522"

Page 3, line 13, replace "\$280,000" with "\$340,000"

Page 4, after line 26, insert:

**"SECTION 13.** A new subsection to section 23-01-05 of the North Dakota Century Code is created and enacted as follows:

Establish a review process for commercial buildings for instances in which the department is requested to conduct an environmental review or environmental assessment of a commercial building. The environmental review or environmental assessment must include:

a. An environmental assessment;

b. Identification of whether a health risk exists, what the health risk is, and how the health risk can be remediated or mitigated; and

- c. Once the health risk is identified, remediated, or mitigated a reevaluation of the risk which determines whether the risk has been addressed."

Page 7, line 22, remove "funded by grants, fees, and increases in tobacco taxes"

Page 7, after line 27, insert:

**"SECTION 21. LEGISLATIVE COUNCIL STUDY - TOBACCO SETTLEMENT COLLECTIONS.** The legislative council shall consider studying, during the 2005-06 interim, whether to change guidelines for funding programs as a result of additional tobacco settlement collections that are anticipated to be received and deposited in the community health trust fund from 2008 through 2017. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 22. LEGISLATIVE INTENT - WORKSITE WELLNESS PILOT PROJECT.** It is the intent of the fifty-ninth legislative assembly that the state department of health may use federal funding to match nonstate funding and contract with a nonstate entity for a worksite wellness pilot project during the 2005-07 biennium. The state department of health shall provide a report on the pilot project to the sixtieth legislative assembly.

**SECTION 23. LEGISLATIVE INTENT - FUNDING FOR ABSTINENCE PROGRAMS.** It is the intent of the fifty-ninth legislative assembly that the state department of health use \$220,000 of federal maternal and child health funding for abstinence programs.

**SECTION 24. LEGISLATIVE INTENT - FEDERAL BIOTERRORISM FUNDING.** It is the intent of the fifty-ninth legislative assembly that the full-time equivalent employee positions funded with federal bioterrorism grants be discontinued when the funding for the programs end.

**SECTION 25. BASIC CARE SURVEY PILOT PROJECT - LEGISLATIVE COUNCIL REPORT.** The state department of health shall develop a pilot project to test an announced basic care survey process. The pilot project must begin with fifty percent of the state-licensed basic care providers surveyed receiving an announced survey and the remaining receiving an unannounced survey. The state department of health shall evaluate the survey pilot project and submit a report to the legislative council during the 2005-06 interim. The report must include a recommendation of whether the unannounced survey process should continue for all basic care facilities. The pilot project must include standard basic care surveys and all complaint investigations must be unannounced."

Renumber accordingly

#### STATEMENT OF PURPOSE OF AMENDMENT:

#### Senate Bill No. 2004 - State Department of Health - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
Salaries and wages	\$32,816,481	\$32,685,078	(\$505,155)	\$32,179,923
Operating expenses	25,322,640	25,439,910	106,713	25,546,623
Capital assets	1,514,469	1,514,469		1,514,469
Grants	42,466,666	42,591,666	(764,500)	41,827,166



**REPORT OF STANDING COMMITTEE (410)**  
**April 4, 2005 8:28 a.m.**

**Module No: HR-61-7061**  
**Carrier: Bellew**  
**Insert LC: 58004.0207 Title: .0300**

Tobacco prevention and control	8,689,062	8,686,742	(747)	8,685,995
WIC food payments	<u>15,750,000</u>	<u>15,750,000</u>		<u>15,750,000</u>
Total all funds	\$126,559,318	\$126,667,865	(\$1,163,689)	\$125,504,176
Less estimated income	<u>112,120,210</u>	<u>113,308,587</u>	<u>(1,140,933)</u>	<u>112,167,654</u>
General fund	\$14,439,108	\$13,359,278	(\$22,756)	\$13,336,522
FTE	317.00	317.00	(4.50)	312.50

**Dept. 301 - State Department of Health - Detail of House Changes**

	REMOVES FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM <sup>1</sup>	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS <sup>2</sup>	DECREASES OPERATIONS FOR FOOD AND LODGING INSPECTIONS <sup>3</sup>	REMOVES 1 FTE FOOD AND LODGING INSPECTOR POSITION <sup>4</sup>	REMOVES FUNDING FOR THE NURSE SCHOLARSHIP AND GRANT PROGRAM <sup>5</sup>	REDUCES FUNDING FOR QUICK RESPONSE UNIT PILOT PROJECT <sup>6</sup>
Salaries and wages				(\$90,077)		
Operating expenses			(\$117,270)			
Capital assets						
Grants	(\$100,000)				(\$489,500)	(\$100,000)
Tobacco prevention and control						
WIC food payments						
Total all funds	(\$100,000)	\$0	(\$117,270)	(\$90,077)	(\$489,500)	(\$100,000)
Less estimated income		<u>(114,116)</u>	<u>(117,270)</u>	<u>(63,054)</u>	<u>(489,500)</u>	<u>(100,000)</u>
General fund	(\$100,000)	\$114,116	\$0	(\$27,023)	\$0	\$0
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00
	ADDS FUNDING FOR ARSENIC PROGRAM <sup>7</sup>	DECREASES FUNDING FOR HEALTHY NORTH DAKOTA PROGRAM <sup>8</sup>	REMOVES 1 FTE POSITION AND FUNDING FOR ASTHMA PROGRAM <sup>9</sup>	REDUCES RECOMMENDED FUNDING FOR HEALTH INSURANCE <sup>10</sup>	ADDS FUNDING FOR DOMESTIC VIOLENCE PREVENTION GRANTS <sup>11</sup>	TOTAL HOUSE CHANGES
Salaries and wages		(\$282,240)	(\$93,774)	(\$39,064)		(\$505,155)
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Capital assets						
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General fund	\$0	\$0	\$0	(\$9,849)	\$0	(\$22,756)
FTE	0.00	(2.50)	(1.00)	0.00	0.00	(4.50)

<sup>1</sup> The House removed \$100,000 from the general fund for the state-community matching physician loan repayment program and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives.

<sup>2</sup> The House further adjusted food and lodging inspections funding to provide \$100,000 from the general fund for the program. The anticipated fee increase necessary to fund food and lodging inspections will be \$141,242.

<sup>3</sup> The House adjusted operating expenses for food and lodging inspections to what was included in the executive recommendation.

<sup>4</sup> The House remove 1 FTE environmental health inspector position, which was included in the executive recommendation to conduct additional food and lodging inspections.

<sup>5</sup> The House removed funding from the health care trust fund for the scholarship and nurses' student loan repayment grant program.

<sup>6</sup> The House decreased funding from the health care trust fund for the quick response unit pilot project from \$225,000 to \$125,000.

<sup>7</sup> The House increased the other funds spending authority for the department to receive a grant to address arsenic issues in southeastern North Dakota.

- 8 The House remove 2.5 FTE positions and decreased funding for the Healthy North Dakota program by \$382,766. The remaining Healthy North Dakota funding authority is for contract services related to a worksite wellness pilot project (\$135,000).
- 9 The House removed 1 FTE program administrator position and decreased the funding for the asthma program. The department is to request approval from the Emergency Commission and Budget Section if federal funding for this program is authorized.
- 10 This amendment reduces the funding for state employee health insurance premiums from \$559.15 to \$553.95 per month.
- 11 The House increased funding from the domestic violence prevention fund for grants. Additional revenues of approximately \$60,000 are anticipated to be generated for the fund if 2005 Senate Bill No. 2361 is approved by the Legislative Assembly.

The House provided for a study to determine the funding guidelines for additional tobacco settlement funds that are anticipated to be received during the 2007-09 biennium.

The House provided intent for additional spending on abstinence education programs.

The House provided intent that positions funded with federal bioterrorism grants not be continued by the department when the funding stops.

The House provided for a pilot project for the State Department of Health to conduct announced basic care surveys.

The House provided for the State Department of Health to establish an environmental review process for commercial buildings.

2005 SENATE APPROPRIATIONS

CONFERENCE COMMITTEE

SB 2004

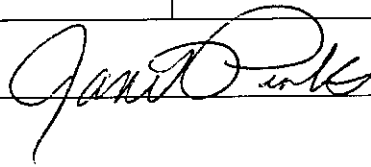
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2004

Senate Appropriations Committee

☒ Conference Committee

Hearing Date April 7, 2004

Tape Number	Side A	Side B	Meter #
2	a		0 - 3784
Committee Clerk Signature 			

Minutes:

**The conference committee on SB 2004 consists of Senators Andrist, Kilzer, Mathern, Representatives Bellew, Delzer and Kerzman.**

**Senator Andrist** called the conference committee to order on SB 2004 with roll call.

Representative Kerzman was absent and Representative Metcalf sat in on the hearing for him.

Senator Andrist asked for the House to review their amendments.

**Representative Delzer** indicated \$100,000 had been removed from the general fund for the state community matching loan repayment. He indicated the bill originally came from the Senate with \$125,000. The Health Department had \$75,000 and \$300,000 from the federal funds. The House left \$25,000 from the general fund on the physician loan fund and the other \$100,000 went toward food and lodging inspector.

**Senator Andrist** asked Dave Pesky if this works from them and the response was yes.

**Representative Bellew** further reviewed footnotes on page 3 of the amendments. He did indicate that the House felt the fee increases in these amendments was too high. He also indicated that he felt government should do what people can't do for themselves. He also felt that government needs to watch for the health of its citizens and that perhaps we should pay for part of the inspections.

Discussion took place on the inspection program, fees charged, local health district vs. State inspection, and the hopes that the inspection program would be a self-supporting program. In addition, the FTE positions were discussed.

**Senator Mathern** expressed concerns about reducing the FTE positions.

**Representative Bellew** further reviewed the footnotes on page 3 going into more detail on the nurse student loan grants, the first responders program, the arsenic program in Southeastern ND, the work site wellness project, the asthma program, the adjustment for state employee health insurance and the domestic violence program.

**Senator Kilzer** discussed the work site program. He indicated he felt this should really be with workers safety and insurance. He felt this was not the right place to be involved for this project.

**Representative Bellew** discussed Section 13 which is established to conduct an environmental review process for commercial buildings. He then discussed Section 21-25 which included the tobacco settlement, work site wellness, abstinence education programs, bioterrorism and the basic care survey pilot project.

**Senator Andrist** indicated this gives quite a bit to review. He wondered if there was a third alternative to solve the problem. He then closed the discussion on SB 2004.

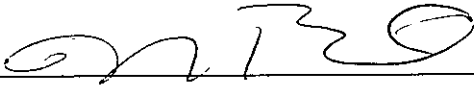
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2004

Senate Appropriations Committee

☒ Conference Committee

Hearing Date **04-15-05**

Tape Number	Side A	Side B	Meter #
1	x		2,367-end
		x	0-784
Committee Clerk Signature 			

Minutes: **Sen. Andrist (Conference Committee Chair)** opened hearing SB 2004.

**Sen. Andrist:** Propose amendment number .0209.

**Rep. Bellew:** This amendment will remove funds from the date warehouse. The are all special funds. The language is located on page 4, section 14 of the amendment .0210.

**Sen. Mathern (2779):** Were these amendments reviewed by health care professionals?

**Rep. Delzer:** They came from the Health Department.

**Rep. Bellew:** Section 24 of the original bill, this money came from Title 5 money. We could get a grant for the \$220,000. Also on page 4, number 1 of the amendments the \$25,000 from number 1 would go into number 2.

**Sen. Delzer (3068):** The original budget has \$75,000 plus \$300,000 of matching federal funds. Sb 2166 had \$125,000, it was discovered that the \$75,000 would match the federal. \$100,000 is enough that would come from food and lodging.

**Sen. Mathern:** \$75,000 would be enough to match the federal dollars?

**Rep. Delzer:** That is our understanding.

**Sen. Andrist:** I originally helped the physician loan program in the rural areas and in the cities, it didn't work.

**Rep. Delzer (3397):** The federal match is in here. The State match comes from tobacco. The biggest difference in the amount of fee increases.

**Sen. Andrist (3600):** I spoke with Arvey Smith, she determined it would be useful to have the \$60,000.

**Rep. Delzer (3771):** We are not setting the fees with legislative intent, Administrative rules does that.

**Sen. Andrist:** Ms. Smith said she could make it work. She would expect to stay within the guidelines of the intent. Half of the inspections within the state are done by local health units. The problem is there is a lot of cross traffic, because there are tiny health districts out there. It requires too much travel. To fix food and lodging inspectors we need to fix our health inspection too, i.e. Section 21.

**Sen. Mathern (4295):** I agree with these studies, I think there will be a backlash. Could someone explain the rationale behind section 26?

**Rep. Delzer:** That was brought to the House by Long-term Care and the health Department. It is just for basic care, it is not for Long-term Care. What they have found in other states is that when they go to a half an ounce They have found through the surveys that the quality of care does not diminish.

**Sen. Mathern:** Does this mean that they won't be surveyed every year?

**Rep. Delzer:** This does not take any surveys away.

**Sen. Mathern:** What else, someone might be open too regarding Health ND. Is there anything in these new amendments that restrict them further?

**Rep. Delzer:** It is the same as the House version.

**Sen. Andrist:** The House Amendments took away some of their authority.

**Sen. Mathern:** The only authority left for the department is the use of the federal money.  
Would you put that back in?

**Rep. Bellew:** We did leave \$135,000 in there for a work site project for a hospital in Fargo.

**Sen. Mathern:** Why not leave an open door for some more federal dollars?

**Rep. Delzer:** Our rational is for that comes from the fact that we don't have a legislative study. There is a lot of concern on the House side about where this would lead. We like sec 19, except we took out grants and fees and increase of tobacco taxes. Since you guys took that out with the federal money and there are not aware of how they are going to get the federal money any way. We would take the federal money out, study it. And see where we are at in two years.

**Rep. Kerzman:** I have problems with removing the asthma money. I think when we pass a smoking ban it would be counter productive.

**Rep. Delzer:** We didn't say not to do it, we just wanted to know it would get federal money. We put it in intent, if they get it we expect them to come to the emergency commission.

**Sen. Mathern:** The intent language will still permit them comes from the emergency commission is still in there?

**Rep. Delzer:** I would like to visit about the extra \$14,000 in this amendment regarding protection fees.



**Sen. Andrist:** They have the authority of doing a smaller fee increase. Ms. Smith said that if they could have authority to bring it to 55% increase that would be another \$14,000. This would give her some breathing room. She could make the \$60,000 work.

**Rep. Kerzman:** I would like to go back to wellness and asthma

**Sen. Andrist:** We will make time for that.

**Rep. Delzer:** It would change the system to some degree, this is the purpose of the study.

**Sen. Andrist:** The Health Department said they were empathetic of raising fees for small entities.

**Rep. Delzer:** I like the wellness the way it is in the House version.

**Rep. Kerzman (207):** Also regarding Wellness ND. Suicide state are at the top, I am hoping this committee would look into that.

**Sen. Andrist:** We agree with you on the asthma program. The majority of our committee was skeptical o healthy ND.

**Rep. Bellow made the motion for .0209, seconded by Rep. Delzer.**

**Sen. Mathern:** I think that there is an opportunity in this department to do some productive things. I disappointed with these amendments.

**Sen. Andrist:** I have been sensitive of the department, they think they can make this work.

**Sen. Kilzer:** On the food and lodging inspections, this will be new territory for the department. This is as good as we can get in this area.

**Roll was taken for the .0209 amendments, it passed.**

**The**

REPORT OF CONFERENCE COMMITTEE  
(ACCEDE/RECEDE) - 420

07398

(Bill Number) SR 2004 (, as (re)engrossed):

Your Conference Committee

For the Senate:

Andrist 0209  
K. Izer 9/12  
M. Thern 11

For the House:

Bellev 0209  
Delzer 4/12  
Kerzmann 11

☐ recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)  
the (Senate/House) amendments on (SJ/HJ) page(s) \_\_\_\_\_

☐ and place \_\_\_\_\_ on the Seventh order.  
727

☒ , adopt (further) amendments as follows, and place  
\_\_\_\_\_ on the Seventh order:

☐ having been unable to agree, recommends that the committee be discharged  
and a new committee be appointed. 690/515

((Re)Engrossed) \_\_\_\_\_ was placed on the Seventh order of business on the  
calendar.

DATE: 4/7/05

CARRIER: \_\_\_\_\_

LC NO. \_\_\_\_\_ of amendment

LC NO. \_\_\_\_\_ of engrossment

Emergency clause added or deleted \_\_\_\_\_

Statement of purpose of amendment \_\_\_\_\_

(1) LC (2) LC (3) DESK (4) COMM.

**REPORT OF CONFERENCE COMMITTEE**

**SB 2004, as engrossed:** Your conference committee (Sens. Andrist, Kilzer, Mathern and Reps. Bellew, Delzer, Kerzman) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 1309-1311, adopt amendments as follows, and place SB 2004 on the Seventh order:

That the House recede from its amendments as printed on pages 1309-1311 of the Senate Journal and pages 1570-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "health" insert "; to create and enact a new subsection to section 23-01-05 of the North Dakota Century Code, relating to the state health officer's duty to establish an environmental review process for commercial buildings"

Page 1, line 10, after "campgrounds" insert "; to provide for a report to the legislative council; to provide legislative intent"

Page 2, line 7, replace "2,712,149" with "2,080,994"

Page 2, line 8, replace "1,288,653" with "1,462,724"

Page 2, line 10, replace "5,901,038" with "5,111,538"

Page 2, line 11, replace "903,645" with "902,898"

Page 2, line 14, replace "7,085,117" with "5,837,786"

Page 2, line 15, replace "6,826,931" with "5,602,356"

Page 2, line 16, replace "258,186" with "235,430"

Page 2, line 22, replace "32,685,078" with "32,053,923"

Page 2, line 23, replace "25,439,910" with "25,613,981"

Page 2, line 25, replace "42,591,666" with "41,802,166"

Page 2, line 26, replace "8,686,742" with "8,685,995"

Page 2, line 28, replace "126,667,865" with "125,420,534"

Page 2, line 29, replace "113,308,587" with "112,084,012"

Page 2, line 30, replace "13,359,278" with "13,336,522"

Page 3, line 13, replace "\$280,000" with "\$340,000"

Page 4, after line 26, insert:

**"SECTION 13.** A new subsection to section 23-01-05 of the North Dakota Century Code is created and enacted as follows:

a. Establish a review process for instances in which the department is requested to conduct an epidemiological assessment of a commercial building. The epidemiological assessment must include:

(1) A statement of whether there are known environmental causes:

- (2) If there are known environmental causes identified, a recommendation of how they can be remediated or mitigated; and
- (3) If there are no known environmental causes identified, a statement that no known causes exist.
- b. Costs for remediation, mitigation, and consultant services are the responsibility of the building owner. Proof of remediation of any identified environmental concern related to the epidemiological assessment is the burden of the building owner."

Page 7, line 22, remove "funded by grants, fees, and increases in tobacco taxes"

Page 7, after line 27, insert:

**"SECTION 21. LEGISLATIVE COUNCIL STUDY - PUBLIC HEALTH INFRASTRUCTURE AND FOOD AND LODGING INSPECTIONS.** The legislative council shall study, during the 2005-06 interim, the state's public health unit infrastructure and the ability of the public health units to respond to public health issues. The study must include an assessment of the efficiency of operations, given the personnel and financial resources available, and the effectiveness of services, given the lines of governmental authority of the current infrastructure. The study must include the efficiency of the food and lodging investigation services provided by the state department of health and the public health units and must develop a plan maximizing efficiencies through a coordinated system and fee structure. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 22. LEGISLATIVE COUNCIL STUDY - TOBACCO SETTLEMENT COLLECTIONS.** The legislative council shall consider studying, during the 2005-06 interim, whether to change guidelines for funding programs as a result of additional tobacco settlement collections that are anticipated to be received and deposited in the community health trust fund from 2008 through 2017. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

**SECTION 23. LEGISLATIVE INTENT - WORKSITE WELLNESS PILOT PROJECT.** It is the intent of the fifty-ninth legislative assembly that the state department of health may use federal funding to match nonstate funding and contract with a nonstate entity for a worksite wellness pilot project during the 2005-07 biennium. The state department of health shall provide a report on the pilot project to the sixtieth legislative assembly.

**SECTION 24. LEGISLATIVE INTENT - FUNDING FOR ABSTINENCE PROGRAMS.** It is the intent of the fifty-ninth legislative assembly that the state department of health pursue \$220,000 for abstinence programs from federal grants or other sources and that the new funding be in addition to existing funding for abstinence programs.

**SECTION 25. LEGISLATIVE INTENT - FEDERAL BIOTERRORISM FUNDING.** It is the intent of the fifty-ninth legislative assembly that the full-time equivalent employee positions funded with federal bioterrorism grants be discontinued when the funding for the programs ends.

**SECTION 26. BASIC CARE SURVEY PILOT PROJECT - LEGISLATIVE COUNCIL REPORT.** The state department of health shall develop a pilot project to test an announced basic care survey process. The pilot project must begin with fifty percent of the state-licensed basic care providers surveyed receiving an announced survey and the remaining receiving an unannounced survey. The state department of health shall evaluate the survey pilot project and submit a report to the legislative council during the 2005-06 interim. The report must include a recommendation of whether the unannounced survey process should continue for all basic care facilities. The pilot project must include standard basic care surveys and all complaint investigations must be unannounced."

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**Senate Bill No. 2004 - State Department of Health - Conference Committee Action**

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	\$32,816,481	\$32,685,078	(\$631,155)	\$32,053,923	\$32,179,923	(\$126,000)
Operating expenses	25,322,640	25,439,910	174,071	25,613,981	25,546,623	67,358
Capital assets	1,514,469	1,514,469		1,514,469	1,514,469	
Grants	42,466,666	42,591,666	(789,500)	41,802,166	41,827,166	(25,000)
Tobacco prevention and control	8,689,062	8,686,742	(747)	8,685,995	8,685,995	
WIC food payments	<u>15,750,000</u>	<u>15,750,000</u>		<u>15,750,000</u>	<u>15,750,000</u>	
Total all funds	\$126,559,318	\$126,667,865	(\$1,247,331)	\$125,420,534	\$125,504,176	(\$83,642)
Less estimated income	<u>112,120,210</u>	<u>113,308,587</u>	<u>(1,224,575)</u>	<u>112,084,012</u>	<u>112,167,654</u>	<u>(83,642)</u>
General fund	\$14,439,108	\$13,359,278	(\$22,756)	\$13,336,522	\$13,336,522	\$0
FTE	317.00	317.00	(5.50)	311.50	312.50	(1.00)

**Dept. 301 - State Department of Health - Detail of Conference Committee Changes**

	REMOVES FUNDING FOR PHYSICIAN LOAN REPAYMENT PROGRAM 1	CHANGES FUNDING SOURCE FOR FOOD AND LODGING INSPECTIONS 2	DECREASES OPERATIONS FOR FOOD AND LODGING INSPECTIONS 3	REMOVES 1 FTE FOOD AND LODGING INSPECTOR POSITION 4	REMOVES FUNDING FOR THE NURSE SCHOLARSHIP AND GRANT PROGRAM 5	REDUCES FUNDING FOR QUICK RESPONSE UNIT PILOT PROJECT 6
Salaries and wages				(\$90,077)		
Operating expenses		\$25,000	(\$68,512)			
Capital assets						
Grants	(\$125,000)				(\$489,500)	(\$100,000)
Tobacco prevention and control						
WIC food payments						
Total all funds	(\$125,000)	\$25,000	(\$68,512)	(\$90,077)	(\$489,500)	(\$100,000)
Less estimated income		<u>(114,116)</u>	<u>(68,512)</u>	<u>(63,054)</u>	<u>(489,500)</u>	<u>(100,000)</u>
General fund	(\$125,000)	\$139,116	\$0	(\$27,023)	\$0	\$0
FTE	0.00	0.00	0.00	(1.00)	0.00	0.00
	ADDS FUNDING FOR ARSENIC PROGRAM 7	DECREASES FUNDING FOR HEALTHY NORTH DAKOTA PROGRAM 8	REMOVES 1 FTE POSITION AND FUNDING FOR ASTHMA PROGRAM 9	REDUCES RECOMMENDED FUNDING FOR HEALTH INSURANCE 10	ADDS FUNDING FOR DOMESTIC VIOLENCE PREVENTION GRANTS 11	ADDS FUNDING FOR ABSTINENCE PROGRAMS 12
Salaries and wages		(\$282,240)	(\$93,774)	(\$39,064)		

**REPORT OF CONFERENCE COMMITTEE (420)**  
**April 18, 2005 2:01 p.m.**

**Module No: SR-70-8277**

**Insert LC: 58004.0210**

Operating expenses	\$700,000	34,474	(510,491)			\$220,000
Capital assets						
Grants		(135,000)			\$60,000	
Tobacco prevention and control				(747)		
WIC food payments						
Total all funds	\$700,000	(\$382,766)	(\$604,265)	(\$39,811)	\$60,000	\$220,000
Less estimated income	<u>700,000</u>	<u>(382,766)</u>	<u>(604,265)</u>	<u>(29,962)</u>	<u>60,000</u>	<u>220,000</u>
General fund	\$0	\$0	\$0	(\$9,849)	\$0	\$0
FTE	0.00	(2.50)	(1.00)	0.00	0.00	0.00

	REMOVES FUNDING FOR DATA WAREHOUSE PROGRAM 13	TOTAL CONFERENCE COMMITTEE CHANGES
Salaries and wages	(\$126,000)	(\$631,155)
Operating expenses	(226,400)	174,071
Capital assets		
Grants		(789,500)
Tobacco prevention and control		(747)
WIC food payments		
Total all funds	(\$352,400)	(\$1,247,331)
Less estimated income	<u>(352,400)</u>	<u>(1,224,575)</u>
General fund	\$0	(\$22,756)
FTE	(1.00)	(5.50)

1 The conference committee removed \$125,000 from the general fund for the state-community matching physician loan repayment program and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives. The House removed \$100,000 from this program.

2 The conference committee adjusted food and lodging inspections funding to provide a net amount of \$125,000 from the general fund for the program. The House version provided \$100,000 from the general fund for food and lodging inspections.

3 The conference committee reduced operating expenses for food and lodging inspections by \$68,512. The House reduction was for \$117,270. The anticipated food and lodging fee increase will be \$190,000. The House version would have increased fees by \$155,242.

The total funding for food and lodging for the executive budget, Senate, and conference committee versions are:

	EXECUTIVE RECOMMENDATION	SENATE VERSION	CONFERENCE COMMITTEE VERSION
General fund	\$652,865	\$12,907	\$125,000
Special funds	<u>109,547</u>	<u>866,775</u>	<u>621,093</u>
Total	\$762,412	\$879,682	\$746,093

4 The conference committee agreed with the House amendment to remove 1 FTE environmental health inspector position, which was included in the executive recommendation to conduct additional food and lodging inspections.

5 The conference committee agreed with the House amendment to remove funding from the health care trust fund for the scholarship and nurses' student loan repayment grant program.

6 The conference committee agreed with the House amendment to decrease funding from the health care trust fund for the quick response unit pilot project from \$225,000 to \$125,000.

7 The conference committee agreed with the House amendment to increase other funds spending authority for the department to receive a grant to address arsenic issues in southeastern North Dakota.

8 The conference committee agreed with the House amendment to remove 2.5 FTE positions and decreased funding for the Healthy North Dakota program by \$382,766. The remaining Healthy North Dakota funding authority is for contract services related to a worksite wellness pilot project (\$135,000).

9 The conference committee agreed with the House amendment to remove 1 FTE program administrator position and decreased the funding for the asthma program. The department is to request approval from the Emergency Commission and Budget Section if federal funding for this program is authorized.

10 This amendment reduces the funding for state employee health insurance premiums from \$559.15 to \$553.95 per month.

11 The conference committee agreed with the House amendment to increase funding from the domestic violence prevention fund for grants. Additional revenues of approximately \$60,000 are anticipated to be generated for the fund if 2005 Senate Bill No. 2361 is approved by the 2005 Legislative Assembly.

12 The conference committee added \$220,000 of other funds spending authority for abstinence programs with the intent that the State Department of Health pursue additional funding to what is currently available for the programs.

13 The conference committee removed funding and 1 FTE position related to the department's data warehouse program.

The conference committee agreed with the House amendment providing for a study to determine the funding guidelines for additional tobacco settlement funds that are anticipated to be received during the 2007-09 biennium.

The conference committee provided \$220,000 of spending authority for abstinence education programs and added an intent section that the State Department of Health pursue additional federal or other funds for abstinence programs.

The conference committee agreed with the House amendment to provide intent that FTE positions funded with federal bioterrorism grants not be continued by the department when the funding stops.

The conference committee agreed with the House amendment providing for a pilot project for the State Department of Health to conduct announced basic care surveys.

The conference committee provided for the State Department of Health to establish an environmental review process for commercial buildings.

The conference committee provided for a Legislative Council study of food and lodging inspection programs.

The conference committee agreed with the House amendment providing for a worksite wellness pilot project to be contracted with a nonstate entity by the State Department of Health.

Engrossed SB 2004 was placed on the Seventh order of business on the calendar.

2005 TESTIMONY

SB 2004



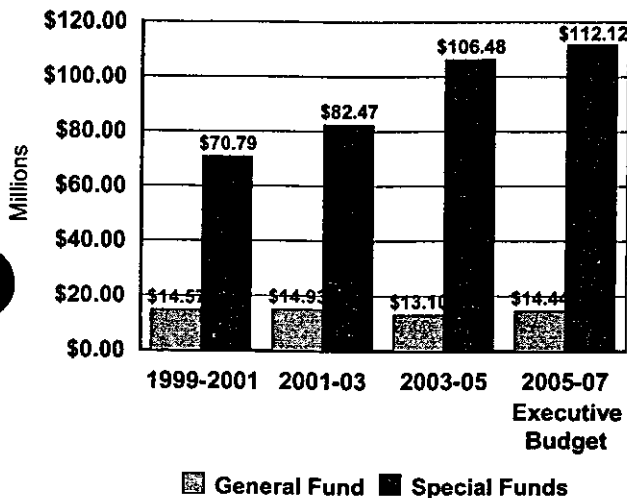
**Department 301 - State Department of Health**  
**Senate Bill No. 2004**

	FTE Positions	General Fund	Other Funds	Total
2005-07 Executive Budget	317.00	\$14,439,108	\$112,120,210	\$126,559,318
2003-05 Legislative Appropriations	312.50 <sup>1</sup>	13,101,092	106,481,656 <sup>2</sup>	119,582,748
Increase (Decrease)	4.50	\$1,338,016	\$5,638,554	\$6,976,570

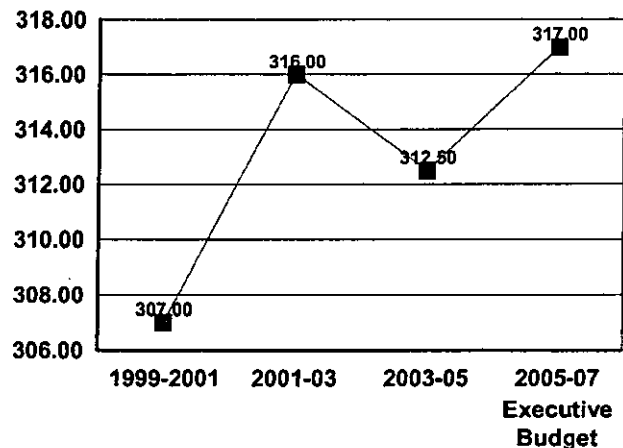
<sup>1</sup>The number of FTE positions for the 2003-05 biennium has been adjusted to reflect the reduction and transfer of .5 FTE position relating to information technology services, including electronic mail, file and print server administration, data base administration, storage, application server, and hosting services from the State Department of Health to the Information Technology Department as of November 1, 2003, provided for in Section 10 of House Bill No. 1505.

<sup>2</sup>The 2003-05 appropriation amounts do not include \$2,897,464 of 2001-03 carryover authority and \$10,721,889 of additional special funds authority resulting from Emergency Commission action during the 2003-05 biennium.

**Agency Funding**



**FTE Positions**



**First House Action**

Attached is a summary of the first house changes.

**Executive Budget Highlights**  
**(With First House Changes Noted)**

	General Fund	Other Funds	Total
<b>Administrative Support</b>			
1. Decreases funding for professional services due to a federal state planning grant (relating to a study of uninsured in North Dakota) which is anticipated to be received only during the first year of the 2005-07 biennium		(\$628,303)	(\$628,303)
2. Increases special funds spending authority and the operating line item for a new program that will involve analyzing available health care data from both inside and outside the department and merge the data into a resource available to internal and external users for a fee		\$226,400	\$226,400
3. Adds federal funds spending authority for equipment over \$5,000, including a high frequency radio (\$25,000), incident command project board (\$15,000), and robotic tripod head (\$12,000)		\$52,000	\$52,000

4. Adds 2.5 FTE positions (1 FTE position to assist businesses in establishing <b>worksite wellness</b> programs and 1.5 FTE positions to address <b>health disparities</b> in North Dakota) and increases funding for salaries and wages (\$282,240), operations (\$100,526), and grants (\$135,000) for the Healthy North Dakota program. The Senate changed the funding source for this program from the general fund to other special or federal funds. The Senate also provided for a Legislative Council study of the costs and benefits of adopting a comprehensive Healthy North Dakota program.	\$517,766		\$517,766
5. Maintains general fund spending authority for grants to local public health units at \$1.1 million			
<b>Community Health</b>		\$510,491	\$510,491
6. Adds federal funds spending authority for operating expenses of the asthma program to reflect funding for two years. This is a new program that was started in the 2003-05 biennium.		\$95,666	\$95,666
7. Adds 1 FTE human service program administrator III position for tobacco prevention to coordinate tobacco cessation activities. Funding is from the community health trust fund.			
8. Reduces special funds spending authority for tobacco cessation grants		(\$105,000)	(\$105,000)
9. Decreases federal funding for the women, infant, and children (WIC) program for food and clothing expenses from \$17.68 million to \$15.75 million to reflect a decrease in actual costs due to fewer eligible participants		(\$1,930,000)	(\$1,930,000)
<b>Health Resources</b>			
10. Adds 1 FTE environmental health practitioners II position and related funding for salaries and wages to conduct additional food and lodging inspections, as recommended by the federal government.	\$27,023	\$63,054	\$90,077
11. The State Department of Health had proposed increasing and changing food and lodging inspection fees from departmental collections to special funds to be retained by the department. In addition the department proposed decreasing the general fund appropriation for the inspections. The executive budget recommendation did not accept the proposal to change the fees and reinstates the general fund appropriation. The total general fund appropriation for food and lodging inspections is \$639,958. The Senate removed the general fund money appropriated for food and lodging inspections and provided that the related license fees are determined by department rules rather than provided for in the North Dakota Century Code in order to make the program completely self-supporting from special fund revenues.	\$429,681	(\$546,951)	(\$117,270)
<b>Environmental Health</b>			
12. Adds general and federal funds spending authority for extraordinary repairs (\$107,960) and bond payments (\$286,044) for the east laboratory remodel and addition	\$100,116	\$293,888	\$394,004
13. Adds funding for operating the One Stop program, which is a new program that began in the 2003-05 biennium, to implement an integrated data management system used to collect, store, manage, retrieve, and disseminate environmental data		\$424,928	\$424,928
14. Adds funding for equipment and information technology equipment over \$5,000 for various laboratory and air quality equipment (\$386,000) and a scanner (\$7,200)		\$393,200	\$393,200
15. Adds federal funds spending authority to enter into contracts for the targeted Brownfields program. Previously, the department granted funds to local communities for services relating to the removal of contaminations such as asbestos.		\$545,000	\$545,000
16. Removes one-time funding for equipment over \$5,000 and capital projects completed in the 2003-05 biennium	(\$156,110)	(\$3,392,789)	(\$3,548,899)
<b>Medical Services</b>			
17. Increases funding for bond payments related to the east laboratory and morgue projects	\$240,520	\$158,745	\$399,265

18. Adds funding for laboratory equipment over \$5,000		\$276,000	\$276,000
19. Removes one-time funding for equipment over \$5,000 and capital projects completed in the 2003-05 biennium	(\$61,146)	(\$3,332,490)	(\$3,393,636)

#### Emergency Preparedness and Response

20. No significant changes for the Emergency Preparedness and Response Division

### Other Sections in Bill

Section 4 of Senate Bill No. 2004 authorizes \$250,000 from the abandoned motor vehicle disposal fund, the same as the 2003-05 biennium. The funding source for this fund is from a \$2 tax on each initial North Dakota certificate of title issued on vehicles.

Section 5 of Senate Bill No. 2004 authorizes \$202,808 from the environment and rangeland protection fund for the ground water testing program and \$50,000 for a grant to the North Dakota Stockmen's Association environmental services program.

Section 6 of Senate Bill No. 2004 authorizes \$280,000 from the domestic violence prevention fund. A supplemental fee of \$29 is collected as part of the marriage license fee for deposit in the domestic violence prevention fund.

Section 7 of Senate Bill No. 2004 authorizes \$1,000 from the environmental health practitioner licensure fee administrative fund, the same as the 2003-05 biennium. The money is available for the Environmental Health Practitioners Advisory Board.

Section 8 of Senate Bill No. 2004 authorizes \$21,214 from the wastewater operators certification fund, an increase of \$214 from the 2003-05 biennium.

Section 9 of Senate Bill No. 2004 authorizes \$6,610,000 from the community health trust fund. The funding will be used for tobacco prevention and control (\$4.7 million), dentists' loan program (\$420,000), tobacco "quit line" (\$884,000), tobacco cessation grants (\$395,000), Community Health Grant Advisory Committee (\$100,000), and for salaries and wages and operating costs for the tobacco prevention coordinator position (\$111,000).

Section 10 of Senate Bill No. 2004 allows the State Department of Health to deposit indirect cost recoveries from federal programs and special funds in its operating account.

Bioterrorism funding included in Senate Bill No. 2004:

	Salaries and Wages	Operating Expenses	Capital Assets	Grants	Total 2005-07 Biennium	Total 2003-05 Biennium
Administrative support	\$376,223	\$1,587,216	\$52,000	\$1,414,709	\$3,430,148	\$4,261,896
Medical services	717,970	1,046,487	153,000	374,903	2,292,360	7,654,713
Health resources	73,570	10,214			83,784	77,799
Environmental health	86,122	218,608	27,015		331,745	225,828
Emergency preparedness and response	394,874	913,523		8,086,794	9,395,191	7,852,562
<b>Total</b>	<b>\$1,648,759</b>	<b>\$3,776,048</b>	<b>\$232,015</b>	<b>\$9,876,406</b>	<b>\$15,533,228</b>	<b>\$20,072,798</b>

Bioterrorism funding sources:

	2005-07 Biennium	2003-05 Biennium	Increase (Decrease)
Centers for Disease Control and Prevention (CDC)	\$10,935,474	\$15,997,399	(\$5,061,925)
Health Resources and Services Administration (HRSA) hospital preparedness program	4,597,754	4,075,399	522,355
<b>Total</b>	<b>\$15,533,228</b>	<b>\$20,072,798</b>	<b>(\$4,539,570)</b>

### Major Related Legislation

House Bill No. 1069 authorizes \$16,658, of which \$5,920 is from the general fund, to the State Department of Health for the cost of paying military service retirement credit.

House Bill No. 1279 provides a continuing appropriation to the State Department of Health from the environmental remediation operating fund to develop rules and collect fees related to contaminated property.

Senate Bill No. 2266 relates to the state-community matching physician loan repayment program and the loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives. This bill increases the maximum amount available under the program to a qualifying physician for loan repayment from \$40,000 to \$45,000 and provides that the loan may be repaid over three years rather than four years. The State Health Council may select any number of recipients and communities each year as participants in the program. The Senate authorized \$125,000 for this program in Senate Bill No. 2004.

ATTACH:1

02/17/05

Bill No. 2004 Fiscal No. 9

**STATEMENT OF PURPOSE OF AMENDMENT:****Senate Bill No. 2004 - State Department of Health - Senate Action**

	<b>Executive Budget</b>	<b>Senate Changes</b>	<b>Senate Version</b>
Salaries and wages	\$32,816,481	(\$131,403)	\$32,685,078
Operating expenses	25,322,640	117,270	25,439,910
Capital assets	1,514,469		1,514,469
Grants	42,466,666	125,000	42,591,666
Tobacco prevention and control	8,689,062	(2,320)	8,686,742
WIC food payments	15,750,000		15,750,000
<b>Total all funds</b>	<b>\$126,559,318</b>	<b>\$108,547</b>	<b>\$126,667,865</b>
<b>Less estimated income</b>	<b>112,120,210</b>	<b>1,188,377</b>	<b>113,308,587</b>
<b>General fund</b>	<b>\$14,439,108</b>	<b>(\$1,079,830)</b>	<b>\$13,359,278</b>
<b>FTE</b>	<b>317.00</b>	<b>0.00</b>	<b>317.00</b>

**Department No. 301 - State Department of Health - Detail of Senate Changes**

	<b>Changes Funding Source for Food and Lodging Inspections<sup>1</sup></b>	<b>Restores Operations for Food and Lodging Inspections<sup>2</sup></b>	<b>Adds Funding for the Physician Loan Repayment Program<sup>3</sup></b>	<b>Changes Funding for Healthy North Dakota<sup>4</sup></b>	<b>Reduces Compensation Package to 3/4 (\$131,403)</b>	<b>Total Senate Changes (\$131,403) 117,270 125,000 (2,320)</b>
Salaries and wages						
Operating expenses		117,270				
Capital assets						
Grants			125,000			
Tobacco prevention and control					(2,320)	
WIC food payments						
<b>Total all funds</b>	<b>\$0</b>	<b>\$117,270</b>	<b>\$125,000</b>	<b>\$0</b>	<b>(\$133,723)</b>	<b>\$108,547</b>
<b>Less estimated income</b>	<b>639,958</b>	<b>117,270</b>	<b>0</b>	<b>517,766</b>	<b>(86,617)</b>	<b>1,188,377</b>
<b>General fund</b>	<b>(\$639,958)</b>	<b>\$0</b>	<b>\$125,000</b>	<b>(\$517,766)</b>	<b>(\$47,106)</b>	<b>(\$1,079,830)</b>
<b>FTE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<sup>1</sup> This amendment changes the funding source for food and lodging inspections from the general fund to special funds from license fees.

<sup>2</sup> This amendment restores \$117,270 for operating expenses for food and lodging expenses that were removed in the executive budget recommendation.

<sup>3</sup> This amendment adds \$125,000 from the general fund for the state-community matching physician loan repayment program established in North Dakota Century Code Chapter 43-17.2 and the state-community matching loan repayment program for nurse practitioners, physician assistants, and certified nurse midwives established by Chapter 43-12.2.

<sup>4</sup> This amendment changes the funding source for the Healthy North Dakota program from the general fund to other federal or special funds.

**DEPARTMENT OF HEALTH**

**SALARIES AND WAGES**

**FTE EMPLOYEES (Number)**

Salaries  
Temporary, Overtime  
Benefits

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**OPERATING EXPENSES**

IT-Data Processing  
IT-Telephone  
Travel  
IT - Software/Supp.  
Utilities  
Postage  
IT - Contractual Services  
Lease/Rentals - Equipment  
Lease/Rentals - Buildings/Land  
Dues & Professional Development  
**Operating Fees & Services**  
Repairs  
**Professional Services**  
Insurance  
Office Supplies  
Printing  
Professional Supplies & Materials  
Food & Clothing  
Medical, Dental, and Optical  
Buildings/Vehicle Maintenance Supplies  
Miscellaneous Supplies  
**Sub Total Operating**  
Office Equip Under \$5000  
Other Equip Under \$5000  
IT Equip Under \$5000  
Operating Budget Adjustment

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**CAPITAL ASSETS**

IT Equip >\$5000  
Other Equip >\$5000  
Land & Buildings  
Extraordinary Repairs  
Other Capital Paymnts

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**GRANTS/SPECIAL LINE ITEMS**

Grants  
WIC Food  
Lead Base Paint  
Tobacco Prevention Control  
Community Health Advisory

**TOTAL**

General Fund  
Federal Funds  
Other Funds

**COST CENTER TOTAL**

**TOTAL**

General Fund  
Federal Funds  
Other Funds

2001-03 Actual Expenditures	Exp. To Date Jan-05	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
311.50	307.50	312.50	317.00	4.50	1%
20,186,148	16,862,346	22,107,067	23,689,752	1,582,685	7%
390,306	452,220	651,369	782,840	131,471	20%
6,147,157	5,549,433	7,524,493	8,343,889	819,396	11%
26,723,611	22,863,999	30,282,929	32,816,481	2,533,552	8%
8,822,446	6,746,853	7,643,317	8,332,501	689,184	9%
14,954,758	14,121,538	19,857,702	20,960,870	1,103,168	6%
2,946,407	1,995,608	2,781,910	3,523,110	741,200	27%
397,324	368,508	483,572	1,508,908	1,025,336	212%
340,237	283,250	363,754	380,790	17,036	5%
1,660,702	1,365,989	1,943,863	2,172,454	228,591	12%
389,170	411,362	317,358	308,696	(8,662)	-3%
140,843	151,706	346,548	409,786	63,238	18%
397,420	276,810	414,328	444,722	30,394	7%
53,599	3,169,739	3,955,448	1,190,082	(2,765,366)	-70%
118,890	87,442	142,978	158,135	15,157	11%
908,472	789,103	1,049,471	1,059,022	9,551	1%
262,851	311,378	305,315	454,374	149,059	49%
2,372,343	501,170	648,067	525,105	(122,962)	-19%
461,230	331,652	553,364	603,808	50,444	9%
5,218,576	5,976,219	12,528,606	10,696,947	(1,831,659)	-15%
67,168	114,910	114,867	99,340	(15,527)	-14%
156,210	125,254	190,838	218,763	27,925	15%
390,210	260,993	398,970	436,861	37,891	9%
685,057	598,643	1,069,182	1,145,571	76,389	7%
6,104	2,415	1,599	1,646	47	3%
2,461,412	2,284,323	2,744,993	3,034,922	289,929	11%
108,083	122,932	63,252	70,073	6,821	11%
83,047	95	236	1,744	1,508	639%
16,678,948	17,533,893	27,636,609	24,921,749	(2,714,860)	-10%
69,700	70,649	67,150	35,550	(31,600)	-47%
512,499	64,332	105,114	76,506	(28,608)	-27%
353,409	201,202	272,273	305,579	33,306	12%
0	0	0	(16,744)	(16,744)	
17,614,556	17,870,076	28,081,146	25,322,640	(2,758,506)	-10%
1,853,751	978,457	2,905,019	3,307,978	402,959	14%
14,358,227	16,183,684	23,399,690	20,166,639	(3,233,051)	-14%
1,402,578	707,935	1,776,437	1,848,023	71,586	4%
66,208	13,555	158,266	7,200	(151,066)	-95%
333,311	629,071	1,389,434	714,000	(675,434)	-49%
914,556	4,636,563	5,053,329	0	(5,053,329)	
0	0	86,040	107,960	21,920	25%
0	302,040	388,232	685,309	297,077	77%
1,314,075	5,581,229	7,075,301	1,514,469	(5,560,832)	-79%
104,026	106,292	227,756	338,629	110,873	49%
687,174	1,973,937	3,071,043	1,025,340	(2,045,703)	-67%
522,875	3,501,000	3,776,502	150,500	(3,626,002)	-96%
25,989,254	25,472,487	41,495,628	42,466,666	971,038	2%
14,116,786	11,789,836	17,680,000	15,750,000	(1,930,000)	-11%
115,743	0	0	0	0	
6,773,841	5,177,758	8,587,097	8,689,062	101,965	1%
76,706	0	0	0	0	
47,072,330	42,440,081	67,762,725	66,905,728	(856,997)	-1%
2,297,500	1,785,500	2,325,000	2,460,000	135,000	6%
38,758,165	36,059,807	57,379,225	56,275,228	(1,103,997)	-2%
6,016,665	4,594,774	8,058,500	8,170,500	112,000	1%
92,724,572	88,755,385	133,202,101	126,559,318	(6,642,783)	-5%
13,077,723	9,617,102	13,101,092	14,439,108	1,338,016	10%
68,758,324	68,338,966	103,707,660	98,428,077	(5,279,583)	-5%
10,888,525	10,799,317	16,393,349	13,692,133	(2,701,216)	-16%

State Change:

Reduction of \$47,106 of general funds and \$86,617 of other funds for legislative employee compensation package.

## **Testimony**

### **Senate Bill 2004**

#### **Senate Appropriations Committee**

**Wednesday, January 12, 2005; 1:30 p.m.**

#### **North Dakota Department of Health**

##### **Introduction**

Good afternoon, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2004.

##### **Mission**

The North Dakota Department of Health remains dedicated to the goal of ensuring that North Dakota is a healthy place to live and that each person has an equal opportunity to enjoy good health. To accomplish this mission, the department is committed to the promotion of healthy lifestyles, the protection and enhancement of the environment, and the provision of quality health-care services for the people of the state. In addition, the Department of Health focuses on the early detection of and response to disease outbreaks and other public health emergencies. The department advances its mission through facilitating local efforts; collaborating with our partners throughout the state, and providing expertise in developing creative public health solutions.

##### **Department Overview**

Public health affects the lives of every North Dakotan every day. Because of the efforts of public health, we breathe clean air and drink safe, sparkling water. Our garbage is picked up and disposed of properly. We can feel confident that the food we eat at restaurants is safe. Our parents and grandparents are cared for in quality nursing homes. Our children are immunized against many diseases that we hardly think about today but that struck fear into the heart of every parent just a few decades ago – diseases such as diphtheria, measles and polio.

As state health officer, I'm proud of the department's public health professionals and the work they do to safeguard the health of all North Dakotans. Consider just a few of the department's many accomplishments during the past two years:

- Responded promptly and effectively to disease outbreaks across the state, such as West Nile virus, whooping cough and tuberculosis.
- Maintained a 90 percent or higher rate of compliance with permit requirements in the air, waste, water discharge and public water supply programs.

- Worked with the city of Mandan to reach a \$30.25 million settlement with Burlington Northern Santa Fe Railroad to address diesel fuel contamination in downtown Mandan.
- Continued tobacco prevention efforts, including funding school and community tobacco prevention programs, employee cessation programs and a statewide tobacco quitline. Efforts such as these have resulted in a significant decline in the percentage of youth who are current smokers – from 41 percent in 1999 to 30 percent in 2003.
- Received recognition as one of only 14 states in the nation that meet all National Ambient Air Quality Standards.
- Focused on maintaining high childhood vaccination coverage; in fact, North Dakota has one of the highest childhood immunization rates in the nation.

Although our accomplishments are many, we know there still is much work to be done. In fact, many common health issues pose a great risk to the health and welfare of North Dakotans.

The leading causes of death in North Dakota are heart disease, cancer, chronic lung disease, accidents and diabetes. However, the real, underlying high-risk behaviors that cause disease and death are tobacco use, diet, inactivity and alcohol use.

If we can decrease the incidence of tobacco use, poor diet, inactivity and alcohol use – the high-risk behaviors associated with the real causes of disease – we can have a significant impact on the leading causes of death and illness in our state. The result to North Dakotans would be longer, healthier, happier lives.

Let's look at two of those high-risk behaviors:

- Adult smoking rates in North Dakota reached a high of 23.4 percent in 1996. In 2003, however, that number had declined to 20.5 percent. Unfortunately, the smoking rate for American Indian adults is about 46 percent, more than twice the rate of other adults in North Dakota. In addition, the rate for pregnant women in North Dakota is 17 percent, compared to 12 percent nationally. Although adolescent smoking rates have declined significantly from 41 percent in 1999 to 30 percent in 2003, we are still above the national rate of 21.9 percent. Smoking, the chief preventable cause of illness and death in our society, is associated with heart disease, cancer and chronic lung disease.
- In North Dakota, the number of overweight and obese adults increased from 57.1 percent in 1998 to 64.1 percent in 2003. The number of overweight adolescents increased from 6.7 percent in 1999 to 9.3 percent in 2003. Being overweight is epidemic in the United States and in North Dakota and is a major factor in the development of heart disease and diabetes.

Changing high-risk behaviors is at the heart of Governor Hoeven's *Healthy North Dakota Initiative*.

Today, *Healthy North Dakota* is composed of 19 committees and focus areas with more than 400 members that represent about 150 agencies, organizations and businesses across the state. This grass-roots effort is developing strategies to address health issues and to encourage comprehensive healthy lifestyles for all North Dakotans.

The governor's budget for the Department of Health includes \$517,000 for several new *Healthy North Dakota* initiatives aimed at addressing high-risk behaviors. This amount provides for two and one-half FTE, operating expenses and support for the following:

- Worksite Wellness Institute to assist businesses in establishing worksite wellness programs.
- Physical activity infrastructure to provide leadership and coordination for physical activity programs across the state.
- Healthy North Dakota Recognition Program to recognize schools, worksites and communities for their efforts to improve the health of their populations.
- Office of Special Populations to address health disparities among diverse populations in North Dakota.

Another initiative to address high-risk behaviors is the proposed addition of \$309,000 for the tobacco quitline to enhance and expand services and one FTE to assist with efforts to reduce tobacco use in the state. This funding would come from carryover and other cessation funding not accessed in the current biennium.

It is imperative that we continue our aggressive approach to reducing tobacco use in North Dakota. Tobacco use is devastating. For example:

- More than 860 North Dakotans die from causes attributed to smoking each year.
- Nationally, tobacco kills more people each year than the total number killed by AIDS, alcohol, motor vehicle accidents, homicide, illegal drugs and suicide combined.
- The U.S. Environmental Protection Agency has classified secondhand smoke as a "Group A" carcinogen – a substance known to cause cancer in humans.
- About 11 percent (\$37 million) of all Medicaid expenditures in the state are spent on smoking-related illnesses and diseases each year.
- Each year, tobacco use costs the state \$351 million in direct medical expenses and lost productivity; that's \$552 for each North Dakotan.

An overview of *Healthy North Dakota* and two *Healthy North Dakota* Highlights fact sheets with more information about smoking and diabetes are included in the Appendix to this testimony.

The financial consequences of behavior and lifestyle choices like tobacco use or physical inactivity are staggering. Individuals and the state bear the costs of these choices through lost productivity and higher health insurance costs, including higher Medicaid and Medicare costs. We urge you to fund the Department of Health initiatives



recommended by the governor. Doing so will enhance our efforts to safeguard the health of every North Dakotan.

With me today is Arvy Smith, Deputy State Health Officer, who will provide information about the programs and budget of the Department of Health. Several other members of the department's staff are also here to respond to any questions you might have.

## Budget Overview

Good afternoon, Chairman Holmberg and members of the Committee. My name is Arvy Smith, and I am the Deputy State Health Officer for the North Dakota Department of Health. I am here today to provide an overview of the department's programs and budget. Following is a table comparing the department's original 2003-05 appropriation and the budget as recommended by the governor.

A summary by line item of the department's 2003-05 original appropriation compared to the governor's recommended 2005-07 budget is as follows:

	<b>2003-05 Original Appropriation</b>	<b>2005-07 Governor's Recommend.</b>	<b>Percent of 2005-07 Budget</b>	<b>Increase/ Decrease</b>	<b>Inc/(Dec) Percent</b>
Salaries & Wages	29,972,929	32,816,481	26%	2,843,552	9%
Operating Expenses	24,151,257	25,322,640	20%	1,171,383	5%
Capital Assets	3,204,837	1,514,469	1%	(1,690,368)	-53%
Grants	36,690,628	42,466,666	34%	5,776,038	16%
Tobacco Prevention and Control	7,783,097	8,689,062	7%	*905,965	2%
WIC Food Payments	17,680,000	15,750,000	12%	(1,930,000)	-11%
Community Health Advisory	100,000	0		(100,000)	-100%
<b>Total</b>	<b>119,582,748</b>	<b>126,559,318</b>	<b>100%</b>	<b>6,976,570</b>	<b>6%</b>
 General	 13,101,092	 14,439,108	 11%	 1,338,016	 10%
Federal	92,793,771	98,428,077	78%	5,634,306	6%
Special	13,687,885	13,692,133	11%	4,248	0%
<b>Total</b>	<b>119,582,748</b>	<b>126,559,318</b>	<b>100%</b>	<b>6,976,570</b>	<b>6%</b>
 FTE	 312.5	 317.0		 4.5	 1%

\*Of this increase, \$804,000 resulted from the movement of 2003-05 appropriation authority from other line items to the Tobacco Prevention and Control line item and from 2001-03 carryover not included in the 2003-05 original appropriation amount.

The total budget for the North Dakota Department of Health recommended by the governor for the 2005-07 biennium is \$126,559,318. State general fund spending is \$14,439,108 or 11 percent – \$11 per capita per year – less than the cost of a flu shot. Federal funds are recommended at \$98,428,077 (78%), and special funds at \$13,692,133 (11%). FTE are recommended at 317.

The 2003-05 original appropriation for the Department of Health is \$119,582,748, with \$13,101,092 from the general fund and 312.5 FTE. Comparison of these figures to the 2005-07 recommended budget shows a total increase of \$6,976,570 or 6 percent, a general fund increase of \$1,338,016 or 10 percent, and an increase in FTE of 4.5 or 1 percent.

North Dakota has a network of 28 local public health units. Some of these are multi-county, some are city/county and others are single county health units. In addition,

many other local entities provide public health services, such as domestic violence entities, family planning entities, WIC sites, and natural resource entities. Of the department's total budget, \$61,040,413 or 48 percent is passed through to local entities to provide services. This figure includes \$42,466,666 in the grants line item, \$6,455,000 from the tobacco grants line item, \$10,696,947 in professional fees and \$1,421,800 in tobacco professional fees. Slightly more than \$24 million goes to local public health units and more than \$16 million goes to other local entities. The remainder goes to state agencies, medical providers, tribal units and various entities and individuals for scholarships.

Major changes to the department's budget are as follows:

Emergency Commission Requests:

• State Planning Grant	781,889
• CDC Bioterrorism (mostly carryover)	3,567,000
• HRSA Bioterrorism	3,100,000
• Comprehensive Cancer	300,000
• Air Contaminant Fees	208,000
• Epidemiology & Lab Capacity (ELC)	1,200,000
• Safe Havens Supervised Visits	800,000
• Grants To Encourage Arrest	265,000
• Brownfield Response Program	500,000

Capital Projects Changes

• Carryover of Building Project	2,693,464
• Completion of building projects	(4,718,329)
• Bond Payment Increase	297,077

ITD Data Processing Changes

• Connect ND Costs	113,696
• Increased Ongoing Data Processing Costs	76,468
• Increased Costs for Health Alert Network	633,484
• Increased Costs for the WIC MIS Project	162,800

Completed Computer Projects (ITD Consultant)

• Disease Surveillance and Pharmaceutical Tracking System	(1,527,577)
• Local Public Health Units Infrastructure for HAN	(800,930)
• SNS Delivery and Inventory System	(406,838)

Salary Package	2,022,261
Miscellaneous Salary Adjustments (2003-05 Biennium)	287,959
Healthy North Dakota (2.5 FTE \$264,474)	500,000
Increase of FTE for the Tobacco Program	105,000
Tobacco Quitline Increase	204,000
Decrease in Tobacco Cessations Programs	(309,000)
Decrease in the State Planning Grant Project	(719,056)
Food & Lodging FTE (Net underfunding of \$58,612)	55,688
Reduction of WIC Food Payments	(1,930,000)
Building Rental increase	96,544

Increase in the One Stop Grant Program	478,753
Decrease in CDC Bioterrorism (Health Hot Line)	(1,823,064)
Increase in HRSA Bioterrorism Funding	522,355
Data Warehouse Program	226,400

The capital assets included in Senate Bill 2004 include only equipment greater than \$5,000, bond payments, and a minor amount of extraordinary repairs. The building projects you approved last session are all nearly completed. The addition to the lab using carryover funds from last biennium was completed this past summer; the remodel to the lab will be complete this month; the cold storage unit was complete several months ago; and the morgue will be complete by March. No additional capital projects are requested for the next biennium. On behalf of the staff and Dr. Dwelle, I would like to thank you and the governor for allowing us to improve our facilities. With declining CDC bioterrorism funding, it was a good decision to use that funding source on one-time expenditures such as the lab remodel.

The changes in the salaries line, aside from the governor's salary package and new FTE, reflect workload and equity adjustments made by the department during the biennium, as well as normal fluctuations due to staff turnover and replacement of staff at higher or lower salaries. Salary levels are a major issue for the Department of Health. We are starting to feel the effects of salary levels through difficulties in hiring. Some important highlights with regard to salary levels in the department are as follows:

- In many cases, our state employee salaries are less than those of our counterparts in city and county government.
- In at least four cases, salaries are as much as \$1,000 per month less than other states in the region.
- In six classifications, we rank last among other states and our salary is at least \$7,000 per year less than the next lowest state.
- Department personnel have to build in 3 percent to 5 percent annual salary increases for contracts with local entities while they themselves have gone without an increase this current biennium.
- Although 22 percent of our employees have master's or doctorate degrees, only 8 percent of our employees earn more than \$4,000 per month.

Although the governor's 4 percent per year salary package is a step toward addressing compensation issues, our employees are paid an estimated 20 percent below market. In fact, the 2004 State Employee Compensation Report indicates that many Department of Health employees are paid between 49 percent and 59 percent below market. We hope the governor's \$5 million funding for equity increases will be available to assist us in lessening the gap.

Senate Bill 2004 contains an appropriation of \$6,610,000 from the Community Health Trust Fund. This is an increase of only \$46,000 due to an increase in the dental loan program and the governor's salary package. With regard to tobacco programs, we have

shifted funding that isn't being accessed from cessation programs to the Tobacco Quitline, where we are seeing some very positive results. Since its implementation in late September 2004, the Quitline has received about 50 calls per week. In addition, 120 people enrolled in tobacco cessation counseling as a result of the Quitline during the first 12 weeks of operation.

The governor provided a new FTE in the Food and Lodging area to assist us in doing more inspections. We currently are able to inspect high-risk entities only once per year, while the federal government recommends inspections at a minimum of two to three times per year based upon the risk level of the establishment. In addition, a new federal mandate from the U.S. Department of Agriculture (USDA) will require two inspections per year in schools beginning in the 2005-2006 school year. In the proposed budget, the program is underfunded by about \$58,000, which will require us to delay hiring the new position.

The building rental increase is a result of discontinuing our leases at the Missouri Office Building (MOB), the White House and Northbrook Mall. We will start a new lease of the Gold Seal Building for Environmental Health and Emergency Preparedness and Response (EPR) effective January 1, 2006. There are safety issues at the Missouri Office Building, mostly due to overcrowding. The Office of Management and Budget recommends 300 gross square feet per person, while the MOB and White House are at less than 200 gross square feet per person. The new lease allows us to consolidate EPR staff from three to one location and Environmental Health staff from three to two locations.

The data warehouse program allows us to develop a repository of data that would be available to users for a variety of analysis, including quality of care, marketing, utilization, cost analysis, access to care, assessment of unmet need and measurement of health status. The request allows the department to obtain, manage and put data into useable forms. The data warehouse program would be funded through revenue generated by fees collected pursuant to NDCC 23-01.1-06.

### **Budget by Section**

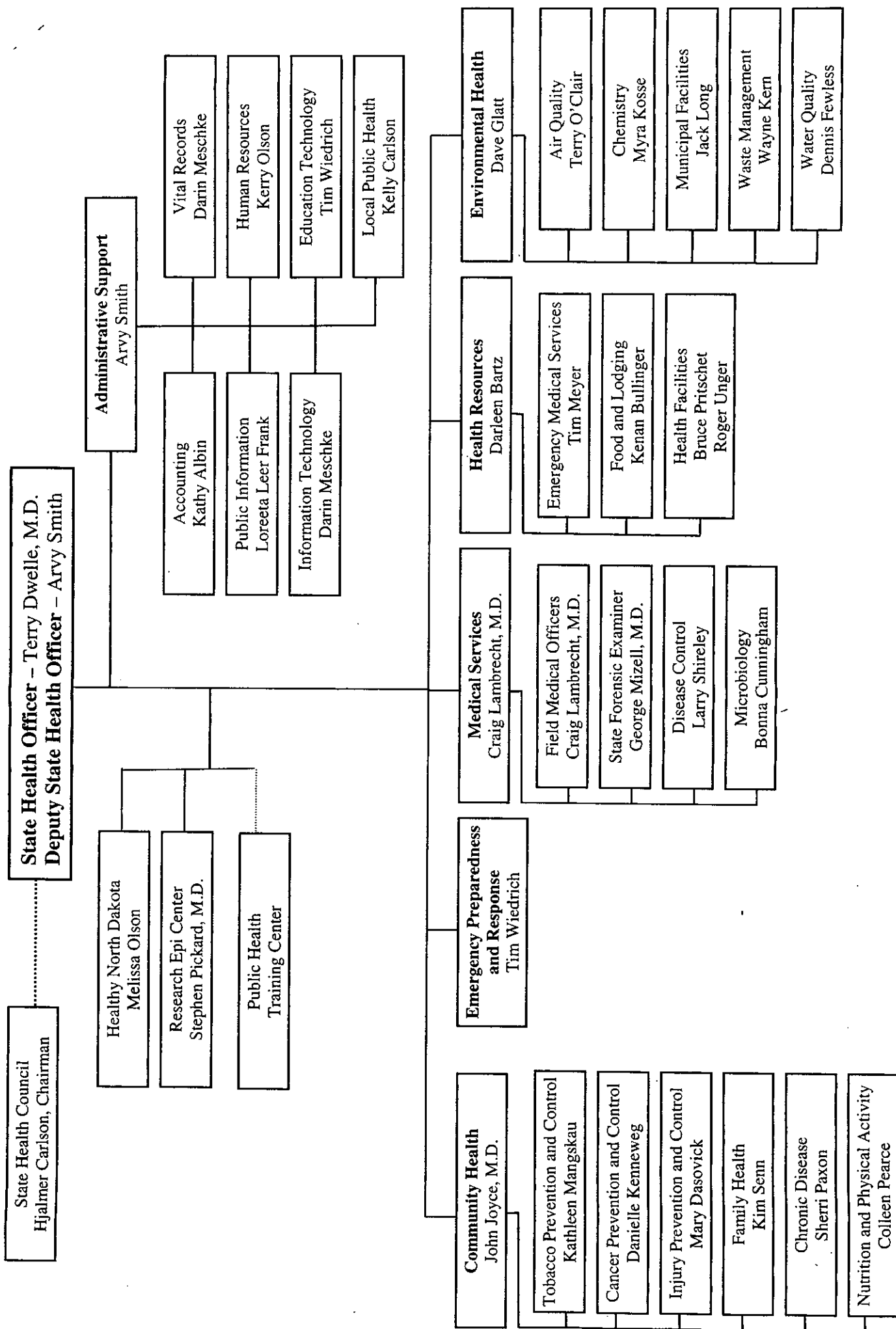
As the attached organization chart shows, the department's budget is organized by six sections, as follows:

Administrative Support	\$ 9,956,813	8%
Community Health	\$ 50,941,475	40%
Emergency Preparedness and Response	\$ 9,395,191	7%
Medical Services	\$ 12,782,144	10%
Health Resources	\$ 9,559,348	8%
<u>Environmental Health</u>	<u>\$ 33,924,347</u>	<u>27%</u>
Total	\$126,559,318	100%

I would like to point out that the Emergency Preparedness and Response Section includes only the three FTE and related expenditures for the state administration and the contracts for regional administration. There are several departmental functions in other sections of the budget paid for with emergency preparedness and response funding. Since they are portions of expenditures related to the activities of these sections, it would be difficult to separate such expenditures and reflect them in the Emergency Preparedness and Response Section budget.

# North Dakota Department of Health Organizational Chart

January 2005



## Testimony

### Senate Bill 2004

#### House Appropriations Committee Human Resources Division

Wednesday, March 2, 2005; 8:30 a.m.

#### North Dakota Department of Health

*page 2 the same as given to Senate*

#### Introduction

Good morning, Chairman Delzer and members of the Human Resources Division of the House Appropriation Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2004.

#### Mission

The North Dakota Department of Health remains dedicated to the goal of ensuring that North Dakota is a healthy place to live and that each person has an equal opportunity to enjoy good health. To accomplish this mission, the department is committed to the promotion of healthy lifestyles, the protection and enhancement of the environment, and the provision of quality health-care services for the people of the state. In addition, the Department of Health focuses on the early detection of and response to disease outbreaks and other public health emergencies. The department advances its mission through facilitating local efforts, collaborating with our partners throughout the state, and providing expertise in developing creative public health solutions.

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As state health officer, I'm proud of the department's public health professionals and the work they do to safeguard the health of all North Dakotans. Consider just a few of the department's many accomplishments during the past two years:

- Responded promptly and effectively to disease outbreaks across the state, such as West Nile virus, whooping cough and tuberculosis.



It is imperative that we continue our aggressive approach to reducing tobacco use in North Dakota. Tobacco use is devastating. For example:

- More than 860 North Dakotans die from causes attributed to smoking each year.
- Nationally, tobacco kills more people each year than the total number killed by AIDS, alcohol, motor vehicle accidents, homicide, illegal drugs and suicide combined.
- The U.S. Environmental Protection Agency has classified secondhand smoke as a "Group A" carcinogen – a substance known to cause cancer in humans.
- About 11 percent (\$37 million) of all Medicaid expenditures in the state are spent on smoking-related illnesses and diseases each year.
- Each year, tobacco use costs the state \$351 million in direct medical expenses and lost productivity; that's \$552 for each North Dakotan.

Changing high-risk behaviors is at the heart of Governor Hoeven's *Healthy North Dakota* Initiative.

Although the Department of Health is coordinating the initiative's early efforts, *Healthy North Dakota* is not a state government program. It is a grassroots organization with more than 400 members representing about 150 agencies, organizations and businesses from across the state, including Blue Cross Blue Shield of North Dakota, the Dakota Medical Foundation, the American Heart Association, Medcenter One Health Systems, Starion Financial, AARP, the Missouri Valley YMCA, the University of North Dakota, North Dakota State University, Odyssey Research, Turtle Mountain Community High School and many others. *Healthy North Dakota* committees are working to develop strategies for addressing health issues and encouraging comprehensive healthy lifestyles for all North Dakotans.

The governor's budget includes \$500,000 for several new *Healthy North Dakota* initiatives aimed at addressing high-risk behaviors. This amount provides for two and one-half FTE, operating expenses and support for the following:

- Expert consultants to assist businesses in establishing worksite wellness programs. Research indicates that businesses investing in worksite wellness programs can see a return of between \$5 and \$10 for every dollar invested.

Let me put that in some concrete financial terms for businesses in North Dakota. The average business in the state has 14 employees. The minimum worksite wellness investment needed to see a return is \$25 per employee, or about \$350 per participating business. This investment is made by the business, not the Worksite Wellness program. To date, more than 400 North Dakota businesses have expressed the desire for more information about organizing their own effective wellness programs. If just 300 of those businesses are able to follow through, they would save \$525,000 per year in health-care costs. If all 24,000 businesses in North Dakota eventually develop minimal wellness programs, they would save \$42 million per year in health-care costs. (\$135,000)

- Physical activity infrastructure to provide leadership and coordination in bringing the private and public sectors together to address the crisis of obesity. Each physically active individual saves an estimated \$500 per year in health-care costs. If every North Dakotan were physically active, the state would save about \$320 million in health-care costs each year. (\$140,000)
- *Healthy North Dakota* Recognition Program to recognize schools, worksites and communities for their efforts to improve the health of their populations. In the absence of mandates, this is an effective way to incentivize these entities to address local health issues. (\$50,000)
- Office of Special Populations to address health disparities among diverse populations in North Dakota. As indicated earlier, this population experiences higher rates of disease and risk factors than does the general public. In addition, unique techniques are necessary to communicate with and change behaviors in these disparate populations. (\$175,000)

The Senate eliminated these initiatives and the general funding related to it. At our request, they put the initiatives back into the budget with spending authority for other funds in case we are able to secure federal or special funds to support *Healthy North Dakota* projects. The Senate was reluctant to invest state general fund dollars in *Healthy North Dakota*. For one reason, they felt the initiatives added to government bureaucracy. As I mentioned earlier, however, *Healthy North Dakota* is not more bureaucracy, but is a statewide, grassroots initiative. The Senate also was not convinced of the benefits of worksite wellness; that's why I included additional information regarding that initiative in this testimony. However, *Healthy North Dakota* originally identified \$26 million of initiatives, including school health services, child-care health consultants, nicotine replacement therapy and community challenge grants. These other options could be considered as an alternative or in addition to the governor's initiatives.

The financial consequences of behavior and lifestyle choices like tobacco use or physical inactivity are staggering. Individuals and the state bear the costs of these choices through lost productivity and higher health insurance costs, including higher Medicaid and Medicare costs. We urge you to reinstate the general fund authority for *Healthy North Dakota* as recommended by the governor. Doing so will enhance our efforts to safeguard the health of every North Dakotan.

An overview of *Healthy North Dakota* and two *Healthy North Dakota* Highlights fact sheets with more information about smoking and diabetes are included in the Appendix to this testimony.

With me today is Arvy Smith, Deputy State Health Officer, who will provide information about the programs and budget of the Department of Health. Several other members of the department's staff are also here to respond to any questions you might have.

## Budget Overview

Good morning, Chairman Delzer and members of the committee. My name is Arvy Smith, and I am the Deputy State Health Officer for the North Dakota Department of Health. I am here today to provide an overview of the department's programs and budget. Following is a summary by line item of the department's 2003-05 original appropriation compared to the governor's recommended 2005-07 budget.

	2003-05 Original Appropriation	2005-07 Governor's Recommend.	Percent of 2005-07 Budget	Increase/ Decrease	Inc/(Dec) Percent
Salaries & Wages	29,972,929	32,816,481	26%	2,843,552	9%
Operating Expenses	24,151,257	25,322,640	20%	1,171,383	5%
Capital Assets	3,204,837	1,514,469	1%	(1,690,368)	-53%
Grants	36,690,628	42,466,666	34%	5,776,038	16%
Tobacco Prevention and Control	7,783,097	8,689,062	7%	*905,965	2%
WIC Food Payments	17,680,000	15,750,000	12%	(1,930,000)	-11%
Community Health Advisory	100,000	0		(100,000)	-100%
<b>Total</b>	<b>119,582,748</b>	<b>126,559,318</b>	<b>100%</b>	<b>6,976,570</b>	<b>6%</b>
 General	 13,101,092	 14,439,108	 11%	 1,338,016	 10%
Federal	92,793,771	98,428,077	78%	5,634,306	6%
Special	13,687,885	13,692,133	11%	4,248	0%
<b>Total</b>	<b>119,582,748</b>	<b>126,559,318</b>	<b>100%</b>	<b>6,976,570</b>	<b>6%</b>
 FTE	 312.5	 317.0		 4.5	 1%

\*Of this increase, \$804,000 resulted from the movement of 2003-05 appropriation authority from other line items to the Tobacco Prevention and Control line item and from 2001-03 carryover not included in the 2003-05 original appropriation amount.

The total budget for the North Dakota Department of Health recommended by the governor for the 2005-07 biennium is \$126,559,318. State general fund spending is \$14,439,108 or 11 percent – \$11 per capita per year, less than the cost of a flu shot. Federal funds are recommended at \$98,428,077 (78%), and special funds at \$13,692,133 (11%). FTE are recommended at 317.

The 2003-05 original appropriation for the Department of Health is \$119,582,748, with \$13,101,092 from the general fund and 312.5 FTE. Comparison of these figures to the 2005-07 recommended budget shows a total increase of \$6,976,570 or 6 percent, a general fund increase of \$1,338,016 or 10 percent, and an increase in FTE of 4.5 or 1 percent.

The general fund increase is composed of the following:

- Governor's salary package \$660,272
- Healthy North Dakota \$500,000
- Food and Lodging position \$55,688
- Bond payment increase \$110,873

The Senate amendments added \$125,000 for the physician loan repayment program, changed the funding source for *Healthy North Dakota* from general funding to other funds, added \$117,270 to the Food and Lodging program and changed the funding source to other funds, and reduced general funding \$47,196 and other funds \$86,617 for the legislative employee compensation package. They also added a study of the costs and benefits of adopting a comprehensive *Healthy North Dakota* and workplace wellness program.

North Dakota has a network of 28 local public health units. Some of these are multi-county, some are city/county and others are single county health units. In addition, many other local entities provide public health services, such as domestic violence entities, family planning entities, WIC sites, and natural resource entities.

Of the department's total budget, \$61,040,413 or 48 percent is passed through to local entities to provide services. This figure includes \$42,466,666 in the grants line item, \$6,455,000 from the tobacco grants line item, \$10,696,947 in professional fees and \$1,421,800 in tobacco professional fees. Slightly more than \$24 million goes to local public health units and more than \$16 million goes to other local entities. The remainder goes to state agencies, medical providers, tribal units and various entities and individuals for scholarships. An additional \$15,750,000 or 12 percent of our budget is grants for WIC food payments included in the special line item.

The capital assets included in Senate Bill 2004 include only equipment greater than \$5,000, bond payments, and a minor amount of extraordinary repairs. The building projects you approved last session are all nearly completed. The addition to the lab using carryover funds from last biennium was completed this past summer; the remodel to the lab was completed last month; the cold storage unit was completed several months ago; and the morgue will be completed this month. No additional capital projects are requested for the next biennium. On behalf of the staff and Dr. Dwelle, I would like to thank you and the governor for allowing us to improve our facilities. With declining CDC bioterrorism funding, it was a good decision to use that funding source on one-time expenditures such as the lab remodel.

The changes in the salaries line, aside from the governor's salary package and the 4.5 new FTE, reflect workload and equity adjustments made by the department during the biennium, as well as normal fluctuations due to staff turnover and replacement of staff at higher or lower salaries. Salary levels are a major issue for the Department of Health. We are starting to feel the effects of salary levels through increased turnover and difficulties in hiring. Some important highlights with regard to salary levels in the department are as follows:

- In many cases, our state employee salaries are less than those of our counterparts in city and county government.

- Department personnel have to build in 3 percent to 5 percent annual salary increases for contracts with local entities while they themselves have gone without an increase this current biennium.
- In at least four cases, salaries are as much as \$1,000 per month less than other states in the region.
- In six classifications, we rank last among other states and our salary is at least \$7,000 per year less than the next lowest state.
- Although 22 percent of our employees have master's or doctorate degrees, only 8 percent of our employees earn more than \$4,000 per month.

Although the governor's 4 percent per year salary package is a step toward addressing compensation issues, our employees are paid an estimated 20 percent below market. In fact, the 2004 State Employee Compensation Report indicates that many Department of Health employees are paid between 49 percent and 59 percent below market. We hope the governor's \$5 million funding for equity increases will be available to assist us in lessening the gap.

Another issue of concern to the department is that we are in jeopardy of losing an important federal funding source. The department receives around \$700,000 per biennium through the Preventive Health Block Grant. Typically when federal funds for a program are eliminated, the program and staff are eliminated as well. However, as a block grant, this source allows us the flexibility to fill funding gaps in qualifying programs based on state priorities that would otherwise require state general funds. We currently use these funds to fill gaps in Emergency Health Services, *Healthy North Dakota* and suicide prevention. We have just been notified that the president has eliminated this grant from his 2006 budget proposal, and we are not confident we will generate Congressional support to save the program. We will likely be able to make it through the 2005-07 biennium through carryover and spending reductions; however, next legislative session we may need to request general funds to replace some of these lost funds.

### Budget by Section

The department's budget is organized by six sections, as follows:

Administrative Support	\$ 9,956,813	8%
Community Health	\$ 50,941,475	40%
Emergency Preparedness and Response	\$ 9,395,191	7%
Medical Services	\$ 12,782,144	10%
Health Resources	\$ 9,559,348	8%
Environmental Health	\$ 33,924,347	27%
Total	\$126,559,318	100%

I would like to point out that the Emergency Preparedness and Response Section includes only the three and ½ FTE and related expenditures for the state administration

and the contracts for regional administration. Several departmental functions in other sections of the budget are paid for with emergency preparedness and response funding. Since they are portions of expenditures related to the activities of these sections, it would be difficult to separate such expenditures and reflect them in the Emergency Preparedness and Response Section budget.

## Appendices

- 1) *Healthy North Dakota* Overview
- 2) *Healthy North Dakota Highlights*
  - a. Smoking
  - b. Diabetes
- 3) Tobacco Prevention and Control Budget
- 4) Food and Lodging Fee Schedule



### What is **Healthy North Dakota**?

*Healthy North Dakota* is a statewide initiative that focuses on improving the health of every North Dakotan. A community-driven process, *Healthy North Dakota* is a dynamic statewide partnership that continues to grow as new stakeholders become engaged.

### Why **Healthy North Dakota**?

Focusing on prevention and wellness will result in a healthier population, lower health-care costs and improved quality of life for all North Dakotans.

### How does **Healthy North Dakota** work?

*Healthy North Dakota* works through an established framework supporting North Dakotans in their efforts to make healthy choices – in schools, workplaces, senior centers, homes and anywhere people live, work and play. This work is further expanded through the networks, memberships and professional relationships each individual and organization brings to the table.

### What is the history of **Healthy North Dakota**?

In his January 2002 State of the State address, Governor John Hoeven announced the new public health initiative, challenging each North Dakotan to take control of his or her health and lifestyle.

The *Healthy North Dakota* Summit was held in Bismarck in August 2002. One hundred and thirty people representing more than 75 organizations met to define wellness and identify priorities for North Dakota. The input gathered at the summit provides the framework for the statewide wellness plan.

### What is the focus of **Healthy North Dakota**?

Summit participants identified the following topics as priorities for North Dakota:

- Tobacco Use
- Substance Abuse/Mental Health
- Healthy Weight - Nutrition
- Healthy Weight - Physical Activity
- Health Disparities
- Worksite Wellness
- Community Engagement
- Third-Party Payers/Insurance
- Oral Health
- Cancer
- Early Childhood
- School Health
- Aging
- Immunizations
- Cardiovascular Health
- Injury Prevention and Control
- Diabetes

### Where is **Healthy North Dakota** today?

Today, committees comprised of more than 400 North Dakotans representing about 150 agencies, organizations and businesses from across the state are providing leadership in identifying the strategies for building a *Healthy North Dakota*.

For more information about *Healthy North Dakota*, contact Melissa Olson at 701.328.4908.



# HEALTHY NORTH DAKOTA

## HIGHLIGHTS



Volume 1, Number 1

August 2004

### The Number One Killer: Smoking

Smoking is the leading cause of preventable death in the United States. Annually, more than 440,000 deaths occur in the U.S., and more than 860 in North Dakota. Smoking causes heart disease, stroke, cancers and many other illnesses. Even for nonsmokers, exposure to second-hand smoke has been directly linked with increased illness and death. The direct and indirect cost of smoking is estimated to be more than \$157 billion a year in the U.S. In North Dakota, smoking costs the state \$351 million in direct medical expenditures and lost productivity each year. *More than half of North Dakota smokers have tried to quit smoking. However, this addiction is difficult to overcome. The most effective public health strategy is to prevent people from ever starting to smoke.*

### More than one in five adults smoke, and most want to quit

- In 2003, 21 percent of adult North Dakotans reported being current smokers.
- In 2003, 58 percent of all current smokers attempted to quit in the last 12 months.
- In 2003, the adult age group with the highest smoking rate is people 35 to 44 (30%).
- Smoking rates among people 18 to 24 fell significantly between 2000 and 2003, from 36 percent to 22 percent.
- There is a high prevalence of smoking among American Indian adults (46%, 1996-2002), people without health insurance (40%, 2003), and people reporting 14 or more days of poor mental health in the past 30 days (33%, 2003).

Figure 1: Percentage of adults who are current smokers by age group, North Dakota, 2003

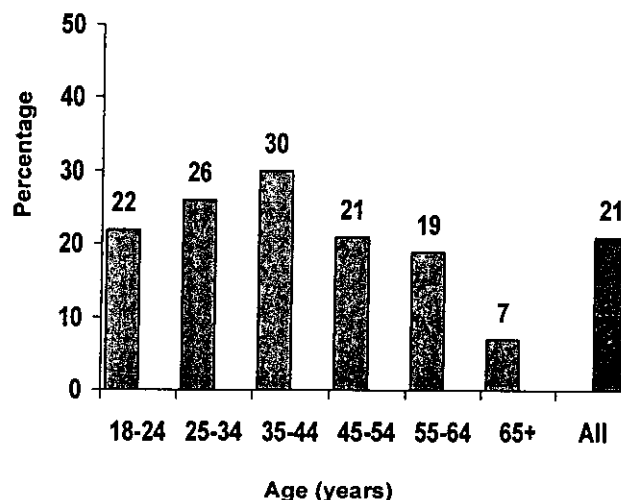
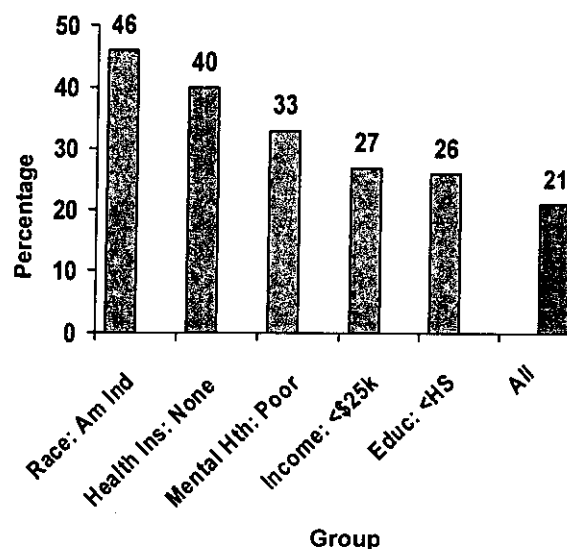


Figure 2: Some groups of adults in North Dakota smoke at notably high rates.



## To achieve the Healthy North Dakota objective, a comprehensive approach must be employed

The adult smoking rate in both North Dakota and the U.S. remained statistically unchanged from 1994 (20%) to 2003 (21%). The Healthy North Dakota 2010 objective is to achieve a smoking rate of less than 19 percent.

"Healthy North Dakota - Highlights" is prepared by the Department of Community Medicine, University of North Dakota School of Medicine and Health Sciences for the North Dakota Department of Health and the *Healthy North Dakota* Coalition.

To learn more about smoking and other health risks in NORTH DAKOTA, contact the North Dakota Department of Health; 600 E. Boulevard Ave., Dept 301; Bismarck, ND 58505; 701.328.2372; or visit [www.ndhealth.gov](http://www.ndhealth.gov).



**NORTH DAKOTA**  
DEPARTMENT of HEALTH



### EFFECTIVE STRATEGIES

Research has shown that a comprehensive approach is the most effective way to reduce youth initiation, increase cessation and reduce exposure to secondhand smoke. A comprehensive approach includes:

- Increasing the price of tobacco products.
- Implementing or expanding smoking bans and restrictions.
- Implementing mass media education.
- Coordinating school-based interventions with mass media campaigns and community interventions.
- Providing telephone quit lines.
- Implementing health-care provider reminder systems and provider education on tobacco use assessment and counseling.
- Reducing out-of-pocket costs to people seeking effective treatments for tobacco use and dependence.

### TECHNICAL NOTE

Data presented in this "Healthy North Dakota - Highlights" come from the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for year 2003. Every year since 1984, a random sample of adult (age 18 and older) North Dakotans has been interviewed about a wide variety of behavioral risks that are important to staying healthy. Full details of the survey method used to secure these data can be seen at [www.cdc.gov/brfss](http://www.cdc.gov/brfss). Whenever race-specific estimates for North Dakota American Indians are presented, a seven year aggregate BRFSS dataset (1996-2002) has been used; 438 respondents during this time period identified themselves as American Indian and 14,127 as whites.

In 2003, there were 3026 respondents to the North Dakota BRFSS. The responses described in this issue concern Smokers: persons who smoke everyday or at least some days. Quit Attempts: current smokers who during the past year stopped for one or more days in an attempt to quit.

Suggested citation: Holzman GS, Sahmoun AE, Brosseau JD, Helgersson SD, Pickard SP. The number one killer: smoking. Healthy North Dakota-Highlights, 2004; 1(1):1-2

# HEALTHY NORTH DAKOTA

## HIGHLIGHTS



Volume 1, Number 2

September 2004

### Diabetes is rising in North Dakota

Diabetes and its complications (heart disease, stroke, loss of vision, kidney failure and amputation) cause a large, preventable burden of illness and death among people in North Dakota. More than 30 million Americans now have diabetes or prediabetes; 30 percent of the cases of diabetes are still undiagnosed. The risk of developing diabetes can be greatly reduced through weight reduction and physical activity; likewise, the risk of complications from diabetes can be greatly reduced through disease management programs that follow established clinical practice guidelines. This report presents information about diabetes in North Dakota and includes important prevention and management recommendations.

### Some North Dakotans are at high risk for diabetes

- In North Dakota in 2003, 6 percent of adults reported being diagnosed diabetes. The prevalence of diabetes increased 72 percent from 1994 to 2003 (3.6% to 6.2%).
- People 55 and older are about seven times more likely to be diagnosed with diabetes (14%) than are people younger than 55 (2%).
- People at increased risk for diabetes include those with fair or poor self-reported health (23%), with any limitation due to a health problem (15%), or who are obese (13%).
- American Indians in North Dakota have high rates of diabetes (11%, 1996-2002).

Figure 1: Prevalence of Diabetes in North Dakota, by Year, 1994-2003

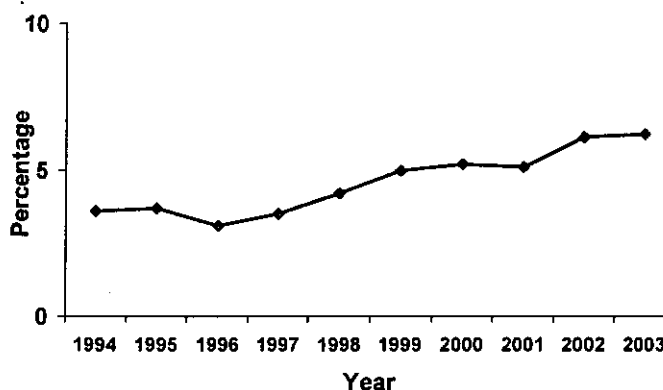
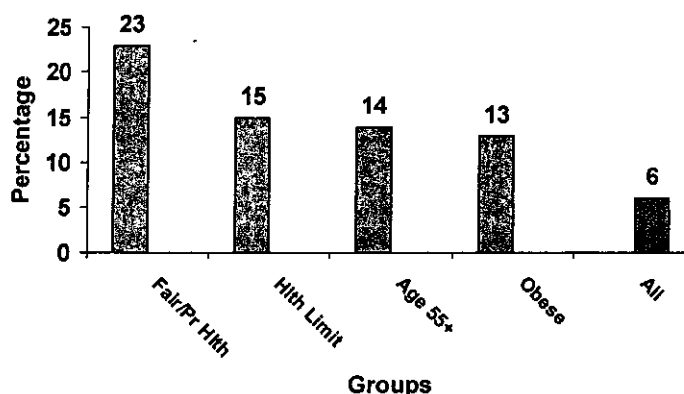


Figure 2: Prevalence of Diabetes in North Dakota, by Group, 2003



## Public health efforts need to be intensified

The proportion of North Dakota adults who have diabetes increased from 3.6 percent in 1994 to 6.2 percent in 2003; more than 28,000 North Dakota adults now have diabetes. The prevalence of obesity, one of the major risk factors for type 2 diabetes, increased from 14 percent in 1994 to 23 percent in 2003. The Healthy People 2010 objectives for diagnosed diabetes is less than 2.5 percent and for obesity is less than 15 percent.

"Healthy North Dakota - Highlights" is prepared by the Department of Community Medicine, University of North Dakota School of Medicine and Health Sciences for the North Dakota Department of Health.

To learn more about diabetes and other behavioral health risks in NORTH DAKOTA contact the North Dakota Department of Health; 600 E. Boulevard Ave., Dept 301; Bismarck, ND 58505; 701.328.2372; or visit [www.ndhealth.gov](http://www.ndhealth.gov).



**NORTH DAKOTA**  
DEPARTMENT of HEALTH



## EFFECTIVE STRATEGIES

To reduce the risk of developing diabetes:

- Get regular physical activity. (30 minutes per day on most days)
- Control weight. (Adults should try to keep body mass index [BMI] between 18 and 25\*.)

To reduce the risk of complications for people who have diabetes:

- Do not smoke.
- Know "ABCs" and control them.
  - A1c (hemoglobin A<sub>1c</sub>) below 7 percent
  - Blood pressure less than 130/80
  - Cholesterol (LDL cholesterol) less than 100
- Control weight.
- Exercise regularly.
- Get eye and foot exams at least annually.
- Get a flu shot every year and a pneumococcal vaccination at least once.

\*The formula used to calculate BMI can be found at [www.nhlbisupport.com/bmi/](http://www.nhlbisupport.com/bmi/)

## TECHNICAL NOTE

Data presented in this "Healthy North Dakota - Highlights" come from the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for year 2003. Every year since 1984, a random sample of adult (age 18 and older) North Dakotans has been interviewed about a wide variety of behavioral risks that are important to staying healthy. Full details of the survey method used to secure these data can be seen at [www.cdc.gov/brfss](http://www.cdc.gov/brfss). Whenever race-specific estimates for North Dakota American Indians are presented, a seven year aggregate BRFSS dataset (1996-2002) has been used; 438 respondents during this time period identified themselves as American Indian.

In 2003, there were 3,026 respondents to the North Dakota BRFSS. The responses described in this issue concern Persons with diabetes; persons who have been told they have diabetes by their doctor, excluding diagnosis during pregnancy only.

Suggested citation: Brosseau JD, Sahnoun AE, Holzman GS, Helgeson SD, Pickard SP. Diabetes is rising in North Dakota. Healthy North Dakota-Highlights, 2004; 1(2):1-2

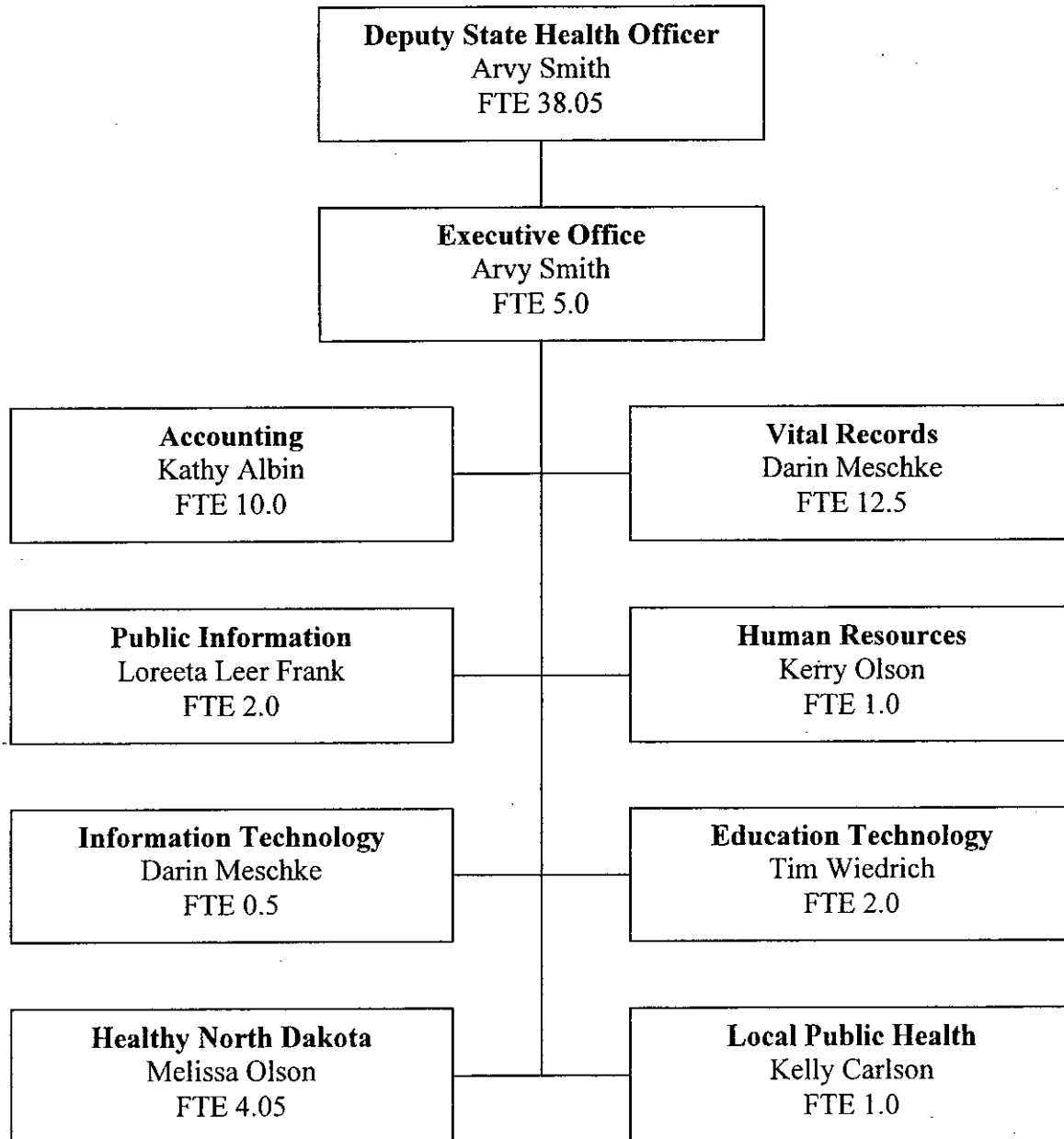
**Department of Health**  
**Tobacco Prevention & Control Budget**

	2003-05	Change	OMB Salary Adj.	Gov. Recomm. 2005-07
<b>Community Health Trust Fund</b>				
HB 1004 Appropriation Bill - Grants to LPH	4,700,000			4,700,000
HB 1004 Appropriation Bill-Quitline	680,000	204,000		884,000
SB 2297 Appropriation Bill-Tobacco Committee	100,000			100,000
SB 2297 Appropriation Bill-Tobacco Carry Over for Cessation	204,000	(204,000)		0
SB 2297 Appropriation Bill-Cessation (State, City, County)	500,000	(105,000)		395,000
New FTE		105,000	6,000	111,000
<b>Total CHTF for Tobacco Control</b>	<b>6,184,000</b>	<b>0</b>	<b>6,000</b>	<b>6,190,000</b>
<b>Federal Funds</b>				
Salaries	435,350	12,042	29,965	477,357
Operating Expenses	687,747	(12,042)		675,705
Grants to LPH and Indian Tribes	1,280,000			1,280,000
<b>Total Tobacco Federal Funds</b>	<b>2,403,097</b>	<b>0</b>	<b>29,965</b>	<b>2,433,062</b>
<b>Other Special Funds (American Legacy)</b>		<b>66,000</b>		<b>66,000</b>
<b>Total Tobacco Program</b>	<b>8,587,097</b>	<b>66,000</b>	<b>35,965</b>	<b>8,689,062</b>

**Department of Health**  
**Proposed Food and Lodging Inspection Fees**  
**2005-07 Biennium**

Inspection Type	Number Licensed	Estimated Hours per Biennium	Current License Fees	Projected License Fee per Year	Estimated Collections
Assisted Living Facility	39	645	\$75.00	\$150.00	\$11,700.00
Bed & Breakfast Facility	67	555	15.00	40.00	5,360.00
Bar/Tavern	11	45	40.00	90.00	1,980.00
Lodging Facility	355	2932	20.00 - 80.00	50.00-175.00	72,630.00
Limited Restaurant	369	1526	50.00	115.00	84,870.00
Mobile Food Unit	60	248	50.00	90.00	10,800.00
Mobile Home Park	485	3006	0.00 - 120.00	0.00-240.00	109,800.00
Multiple Establishment	387	6396	75.00 - 150.00	130.00-250.00	115,250.00
Restaurant	698	14418	60.00 - 85.00	150.00-195.00	228,410.00
Bakery	16	65	50.00 - 60.00	100.00-120.00	3,240.00
Retail Food	96	397	50.00 - 60.00	100.00-120.00	25,280.00
Meat Market	44	181	50.00 - 60.00	100.00-120.00	9,520.00
Salvage Food Facility	4	16	50.00	100.00	800.00
Vending	162	368	15.00	30.00	9,720.00
Beverage	162	168	40.00	75.00	24,360.00
Food Processor	44	181	25.00	50.00	4,400.00
School	96	793	0.00	125.00	24,000.00
Child Care Facility	42	348	0.00	90.00	7,560.00
					\$749,680.00

**DEPARTMENT OF HEALTH  
ADMINISTRATIVE SUPPORT SECTION  
FEBRUARY 2005**



## **Administrative Support Section**

I serve as the Section Chief of the Administrative Support Section, which provides services to support the department's various activities and programs. Within Administrative Support are the Division of Accounting, the Office of Public Information, the Information Technology Coordinator, the Division of Vital Records, the Division of Human Resources, the Division of Education Technology, and the Public Health Liaison.

The Division of Accounting is responsible for:

- Preparing and monitoring the biennial budget.
- Supervising and administering fiscal transactions.
- Providing accounting, financial reporting and control systems to comply with state and federal requirements.
- Assisting division and program directors in monitoring federal grant expenditures.
- Administering payroll functions.

The Office of Public Information supports the department's communication of public health information to the citizens of North Dakota. Responsibilities of the office include:

- Coordinating media relations.
- Preparing newsletters and other publications.
- Releasing information through the media.
- Coordinating the public information component of the state's Emergency Preparedness and Response Program.

The Information Technology Coordinator is responsible for:

- Providing leadership and coordination for information technology issues that affect the department, such as HIPAA (Health Insurance Portability and Accountability Act), data management, and hardware and software purchases.
- Developing and monitoring the department's Information Technology Plan and budget.
- Providing technology support to several divisions of the department.

The Division of Vital Records is responsible for:

- Maintaining a system to register all vital records – including birth, death, fetal death, marriage and divorce – and to issue certified copies of the records as requested by the public.
- Tabulating, analyzing and publishing data derived from the records as required by North Dakota Century Code 23-02.1 and as requested.



The Division of Human Resources provides a variety of services to the Department of Health, including:

- Recruiting and training employees.
- Classifying positions.
- Adminstrating salaries.
- Developing policies.

The Division of Education Technology develops and delivers public health information and education through a variety of technologies. The division:

- Provides learning opportunities for public health professionals, as well as access to health information for the general public.
- Distributes emergency and non-emergency health messages through the Health Alert Network.
- Uses video-based training programs, Internet-based training and disseminating of health alert messages to health-care providers and the general public through web pages, e-mail, faxes and telephone and pager systems.
- Is developing a partnership with the University of North Dakota and the University of Minnesota to provide academic public health education through distance learning technologies.

The Public Health Liaison acts as liaison between the Department of Health and local public health units and other key public and private partners. Responsibilities include:

- Administering the State Block Grant, which provides funding to local public health units.
- Advising the State Health Officer about issues related to local public health.
- Assisting in response to public health units during infectious disease outbreaks and natural disasters.
- Linking local public health units to department programs and staff.

Several executive office functions also are included in the budget for the Administrative Support Section. They are *Healthy North Dakota*, which Dr. Dwelle described earlier; the Public Health Training Center; and the Research Epi Center.

The Public Health Training Center – a cooperative effort among the Department of Health, the University of North Dakota and the University of Minnesota – is designed to improve public health practice in the state through advanced public health education. Approved applicants receive scholarships through the U.S. Centers for Disease Control and Prevention Bioterrorism Preparedness and Response Grant.

The Research Epi Center is a joint project between the Department of Health and the University of North Dakota designed to improve utilization of health data. Goals include compiling county-specific health data and analyzing the health status of certain vulnerable populations in the state.

### Administrative Support Section Budget

The major expenditures in Administrative Support are as follows:

Salaries and Wages for 38.05 FTE	4,187,215
IT Data Processing	890,523
Professional Services	1,108,301
Remaining Operating Expenses	968,539
Capital Assets	52,000
Operating Costs and Grants for Healthy North Dakota	235,526
Grants to Local Public Health Units	1,100,000
Grants for Bioterrorism Training	300,000
Grants to Local Public Health Units for HAN	584,692
Grants to Local Public Health Units for Public Information Officers	530,017
Total Budget	<u>9,956,813</u>

The funding sources for Administrative Support are as follows:

General	3,782,385
Federal	
Multitude (Indirect Cost)	1,170,450
Preventive Health Block	542,326
Bioterrorism (CDC)	3,430,148
Miscellaneous	678,104
Other	
Data Analysis Collection Fees	352,400
Environmental Health Practitioners	1,000
Total Budget	<u>9,956,813</u>

## Administrative Support Section

*Page 10  
same as that  
given to  
Senate*

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- Supervising and administering fiscal transactions.
- Providing accounting, financial reporting and control systems to comply with state and federal requirements.
- Assisting division and program directors in monitoring federal grant expenditures.
- Administering payroll functions.

The Office of Public Information supports the department's communication of public health information to the citizens of North Dakota. Responsibilities of the office include:

- Coordinating media relations.
- Preparing newsletters and other publications.
- Releasing information through the media.
- Coordinating the public information component of the state's Emergency Preparedness and Response Program.

The Information Technology Coordinator is responsible for:

- Providing leadership and coordination for information technology issues that affect the department, such as HIPAA (Health Insurance Portability and Accountability Act), data management, and hardware and software purchases.
- Developing and monitoring the department's Information Technology Plan and budget.
- Providing technology support to several divisions of the department.

The Division of Vital Records is responsible for:

- Maintaining a system to register all vital records – including birth, death, fetal death, marriage and divorce – and to issue certified copies of the records as requested by the public.
- Tabulating, analyzing and publishing data derived from the records as required by North Dakota Century Code 23-02.1 and as requested.

The budget includes a data warehouse program that will allow us to develop a repository of data that would be available to users for a variety of analysis, including quality of care, marketing, utilization, cost analysis, access to care, assessment of unmet need and measurement of health status. The request allows the department to obtain, manage and put data into useable forms. The data warehouse program would be funded through revenue generated by fees collected and deposited into our operating account pursuant to NDCC 23-01.1-06.

### Administrative Support Section Budget

The major expenditures in Administrative Support are as follows:

Salaries and Wages for 38.05 FTE	4,187,215
IT Data Processing	890,523
Professional Services	1,108,301
Remaining Operating Expenses	968,539
Capital Assets	52,000
Operating Costs and Grants for Healthy North Dakota	235,526
Grants to Local Public Health Units	1,100,000
Grants for Bioterrorism Training	300,000
Grants to Local Public Health Units for the Health Alert Network	584,692
Grants to Local Public Health Units for Public Information Officers	530,017
Total Budget	<u>9,956,813</u>

The major changes in this section are as follows:

Governor's Compensation Package	250,406
Healthy North Dakota (2.5 FTE New positions)	264,474
Healthy North Dakota (Other expenses)	235,526
Preventive Health Block (.55 FTE clerical)	36,818
Data Warehouse Program (1 FTE)	126,000
Data Warehouse Program (operating expenses)	226,400
Salary Adjustments	36,696
ITD Data Processing (mostly Bioterrorism)	683,488
Completion of Local Public Health Infrastructure for the Health Alert Network	(800,930)
State Planning Grant Discontinued	(719,056)
Miscellaneous Operating Expenses	(163,787)
Grants to Local Public Health (mostly Bioterrorism)	(489,028)
Total	<u>(312,993)</u>

The funding sources for Administrative Support are as follows:

General	3,782,385
Federal	
Multitude (Indirect Cost)	1,170,450

Preventive Health Block	542,326
Bioterrorism (CDC)	3,430,148
Miscellaneous	678,104
Other	
Data Analysis Collection Fees	352,400
Environmental Health Practitioners	<u>1,000</u>
Total Budget	<b>9,956,813</b>

# ADMINISTRATIVE SUPPORT

	2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>SALARIES AND WAGES</b>						
<b>FTE EMPLOYEES (Number)</b>	<b>35.00</b>	<b>34.00</b>	<b>34.00</b>	<b>38.05</b>	<b>4.05</b>	<b>12%</b>
Salaries	2,188,595	1,970,154	2,500,890	3,002,717	501,827	20%
Temporary, Overtime	41,558	112,322	130,554	146,040	15,486	12%
Benefits	650,242	661,282	841,377	1,038,458	197,081	23%
<b>TOTAL</b>	<b>2,880,395</b>	<b>2,743,758</b>	<b>3,472,821</b>	<b>4,187,215</b>	<b>714,394</b>	<b>21%</b>
General Fund	2,531,287	2,033,976	1,773,322	2,167,832	394,510	-22%
Federal Funds	349,108	709,241	1,699,499	1,893,383	193,884	11%
Other Funds		541		126,000	126,000	100%
<b>OPERATING EXPENSES</b>						
IT-Data Processing	117,447	130,940	207,035	890,523	683,488	330%
IT-Telephone	46,969	57,299	61,269	63,898	2,629	4%
Travel	45,183	91,149	115,242	143,616	28,374	25%
IT - Software/Supp.	41,912	44,429	35,907	42,950	7,043	20%
Utilities	596	1,695	2,427	2,500	73	3%
Postage	42,185	3,322	33,355	38,005	4,650	14%
IT - Contractual Services		717,730	850,930	50,000	(800,930)	-94%
Lease/Rentals - Equipment	5,851	4,259	7,231	7,448	217	3%
Lease/Rentals-- Buildings./Land	8,128	39,020	57,334	74,094	16,760	29%
Dues & Professional Development	48,482	89,581	58,565	173,041	114,476	195%
<b>Operating Fees &amp; Services</b>	<b>11,414</b>	<b>45,893</b>	<b>32,798</b>	<b>36,670</b>	<b>3,872</b>	<b>12%</b>
Repairs	38,009	8,220	17,543	18,069	526	3%
<b>Professional Services</b>	<b>244,754</b>	<b>1,340,651</b>	<b>1,766,869</b>	<b>1,108,301</b>	<b>(658,568)</b>	<b>-37%</b>
Insurance	66,342	113,011	110,334	94,671	(15,663)	-14%
Office Supplies	34,473	29,494	44,435	46,678	2,243	5%
Printing	39,626	38,449	45,967	53,846	7,879	17%
Professional Supplies & Materials	33,344	72,048	58,637	56,569	(2,068)	-4%
Food & Clothing					0	
Medical, Dental, and Optical					0	
Buildings/Vehicle Maintenance Supplies	6,953	23,730	12,037	12,398	361	3%
Miscellaneous Supplies	15,448				0	
<b>Sub Total Operating</b>	<b>847,116</b>	<b>2,850,920</b>	<b>3,517,915</b>	<b>2,913,277</b>	<b>(604,638)</b>	<b>-17%</b>
Office Equip Under \$5000	24,934	10,442	24,200	7,500	(16,700)	-69%
Other Equip Under \$5000	85,362	31,628	13,500	9,906	(3,594)	-27%
IT Equip Under \$5000	58,402	33,709	35,700	36,680	980	3%
Operating Budget Adjustment				100,526	100,526	100%
<b>TOTAL</b>	<b>1,015,814</b>	<b>2,926,699</b>	<b>3,591,315</b>	<b>3,067,889</b>	<b>(523,426)</b>	<b>-15%</b>
General Fund	(802,417)	(943,134)	313,500	379,553	66,053	21%
Federal Funds	1,586,744	3,861,436	3,276,815	2,460,936	(815,879)	-25%
Other Funds	231,487	8,397	1,000	227,400	226,400	22640%
<b>CAPITAL ASSETS</b>						
IT Equip >\$5000		13,555	66,933		(66,933)	
Other Equip >\$5000				52,000	52,000	100%
Land & Buildings					0	
Extraordinary Repairs					0	
Other Capital Paymnts					0	
<b>TOTAL</b>	<b>0</b>	<b>13,555</b>	<b>66,933</b>	<b>52,000</b>	<b>(14,933)</b>	<b>-22%</b>
General Fund			10,500		(10,500)	
Federal Funds	0	13,555	56,433	52,000	(4,433)	-8%
Other Funds					0	
<b>GRANTS/SPECIAL LINE ITEMS</b>						
Grants	1,410,245	1,774,226	3,138,737	2,649,709	(489,028)	-16%
WIC Food					0	
Lead Base Paint					0	
Tobacco Prevention Control	25,585				0	
Community Health Advisory					0	
<b>TOTAL</b>	<b>1,435,830</b>	<b>1,774,226</b>	<b>3,138,737</b>	<b>2,649,709</b>	<b>(489,028)</b>	<b>-16%</b>
General Fund	1,100,000	962,500	1,100,000	1,235,000	135,000	12%
Federal Funds	335,830	811,726	2,038,737	1,414,709	(624,028)	-31%
Other Funds		0			0	
<b>COST CENTER TOTAL</b>						
<b>TOTAL</b>	<b>5,332,039</b>	<b>7,458,238</b>	<b>10,269,806</b>	<b>9,956,813</b>	<b>(312,993)</b>	<b>-3%</b>
General Fund	2,828,870	2,053,342	3,197,322	3,782,385	585,063	18%
Federal Funds	2,271,682	5,395,958	7,071,484	5,821,028	(1,250,456)	-18%
Other Funds	231,487	8,938	1,000	353,400	352,400	35240%

Senate Change:

Changes the funding source for the Healthy North Dakota program from general fund to federal or special funds. \$517,766  
Provides for a study of the costs and benefits of adopting a comprehensive Healthy North Dakota program.

# DEPARTMENT OF HEALTH

## Administrative Support

### Operating Fee Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Research/on line data	198	300	102	51.5%
Conference PIO - BT	18,182	10,000	(8,182)	-45.0%
Advertising/Photo/Misc	5,076	10,870	5,794	114.1%
Employee Awards	9,342	15,500	6,158	65.9%
<b>Total Operating Fees</b>	<b>\$ 32,798</b>	<b>\$ 36,670</b>	<b>\$ 3,872</b>	<b>11.8%</b>

### Professional Fee Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	10,500	10,725	225	2.1%
Misc. Professionals	3,038	30,000	26,962	887.5%
Audit	30,000	35,000	5,000	16.7%
State Planning Grant - UND	628,303	-	(628,303)	-100.0%
Training Personnel	10,129	20,000	9,871	97.5%
Preventive Block Healthy ND	40,000	227,472	187,472	468.7%
BRFS-Clearwater	272,470	210,000	(62,470)	-22.9%
Data Analyst - Data Bank	-	125,000	125,000	0.0%
BRFS-UND	140,000	100,000	(40,000)	-28.6%
Bioterrorism				
Extra Federal Authority	111,647	-	(111,647)	-100.0%
Translation Services	25,389	40,000	14,611	57.5%
ND Assn Counties - LPH Tech Support	369,104	100,000	(269,104)	-72.9%
HAN - Alliance Information	37,252	37,500	248	0.7%
UND Training Coordinator	89,037	172,604	83,567	93.9%
<b>Total Professional Fees</b>	<b>\$ 1,766,869</b>	<b>\$ 1,108,301</b>	<b>\$ (658,568)</b>	<b>-37.3%</b>

### Grant Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Bioterrorism - LPH PIO	494,450	530,017	35,567	7%
Bioterrorism - LPH HAN	1,066,287	584,692	(481,595)	-45%
Bioterrorism - DEM Training	478,000	300,000	(178,000)	-37%
Healthy ND - Worksite Wellness	-	135,000	135,000	0%
Local Health	1,100,000	1,100,000	-	0%
<b>Total Grants</b>	<b>\$ 3,138,737</b>	<b>\$ 2,649,709</b>	<b>\$ (489,028)</b>	<b>-15.6%</b>

## Department of Health – Administrative Support:

*UND Training Coordinator:*

From \$89,037 to \$172,604

(93.9% increase)

- **\$80,000** – Dr. James Hargreaves, UND, provides training services for bioterrorism medical consultants. Services include conducting physician and clinician needs assessments in bioterrorism training; identification of appropriate curricula; and delivery of the training through traditional class room and distance learning resources and create the necessary course records.
- **\$92,604** – Courses to educate and train physicians, nurses and other emergency health care personnel in the knowledge and medical management of hazardous materials exposures. Some examples of training that these courses will provide include demonstration of rapid assessment of hazmat patients, recognition of toxic syndromes, demonstration and ability to medically manage hazmat and biological patients, application of the poisoning treatment paradigm, and identification and administration of specific antidotes.



**ND Department of Health**  
**2005-07 IT Equipment**

<b>Department of Health</b>	<b>Qty</b>	<b>Unit Price</b>	<b>Total Cost</b>	<b>General Funds</b>	<b>Federal Funds</b>	<b>Special Funds</b>	<b>Total Funds</b>
Total PC	170	1,300	221,000	28,600	167,050	25,350	221,000
Total High power PC	1	5,000	5,000	0	0	5,000	5,000
Total Laptop	25	2,000	50,000	3,200	44,000	2,800	50,000
Total PC/Laptop	196		276,000	31,800	211,050	33,150	276,000
<b><u>Administrative Support</u></b>							
Total PC	19	1,300	24,700	10,400	14,300		24,700
Total High power PC	1	5,000	5,000			5,000	5,000
Total Laptop	3	2,000	6,000	2,000	4,000		6,000
Total PC/Laptop	23		35,700	12,400	18,300	5,000	35,700
<b><u>Medical Services</u></b>							
Total PC	10	1,300	13,000	2,600	10,400		13,000
Total Laptop	3	2,000	6,000		6,000		6,000
Total PC/Laptop	13		19,000	2,600	16,400	0	19,000
<b><u>Health Resources</u></b>							
Total PC	32	1,300	41,600	11,700	29,900		41,600
Total Laptop	8	2,000	16,000	1,200	12,000	2,800	16,000
Total PC/Laptop	40		57,600	12,900	41,900	2,800	57,600
<b><u>Community Health</u></b>							
Total PC	12	1,300	15,600		15,600		15,600
Total Laptop	2	2,000	4,000		4,000		4,000
Total PC/Laptop	14		19,600	0	19,600	0	19,600
<b><u>Environmental Health</u></b>							
Total PC	92	1,300	119,600	3,900	90,350	25,350	119,600
Total Laptop	9	2,000	18,000		18,000		18,000
Total PC/Laptop	101		137,600	3,900	108,350	25,350	137,600
<b><u>Emergency Preparedness Response</u></b>							
Total PC	5	1,300	6,500		6,500		6,500
Total Laptop	0	2,000	-				-
Total PC/Laptop	5		6,500	0	6,500	0	6,500

**Department of Health  
Microsoft Office Software  
2005-07 Biennium**

<b>Number of Copies</b>	<b>Amount</b>	<b>Total</b>
133	330	43,890
21	346	7,266
10	400	4,000
17	550	9,350
<b>Total</b>		<b>64,506</b>
General Fund		7,741
Federal/Other		56,765

**ND Department of Health**  
**2005-07 IT Equipment**

**Savings**

Total PC/Laptop

Qty	Total Cost	General Funds	Federal Funds	Special Funds	Total Funds
196	58,500	7,080	45,410	6,010	58,500

**Original Request**

**Department of Health**

Total PC

Total High power PC

Total Laptop

Total PC/Laptop

Qty	Unit Price	Total Cost	General Funds	Federal Funds	Special Funds	Total Funds
170	1,300	221,000	28,600	167,050	25,350	221,000
1	5,000	5,000	0	0	5,000	5,000
25	2,000	50,000	3,200	44,000	2,800	50,000
196		276,000	31,800	211,050	33,150	276,000

**Price Adjustment**

**Department of Health**

Total PC

Total High power PC

Total Laptop

Total PC/Laptop

Qty	Unit Price	Total Cost	General Funds	Federal Funds	Special Funds	Total Funds
170	1,000	170,000	22,000	128,240	19,760	170,000
1	5,000	5,000	0	0	5,000	5,000
25	1,700	42,500	2,720	37,400	2,380	42,500
196		217,500	24,720	165,640	27,140	217,500

**Administrative Support**

Total PC

Total High power PC

Total Laptop

Total PC/Laptop

19	1,000	19,000	6,000	13,000		19,000
1	5,000	5,000			5,000	5,000
3	1,700	5,100	1,700	3,400		5,100
23		29,100	7,700	16,400	5,000	29,100

**Medical Services**

Total PC

Total Laptop

Total PC/Laptop

10	1,000	10,000	2,000	8,000		10,000
3	1,700	5,100		5,100		5,100
13		15,100	2,000	13,100	0	15,100

**Health Resources**

Total PC

Total Laptop

Total PC/Laptop

32	1,000	32,000	11,000	21,000		32,000
8	1,700	13,600	1,020	10,200	2,380	13,600
40		45,600	12,020	31,200	2,380	45,600

**Community Health**

Total PC

Total Laptop

Total PC/Laptop

12	1,000	12,000		12,000		12,000
2	1,700	3,400		3,400		3,400
14		15,400	0	15,400	0	15,400

**Environmental Health**

Total PC

Total Laptop

Total PC/Laptop

92	1,000	92,000	3,000	69,240	19,760	92,000
9	1,700	15,300		15,300		15,300
101		107,300	3,000	84,540	19,760	107,300

**Emergency Preparedness Response**

Total PC

Total Laptop

Total PC/Laptop

5	1,000	5,000		5,000		5,000
0	1,700	-				-
5		5,000	0	5,000	0	5,000

# STATE AGENCY 2003-05 BIENNIUM SALARY INCREASE SURVEY

Agency

Department of Health

1. Number of authorized FTE for the 2003-05 biennium?

312.50

2. Excluding probationary increases, were salary increases provided during the 2003-05 biennium?  
If yes, please provide:

a. The date the salary increases were provided (i.e. July 2003 salary increase,  
paid August 2003)

See below

b. The number of employees who received salary increases

106.00

c. The average salary increase in terms of percentage

4.4%

d. The reason for the salary increases

Internal/External Equity, Promotion and Workload Adjustments

e. The cost of the salary increases for the 2003-05 biennium by funding source

General Fund

\$48,027

Other Funds

\$202,621

Total Funds

\$250,648

f. The source of funding used to provide the salary increases (i.e. funded by legislature,  
turnover savings, etc.)

Turnover savings and general fund positions funded with other funding sources

g. The amount of funding included in the 2005-07 executive budget recommendation by funding source  
to continue these salary increases

General Fund

\$78,537

Other Funds

\$304,231

Total Funds

\$382,768

Salary increases were given as follows:

July 2003 (1)

August 2003 (2)

September 2003 (8)

October 2003 (1)

December 2003 (1)

January 2004 (1)

March 2004 (12)

April 2004 (77)

May 2004 (1)

June 2004 (3)

September 2004 (4)

November 2004 (1)

December 2004 (1)

**Health Department  
FTE Summary Analysis  
For the 2005-07 Biennium**

		<b>Net Change</b>
<b><u>Administration</u></b>		
2003-05	34.00	
Data Warehouse Program (from HF)	1.00	
Preventive Health Block (clerical)	0.55	
<b>Subtotal</b>	<b>35.55</b>	
Healthy ND (new positions)	2.50	
<b>2005-07 Total</b>	<b>38.05</b>	<b>4.05</b>
<b><u>Medical Services</u></b>		
2003-05	45.25	
Hepatitis	1.00	
Bioterrorism in Micro Lab	1.00	
<b>2005-07 Total</b>	<b>47.25</b>	<b>2.00</b>
<b><u>Health Resources</u></b>		
2003-05	55.50	
Research Analyst	(1.00)	
Health Facilities (clerical)	(1.00)	
Food & Lodging	2.00	
<b>Subtotal</b>	<b>55.50</b>	
Food & Lodging (OMB removed)	(1.00)	
<b>2005-07 Total</b>	<b>54.50</b>	<b>(1.00)</b>
<b><u>Community Health</u></b>		
2003-05	36.25	
Asthma position	1.00	
Sandy Anseth	(1.00)	
Chronic Disease (clerical)	0.45	
Comp Cancer (EC)	1.00	
Tobacco position	1.00	
Position transferred to other areas	(1.00)	
<b>2005-07 Total</b>	<b>37.70</b>	<b>1.45</b>
<b><u>Environmental Health</u></b>		
2003-05	138.00	
Position deleted (Martin)	(1.00)	
Clerical position	(1.00)	
<b>2005-07 Total</b>	<b>136.00</b>	<b>(2.00)</b>
<b><u>Bioterrorism Administration</u></b>		
2003-05	3.50	
<b>2005-07 Total</b>	<b>3.50</b>	
<b>Department Total</b>	<b>317.00</b>	<b>4.5</b>

ND Department of Health  
2003-05 Salary Adjustments

Division	Monthly Base	Monthly Increase	%	Date	Type of Increase	2003-05 Costs			2005-07 Costs		
						General	Federal	Total	General	Federal	Total
Disease Control	2,354	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,520	125	5%	4/04	External Equity	105	2,085	2,190	168	3,335	3,503
Disease Control	2,846	125	4%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,354	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,867	125	4%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,905	125	4%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,693	150	6%	4/04	External Equity	0	2,628	2,628	0	4,204	4,204
Disease Control	2,354	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,354	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,741	150	5%	4/04	External Equity	135	2,493	2,628	216	3,988	4,204
Disease Control	3,249	200	6%	4/04	External Equity	350	3,153	3,503	561	5,045	5,605
Disease Control	2,354	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,357	122	5%	4/04	External Equity	0	2,137	2,137	0	3,419	3,419
Disease Control	2,354	125	5%	4/04	External Equity	660	1,530	2,190	1,056	2,447	3,503
Disease Control	2,479	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,329	125	5%	4/04	External Equity	0	2,190	2,190	0	3,503	3,503
Disease Control	2,693	150	6%	4/04	External Equity	0	2,628	2,628	0	4,204	4,204
Human Resources	3,864	155	4%	4/04	Internal Equity	1,365	1,350	2,715	2,184	2,160	4,344
State Health Office	5,802	290	5%	6/04	Internal Equity	2,197	2,206	4,403	4,056	4,072	8,128
EMS	1,429	71	5%	3/04	Internal Equity	1,008	319	1,327	1,512	478	1,990
Food/Lodging	2,526	189	7%	9/04	Internal Equity	2,210	(3)	2,207	5,304	(7)	5,297
Food/Lodging	2,666	200	8%	9/04	Internal Equity	2,340	(4)	2,336	5,616	(11)	5,605
Health Facilities	1,429	71	5%	3/04	Internal Equity	224	1,103	1,327	336	1,654	1,990
Health Facilities	2,797	57	2%	3/04	Internal Equity	176	889	1,065	264	1,334	1,598
Health Facilities	2,679	46	2%	3/04	Internal Equity	128	732	860	192	1,097	1,289
Health Facilities	2,665	60	2%	3/04	Internal Equity	192	929	1,121	288	1,394	1,682
Health Facilities	2,700	25	1%	6/04	Internal Equity	0	380	380	0	701	701
Health Resources	2,900	92	3%	3/04	Internal Equity	288	1,431	1,719	432	2,147	2,579
Cancer P & C	1,503	197	13%	10/03	Internal Equity	0	4,831	4,831	0	5,521	5,521
Community Health	3,288	157	5%	3/04	Internal Equity	1,264	1,670	2,934	1,896	2,504	4,400
Family Health	2,625	53	2%	8/03	Internal Equity	253	1,171	1,424	264	1,221	1,485
Municipal Facilities	2,822	50	2%	3/04	Internal Equity	240	694	934	360	1,041	1,401
Waste Management	2,482	18	1%	3/04	Internal Equity	64	272	336	96	408	504
Water Quality	3,825	75	2%	3/04	Internal Equity	96	1,305	1,401	144	1,958	2,102
Disease Control	2,454	25	1%	4/04	Internal Equity	0	438	438	0	701	701
Microbiology	3,150	150	5%	3/04	Internal Equity	1,152	1,651	2,803	1,728	2,476	4,204
Microbiology	3,388	150	4%	3/04	Internal Equity	2,800	3	2,803	4,200	4	4,204
	100,797	4,403				17,247	59,913	77,160	30,873	92,531	123,404

ND Department of Health  
2003-05 Salary Adjustments

Division	Monthly Base	Monthly Increase	Monthly Inc	% Increase	Date	Type of Increase	2003-05 Costs			2005-07 Costs		
							General	Other	Total	General	Other	Total
State Health Office	2,728	71	3%	4/04	Workload	Workload	630	614	1,244	1,008	982	1,990
Accounting	3,650	125	3%	4/04	Workload	Workload	1,095	1,095	2,190	1,752	1,751	3,503
Accounting	2,425	50	2%	4/04	Workload	Workload	435	441	876	696	705	1,401
Accounting	2,995	180	6%	4/04	Workload	Workload	1,575	1,578	3,153	2,520	2,525	5,045
State Health Office	3,300	330	10%	11/04	Workload	Workload	0	3,083	3,083	0	9,249	9,249
Vital Records	1,470	75	5%	4/04	Workload	Workload	1,320	(6)	1,314	2,112	(10)	2,102
Vital Records	2,448	75	3%	4/04	Workload	Workload	1,320	(6)	1,314	2,112	(10)	2,102
Vital Records	1,444	50	3%	4/04	Workload	Workload	870	6	876	1,392	9	1,401
Vital Records	1,909	40	2%	4/04	Workload	Workload	705	(4)	701	1,128	(7)	1,121
Vital Records	2,457	50	2%	4/04	Workload	Workload	870	6	876	1,392	9	1,401
Vital Records	1,590	100	6%	4/04	Workload	Workload	1,755	(3)	1,752	2,808	(5)	2,803
Vital Records	1,740	60	3%	4/04	Workload	Workload	1,050	1	1,051	1,680	2	1,682
Vital Records	1,453	75	5%	4/04	Workload	Workload	1,320	(6)	1,314	2,112	(10)	2,102
Vital Records	1,855	100	5%	4/04	Workload	Workload	1,755	(3)	1,752	2,808	(5)	2,803
Vital Records	4,106	150	4%	9/04	Workload	Workload	0	1,752	1,752	0	4,204	4,204
Health Facilities	4,005	120	3%	4/04	Workload	Workload	360	1,742	2,102	576	2,787	3,363
Health Facilities	3,480	50	1%	4/04	Workload	Workload	150	726	876	240	1,161	1,401
Health Facilities	2,725	25	1%	4/04	Workload	Workload	75	363	438	120	581	701
Health Facilities	2,670	55	2%	4/04	Workload	Workload	165	798	963	264	1,277	1,541
Health Facilities	4,051	120	3%	4/04	Workload	Workload	360	1,742	2,102	576	2,787	3,363
Cancer P & C	2,821	141	5%	4/04	Workload	Workload	0	2,470	2,470	0	3,952	3,952
Chronic Disease	2,154	65	3%	4/04	Workload	Workload	0	1,139	1,139	0	1,822	1,822
Chronic Disease	2,918	88	3%	4/04	Workload	Workload	0	1,541	1,541	0	2,466	2,466
Chronic Disease	2,758	138	5%	4/04	Workload	Workload	0	2,417	2,417	0	3,868	3,868
Community Health	2,465	49	2%	4/04	Workload	Workload	375	483	858	600	773	1,373
Family Health	2,700	54	2%	4/04	Workload	Workload	345	601	946	552	961	1,513
Family Health	1,700	51	3%	4/04	Workload	Workload	0	893	893	0	1,429	1,429
Family Health	3,268	65	2%	4/04	Workload	Workload	0	1,139	1,139	0	1,822	1,822
Family Health	2,678	80	3%	4/04	Workload	Workload	600	801	1,401	960	1,282	2,242
Injury Prevent & Control	3,164	63	2%	4/04	Workload	Workload	0	1,104	1,104	0	1,766	1,766
Injury Prevent & Control	2,818	42	1%	4/04	Workload	Workload	270	466	736	432	745	1,177
Nutrit & Phys Activity	2,858	200	7%	4/04	Workload	Workload	0	3,503	3,503	0	5,605	5,605
Nutrit & Phys Activity	2,678	80	3%	4/04	Workload	Workload	0	1,401	1,401	0	2,242	2,242
Nutrit & Phys Activity	1,786	36	2%	4/04	Workload	Workload	0	631	631	0	1,009	1,009
Tobacco P & C	2,678	86	3%	4/04	Workload	Workload	0	1,506	1,506	0	2,410	2,410
Air Quality	2,500	125	5%	4/04	Workload	Workload	0	2,190	2,190	0	3,503	3,503
Air Quality	2,794	50	2%	4/04	Workload	Workload	0	876	876	0	1,401	1,401
Air Quality	3,277	25	1%	4/04	Workload	Workload	0	438	438	0	701	701
Air Quality	3,264	25	1%	4/04	Workload	Workload	135	303	438	216	485	701
Air Quality	1,890	150	8%	4/04	Workload	Workload	0	2,628	2,628	0	4,204	4,204
Air Quality	2,098	100	5%	4/04	Workload	Workload	0	1,752	1,752	0	2,803	2,803
Air Quality	2,134	100	5%	4/04	Workload	Workload	0	1,752	1,752	0	2,803	2,803

ND Department of Health  
2003-05 Salary Adjustments

Division	Monthly Base	Monthly Increase	% Inc	Date	Type of Increase	2003-05 Costs				2005-07 Costs			
						General	Federal		Total	General	Federal		Total
							Other	Total			Other	Total	
Air Quality	4,780	121	3%	4/04	Workload	0	2,120	2,120	2,120	0	3,391	3,391	3,391
Chemistry	2,350	50	2%	4/04	Workload	270	606	876	876	432	969	1,401	1,401
Chemistry	2,317	63	3%	4/04	Workload	270	834	1,104	1,104	432	1,334	1,766	1,766
Environmental Health	2,354	26	1%	4/04	Workload	135	320	455	455	216	513	729	729
Environmental Health	2,184	26	1%	4/04	Workload	135	320	455	455	216	513	729	729
Municipal Facilities	2,500	50	2%	4/04	Workload	225	651	876	876	360	1,041	1,401	1,401
Municipal Facilities	3,635	75	2%	4/04	Workload	330	984	1,314	1,314	528	1,574	2,102	2,102
Municipal Facilities	3,807	50	1%	4/04	Workload	225	651	876	876	360	1,041	1,401	1,401
Waste Management	4,779	122	3%	4/04	Workload	420	1,717	2,137	2,137	672	2,747	3,419	3,419
Water Quality	2,016	84	4%	4/04	Workload	105	1,366	1,471	1,471	168	2,186	2,354	2,354
Water Quality	3,293	75	2%	4/04	Workload	90	1,224	1,314	1,314	144	1,958	2,102	2,102
Water Quality	3,783	75	2%	4/04	Workload	90	1,224	1,314	1,314	144	1,958	2,102	2,102
Emerg Prep & Respons	2,600	546	21%	4/04	Workload	0	9,564	9,564	9,564	0	15,303	15,303	15,303
Emerg Prep & Respons	1,785	89	5%	4/04	Workload	0	1,559	1,559	1,559	0	2,494	2,494	2,494
Disease Control	2,479	75	3%	4/04	Workload	0	1,314	1,314	1,314	0	2,102	2,102	2,102
Disease Control	3,105	75	2%	5/04	Workload	0	1,226	1,226	1,226	0	2,102	2,102	2,102
Microbiology	2,865	86	3%	4/04	Workload	0	1,506	1,506	1,506	0	2,410	2,410	2,410
Microbiology	2,795	140	5%	4/04	Workload	1,545	907	2,452	2,452	2,472	1,452	3,924	3,924
Microbiology	2,370	119	5%	4/04	Workload	0	2,085	2,085	2,085	0	3,335	3,335	3,335
	165,699	5,661				21,375	74,128	95,503	95,503	34,200	124,462	158,662	158,662
Family Health	2,754	246	9%	12/04	Promotion	175	1,836	2,011	2,011	600	6,295	6,895	6,895
Nutrit & Phys Activity	3,235	365	11%	9/03	Promotion	0	9,377	9,377	9,377	0	10,230	10,230	10,230
Cancer P & C	3,296	254	8%	9/03	Promotion	0	6,526	6,526	6,526	0	7,119	7,119	7,119
Vital Records	3,856	100	3%	9/03	Promotion	1,936	633	2,569	2,569	2,112	691	2,803	2,803
Environmental Health	5,723	284	5%	6/04	Promotion	2,158	2,154	4,312	4,312	3,984	3,976	7,960	7,960
Disease Control	2,565	128	5%	8/03	Promotion	0	3,438	3,438	3,438	0	3,587	3,587	3,587
Emerg Health Services	1,708	82	5%	9/04	Promotion	0	958	958	958	0	2,298	2,298	2,298
Tobacco P & C	3,503	97	3%	9/03	Promotion	0	2,492	2,492	2,492	0	2,719	2,719	2,719
Family Health	3,200	300	9%	9/03	Promotion	330	7,377	7,707	7,707	360	8,048	8,408	8,408
Injury Prevent & Control	3,476	74	2%	9/03	Promotion	0	1,901	1,901	1,901	0	2,074	2,074	2,074
Cancer P & C	2,800	270	10%	1/04	Promotion	0	1,892	1,892	1,892	0	7,567	7,567	7,567
State Health Office	2,892	408	14%	7/03	Promotion	0	11,435	11,435	11,435	0	11,435	11,435	11,435
Emerg Health Services	2,727	223	8%	9/03	Promotion	0	5,729	5,729	5,729	0	6,250	6,250	6,250
Chronic Disease	3,003	347	12%	9/03	Promotion	0	8,915	8,915	8,915	0	9,725	9,725	9,725
Chemistry	1,785	415	23%	12/03	Promotion	4,806	3,917	8,723	8,723	6,408	5,223	11,631	11,631
	46,523	3,593				9,405	68,581	77,986	77,986	13,464	87,238	100,702	100,702
Total All Raise Types	313,019	13,657	4.4%			48,027	202,621	250,648	250,648	78,537	304,231	382,767	382,767



January 2005

## STATE AGENCY 2003-05 BIENNIAL SALARY INCREASES 11

Agency	2003-05 Authorized FTE Positions	Salary Increase Provided During 2003-05	Salary Increase Effective Date	Number of Employees Who Received Salary Increase	Average Percentage Salary Increase	Cost of Salary Increases for the 2003-05 Biennium		Source of Funding	Amount of Funding Included in the 2005-07 Executive Budget to Continue 2003-05 Biennium	
						General Fund	Special Funds		General Fund	Special Funds
101 Governor's Office Reason for Increases	18.00	Yes	1003 to 1/05	6	11.0%	\$38,880		Turnover savings	\$33,671	\$33,671
Three increases were the result of promotions and new job responsibilities and three were the result of workload increases										
108 Secretary of State Reason for Increases	27.00	Yes	1004 to 6/05	23	2.0%	\$4,671		Turnover savings and less overtime	\$0	\$0
Equity, productivity, and workload increases										
Office of Management and Budget Reason for Increases	132.00	12 Yes	11/03 to 10/04	16	5.8%	\$28,830	\$8,559	Turnover savings	\$42,577	\$18,216
Increases for equity (4), reclassifications (5), workload (5), merit (1), and temporary work of Connected (1)										
112 Information Technology Department Reason for Increases	258.70	13 Yes	Various	87	4.0, 4.8%	\$8,824	\$238,408	Turnover and vacant FTE savings	\$14,553	\$356,652
Promotions, merit and equity increases, and workload increases										
117 State Auditor Reason for Increases	55.00	Yes	Various	28	4.4%	\$36,375	\$26,838	Turnover savings	\$23,486	\$9,800
Increases for promotions (5), certifications (3), and equity adjustments to prevent excessive turnover (20)										
120 State Treasurer	6.00	No								
125 Attorney General Reason for Increases	182.00	Yes	Various	78	7.0%	\$113,930	\$295,824	Authorized by 2003 Legislative Assembly, turnover, vacancies, and continuing appropriation	\$180,889	\$337,461
Equity increases approved by the Legislative Assembly, reclassifications, responsibility and workload changes, promotions, and equity										
127 Office of State Tax Commissioner Reason for Increases	137.00	Yes	7/03 to 2/05	120	3.1%	\$145,052		Turnover savings and savings resulting from a reduced need for temporary employees	\$259,434	\$259,434
Reclassifications, additional duties and responsibilities (promotions), performance (merit), and equity										
140 Office of Administrative Hearings Reason for Increases	8.00	Yes	7/03, 2/04, 7/04	4	4.4%		\$15,480	Turnover savings and efficiencies	\$20,989	\$20,989
New position or duties, increases in responsibilities, and merit increases										
160 Legislative Council Reason for Increases	33.00	Yes	9/03	30	4.8%	\$150,000		Equity increases authorized by the 2003 Legislative Assembly	\$150,000	\$150,000
The 2003 Legislative Assembly provided \$150,000 from the general fund for market equity increases for Legislative Council employees.										



Agency	2003-05 Authorized Positions	Salary Increase During 2003-05 Yes	Salary Increase Effective Date	Number of Employees Who Received Salary Increase	Average Percentage Salary Increase	Cost of Salary Increases for the 2003-05 Biennium		Source of Funding		Amount of Funding Included in the 2003-05 Executive Budget to Continue 2003-05 Biennium Salary Increases	
						General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
270 State Board for Career and Technical Education Reason for Increases	27.50 FTE Positions	Yes	7/03 to 12/04	108	4.4%	\$48,027	\$202,621	\$13,185	Turnover savings and general fund positions funded with other funding sources	\$5,697	\$1,899
	312.50	Yes	7/03 to 12/04	108	4.4%	\$48,027	\$202,621	\$13,185	Turnover savings and general fund positions funded with other funding sources	\$5,697	\$1,899
301 State Department of Health Reason for Increases											
	89.41	Yes	11/03 to 11/04	22	6.8%	\$11,107	\$11,107	\$11,107	Funding provided from reduction in positions and turnover savings; certification increases are already figured into salary budget	\$22,068	\$22,068
316 Indian Affairs Commission Reason for Increases	3.00	No									
321 Department of Veterans Affairs Reason for Increases	6.00	Yes	6/04	1	61.9%	\$3,632	\$3,632	\$3,632	Vacant position	\$0	\$0
325 Department of Human Services Reason for Increases	2,051.42	Yes	Various	453	6.3%	\$632,968	\$359,589	\$992,555	Turnover savings	\$478,442	\$858,109
360 Protection and Advocacy Project Reason for Increases	24.50	Yes	7/03	2	0.7%	\$816	\$816	\$816	Turnover savings	\$816	\$816
380 Job Service North Dakota Reason for Increases	386.17	Yes	Various	100	7.0%	\$60	\$203,231	\$203,291	Savings from turnover	\$60	\$482,307
401 Insurance Commissioner Reason for Increases	45.50	Yes	7/03 & 7/04	17	2.5%		\$37,154	\$37,154	Savings from vacant positions and turnover		\$2,845
405 Industrial Commission Reason for Increases	58.37	Yes	Various	35	3.5%	\$48,500		\$48,500	Turnover savings	\$94,000	\$94,000
406 Labor Commissioner Reason for Increases	10.00	Yes	12/03	4	16.4%		\$30,419	\$30,419	Additional federal funding received as a result of additional case closures		\$40,559

NOTE: At the time when the agency submitted its executive budget request, the cost to continue salary increases was only \$7,598. However, since additional increases have been given since that time, the actual amount of costs to continue the salary increases given to date is approximately \$18,000, of which 75% is general fund.

Merit increases based on annual performance evaluation completed on employee anniversary dates

Internal/external equity, promotion, and workload adjustments

Raises given upon passing certification tests, equity adjustments, changes from benefit position to temporary positions

Increase related to staff member named Interim Commissioner from June 22, 2004, to August 31, 2004. The salary increase is only for that time.

Equity increases for addition counselors, psychologists, and mental illness services caseworkers and other increases relating to performance, promotions, and workload

Two employees were each below the monthly minimum for their pay grade by \$17

Promotions, reclassifications, workload adjustment, and equity adjustments

Merit Increases

Reclassifications, workload/responsibility, and equipment

The increases were provided due to the reclassification of the Investigator positions and to correct inequity among investigative staff.

# DEPARTMENT OF HEALTH COMMUNITY HEALTH SECTION FEBRUARY 2005

**Section Chief**  
John Joyce, M.D.  
FTE 37.7

**Data Processing Coordinator**  
Corey Bergrud  
FTE 1.0

**Cancer Prevention  
and Control**  
Danielle Kenneweg,  
Director  
FTE 7.0

Breast and Cervical  
Cancer (Women's  
Way)

Cancer Registry

Comprehensive  
Cancer

**Chronic Disease**  
Sherri Paxson, Director  
FTE 5.45

Cardiovascular Health  
(CVH)

Chronic Disease  
Epidemiologist

Diabetes Prevention  
and Control

**Family Health**  
Kim Senn,  
Director  
FTE 8.25

Abstinence Education/  
Metabolic Screening

Child and Adolescent  
Health/Early  
Childhood

Comprehensive  
Systems

Coordinated School  
Health

Family Planning

Optimal Pregnancy  
Outcome Program  
(OPOP) / SIDS

Oral Health

Women's Health

**Injury Prevention  
and Control**  
Mary Dasovick,  
Director  
FTE 5.0

Domestic Violence/  
Rape Crisis

Injury Prevention

Injury Surveillance

Lead Program

**Nutrition and  
Physical Activity**  
Colleen Pearce,  
Director  
FTE 5.0

MCH Nutrition

WIC

**Tobacco Prevention  
and Control**  
Kathleen Mangskau,  
Director  
FTE 6.0

Tobacco Prevention  
and Control

## Community Health Section

The Section Chief of the Community Health Section is Dr. John Joyce. The section's goal is to improve the health of North Dakota citizens by working actively to promote healthy behaviors and to prevent disease and injury. This section administers programs addressing the high-risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks. The Community Health Section is funded through grants from the U.S. Centers for Disease Control and Prevention, the U. S. Health Resources and Services Administration and the U.S. Department of Agriculture, as well as through special funds from the Tobacco Master Settlement Agreement. The section is composed of six divisions: Tobacco Prevention and Control; Cancer Prevention and Control; Injury Prevention and Control; Family Health; Chronic Disease; and Nutrition and Physical Activity.

The Division of Tobacco Prevention and Control is responsible for programs and services that focus on tobacco-free lifestyles and that work to reduce disease, death and disability related to tobacco use. Tobacco Prevention and Control activities are targeted to all 53 counties, four Indian reservations and one Indian service area. In the current biennium, with special funds from the Tobacco Master Settlement Agreement, all 28 of the state's local public health units receive funding for tobacco prevention and control and cessation activities.

As a result of Tobacco Prevention and Control efforts:

- More than 50 percent of North Dakotans live in communities where local ordinances protect youth from easy access to tobacco.
- Each year, more citizens are protected from exposure to secondhand smoke through tobacco-free policies in worksites, restaurants and public places.
- Smoking policies at the worksite protect 81 percent of North Dakota workers.
- In 2004, tobacco prevention services were provided to more than 28,017 students, and more than 1,113 individuals received tobacco cessation counseling.
- The percentage of adults who are current smokers has declined from 23.2 percent in 2000 to 20.5 percent in 2003.
- The percentage of youth who are current smokers declined significantly from 41 percent in 1999 to 30 percent in 2003.

The Division of Cancer Prevention and Control works to increase cancer prevention and awareness by collecting and reporting quality data, providing public and professional education, and ensuring availability of quality services.

- The Comprehensive Cancer Control Planning Program is working with more than 40 partners to create a coordinated statewide cancer control plan and to assemble available resources to carry out the plan.
- To create an overall picture of cancer in the state, the Cancer Registry collects cancer incidence, survival and mortality data to assist in the development of cancer education, prevention, screening and treatment programs. Between 1997

and 2002, more than 22,500 incidences of cancer were diagnosed and reported to the registry.

- The *Women's Way* program works to reduce breast and cervical cancer deaths by increasing screening among women ages 40 to 64 who are under- or uninsured, and whose income is at or below 200 percent of the federal poverty level. Through the program, screening services have been provided to more than 6,700 women in North Dakota by local hospitals, clinics, Indian Health Service facilities and public health agencies. Thirteen percent of the women served are American Indian. Since September 1999, 85 breast cancers and 555 cervical dysplasias and cancers have been diagnosed. Through the special Medicaid breast and cervical cancer treatment program, 97 women have received services since July 2001.

The Division of Injury Prevention and Control administers programs to reduce the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs within the division include:

- Injury Prevention Program – Promotes prevention of injuries through projects on seat belts, child passenger safety, bike helmets, home and product safety, poison control, suicide prevention and other injury-specific topics.
- Injury Surveillance – Identifies, develops and analyzes data sources to assist in the development of injury intervention initiatives and in the creation of a data-based state injury plan.
- Domestic Violence/Rape Crisis – Provides grants to domestic violence/rape crisis, law enforcement, judicial, and prosecutorial agencies to reduce and prevent violence against women.
- Lead Program – Maintains surveillance of reported childhood blood lead results and provides assistance for follow-up on elevated cases.

In 2003:

- Nineteen domestic violence/rape crisis agencies served 797 primary victims of sexual assault; 4,041 new victims of domestic violence and 4,419 children were impacted by domestic violence.
- The Injury Prevention Program provided 3,000 bike helmets and 2,294 car safety seats, and inspected 849 car seats for proper use. Car seat training was provided to 173 health and safety professionals. The program provided educational contacts with 26,995 children during Child Passenger Safety Week.
- Poison consultation was provided on 3,747 poison exposure cases in North Dakota, and poison information was given to 1,507 individuals on non-exposure inquiries through the National Poison Control Crisis Line.

The Division of Family Health administers state and federal programs designed to improve the health of North Dakota families. The division provides funding, technical assistance, training, needs assessment, educational materials and other resources to local

public health units, schools and other public and private entities that offer health services in North Dakota communities.

Programs and services include:

- Abstinence Education Program – Promotes the health of youth through abstinence-only education.
- Child and Adolescent Health Services – Provides consultation and technical assistance to state and local agencies and school nurses to promote the health of children and adolescents.
- Coordinated School Health Program – Provides a framework for schools to use in organizing and managing school health initiatives.
- Early Child Comprehensive Systems – Supports collaborations and partnerships that support families and communities in their development of children who are healthy and ready to learn at school entry.
- Family Planning Program – Offers education, counseling, exams, lab testing, infertility services and contraceptives.
- Newborn Screening Program – Identifies infants at risk and in need of more definitive testing to diagnosis and treat affected newborns.
- Optimal Pregnancy Outcome Program – Provides nursing, social and nutritional services to pregnant women.
- Oral Health Program – Provides prevention education, screening and consultation and administers school fluoride programs.
- Pregnancy Risk Assessment Monitoring System – Surveys new mothers about their experiences during and after pregnancy to help North Dakota improve maternal and infant health care.
- State Systems Development Initiative – Assists the division in conducting needs assessment and collecting data for program evaluation.
- Sudden Infant Death Syndrome Program – Provides support, education and follow-up to those affected by a sudden infant death.
- Women's Health Services – Coordinates with other state and local agencies to promote women's health.

In 2003:

- The maternal and child health programs provided services to 5,486 pregnant women, 7,664 infants, and 73,854 children and adolescents.
- The Coordinated School Health Roughrider Health Promotion Conference impacted 127,783 students, 26,658 staff and 83,882 community members.
- Family planning services were provided to 14,300 women and 838 men. Of those family planning recipients, 7,165 were at or below 100 percent of poverty.
- Fluoride programs served 4,490 students living in fluoride-deficient areas.

The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors, supporting health-care improvement measures, developing community policies and practices, and increasing disease risk awareness.

- Cardiovascular disease is the leading cause of mortality, accounting for 35 percent of deaths in North Dakota. The Cardiovascular Health Program partners with communities to limit disability and death related to heart disease and stroke by targeting high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight and obesity.
- In 2003, diabetes affected 6.2 percent of North Dakota citizens and their families, up from 3.6 percent in 1994, for an increase of 72 percent over the past 10 years. The Diabetes Prevention and Control Program concentrates on diabetes prevention, early diagnosis and disease management to reduce the burden of the disease and its related complications, such as heart and kidney disease and amputations.

The Division of Nutrition and Physical Activity promotes healthy eating and physical activity in order to prevent and reduce overweight, obesity and related chronic diseases.

- The Maternal and Child Health Nutrition Program provides technical assistance, plans nutrition programs and coordinates nutrition-related activities. Currently, 17 nutritionists at local public health units throughout the state participate in *Healthy North Dakota* and work on issues directed toward healthy weight for children and adolescents through the promotion of increased fruit and vegetable intakes (like 5 A Day) and increased physical activity.
- The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides healthy food for proper growth, education about choosing healthier ways of eating, and referrals to other needed services. In 2004, North Dakota WIC served more than 24,400 eligible pregnant, breastfeeding and postpartum women; infants; and children younger than age 5 in all North Dakota counties. Funded by the U.S. Department of Agriculture, the WIC program also receives approximately \$1.4 million in rebates from infant formula purchased with WIC vouchers. Most WIC funds (more than 93 percent) are spent at the local level, with 70 percent of the dollars spent on food for at-risk clients and 23 percent for support of local administering agencies.

Dr. Joyce's position as Section Chief is budgeted at .25 FTE. At 25 percent time, Dr. Joyce is able to provide leadership and medical consultation to the section. The section's six division directors provide administrative functions for the section on a rotating basis.

#### Community Health Section Budget

The major expenditures in Community Health Section are as follows:

Salaries and Wages for 37.7 FTE	3,307,335
IT Contractual (WIC Management Information System)	673,082
BC/BS Breast & Cervical Cancer Exams	943,000
Professional Services (various program contracts)	3,125,350

Professional Supplies	607,232
Remaining Operating Expenses	1,345,064
Grants to Local Public Health Units (MCH & FP)	4,056,000
Grants to Local Public Health Units (WIC)	5,326,150
Grants to Local Public Health Units (Cancer)	1,160,000
Grants to Domestic Violence Sites	5,188,000
Miscellaneous Grants	771,200
WIC Food Payments	15,750,000
Tobacco Program	7,805,062
Tobacco Quit Line	884,000
Total Budget	<u>50,941,475</u>

The funding sources for Community Health Section are as follows:

General	887,280
Federal	
WIC	22,703,091
MCH Block	2,758,610
National Cancer Prevention	4,160,843
Chronic Disease Prevention and Health Promotion	2,671,690
STOP Violence Against Women	1,897,420
Family Violence	1,501,806
Family Planning	2,244,352
Various Other	5,580,383
Other	
Community Health Trust Fund	6,190,000
Domestic Violence Fund	280,000
American Legacy	66,000
Total Budget	<u>50,941,475</u>



## Community Health Section

*pages 14-16 the same as those given to the Senate*

The Section Chief of the Community Health Section is Dr. John Joyce. The section's goal is to improve the health of North Dakota citizens by working actively to promote healthy behaviors and to prevent disease and injury. This section administers programs addressing the high-risk behaviors that cause disease, to which Dr. Dwelle referred in his introductory remarks. The Community Health Section is funded through grants from the U.S. Centers for Disease Control and Prevention, the U. S. Health Resources and Services Administration and the U.S. Department of Agriculture, as well as through special funds from the Tobacco Master Settlement Agreement. The section is composed of six divisions: Tobacco Prevention and Control; Cancer Prevention and Control; Injury Prevention and Control; Family Health; Chronic Disease; and Nutrition and Physical Activity.

The Division of Tobacco Prevention and Control is responsible for programs and services that focus on tobacco-free lifestyles and that work to reduce disease, death and disability related to tobacco use. Tobacco Prevention and Control activities are targeted to all 53 counties, four Indian reservations and one Indian service area. In the current biennium, with special funds from the Tobacco Master Settlement Agreement, all 28 of the state's local public health units receive funding for tobacco prevention and control and cessation activities.

As a result of Tobacco Prevention and Control efforts:

- More than 50 percent of North Dakotans live in communities where local ordinances protect youth from easy access to tobacco.
- Each year, more citizens are protected from exposure to secondhand smoke through tobacco-free policies in worksites, restaurants and public places.
- Smoking policies at the worksite protect 81 percent of North Dakota workers.
- In 2004, tobacco prevention services were provided to more than 28,017 students, and more than 1,113 individuals received tobacco cessation counseling.
- The percentage of adults who are current smokers has declined from 23.2 percent in 2000 to 20.5 percent in 2003.
- The percentage of youth who are current smokers declined significantly from 41 percent in 1999 to 30 percent in 2003.

Senate Bill 2004 contains an appropriation of \$6,610,000 from the Community Health Trust Fund. This is an increase of only \$46,000 due to an increase in the dental loan program and the governor's salary package. With regard to tobacco programs, we have shifted funding that isn't being accessed from cessation programs to the Tobacco Quitline, where we are seeing some very positive results. Since its implementation in late September 2004, the Quitline has received about 50 calls per week. In addition, 120 people enrolled in tobacco cessation counseling as a result of the Quitline during the first 12 weeks of operation. A schedule of the Tobacco Prevention and Control budget is included as Appendix 3.

section's six division directors provide administrative functions for the section on a rotating basis.

### Community Health Section Budget

The major expenditures in Community Health Section are as follows:

Salaries and Wages for 37.7 FTE	3,307,335
IT Contractual (WIC Management Information System)	673,082
BC/BS Breast & Cervical Cancer Exams	943,000
Professional Services (various program contracts)	3,125,350
Professional Supplies	607,232
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Grants to Local Public Health Units (WIC)	5,326,150
Grants to Local Public Health Units (Cancer)	1,160,000
Grants to Domestic Violence Sites	5,188,000
Miscellaneous Grants	771,200
WIC Food Payments	15,750,000
Tobacco Program	7,805,062
Tobacco Quit Line (CHTF)	884,000
Total Budget	<u>50,941,475</u>

The major changes in this section are as follows:

Governor's Compensation Package	230,729
Asthma (1 FTE)	87,879
Chronic Disease Clerical (.45 FTE)	28,163
Position Transferred to Other Areas (1 FTE)	(129,357)
Reduction of Administrative Staff	(140,567)
Salary Adjustments	83,271
Increase in Data Processing Expenses (mostly WIC)	176,531
Miscellaneous Operating Expenses	(59,810)
Tobacco Control Position (1 FTE)	105,000
Decrease in Tobacco Cessation Programs	(309,000)
Tobacco Quitline	204,000
Reduction in Food costs for WIC	(1,930,000)
Total	<u>(1,653,161)</u>

The funding sources for Community Health Section are as follows:

General	887,280
Federal	
WIC	22,703,091
MCH Block	2,758,610

National Cancer Prevention	4,160,843
Asthma Grant	605,900
Cardiovascular Health Program	631,206
Chronic Disease Prevention and Health Promotion	238,628
Diabetes	615,315
STOP Violence Against Women	1,897,420
Family Violence	1,501,806
Safe Haven – Supervised Visits	900,000
Family Planning	2,244,352
Tobacco Program	2,433,062
Various Other	2,827,962
Other	
Community Health Trust Fund	6,190,000
Domestic Violence Fund	280,000
American Legacy	66,000
Total Budget	<u>50,941,475</u>

# COMMUNITY HEALTH

## SALARIES AND WAGES FTE EMPLOYEES (Number)

	2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
	34.40	31.25	36.25	37.70	1.45	4%
Salaries	1,915,735	1,629,662	2,280,528	2,303,682	23,154	1%
Temporary, Overtime	96,855	103,632	125,030	173,000	47,970	38%
Benefits	593,242	531,184	777,624	830,653	53,029	7%
<b>TOTAL</b>	<b>2,605,832</b>	<b>2,264,478</b>	<b>3,183,182</b>	<b>3,307,335</b>	<b>124,153</b>	<b>4%</b>
General Fund	621,368	303,028	481,126	486,817	5,691	1%
Federal Funds	1,984,464	1,961,450	2,702,056	2,820,518	118,462	4%
Other Funds	0	0	0	0	0	

## OPERATING EXPENSES

IT-Data Processing	32,008	27,356	35,320	211,851	176,531	500%
IT-Telephone	48,339	29,498	44,801	48,045	3,244	7%
Travel	209,079	184,468	271,015	297,211	26,196	10%
IT - Software/Supp.	28,835	21,577	23,772	23,751	(21)	0%
Utilities	0	0	0	0	0	
Postage	69,828	40,606	58,010	60,787	2,777	5%
IT - Contractual Services	0	452,578	703,103	673,082	(30,021)	-4%
Lease/Rentals - Equipment	11,057	5,909	9,050	9,334	284	3%
Lease/Rentals-- Buildings./Land	82,577	75,989	121,016	131,211	10,195	8%
Dues & Professional Development	49,430	52,405	69,598	73,395	3,797	5%
<b>Operating Fees &amp; Services</b>	<b>1,258,221</b>	<b>125,453</b>	<b>159,623</b>	<b>177,085</b>	<b>17,462</b>	<b>11%</b>
Repairs	4,036	1,191	866	900	34	4%
<b>Professional Services</b>	<b>980,562</b>	<b>1,861,602</b>	<b>4,175,693</b>	<b>4,068,350</b>	<b>(107,343)</b>	<b>-3%</b>
Insurance	0	0	0	0	0	
Office Supplies	30,410	25,221	49,530	55,110	5,580	11%
Printing	204,290	97,432	163,478	178,235	14,757	9%
Professional Supplies & Materials	437,261	310,065	583,758	607,232	23,474	4%
Food & Clothing	43	0	0	0	0	
Medical, Dental, and Optical	15,046	17,972	46,798	48,202	1,404	3%
Buildings/Vehicle Maintenance Supplies	11,875	1,983	2,814	2,898	84	3%
Miscellaneous Supplies	8,242	78	193	199	6	3%
<b>Sub Total Operating</b>	<b>3,481,139</b>	<b>3,331,383</b>	<b>6,518,438</b>	<b>6,666,878</b>	<b>148,440</b>	<b>2%</b>
Office Equip Under \$5000	4,815	28,381	22,300	1,300	(21,000)	-94%
Other Equip Under \$5000	0	1,688	4,423	2,200	(2,223)	-50%
IT-Equip Under \$5000	29,093	25,962	20,203	23,350	3,147	16%
Operating Budget Adjustment	0	0	0	0	0	
<b>TOTAL</b>	<b>3,515,047</b>	<b>3,387,414</b>	<b>6,565,364</b>	<b>6,693,728</b>	<b>128,364</b>	<b>2%</b>
General Fund	178,827	98,305	251,674	190,463	(61,211)	-24%
Federal Funds	3,336,220	3,286,109	6,313,690	6,503,265	189,575	3%
Other Funds	0	3,000	0	0	0	

## CAPITAL ASSETS

IT Equip >\$5000	0	0	14,000	0	(14,000)	
Other Equip >\$5000	0	0	6,000	0	(6,000)	
Land & Buildings	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Other Capital Paymnts	0	0	0	0	0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>20,000</b>	<b>0</b>	<b>(20,000)</b>	
General Fund	0	0	0	0	0	
Federal Funds	0	0	20,000	0	(20,000)	
Other Funds	0	0	0	0	0	

## GRANTS/SPECIAL LINE ITEMS

Grants	12,618,447	10,405,493	16,558,993	16,501,350	(57,643)	0%
WIC Food	14,116,786	11,789,836	17,680,000	15,750,000	(1,930,000)	-11%
Lead Base Paint	0	0	0	0	0	
Tobacco Prevention Control	6,748,256	5,177,758	8,587,097	8,689,062	101,965	1%
Community Health Advisory	76,706	0	0	0	0	
<b>TOTAL</b>	<b>33,560,195</b>	<b>27,373,087</b>	<b>42,826,090</b>	<b>40,940,412</b>	<b>(1,885,678)</b>	<b>-4%</b>
General Fund	210,000	210,000	210,000	210,000	0	0%
Federal Funds	28,332,993	23,345,155	36,152,090	34,194,412	(1,957,678)	-5%
Other Funds	5,017,202	3,817,932	6,464,000	6,536,000	72,000	1%

## COST CENTER TOTAL

<b>TOTAL</b>	<b>39,681,074</b>	<b>33,024,979</b>	<b>52,594,636</b>	<b>50,941,475</b>	<b>(1,653,161)</b>	<b>-3%</b>
General Fund	1,010,195	611,333	942,800	887,280	(55,520)	-6%
Federal Funds	33,653,677	28,592,714	45,187,836	43,518,195	(1,669,641)	-4%
Other Funds	5,017,202	3,820,932	6,464,000	6,536,000	72,000	1%

**DEPARTMENT OF HEALTH**  
**Community Health**

**Operating Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising	20,000	22,000	2,000	10.0%
Purchase of Services (Temp. Agencies/Speakers)	120,000	136,735	16,735	13.9%
Misc. Operating Fees	19,623	18,350	(1,273)	-6.5%
<b>Total Operating Fees</b>	<b>\$ 159,623</b>	<b>\$ 177,085</b>	<b>\$ 17,462</b>	<b>10.9%</b>

**Professional Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	33,318	35,000	1,682	5.0%
PRAMS-NDSU/DHS	230,000	286,500	56,500	24.6%
BCC - Unfunded Carryover	730,000	-	(730,000)	-100.0%
BCC - BCBS	1,020,000	943,000	(77,000)	-7.5%
BCC- Nurse Consultants	20,000	5,000	(15,000)	-75.0%
BCC- Needs Assessments/Research	196,775	174,000	(22,775)	-11.6%
BCC- Reach Partners	600,000	510,000	(90,000)	-15.0%
Cancer Registry - Research Analyst	80,000	70,000	(10,000)	-12.5%
Cancer Registry - Data Consultant	170,000	170,000	-	0.0%
Cancer Registry - UND Epi. Center	30,000	40,000	10,000	33.3%
Comp. Cancer - UND Epi. Center	108,000	100,000	(8,000)	-7.4%
Asthma	154,350	455,000	300,650	194.8%
PH Block - Research Analyst	33,500	55,000	21,500	64.2%
Diabetes - State Assessment & Collaborative/BCBS	176,550	381,000	204,450	115.8%
Cardiovascular-Consulting/Research	60,000	95,000	35,000	58.3%
Family Planning-Nurse Consultant	80,000	30,000	(50,000)	-62.5%
ECCS-Consensus Council	-	65,000	65,000	100.0%
SSDI - UND Epi. Center	35,000	40,000	5,000	14.3%
DPI School Health-Consultant	53,200	35,000	(18,200)	-34.2%
MCH - Maternal & Oral Health Consultants	130,000	140,000	10,000	7.7%
DOT-Consultant/Ad. Campaign	75,000	130,000	55,000	73.3%
Traumatic Brain Injury-UND	90,000	100,000	10,000	11.1%
State Injury Surveillance - Data Mgmt & Collection	40,000	55,000	15,000	37.5%
WIC-Consultant/UND	30,000	153,850	123,850	412.8%
<b>Total Professional Fees</b>	<b>\$ 4,175,693</b>	<b>\$ 4,068,350</b>	<b>\$ (107,343)</b>	<b>-2.6%</b>

**Grant Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Abstinence Education	255,000	164,000	(91,000)	-35.7%
Breast & Cervical Cancer	1,625,903	1,160,000	(465,903)	-28.7%
Cardiovascular	320,000	250,000	(70,000)	-21.9%
Child Safety Program	100,000	40,000	(60,000)	-60.0%
Domestic Violence	210,000	210,000	-	0.0%
Domestic Violence	280,000	280,000	-	0.0%
Early Childhood Comprehensive Systems	150,000	150,000	-	0.0%
Family Planning	1,740,000	2,206,000	466,000	26.8%
Family Violence	1,500,000	1,463,000	(37,000)	-2.5%
Grants to Encourage Arrest	265,000	255,000	(10,000)	-3.8%
MCH Block (Locals)	1,664,000	1,630,000	(34,000)	-2.0%
MCH Block (Family Planning)	180,000	220,000	40,000	22.2%
Oral Health	50,000	7,200	(42,800)	-85.6%
Preventive Health Block Grant	70,000	-	(70,000)	-100.0%
Rape Prevention	235,000	235,000	-	0.0%
Safe Havens	800,000	900,000	100,000	12.5%
State System Dev. Initiative	135,000	200,000	65,000	48.1%
STOP Violence	1,810,000	1,805,000	(5,000)	-0.3%
Violence Against Women	65,000	-	(65,000)	-100.0%
WIC	5,104,090	5,326,150	222,060	4.4%
<b>Total Grants</b>	<b>\$16,558,993</b>	<b>\$ 16,501,350</b>	<b>\$ (57,643)</b>	<b>-0.3%</b>

# Health Department

## Community Health Trust Fund Statement

	<u>2003-05</u>		<u>2005-07</u>	
Beginning Balance (Cash on Hand)	5,753,089		4,629,404	
Revenue	4,621,070		4,594,414	
Projected Expenses				
HB 1004 Appropriation Bill	4,700,000		4,700,000	
HB 1004 Appropriation Bill-Quitline	550,000		884,000	
SB 2297 Appropriation Bill-Tobacco Committee	100,000		100,000	
SB 2297 Appropriation Bill-Tobacco Carry Over for Cessation	0		0	
SB 2297 Appropriation Bill-Cessation	60,000		395,000	
New FTE	0		111,000	
HB 1004 Dental Loan Program	220,000		420,000	
DHS-medical assistance (BCC match)	114,755	5,744,755	254,356	6,864,356
Ending Balance	<u>4,629,404</u>		<u>2,359,462</u>	

# DEPARTMENT OF HEALTH

## Community Health

### Cancer Prevention

	05-07 Federal	05-07 Match	
		Health Dept. General Fund	Locals In-kind Match
<b>CDC Cancer Prevention and Control Grant Program</b>	<b>4,160,843</b>	<b>70,000</b>	<b>1,201,014</b>
Cancer Registry	544,200	70,000	111,400 *
Breast & Cervical Cancer	3,268,843		1,089,614 **
Comprehensive Cancer	347,800		0

**\*Cancer Registry Match:**

General funds (40%)

Hospital facility registries, non-registry facility health information, management representatives, and the consultant for data system administration (60%)

**\*\*Breast and Cervical Cancer match:**

Health care providers and facilities (29%)

BC/BS claims administration (8%)

Local health departments (20%)

Other insurance claims (24%)

Consultants (10%)

Private citizens (6%)

Media (2%)

Other (1%)

### Breast & Cervical Cancer Grant Line Item

	05-07 Budget
<b>CDC Cancer Prevention and Control Grant Program</b>	<b>1,160,000 ***</b>
<b>Subrecipient Name</b>	
Bismarck Burleigh Public Health	108,220
Central Valley Health Unit	92,320
Custer District Health Unit	138,820
Fargo Cass Public Health	160,000
First District Health Unit	129,120
Grand Forks Public Health Dept	127,520
Lake Region District Health Unit	124,300
Richland County Health Department	81,180
Southwestern District Health Unit	93,140
Upper Missouri District Health Unit	105,380

\*\*\*Approximately 90% of these funds are for personnel services

**Department of Health  
Cancer Prevention  
Grants to Local Public Health**

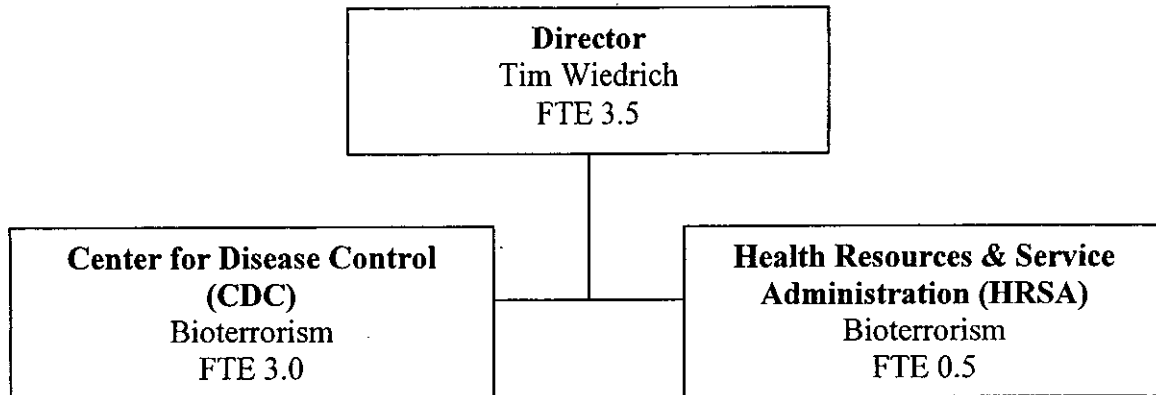
Screening contracts are issued to: Bismarck Burleigh Public Health, Fargo Cass Public Health, Richland County Health Department, Custer Health, First District Health Unit, Grand Forks Public Health, Southwestern District Health Unit, Central Valley Health Unit, Lake Region District Health Unit, and Upper Missouri District Health Unit.

Each of these local health agencies (Local Coordinating Unit or LCU) hires staff to administer a breast and cervical cancer screening program for eligible women within their service area. The service area includes from four to eight counties. These ten local health agencies were selected based upon their geographic location to allow for statewide coverage with lowest level of administrative cost. Funding the LCU's agencies is built upon a formula including the following factors: percentage of eligible population in geographic area; percentage of goal reached in prior screening year; reach with the American Indian population in geographic area; and timeliness from screening to diagnosis.

Scope of services in the LCU contract includes: 1) serving as program liaison with health care providers (HCPs) in their service area; enrolling HCPs to perform approved screening and diagnostic services; providing inservice training regarding program policy and operations; assisting with HCPs professional education events in their service area, 2) public education – program promotion; education on breast and cervical health, 3) client enrollment - enroll eligible women; assure instruction in breast self-exam, 4) case management – manage client cases, document patient contacts, assure adequate and timely follow-up on all abnormal findings; assist clients with cancer diagnosis in securing treatment through Medicaid or other appropriate sources, 5) tracking and follow-up – submit program data monthly; re-enroll and screen clients annually; assist HCPs with timely and adequate follow-up of women with abnormal findings, 6) quality assurance – ensure local HCPs are appropriately certified; ensure that enrolled health care facilities are MQSA and CLIA certified; assist state office with follow-up of HCPs that don't meet or follow program guidelines, conduct edit check on data before monthly data submission, 7) develop, link with and/or maintain local partnerships, 8) identify local sources of payment for treatment services or uncovered diagnostic services, 9) outreach – work with outreach consultant and local volunteers to develop and implement recruitment strategies that are proven effective, and 10) participate in Department sponsored trainings and meetings.



**DEPARTMENT OF HEALTH  
EMERGENCY PREPAREDNESS & RESPONSE SECTION  
FEBRUARY 2005**



## **Emergency Preparedness and Response Section**

The Section Chief of the Emergency Preparedness and Response (EPR) Section is Tim Wiedrich. The EPR Section is responsible for improving and maintaining public health response to disasters and large scale emergencies. While the overall goal is to prepare public health responses for all hazards, the section currently is concentrating on the development of infrastructure to detect and respond to acts of bioterrorism. Future activities will improve public health infrastructure for the detection and mitigation of chemical threats, naturally occurring phenomena such as tornadoes and floods, and other disasters and emergencies.

The section is funded through grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The section accomplishes its mission through planning, developing bioterrorism detection systems, creating laboratory capacities, developing communications systems, supporting public information systems and providing training opportunities. Additional activities include the assessment of hospital capacity to receive and treat patients involved in a bioterrorism event and the creation of hospital resources that can receive and treat unusually large numbers of patients.

The Emergency Preparedness and Response Section is developing infrastructure to meet CDC and HRSA requirements through the cooperation of a large group of stakeholders, including an EPR Committee comprised of the following subcommittees: Preparedness Assessment, Planning and Response; Surveillance and Epidemiology; Laboratory Capacity – Biologic Agents; Laboratory Capacity – Chemical Agents; Health Alert Network; Public Information; Education and Training; and Hospital Surge Capacity.

The EPR Section and local public health units have established eight EPR regions. Each of these regions has a lead local public health unit, an EPR coordinator, a public information officer and other resources for the development of local and regional EPR plans. The section works closely with the eight regions, the private medical sector, and public safety and emergency management officials to develop integrated, coordinated public health response systems.

### **Emergency Preparedness and Response Section Budget**

The major expenditures in Emergency Preparedness and Response are as follows:

Salaries and Wages for 3.5 FTE	394,829
Professional Services	615,000
Remaining Operating Expenses	298,568
Grants to Local Health Units for Regional Coordinators	3,893,169
Grants to Hospitals	3,685,000
Other Grants	508,625
Total Budget	<u>9,395,191</u>

The funding sources for Emergency Preparedness and Response are as follows:

Federal (Bioterrorism)	
CDC Bioterrorism	4,802,836
HRSA Bioterrorism	<u>4,592,355</u>
Total Budget	9,395,191

## Emergency Preparedness and Response Section

*8/1 to use*

The Section Chief of the Emergency Preparedness and Response (EPR) Section is Tim Wiedrich. The EPR Section is responsible for improving and maintaining public health response to disasters and large scale emergencies. While the overall goal is to prepare public health responses for all hazards, the section currently is concentrating on the development of infrastructure to detect and respond to acts of bioterrorism. Future activities will improve public health infrastructure for the detection and mitigation of chemical threats, naturally occurring phenomena such as tornadoes and floods, and other disasters and emergencies.

The section is funded through grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The section accomplishes its mission through planning, developing bioterrorism detection systems, creating laboratory capacities, developing communications systems, supporting public information systems and providing training opportunities. Additional activities include the assessment of hospital capacity to receive and treat patients involved in a bioterrorism event and the creation of hospital resources that can receive and treat unusually large numbers of patients.

The Emergency Preparedness and Response Section is developing infrastructure to meet CDC and HRSA requirements through the cooperation of a large group of stakeholders, including an EPR Committee comprised of the following subcommittees: Preparedness Assessment, Planning and Response; Surveillance and Epidemiology; Laboratory Capacity – Biologic Agents; Laboratory Capacity – Chemical Agents; Health Alert Network; Public Information; Education and Training; and Hospital Surge Capacity.

The EPR Section and local public health units have established eight EPR regions. Each of these regions has a lead local public health unit, an EPR coordinator, a public information officer, an environmental health practitioner and other resources for the development of local and regional EPR plans. The section works closely with the eight regions, the private medical sector, and public safety and emergency management officials to develop integrated, coordinated public health response systems.

### Emergency Preparedness and Response Section Budget

The major expenditures in Emergency Preparedness and Response are as follows:

Salaries and Wages for 3.5 FTE	394,829
Professional Services	615,000
Remaining Operating Expenses	298,568
Grants to Local Health Units for Regional Coordinators and Environmental Health Practitioners	3,893,169
Grants to Hospitals	3,685,000
Other Grants	508,625

Total Budget

9,395,191

The major changes in this section are as follows:

Governor's Compensation Package	24,671
Salary Adjustments	12,376
Completion of the SNS Delivery and Inventory System	(406,838)
Professional Services for CDC and HRSA Bioterrorism	(1,107,535)
Miscellaneous Operating Expenses	(54,753)
Grants to Local Public Health for Environmental Health Practitioners	1,619,116
Grants to Tribal Health Agencies	308,625
Grants to Division of Emergency Management	200,000
Grants to Hospitals	946,967
Total	<u>1,542,629</u>

The funding sources for Emergency Preparedness and Response are as follows:

Federal (Bioterrorism)	
CDC Bioterrorism	4,802,836
HRSA Bioterrorism	4,592,355
Total Budget	<u>9,395,191</u>

# EMERGENCY PREPAREDNESS RESPONSE

	2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>SALARIES AND WAGES</b>						
FTE EMPLOYEES (Number)	3.00	3.50	3.50	3.50	0.00	0%
Salaries	88,022	202,572	257,664	290,713	33,049	13%
Temporary, Overtime	490	3,353	9,000		(9,000)	
Benefits	27,857	72,165	91,118	104,116	12,998	14%
<b>TOTAL</b>	<b>116,369</b>	<b>278,090</b>	<b>357,782</b>	<b>394,829</b>	<b>37,047</b>	<b>10%</b>
General Fund					0	
Federal Funds	116,369	278,090	357,782	394,829	37,047	10%
Other Funds					0	
<b>OPERATING EXPENSES</b>						
IT-Data Processing	1,102	8,407	8,018	13,703	5,685	71%
IT-Telephone	8,847	10,951	18,232	18,779	547	3%
Travel	31,769	52,239	63,682	66,866	3,184	5%
IT - Software/Supp.	2,667	5,336	1,899	34,658	32,759	1725%
Utilities		0			0	
Postage	1,282	1,523	1,784	2,500	716	40%
IT - Contractual Services		546,345	506,838	100,000	(406,838)	-80%
Lease/Rentals - Equipment	375	85	232	2,402	2,170	935%
Lease/Rentals-- Buildings./Land	2,431	11,630	15,506	16,282	776	5%
Dues & Professional Development	3,829	8,837	8,015	20,602	12,587	157%
<b>Operating Fees &amp; Services</b>	<b>11,754</b>	<b>49,447</b>	<b>80,612</b>	<b>0</b>	<b>(80,612)</b>	
Repairs	17,732	610	1,667	1,717	50	3%
<b>Professional Services</b>	<b>23,265</b>	<b>149,328</b>	<b>1,722,535</b>	<b>615,000</b>	<b>(1,107,535)</b>	<b>-64%</b>
Insurance					0	
Office Supplies	2,441	1,874	2,757	5,000	2,243	81%
Printing	608	1,616	2,459	5,000	2,541	103%
Professional Supplies & Materials	245	8,923	2,625	4,559	1,934	74%
Food & Clothing					0	
Medical, Dental, and Optical					0	
Buildings/Vehicle Maintenance Suppl	616	16,120			0	
Miscellaneous Supplies	7,242				0	
<b>Sub Total Operating</b>	<b>116,205</b>	<b>873,271</b>	<b>2,436,861</b>	<b>907,068</b>	<b>(1,529,793)</b>	<b>-63%</b>
Office Equip Under \$5000	19,769	1,589			0	
Other Equip Under \$5000		1,742			0	
IT Equip Under \$5000	28,710	9,191		6,500	6,500	100%
Operating Budget Adjustment					0	
<b>TOTAL</b>	<b>164,684</b>	<b>885,793</b>	<b>2,436,861</b>	<b>913,568</b>	<b>(1,523,293)</b>	<b>-63%</b>
General Fund					0	
Federal Funds	164,684	885,793	2,436,861	913,568	(1,523,293)	-63%
Other Funds					0	
<b>CAPITAL ASSETS</b>						
IT Equip >\$5000			45,833		(45,833)	
Other Equip >\$5000					0	
Land & Buildings					0	
Extraordinary Repairs					0	
Other Capital Paymnts					0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>45,833</b>	<b>0</b>	<b>(45,833)</b>	
General Fund					0	
Federal Funds	0	0	45,833	0	(45,833)	
Other Funds					0	
<b>GRANTS/SPECIAL LINE ITEMS</b>						
Grants	495,455	3,636,907	5,012,086	8,086,794	3,074,708	61%
WIC Food					0	
Lead Base Paint					0	
Tobacco Prevention Control					0	
Community Health Advisory					0	
<b>TOTAL</b>	<b>495,455</b>	<b>3,636,907</b>	<b>5,012,086</b>	<b>8,086,794</b>	<b>3,074,708</b>	<b>61%</b>
General Fund					0	
Federal Funds	495,455	3,636,907	5,012,086	8,086,794	3,074,708	61%
Other Funds					0	
<b>COST CENTER TOTAL</b>						
<b>TOTAL</b>	<b>776,508</b>	<b>4,800,790</b>	<b>7,852,562</b>	<b>9,395,191</b>	<b>1,542,629</b>	<b>20%</b>
General Fund	0	0	0	0	0	
Federal Funds	776,508	4,800,790	7,852,562	9,395,191	1,542,629	20%
Other Funds	0	0	0	0	0	

# DEPARTMENT OF HEALTH

## Emergency Preparedness Response

### Operating Fee Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
DEM - Exercise	80,000	-	(80,000)	-100.0%
Miscellaneous	612	-	(612)	-100.0%
<b>Total Operating Fees</b>	<b>\$ 80,612</b>	<b>\$ -</b>	<b>\$ (80,612)</b>	<b>-100.0%</b>

### Professional Fee Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	36,825	15,000	(21,825)	-59.3%
Medical Professionals	1,216,811	500,000	(716,811)	-58.9%
Prof. Fees to be determined	468,899	100,000	(368,899)	-78.7%
<b>Total Professional Fees</b>	<b>\$ 1,722,535</b>	<b>\$ 615,000</b>	<b>\$ (1,107,535)</b>	<b>-64.3%</b>

### Grant Line Item

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Bioterrorism - LPH (Coord and EHP)	2,274,053	2,793,169	519,116	22.8%
Bioterrorism - LPH Emergency Planning		1,100,000	1,100,000	0.0%
Bioterrorism - Tribal Health		308,625	308,625	0.0%
DEM - Exercise		200,000	200,000	0.0%
HRSA Bioterrorism - Hospitals	2,738,033	3,685,000	946,967	34.6%
<b>Total Grants</b>	<b>\$ 5,012,086</b>	<b>\$ 8,086,794</b>	<b>\$ 3,074,708</b>	<b>61.3%</b>

**Department of Health  
Health Alert Network (HAN) IT Budget  
2005-07 Biennium**

<b>HAN Software Maintenance &amp; Technical Support</b>		<b>238,000</b>
Software Maintenance	100,000	
Technical Support	100,000	
Consulting	38,000	
 <b>HAN Hosting Services &amp; Maintenance</b>		 <b>227,576</b>
Fiber connection to StageNet	10,200	
Microsoft Active Directory Internet Connector License	36,000	
ITD Server room 2 -T1 Circuits	20,000	
Server Hosting Costs	67,200	
OC3 Circuit connection to HAN Core Routers	31,800	
Various Miscellaneous charges	62,376	
 <b>HAN - Items not classified</b>		 <b>167,908</b>
 <b>Total</b>		 <b>633,484</b>

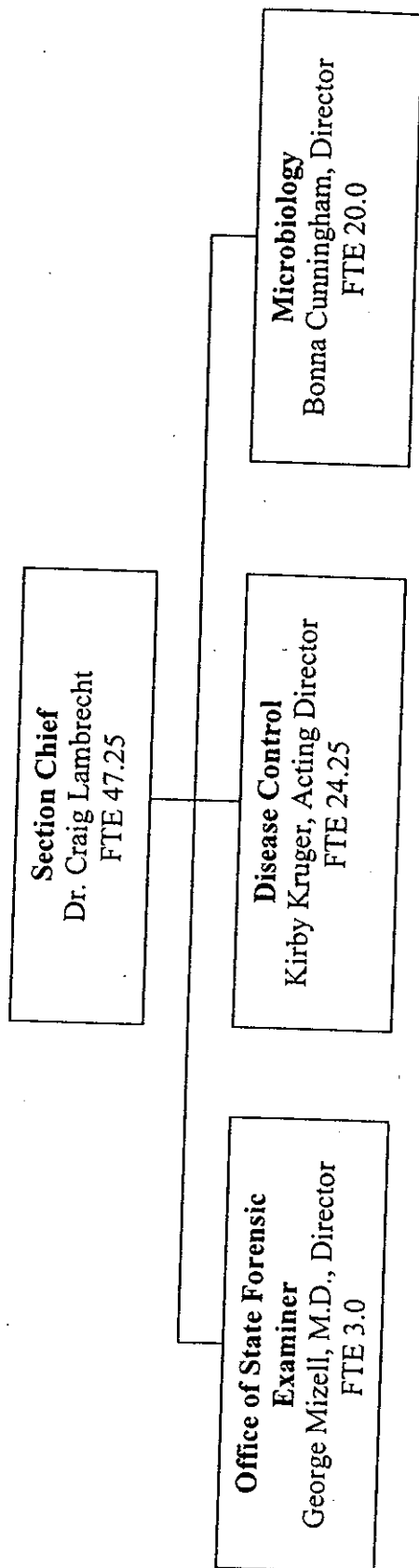


**DEPARTMENT OF HEALTH**  
**CDC and HRSA Bioterrorism Program**

			Federal Budget			
	FTE	Total	Personnel	Operating	Capital Assets	Grants
Department of Health - State Level	15.25	10,801,417	1,648,759	3,776,048	232,015	5,144,595
Local Public Health *	21.00	4,731,811				
<b>Total Bioterrorism Program</b>	<b>36.25</b>	<b>15,533,228</b>				

\* Funding to Local Public Health includes personnel and operating expenses

**DEPARTMENT OF HEALTH  
MEDICAL SERVICES SECTION  
FEBRUARY 2005**



## **Medical Services Section**

The Section Chief of the Medical Services Section is Dr. Craig Lambrecht, whose position is budgeted at .25 FTE. At 25 percent time, Dr. Lambrecht provides leadership and medical consultation to the section.

The goal of the Medical Services Section is to promote health and prevent illness and disease. The section includes the Field Medical Officers, the Office of the State Forensic Examiner, the Division of Disease Control and the Division of Microbiology.

### **Field Medical Officers**

The Field Medical Officers provide medical consultation and direction to programs throughout the Department of Health, including those that deal with the environment, wellness, health resources, communicable diseases and immunizations.

### **Office of the State Forensic Examiner**

The State Forensic Examiner provides medical examiner services and assists in death investigation throughout the state. The Forensic Examiner's goal is to provide vital information needed by county coroners, law enforcement, public health units, other agencies, and families of the deceased.

The Office of the State Forensic Examiner assists in the investigation of sudden and unexpected deaths that occur throughout the state. The office becomes involved with a death investigation upon request from the county coroner in the jurisdiction where the death occurred. About 200 cases each year are referred to the State Forensic Examiner, representing about 20 percent of county coroner investigations.

Other functions of the office include:

- Providing consultations to county coroners about how to handle deaths that occur in their jurisdictions.
- Providing death investigation training, seminars and lectures to improve death investigation throughout the state.
- Serving on the Child Fatality Review Committee.
- Supporting organ-procurement activities on cases referred to the office.
- Providing expert witness testimony for cases that involve criminal or civil proceedings.

### **Division of Disease Control**

The Division of Disease Control is responsible for identifying diseases, providing follow-up and implementing intervention activities to reduce illness and death. The division also provides resources for health-care providers and the public concerning

public health issues and coordinates with the media to provide timely public education. Division programs include HIV/AIDS Prevention, Ryan White (HIV) Care, Tuberculosis (TB) Prevention, Sexually Transmitted Disease (STD) Prevention, Immunization Services and the Epidemiology and Laboratory Capacity program.

The division performs the following functions:

- Analyzes disease cases and reports to the national Centers for Disease Control and Prevention (CDC).
- Responds to public health emergencies and disease outbreaks and provides a toll-free 24-hour consultation line for health-care providers and the general public.
- Provides free TB medications, TB testing materials, STD medications in certain situations and childhood vaccines throughout North Dakota.
- Maintains the North Dakota Immunization Information System to record vaccination status of individuals.
- Administers HIV/AIDS programs that provide financial assistance for prescription drugs, outpatient medical care, continuation of insurance, referral and social assistance for people infected with HIV.
- Provides free HIV testing for people at risk of contracting the disease.
- Coordinates surveillance and follow-up of West Nile virus cases with the State Veterinarian, the Division of Microbiology and local public health units.

#### Division of Microbiology

The Division of Microbiology provides state-of-the-art laboratory testing of biological diseases and agents to physicians, veterinarians, clinics, hospitals, local health units, other interdepartmental and state agencies, communities and the general public.

The Division of Microbiology is the state's only designated confirmatory testing laboratory in the National Laboratory Response Network. With this designation, the laboratory provides specialized testing for many new and emerging infectious diseases and possible bioterrorism agents. The division conducted 7,491 tests for pertussis during 2004. The division also serves as a regional reference laboratory for vaccine preventable diseases – such as measles, mumps and rubella – and is the state's central biological laboratory and certifying agency for the Food and Drug Administration and Environmental Protection Agency programs. The division maintains an active mosquito surveillance program.

Examples of services provided include:

- Water and dairy analysis.
- Testing for HIV, chlamydia and other sexually transmitted diseases.
- Identification of tuberculosis infections.
- Rabies analysis for human exposure.

## Medical Services Section Budget

The major expenditures in Medical Services Section are as follows:

Salaries and Wages for 47.25 FTE	4,827,232
IT Contractual (disease surveillance & pharmaceutical tracking systems)	367,000
Professional Services	1,159,085
Medical Supplies, Vaccines, Medications	2,625,078
Remaining Operating Expenses	1,704,581
Equipment over \$5,000	276,000
Bond Payments	399,265
Grants to Local Public Health Units (Disease Control)	1,009,840
Grants to Board of Animal Health	414,063
Total Budget	<u>12,782,144</u>

The funding sources for the Medical Services Section are as follows:

General	2,945,389
Federal	
HIV	1,649,440
Immunizations	2,449,189
Bioterrorism (CDC)	2,292,360
ELC (Epidemiology & Lab Capacity)	1,253,328
Various Other	1,789,229
Other	
Lab Fees	403,209
Total Budget	<u>12,782,144</u>

Medical Services Section Budget

*Medical Services Section*  
*same as that given*  
*to Senate except for this*  
*page*

The major expenditures in Medical Services Section are as follows:

Salaries and Wages for 47.25 FTE	4,827,232
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Equipment over \$5,000	276,000
Bond Payments	399,265
Grants to Local Public Health Units (Disease Control)	1,009,840
Grants to Board of Animal Health	414,063
Total Budget	<u>12,782,144</u>

The major changes in this section are as follows:

Governor's Salary Package	286,418
Bioterrorism for Micro Lab (1 FTE)	76,655
Hepatitis (1 FTE)	78,350
Salary Adjustments	125,438
Completion of Bioterrorism surveillance systems	(1,527,577)
Completion of Building Project	(2,391,865)
Reduction of Rent for Micro Lab	(117,568)
Capital Assets purchases	(551,067)
Increase in Bond Repayment	244,561
Medical Dental and Optical	271,682
Professional Fees (mostly Bioterrorism)	(1,070,366)
Miscellaneous Operating Expenses	93,401
Grants to Local Public Health (mostly Bioterrorism)	(1,118,299)
Total	<u>(5,600,237)</u>

The funding sources for the Medical Services Section are as follows:

General	2,945,389
Federal	
HIV	1,649,440
Immunizations	2,449,189
Bioterrorism (CDC)	2,292,360
ELC (Epidemiology & Lab Capacity)	1,253,328
Various Other	1,789,229
Other	
Lab Fees	<u>403,209</u>
Total Budget	<u>12,782,144</u>

# MEDICAL SERVICES

	2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>SALARIES AND WAGES</b>						
FTE EMPLOYEES (Number)	43.60	45.25	45.25	47.25	2.00	4%
Salaries	2,660,444	2,441,375	3,005,426	3,381,149	375,723	13%
Temporary, Overtime	130,924	137,897	198,346	221,800	23,454	12%
Benefits	832,032	826,108	1,056,599	1,224,283	167,684	16%
<b>TOTAL</b>	<b>3,623,400</b>	<b>3,405,380</b>	<b>4,260,371</b>	<b>4,827,232</b>	<b>566,861</b>	<b>13%</b>
General Fund	1,372,260	1,149,197	1,502,129	1,613,106	110,977	7%
Federal Funds	2,193,030	2,221,746	2,701,092	3,150,919	449,827	17%
Other Funds	58,110	34,437	57,150	63,207	6,057	11%
<b>OPERATING EXPENSES</b>						
IT-Data Processing	36,035	44,501	42,522	73,249	30,727	72%
IT-Telephone	62,975	63,060	73,040	76,824	3,784	5%
Travel	171,726	149,878	219,788	262,002	42,214	19%
IT - Software/Supp.	110,511	206,665	77,714	39,669	(38,045)	-49%
Utilities		19,594	84,557	179,100	94,543	112%
Postage	128,744	120,392	166,148	171,648	5,500	3%
IT - Contractual Services	53,599	1,453,086	1,894,577	367,000	(1,527,577)	-81%
Lease/Rentals - Equipment	53,322	39,484	74,460	84,356	9,896	13%
Lease/Rentals- Buildings./Land	239,425	174,478	176,710	59,142	(117,568)	-67%
Dues & Professional Development	28,985	35,186	34,721	36,588	1,867	5%
Operating Fees & Services	534,172	132,879	158,405	85,100	(73,305)	-46%
Repairs	56,343	96,428	133,619	171,463	37,844	28%
Professional Services	728,704	1,268,069	2,229,451	1,159,085	(1,070,366)	-48%
Insurance					0	
Office Supplies	34,791	29,233	42,449	50,608	8,159	19%
Printing	82,360	55,684	71,926	74,981	3,055	4%
Professional Supplies & Materials	41,293	103,990	246,031	287,086	41,055	17%
Food & Clothing		10	28	28	0	0%
Medical, Dental, and Optical	2,134,979	1,984,201	2,353,396	2,625,078	271,682	12%
Buildings/Vehicle Maintenance Suppl	12,211	36,144	10,160	15,388	5,228	51%
Miscellaneous Supplies	28,796			1,500	1,500	100%
<b>Sub Total Operating</b>	<b>4,538,971</b>	<b>6,012,962</b>	<b>8,089,702</b>	<b>5,819,895</b>	<b>(2,269,807)</b>	<b>-28%</b>
Office Equip Under \$5000	14,247	4,733	5,000		(5,000)	
Other Equip Under \$5000	352,052	12,311	39,500	16,000	(23,500)	-59%
IT Equip Under \$5000	45,452	35,632	51,970	19,849	(32,121)	-62%
Operating Budget Adjustment					0	
<b>TOTAL</b>	<b>4,950,722</b>	<b>6,065,638</b>	<b>8,186,172</b>	<b>5,855,744</b>	<b>(2,330,428)</b>	<b>-28%</b>
General Fund	1,112,944	839,621	1,052,913	1,091,763	38,850	4%
Federal Funds	3,705,477	5,130,206	6,868,136	4,423,979	(2,444,157)	-36%
Other Funds	132,301	95,811	265,123	340,002	74,879	28%
<b>CAPITAL ASSETS</b>						
IT Equip >\$5000	6,995				0	
Other Equip >\$5000		227,586	827,067	276,000	(551,067)	-67%
Land & Buildings		2,122,678	2,391,865		(2,391,865)	
Extraordinary Repairs					0	
Other Capital Paymnts		145,510	174,704	399,265	224,561	129%
<b>TOTAL</b>	<b>6,995</b>	<b>2,495,774</b>	<b>3,393,636</b>	<b>675,265</b>	<b>(2,718,371)</b>	<b>-80%</b>
General Fund		44,825	61,146	240,520	179,374	293%
Federal Funds	6,995	1,709,970	2,483,442	434,745	(2,048,697)	-82%
Other Funds		740,979	849,048		(849,048)	
<b>GRANTS/SPECIAL LINE ITEMS</b>						
Grants	1,275,498	1,618,844	2,542,202	1,423,903	(1,118,299)	-44%
WIC Food					0	
Lead Base Paint					0	
Tobacco Prevention Control					0	
Community Health Advisory					0	
<b>TOTAL</b>	<b>1,275,498</b>	<b>1,618,844</b>	<b>2,542,202</b>	<b>1,423,903</b>	<b>(1,118,299)</b>	<b>-44%</b>
General Fund					0	
Federal Funds	1,275,498	1,618,844	2,542,202	1,423,903	(1,118,299)	-44%
Other Funds					0	
<b>COST CENTER TOTAL</b>						
<b>TOTAL</b>	<b>9,856,615</b>	<b>13,585,636</b>	<b>18,382,381</b>	<b>12,782,144</b>	<b>(5,600,237)</b>	<b>-30%</b>
General Fund	2,485,204	2,033,643	2,616,188	2,945,389	329,201	13%
Federal Funds	7,181,000	10,680,766	14,594,872	9,433,546	(5,161,326)	-35%
Other Funds	190,411	871,227	1,171,321	403,209	(768,112)	-66%

**DEPARTMENT OF HEALTH**  
**Medical Services**

**Operating Fee Line Item**

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Emory University - Epi Action Course	49,813		(49,813)	-100.0%
Contractual Temp Services - Data Entry	64,424	58,500	(5,924)	-9.2%
Advertising/Photo/Misc	44,168	26,600	(17,568)	-39.8%
<b>Total Operating Fees</b>	<b>\$ 158,405</b>	<b>\$ 85,100</b>	<b>\$ (73,305)</b>	<b>-46.3%</b>

**Professional Fee Line Item**

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	4,000	4,000	-	0.0%
Medical Professionals	8,955	9,000	45	0.5%
Pathology Consultant	20,000	20,000	-	0.0%
Misc. Professionals	2,700	2,700	-	0.0%
Lab Proficiency Testing	10,200	10,200	-	0.0%
HIV - UND	51,000	52,000	1,000	2.0%
HIV - Red Cross/Training/Media Campaign	441,910	450,000	8,090	1.8%
ELC - Media Campaign	230,195	40,000	(190,195)	-82.6%
AIDS Testing	383,410	255,000	(128,410)	-33.5%
TB Testing	100,000	102,000	2,000	2.0%
Ryan White	103,000	106,000	3,000	2.9%
Laboratory Testing - Medical Examiner	35,813	48,185	12,372	34.5%
Bioterrorism				
Hospital	88,000	60,000	(28,000)	-31.8%
Extra Federal Authority	733,709		(733,709)	-100.0%
UND Customer Survey	16,559		(16,559)	-100.0%
<b>Total Professional Fees</b>	<b>\$ 2,229,451</b>	<b>\$ 1,159,085</b>	<b>\$ (1,070,366)</b>	<b>-48.0%</b>

**Grant Line Item**

Description	2003-05 Budget	20005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Bioterrorism - Lab Capacity	125,191	105,840	(19,351)	-15%
Bioterrorism - Board of Animal Health	133,280	269,063	135,783	102%
Bioterrorism - LPH and Hospitals - Small Pox	1,203,731	-	(1,203,731)	-100%
Immunization - LPH	660,000	800,000	140,000	21%
STD - Family Planning	20,000	20,000	-	0%
ELC - LPH	400,000	229,000	(171,000)	-43%
<b>Total Grants</b>	<b>\$ 2,542,202</b>	<b>\$ 1,423,903</b>	<b>\$ (1,118,299)</b>	<b>-44.0%</b>



## **Department of Health Medical Services**

Additional information requested by the House Appropriations Committee

### **Vaccine Administration Fee Assessment**

Public and private healthcare providers receiving vaccines provided by the North Dakota Immunization Program are allowed to charge an administration fee for giving the vaccines. The maximum amount that a provider can charge is \$8.00. The amount can be charged for each vaccine given.

The administration fee cap is set by the ND Department of Human Services at the rate in which providers will be reimbursed by Medicaid.

**33-06-04-11. Vaccines.** Administrative charges by physicians, private or public clinics, and hospitals for vaccine and biologicals obtained at no cost from the state department of health are limited to no more than the charges established by the North Dakota department of human services for Medicaid reimbursement.

History: Effective January 1, 1990; amended effective December 1, 1993.

General Authority: NDCC 23-01-04.2, 28-32-02

Law implemented: NDCC 23-01-04.2

### **Immunization Grants to Local Public Health Units**

The Immunization program is projecting to provide \$800,000 in grants to all 28 local public health units in the 2005-2007 biennium. Most of this funding is used by the local health units to pay salaries of nurses giving the immunizations. In 2004 over 57,000 immunizations were given to children in the public health departments.

In additions to the administration of vaccines, the local public health departments also:

- Assist as needed, in the investigations of vaccine preventable diseases
- Submit immunizations histories on the state immunization registry
- Assist in follow-up of perinatal hepatitis B events
- Organize educational opportunities for private healthcare providers
- Provide other immunization services as needed

It also should be noted that although, public health departments are able to charge for administration of vaccinations, most only ask for a donation with the suggested donation being the current Medicaid reimbursement rate.

### **Professional Fees for HIV Prevention Summary**

The following breakdown summarizes HIV prevention professional fees that are projected for the 2005-2007 biennium.

<b>Organization</b>	<b>Projected Dollar Amount</b>	<b>Purpose</b>
Red Cross	\$50,000	Coordination of the Community Planning Group (CPG)
Community Action agencies and other contract agencies	\$300,000	Develop and provide HIV prevention services including prevention case management; outreach; partner counseling and referral services; group and community-level interventions
Media Campaign	\$100,000	Public information HIV prevention campaign
Totals	\$450,000	

### **Ryan White Eligibility and Participation**

The North Dakota Department of Health has monitored reported cases of HIV infection and AIDS since 1984. From 1984 through December 31, 2004, 343 HIV/AIDS cases have been reported in North Dakota. Based on available information, current estimates suggest there are approximately 128 North Dakota residents living with HIV disease.

The Ryan White AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH) by funding primary health care and support services that enhance access to and retention in care. The North Dakota Department of Health only receives funding under Title II of the CARE Act.

CARE Act Title II funding is used to improve access to primary care and support services that enhance access to and retention in primary health care. Title II funds support numerous program areas, including:

1. Medications to treat HIV disease (AIDS Drug Assistance Program).
2. Primary care, including medical, dental and mental health care.
3. Home and community-based services, including short-term emergency assistance.
4. Health insurance coverage.

North Dakota Department of Health CARE Act Title II funds are available to enrolled active clients who have exhausted all other third-party payment options and meet the following criteria:

1. Documented HIV infection.
2. Resident of North Dakota, evidenced by rent receipts, utility bills, etc.

3. Income eligibility: Income at or below 400 percent of the federal poverty guideline.
4. Evidenced lack of health care coverage, including private health insurance or ineligibility for Medicaid benefits.

The Title II Program must be the payer of last resort, meaning that the program reimburses the service provider if the service is not covered by other payers. Title II funds cover 80 percent of the cost of primary care; the client has an out-of-pocket responsibility for 20 percent of the cost. Standards of care for treatment of HIV disease recommend routine monitoring of particular health indicators, which for some clients, means quarterly health check-ups and laboratory testing.

Title II – AIDS Drug Assistance funds cover 100 percent of the cost of medications listed on the Title II formulary. Monthly drug expenses alone may average \$2,500 per month for clients with no health insurance coverage.

For calendar year 2004, the Title II Program provided services to 56 actively enrolled clients, 77 percent of whom had incomes at or below 200 percent of the federal poverty guideline, or \$18,620. Thirty-eight percent of actively enrolled clients have private health insurance coverage, 23 percent met eligibility requirements for Medicaid benefits. Thirty-six percent were ineligible for Medicaid and had no health insurance; their health care services and medications were paid by Title II funds as described above.

**North Dakota Department of Health  
Medical Services  
Medical, Dental and Optical Expenditures**

<u>Disease Control</u>		<u>1,362,307</u>
Immunization - Vaccine	709,844	
Tuberculosis - Testing Supplies\Medication	172,179	
STD - Medication	10,400	
Ryan White - Medication	469,884	

<u>Micro Lab</u>	<u>1,223,852</u>
Laboratory testing supplies include petri dishes, media, disposable loops, slides, cover slips, sterilizer bags, disinfection supplies, carbon dioxide generators, gloves, E-tests, Gram stain kits, steri-filters for liquid environmental samples, masks, disposable biohazard suits.	

<u>Medical Examiner</u>	<u>38,919</u>
Laboratory supplies include body bags, face masks, disposable coveralls, specimen collection kits, autopsy dissection instruments.	

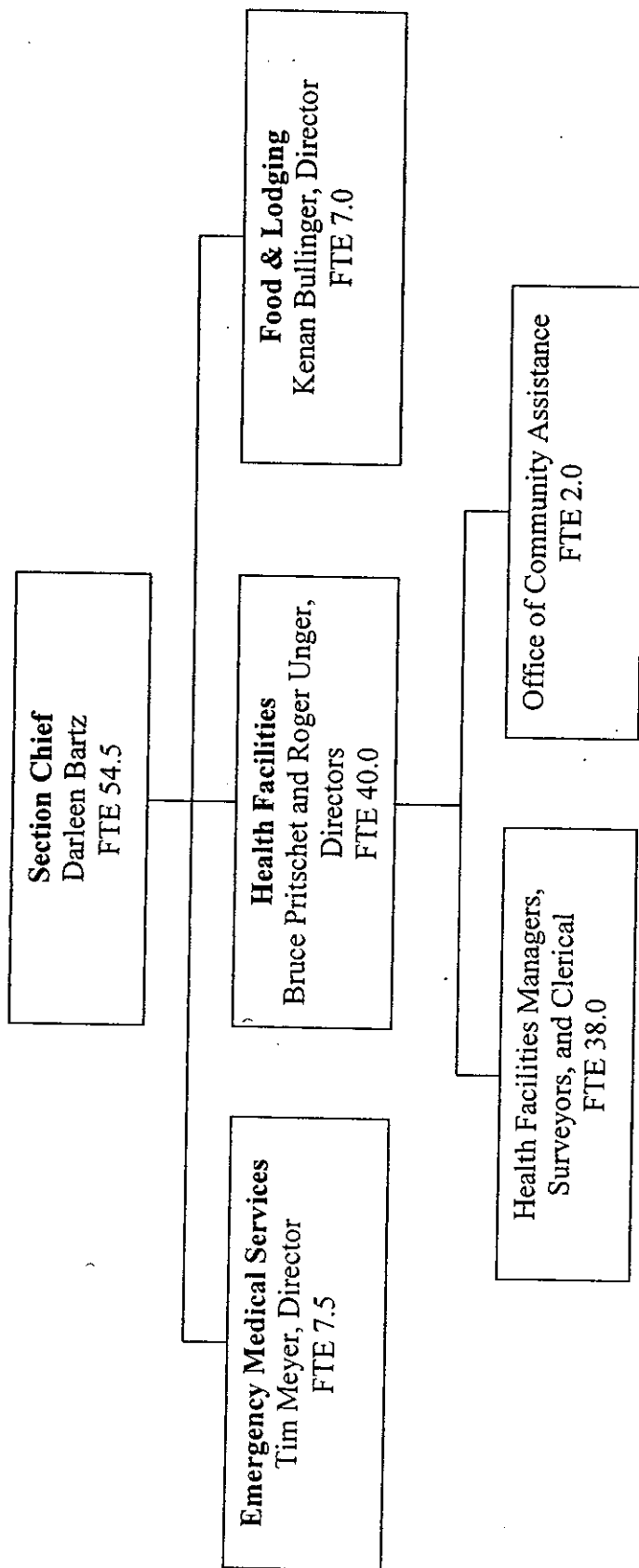
<b><u>Total Medical, Dental and Optical Expenditures Budget</u></b>	<b><u>2,625,078</u></b>
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**North Dakota Department of Health  
Medical Services  
Medical, Dental and Optical Expenditures**

	03-05 Expenditures thru Jan-05	05-07 Budget
<u>Micro Lab</u>	<u>1,007,676</u>	<u>1,223,852</u>
General Fund	231,885	281,631
Federal Fund	684,059	830,810
Special Fund	91,732	111,411

Laboratory testing supplies include petri dishes, media, disposable loops, slides, cover slips, sterilizer bags, disinfection supplies, carbon dioxide generators, gloves, E-tests, Gram stain kits, steri-filters for liquid environmental samples, masks, disposable biohazard suits.

**DEPARTMENT OF HEALTH  
HEALTH RESOURCES SECTION  
FEBRUARY 2005**



## Health Resources Section

Darleen Bartz is Section Chief of the Health Resources Section. The Health Resources Section consists of three divisions: Health Facilities, Emergency Medical Services, and Food and Lodging. All three divisions work to promote quality care and services for the people of North Dakota.

The Division of Health Facilities is responsible for conducting state licensure and federal Medicare and Medicaid inspection activities of health-care facilities.

State licensure and federal certification responsibilities of the division include:

- Forty-seven acute care hospitals (30 of which are critical access hospitals, which allows more flexibility and better funding for providing basic hospital services in rural areas).
- Eighty-three skilled nursing facilities.
- Twenty-eight licensed home health agencies, 26 of which are certified.
- Sixteen hospice programs that provide end-of-life care to residents in a manner that preserves their dignity.
- Fifty-three basic care facilities.
- Sixty-two rural health clinics.
- Sixty-eight intermediate care facilities for the mentally retarded.
- Two renal transplantation centers and 15 end-stage renal dialysis facilities, which help people who have kidney impairment to live normal lives.
- Seventeen ambulatory surgical centers for provision of surgical services to patients who do not require hospitalization.
- Five hundred and nine laboratories to ensure compliance with the federal Clinical Laboratory Improvement Amendments of 1988.

In addition, the division:

- Certifies outpatient physical therapy and speech therapy providers.
- Licenses electrologists and electronic hair removal technicians.
- Operates the Federal Medicare & Medicaid Nurse Aide Registry, which includes investigations of possible resident abuse in nursing facilities. More than 10,000 certified nurse aides are registered in North Dakota.
- Provides technical assistance to communities to help them maintain their health-care infrastructure, including management of the dental loan, physician loan, and nursing scholarship programs.

The Division of Emergency Medical Services is responsible for maintaining an efficient statewide emergency medical services system. This is accomplished through training and licensure of emergency health personnel, ambulances and quick response units.

The Division of Emergency Medical Services:

- Authorizes initial and refresher courses for first responders and emergency medical technicians and provides testing for about 600 individuals annually.
- Licenses and inspects 143 ground ambulance services, as well as four air ambulance services and 61 quick response units.
- Operates the trauma system, which designates hospitals as trauma centers.
- Houses the Emergency Medical Services for Children Program, which emphasizes patient care education, standards and protocols, injury and suicide prevention, and data analysis.
- Distributes education grants to ambulance services staffed by volunteers.

The Division of Food and Lodging is responsible for protecting public health through annual licensing and inspection of restaurants, hotels, motels, bars, mobile home parks, trailer parks, campgrounds, bed and breakfast facilities, retail food stores, meat markets, bakeries, food manufacturers and assisted living facilities.

The Division of Food and Lodging:

- Either directly or through memorandums of understanding with seven local health units, annually inspects and licenses more than 4,000 facilities. Inspection procedures ensure that these licensed facilities meet both sanitation and fire/life safety standards before opening to the public and while in operation.
- Emphasizes food-safety education because food-borne illnesses strike nearly 80 million people in the United States every year, causing 5,000 needless deaths.
- Serves as the Food and Drug Administration's liaison in the state on issues related to manufactured food and pesticide residues in food.
- Inspects preschools, childcare centers and schools that prepare food. Currently, the division does not charge a fee for these inspections.

In addition, during the current biennium, the Health Resources Section:

- Promoted development of four Federally Qualified Health Centers in nine communities to help maintain health care infrastructure and promote access to funding sources.
- Placed 25 foreign doctors and three dentists in North Dakota communities.
- Awarded \$5,500 matching grants to each of 72 long-term care facilities to promote nursing education, for a total of \$396,000 to date.
- Participated in awarding \$650,000 in Blue Cross Blue Shield grants and about \$900,000 in federal Medicare Rural Hospital Flexibility Grants to local health-care providers to improve rural health-care services.
- Initiated procedures to bring the Department of Health into compliance with the Health Insurance Portability and Accountability Act (HIPAA).

You may know that the Department of Health and the health-care providers have some mutual frustrations regarding providers' compliance with Life Safety Codes. The interim Budget Committee on Health Care chaired by Senator Judy Lee reviewed this



issue. On September 16, 2004, Senator Bob Stenehjem directed the Department of Health to review the process and provide options to the 2005 Legislative Assembly to ensure compliance with the Life Safety Code upon completion of a construction project. We were advised by the Legislative Council office that we were to report this information to the legislative appropriations committees.

The Department of Health organized an ad hoc work group to review this issue during November and December of 2004. The group included representatives from the long term care and hospital associations and providers, the Department of Health, and the Department of Commerce, as well as the State Fire Marshal, an architect from the Office of Management and Budget, and Representative Gary Kreidt.

Using information, input and advice from all the individuals in the group, the following three recommendations emerged:

1. All facilities should include language in their contracts with the architects requiring the architect to conduct a final Life Safety Code inspection at the end of the project and prior to final payment to contractors. Cost for this will be included in the facility's contract with the architect and paid for by the facility.
2. The Department of Health will work to ensure that architects have access to appropriate training on Life Safety Code.
3. Once identified, the Department of Health will attempt to work with the federal government to change requirements that seem to be inappropriate. Issues can be identified at the Long Term Care Advisory Committee and discussed as to the appropriateness and feasibility of attempting to request a change.

It was agreed by all attending that these recommendations should improve compliance with the Life Safety Code upon completion of construction projects. The department will continue to monitor the issue.

#### Health Resources Section Budget

The major expenditures in the Health Resource Section are as follows:

Salaries and Wages for 54.5 FTE	5,530,409
Travel	648,891
Remaining Operating Expenses	803,638
Dentist Loan Repayment Grants	420,000
Physician Loan Repayment Grants	375,000
Nurse Scholarship Grants	489,500
Local Ambulance Grants	940,000
Quick Response Unit Grants	225,000
Misc. Grant Payments	126,910
Total Budget	<u>9,559,348</u>

The funding sources for Health Resource Section are as follows:

General	2,608,035
Federal (Mostly Medicaid and Medicare)	5,485,567
Other	
Health Care Trust Fund	714,500
Community Health Trust Fund	420,000
Miscellaneous Fees	<u>331,246</u>
Total Budget	<b>9,559,348</b>

## Health Resources Section

*To The House*

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The governor provided a new FTE in the Food and Lodging area to assist us in doing more inspections. We currently are able to inspect high-risk entities only once per year, while the federal government recommends inspections at a minimum of two to three times per year based upon the risk level of the establishment. In addition, a new federal mandate from the U.S. Department of Agriculture (USDA) will require two inspections per year in schools beginning in the 2005-2006 school year. In the proposed budget, the program is underfunded by about \$58,000, which will require us to delay hiring the new position.

The Senate approved a significant change to the Food and Lodging program. Currently, the program is funded through the general fund, and fees collected by the program are deposited into the general fund. Since fees collected are less than expenses by \$234,236 in the current biennium, the general fund is subsidizing the program. The department had initially proposed a change whereby the department would have the authority to establish fees at a level to cover all costs of the program, deposit the fees into our operating account and use the fees to cover all costs of the program. We had also

requested two new FTE to increase inspections per year at higher-risk facilities. The Governor allowed and partially funded one new FTE but rejected the funding change because fee increases would be too high. The Senate allowed and fully funded the one new FTE and made the funding changes described above.

The department is concerned with the level of fees necessary to fully fund the program. In addition, we have concerns with the effective date. Since the fees are collected in January, we will not have revenue to operate on until January 2006. We would need the first six months in 2005-07 funded from the general fund to avoid a situation where we would have to borrow from the general fund for the first six months every fiscal year. A schedule of potential fees is attached as Appendix 4.

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Local Ambulance Grants	940,000
Quick Response Unit Grants	225,000
Misc. Grant Payments	126,910
Total Budget	<u>9,559,348</u>

The major changes in this section are as follows:

Governor's Salary Package	343,426
Research Analyst (1 FTE)	(101,836)
Health Facilities Clerical (1 FTE)	(69,369)
Food and Lodging (1 FTE)	84,370
Food and Lodging (operating expenses)	(58,612)
Salary Adjustments	48,642
Miscellaneous Operating Expenses	32,357
Dentist Loan Repayment Grant	40,000
Total	<u>318,978</u>

The funding sources for Health Resource Section are as follows:

General	2,608,035
Federal (Mostly Medicaid and Medicare)	5,485,567

Other

Health Care Trust Fund

714,500

Community Health Trust Fund

420,000

Miscellaneous Fees

331,246

Total Budget

**9,559,348**

# HEALTH RESOURCES

	2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
<b>SALARIES AND WAGES</b>						
FTE EMPLOYEES (Number)	56.50	55.50	55.50	54.50	(1.00)	-2%
Salaries	3,656,528	2,855,272	3,868,625	4,069,468	200,843	5%
Temporary, Overtime	29,374	2,268	24,308	15,000	(9,308)	-38%
Benefits	1,102,877	919,339	1,332,243	1,445,941	113,698	9%
<b>TOTAL</b>	<b>4,788,779</b>	<b>3,776,879</b>	<b>5,225,176</b>	<b>5,530,409</b>	<b>305,233</b>	<b>6%</b>
General Fund	1,122,045	854,158	1,125,908	976,087	(149,821)	-13%
Federal Funds	3,536,982	2,809,623	3,875,710	4,000,995	125,285	3%
Other Funds	129,752	113,098	223,558	553,327	329,769	148%
<b>OPERATING EXPENSES</b>						
IT-Data Processing	44,687	31,009	40,368	71,282	30,914	77%
IT-Telephone	51,416	35,590	47,209	50,465	3,256	7%
Travel	536,036	388,337	576,459	648,891	72,432	13%
IT - Software/Supp.	21,896	17,027	19,811	27,209	7,398	37%
Utilities	903	0			0	
Postage	58,920	38,951	57,612	61,140	3,528	6%
IT - Contractual Services		0			0	
Lease/Rentals - Equipment	11,355	7,809	11,450	12,823	1,373	12%
Lease/Rentals-- Buildings./Land	88,969	88,424	116,862	122,706	5,844	5%
Dues & Professional Development	38,639	47,924	42,719	46,000	3,281	8%
<b>Operating Fees &amp; Services</b>	<b>43,611</b>	<b>14,351</b>	<b>32,415</b>	<b>28,850</b>	<b>(3,565)</b>	<b>-11%</b>
Repairs	20,415	645	15,923	16,401	478	3%
<b>Professional Services</b>	<b>35,335</b>	<b>78,408</b>	<b>262,629</b>	<b>278,900</b>	<b>16,271</b>	<b>6%</b>
Insurance					0	
Office Supplies	19,258	16,241	19,659	23,249	3,590	18%
Printing	31,906	37,084	59,095	55,562	(3,533)	-6%
Professional Supplies & Materials	26,912	18,440	36,199	38,785	2,586	7%
Food & Clothing					0	
Medical, Dental, and Optical	805				0	
Buildings/Vehicle Maintenance Suppl	1,119	6,498	1,733	1,786	53	3%
Miscellaneous Supplies	3,336				0	
<b>Sub Total Operating</b>	<b>1,035,518</b>	<b>826,738</b>	<b>1,340,143</b>	<b>1,484,049</b>	<b>143,906</b>	<b>11%</b>
Office Equip Under \$5000	3,302	15,475	2,050	15,050	13,000	634%
Other Equip Under \$5000		1,666	5,491	800	(4,691)	-85%
IT Equip Under \$5000	56,709	25,002	42,900	69,900	27,000	63%
Operating Budget Adjustment				(117,270)	(117,270)	
<b>TOTAL</b>	<b>1,095,529</b>	<b>868,881</b>	<b>1,390,584</b>	<b>1,452,529</b>	<b>61,945</b>	<b>4%</b>
General Fund	304,882	192,093	324,761	616,948	292,187	90%
Federal Funds	768,101	660,907	952,139	1,057,662	105,523	11%
Other Funds	22,546	15,881	113,684	(222,081)	(335,765)	
<b>CAPITAL ASSETS</b>						
IT Equip >\$5000					0	
Other Equip >\$5000					0	
Land & Buildings					0	
Extraordinary Repairs					0	
Other Capital Paymnts					0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100%</b>
General Fund					0	
Federal Funds	0	0	0	0	0	
Other Funds					0	
<b>GRANTS/SPECIAL LINE ITEMS</b>						
Grants	2,098,960	1,405,971	2,624,610	2,576,410	(48,200)	-2%
WIC Food					0	
Lead Base Paint					0	
Tobacco Prevention Control					0	
Community Health Advisory					0	
<b>TOTAL</b>	<b>2,098,960</b>	<b>1,405,971</b>	<b>2,624,610</b>	<b>2,576,410</b>	<b>(48,200)</b>	<b>-2%</b>
General Fund	987,500	613,000	1,015,000	1,015,000	0	0%
Federal Funds	511,960	267,471	515,110	426,910	(88,200)	-17%
Other Funds	599,500	525,500	1,094,500	1,134,500	40,000	4%
<b>COST CENTER TOTAL</b>						
<b>TOTAL</b>	<b>7,983,268</b>	<b>6,051,731</b>	<b>9,240,370</b>	<b>9,559,348</b>	<b>318,978</b>	<b>3%</b>
General Fund	2,414,427	1,659,251	2,465,669	2,608,035	142,366	6%
Federal Funds	4,817,043	3,738,001	5,342,959	5,485,567	142,608	3%
Other Funds	751,798	654,479	1,431,742	1,465,746	34,004	2%

## Senate Change:

Changes the funding source for food and lodging inspections from the general fund to special funds from license fees. \$639,958

Currently inspection fees are deposited into the general fund. Changes have been made to make the program self-supporting by allowing the department to establish fees by administrative rules rather than through state law and deposit the fees into a department operating fund.

Restores \$117,270 for operating expenses for food and lodging expenses that were removed in the executive budget recommendation.

Adds \$125,000 of general funds for the state-community matching physician loan repayment program. (SB 2266)



**DEPARTMENT OF HEALTH**  
**Health Resources**

**Operating Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Miscellaneous	10,000	10,000	-	0.0%
Advertising/Photo/Misc	22,415	18,850	(3,565)	-15.9%
<b>Total Operating Fees</b>	<b>\$ 32,415</b>	<b>\$ 28,850</b>	<b>\$ (3,565)</b>	<b>-11.0%</b>

**Professional Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	12,666	25,100	12,434	98.2%
Certificate of Public Advantage	100,000	100,000	-	0.0%
Misc Prof Fees		400	400	
Medical Services	12,750	15,000	2,250	17.6%
Web Development		7,500	7,500	0.0%
Trauma Project	37,400	20,400	(17,000)	-45.5%
EMS Training	9,818	15,000	5,182	52.8%
UND - EMS	14,000	12,000	(2,000)	-14.3%
Health Facilities Training	35,995	43,500	7,505	20.9%
Health Care Data Analysis	40,000	40,000	-	0.0%
<b>Total Professional Fees</b>	<b>\$ 262,629</b>	<b>\$ 278,900</b>	<b>\$ 16,271</b>	<b>6.2%</b>

**Grant Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Physician Loan Program State	75,000	75,000	-	0%
Physician Loan Program Federal	75,000	300,000	225,000	300%
Dentist Loan Program (SB2276)	380,000	420,000	40,000	11%
LTC Nursing scholarship/Loan Program (HB 1196)	489,500	489,500	-	0%
Search-UND	290,000	-	(290,000)	-100%
Rural Health Primary Care	126,910	126,910	-	0%
Emerg Medical Services Training Grant	940,000	940,000	-	0%
EMS Quick Response Units (Health Care Trust)	225,000	225,000	-	0%
Trauma EMS	23,200		(23,200)	23200%
<b>Total Grants</b>	<b>\$ 2,624,610</b>	<b>\$ 2,576,410</b>	<b>\$ (48,200)</b>	<b>-1.8%</b>

## STATE HEALTH COUNCIL

September 14, 2004

**Hjalmer Carlson, Jr.**  
Chairman  
1800 Parkside Drive  
Minot, ND 58701  
(Consumer)  
8/1/01 - 7/31/07  
838-6912 (h)

**Joel Smith**  
Vice Chairman  
1613 American Way  
Fargo, ND 58103  
(Manufacturing & Processing Industry)  
8/1/00 - 7/31/06  
218-236-4400 (w) 232-3177 (h)

**Dennis E. Wolf, MD**  
Secretary  
33 West 9<sup>th</sup> Street  
Dickinson, ND 58601  
(Health Care)  
8/1/00 - 7/31/06  
483-6017 (w) 225-6450 (h)

**Howard C. Anderson, R.Ph.**  
P.O. Box 70  
Turtle Lake, ND 58575-0070  
MAIL: P.O. Box 1354  
Bismarck 58502-1354  
(Health Care)  
8/1/01 - 7/31/07  
328-9535 (w) 448-2235 (h)

**Jeffrey Burgess**  
1016 East Owens Avenue  
Bismarck, ND 58501  
(Energy Industry)  
8/1/02 - 7/31/05  
258-7117 (w)

**Lowell Herfindahl**  
P.O. Box 764  
Tioga, ND 58852-0764  
(Health Care)  
8/1/02 - 7/31/05  
664-3305 (w) 664-2175 (h)

**Marlene Kouba**  
HC 1, Box 12  
Regent, ND 58650  
(Consumer)  
7/1/02 - 6/30/05  
563-4560 (w)

**Lee Larson**  
610 Main Street East  
Leeds, ND 58346  
(Consumer)  
7/1/02 - 6/30/05  
466-2698 (h)

**Gordon Myerchin**  
2543 Clover Drive  
Grand Forks, ND 58201  
(Consumer)  
7/1/02 - 6/30/05  
775-5595 (w) 746-5566 (h)

**Gary Riffe**  
2228 - 2nd Street SE  
Jamestown, ND 58401  
(Health Care)  
8/1/01 - 7/31/07  
252-5881 (w) 252-4862 (h)

**Carmen Toman**  
4347 - 78<sup>th</sup> Avenue NE  
Bismarck, ND 58503  
(Consumer)  
8/1/99 - 7/31/05  
328-7300 (w) 255-4107 (h)

## **North Dakota Department of Health**

### **Notice of Availability of Tuition Reimbursement Scholarships for Public Health Studies**

**General Information:** The Department of Health provides tuition reimbursement scholarships to selected individuals with professional potential and a commitment to public health. This program is an effort to encourage and provide advanced professional training and to assist those individuals who possess the interest and ability to pursue graduate training related to public health.

**Eligible Fields of Study:**

1. Master of Public Health (MPH)
2. Executive MPH
3. Public Health Certificate (Core MPH courses)
4. Any part of the core MPH courses
5. Master of Public Administration (Health Administration Track)
6. Other fields of study resulting in graduate degree credits related to public health

**Eligible applicants:** Any North Dakota resident or student 18 years and older, who is accepted to a graduate program related to public health, is eligible to apply. Preference may be given to:

1. Persons currently employed in public health;
2. Persons intending to work in North Dakota or on North Dakota reservations.

**Tuition Reimbursement Scholarships Amounts/Limits:**

Tuition reimbursement scholarships will pay for 80 percent of tuition, fees and approved travel costs (see following section) up to a maximum amount. For a certificate program, the tuition reimbursement scholarship will cover up to \$2,600 per semester for a total of \$5,200 for the entire course of study. Total cost of the certificate course is expected to be about \$6,500 at the University of Minnesota. MPH degree studies can be reimbursed up to \$3,600 per semester to a maximum of \$25,000 dollars for the entire course of study.

Funding is provided by federal grants intended to build public health infrastructure. Depending on fund availability, tuition reimbursement will be available for up to three semesters per academic year. Continued availability of funds cannot be guaranteed beyond each federal grant period. The availability of funds in the first year of study does not guarantee the availability of funds for subsequent years, even if the tuition reimbursement scholarship recipient has not reached the scholarship limit. Persons receiving tuition reimbursement scholarship funding will continue to receive financial support during additional years if:

1. Funds remain available and are released for this purpose by federal grant managers.
2. State legislative appropriations permit release of funds.
3. The student continues to achieve at least a "B" average.
4. A request is made to the scholarship committee for an additional year of funding by the deadlines provided.

Since the inception of the program, 15 individuals have participated in the Scholarships for Public Health Studies Program.

**Scholarship Expenditures\Budget**

03-05 Expenditures thru 1/05	51,213
03-05 Projected Expenditures 2/05-6/05	<u>15,000</u>
03-05 Total Expenditures	\$66,213
05-07 Scholarship Budget	\$100,000

**ND Department of Health**  
Scholarship for Public Health Studies

Payments as of 1/05

**Participants**

<u>Last</u>	<u>First</u>	<u>Degree</u>	<u>Amount Paid</u>
Berger	Jennifer	MPH	
Ehrens	Karen	Certification	3,472.00
Jaros-Gourneau	Mary	MPH	987.00
Horner	Justin	MPH	10,476.00
Kyper-Eisenbray	Kathleen	MPH	3,455.00
Lacher	Tara	MPA	1,701.00
Moulton	Julie	Certification	992.00
Moum	Kathleen	Certification	5,226.00
Sander	Molly	Certification	2,226.00
Soeby	Molly	MPA	10,800.00
White Plum	Jessica	MPH	8,400.00
Will	Theresa	Certification	3,478.00
Williams	Kathryn	Certification	
Johnson	Eric	MPH	
Steinhaus	Jennifer	MPH	
			<hr/> 51,213.00

## North Dakota State Loan Repayment Program

### Physician Program

Year	# of Awards	County Served	Educational Affiliation	*Retained	Specialty
1993	2	Pierce/Cavalier	UND	1	FM
1994	4	Grand Forks	UND	4	P
1995	2	Ramsey/Towner	UND	2	FM
1998	3	Towner/Richland/Adams	UND/Canada	3	FM
1999	0				
2000	6	Foster/Barnes (2)/Williams/Griggs/Traill	UND	5	FM
2001	0				
2002	0				
2003	0				
2004	2	Foster/Williams	UND/TX	-	FM/OBG
TOTAL	19				

### Nurse Practitioner/Physician Assistant Program

Year	# of Awards	County Served	Educational Affiliation	*Retained	Specialty
1994	2	LaMoure/Wells	IA/UND	1	PA
1995	2	Foster/McLean	UND	2	PA
1996	1	Dickey	UND	1	PA
1997	1	Mountrail	NE	?	NP
1998	2	Pembina/Dunn	UND/U-Mary	1 and ?	PA/NP
1999	0				
2000	0				
2001	1	Dunn	U-Mary		NP
2002	0				
2003	0				
2004	1	Williams	?	-	NP
TOTAL	10				

\*Retained refers to the providers completing their service obligation and remaining at the same practice site one year following completion of the loan repayment program.

Legend: FM – Family Medicine  
PA – Physician Assistant

P – Psychiatry  
NP – Nurse Practitioner

OBG - Obstetrics

## Summary of Recruitment Programs

Since inception in 1992, the **State Loan Repayment Program** has approved eighteen primary care providers located in twelve communities for a retention rate of eighty-three percent.

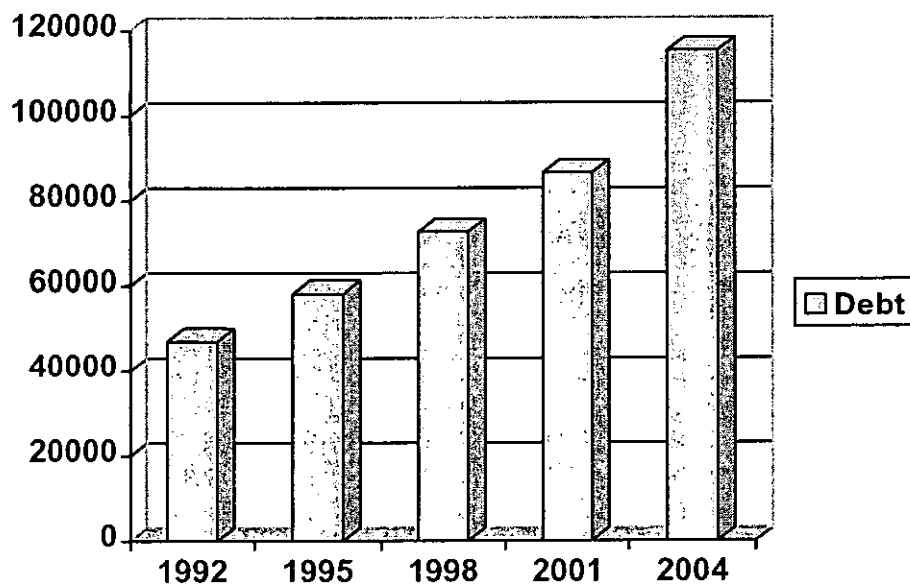
Additionally, ten nurse practitioners or physician assistants have been placed in nine communities.

The **National Health Service Corps** federal loan repayment program has placed twelve physicians (eight of whom were UNDSHMS graduates), eleven nurse practitioners or physician assistants, one dentist and two psychologists. Over the years there has been approximately a sixty-percent retention rate of providers through this program.

The **Conrad State 30 J-1 Visa Program** has placed 84 physicians in twenty-seven communities since 1994 with a forty percent retention rate.

NOTE: Retention is defined as remaining at the practice site one year past the service obligation period.

## Educational Indebtedness of Medical School Graduates Source: AAMC Data Book 2002



# DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH SECTION FEBRUARY 2005

**Section Chief**  
L. David Glatt  
FTE 136

**Chemistry**  
Myra Kosse,  
Director  
FTE 17.0

Organics Analysis  
Inorganics Analysis  
Quality Assurance/  
Quality Control & Lab  
Certification

**Air Quality**  
Terry O'Clair,  
Director  
FTE 31.0

Special Projects  
Air Quality  
Permitting/  
Compliance  
Air Quality  
Monitoring  
Radiation and Indoor  
Air

**Municipal Facilities**  
Jack Long,  
Director  
FTE 26.0

Clean Water State  
Revolving Fund  
Drinking Water State  
Revolving Fund  
Drinking Water  
Operator Training and  
Inspections  
Special Projects

**Waste Management**  
D. Wayne Kern,  
Director  
FTE 21.0

Solid Waste  
Hazardous Waste  
Underground Storage  
Tank & L.U.S.T

**Water Quality**  
Dennis Fewless,  
Director  
FTE 32.0

Special Projects  
Permits  
Surface Water  
Management  
Ground Water

**Chief's Office**  
L. David Glatt,  
Director  
FTE 9.0

Emergency Response  
Grants Administration  
Information  
Technology

## **Environmental Health Section**

Dave Glatt is the Section Chief of the Environmental Health Section. The Environmental Health Section safeguards the quality of North Dakota's air, land and water resources. The section deals with issues that affect the comfort, health, safety and well-being of North Dakota citizens and their environment. Primary functions and responsibilities of the section include coordinating communication with the U.S. Environmental Protection Agency regarding state programs and related environmental issues; monitoring and enforcing compliance with state and federal environmental laws; carrying out environmental sample collection and analyses; and providing public education, technical assistance and training, contaminant remediation and emergency response.

The section consists of the following divisions: Air Quality, Chemistry, Municipal Facilities, Waste Management and Water Quality.

### **Division of Air Quality**

The Division of Air Quality includes the following programs:

- The Air Quality Program focuses on achieving and maintaining the best air quality possible consistent with federal and state regulations. The program emphasizes inspection, public education, permitting, enforcement, monitoring and modeling programs to ensure compliance. Implementation of best available control technology for emission sources ensures protection of public and environmental health, as well as public enjoyment of the natural attractions of North Dakota.
- The Radiation Program tracks the use of radiation sources (such as X-rays and research radiation sources) to ensure the proper handling, use and disposal of radiation sources.
- The Asbestos and Lead Abatement programs provide training and certification, inspection, enforcement, and technical assistance to ensure the safe handling and disposal of lead and asbestos with the intent of limiting exposure to the public and employees.
- The Indoor Air Quality Program provides assistance to the public concerning indoor air quality, including mold and property affected by flooding.

### **Division of Chemistry**

The Division of Chemistry provides state agencies and the general public with analysis of environmental samples, while ensuring that the data generated is scientifically valid, defensible and of known precision and accuracy. The laboratory is certified by the U.S. Environmental Protection Agency to complete public drinking water supply analyses required by the federally mandated Safe Drinking Water Act. In addition, the laboratory maintains a program designed to provide certification to qualifying laboratories that conduct analyses for public water supply systems in accordance with the Safe Drinking



Water Act and for specific environmental analyses as required by the department. The laboratory has established competency in inorganic and organic analyses, feed and fertilizer quality determination, and petroleum product quality control.

#### Division of Municipal Facilities

The Division of Municipal Facilities works to ensure that all North Dakota public water systems provide safe drinking water and meet all enforceable standards established under the Safe Drinking Water Act (Safe Drinking Water Program). This is accomplished through technical assistance, monitoring of drinking water, routine inspections and operator training, including the following programs:

- The Clean Water State Revolving Loan Fund Program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs.
- The Drinking Water State Revolving Loan Fund provides low-interest loans intended to fund the construction and upgrading of public drinking water supply systems.
- The Operator Training Program trains and certifies operators in charge of public wastewater systems that serve more than 500 people and public water systems that serve more than 25 people. In addition, the program inspects these systems to ensure compliance with state and federal public health standards.

#### Division of Waste Management

The Division of Waste Management works to protect our environment from unsafe and improper handling, transportation, storage, treatment, and disposal of solid and hazardous waste.

The Division of Waste Management includes the following programs:

- The Hazardous Waste Program regulates facilities that generate, store, treat, dispose of and transport hazardous waste. This is accomplished through inspections, technical assistance, enforcement and public education programs. The Polychlorinated Biphenyls (PCB) Inspection Program conducts inspections at facilities known or suspected to have equipment that contains PCBs.
- The Solid Waste Program regulates the collection, transportation, storage and disposal of inert, industrial, special and municipal solid wastes. This is accomplished through a landfill permit program, technical assistance, routine inspection, monitoring, enforcement and operator training. The program also promotes resource recovery and recycling through its Pollution Prevention Program.
- The Abandoned Motor Vehicle Program provides for the collection of abandoned motor vehicles and other scrap metals throughout the countryside to reduce health and safety hazards, improve the appearance of the landscape and recycle useful metals.

- The Underground Storage Tank Program defines the types of tanks that may be installed to store petroleum products and chemicals, establishes standards for underground storage tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners, and provides state inspection and enforcement. In circumstances where environmental contamination occurs and a responsible party cannot be found or is financially unable to initiate a clean-up action, the Leaking Underground Storage Tank (LUST) Trust Program provides financial and technical assistance in the assessment, monitoring and, if needed, remediation of these sites to limit their overall impact on the public and environmental health.

The Division of Waste Management also administers and enforces the Petroleum Testing, Antifreeze and Brownfield programs.

### Division of Water Quality

The Division of Water Quality is responsible for monitoring the quality of the state's lakes, rivers and groundwater. This division conducts permitting, assessment, monitoring, emergency response, remediation and educational programs that promote the protection and wise use of our water resources.

The division consists of the following programs:

- The Pollutant Discharge Elimination System Permit Program issues permits for municipal and industrial wastewater discharge and storm water runoff. Included within this program are the Animal Waste Containment (Feedlot) Program and the Industrial Pretreatment Program, which requires that industrial discharges to municipal systems be within capacity limits.
- The Surface Water Program monitors surface water quality across North Dakota to assess water quality trends and to determine the general chemical and biological character of the state's major hydrologic basins. The Nonpoint Source Pollution Management (or Section 319) Program, which is part of the Surface Water Program, provides financial support through the administration of federal grants to state and local groups working to control nonpoint source pollution.
- The Groundwater Program works to minimize and control groundwater contamination. Included in this program are the Source Water, Wellhead Protection and Underground Injection Control programs.
  - The Source Water and Wellhead Protection programs protect drinking water resources by addressing the link between land use and surface and groundwater quality.
  - The Underground Injection Control Program seeks to prevent contamination of underground drinking water by injection wells (such as domestic or industrial wastewater disposal wells).

## Environmental Health Section Budget

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 136 FTE	14,569,461
Travel	753,868
Rent/Building	655,587
Professional Services (Legal & LUST contracts)	3,467,311
Laboratory Supplies (Chem Lab)	361,642
Remaining Operating Expenses	2,100,774
Equipment over \$5,000 (Air Pollution & Chem Lab)	393,200
Bond Payments	394,004
Grants to Communities (Mostly Nonpoint Source)	11,228,500
Total Budget	<hr/> 33,924,347

The funding sources for the Environmental Health Section are as follows:

General	4,216,019
Federal	
EPA Block	7,956,458
Section 319 Nonpoint	10,995,539
Various Others	5,822,553
Other	
Air Contaminant Permit Fees	3,045,000
Miscellaneous Fees	1,888,778
Total Budget	<hr/> 33,924,347

The department has been notified that \$50,000 from the Environmental Rangeland Protection Fund that was to be granted to the Stockmen's Association is not available. Without that funding source, the department will not be able to make the grant to the Stockmen's Association.

*Environmental Health Section - same as  
that given to the Senate except for these pages*

Northbrook Mall and starting a new lease of the Gold Seal Building for Environmental Health and Emergency Preparedness and Response (EPR) effective January 1, 2006. There are safety issues at the Missouri Office Building, mostly due to overcrowding. The Office of Management and Budget recommends 300 gross square feet per person, while the MOB and White House are at less than 200 gross square feet per person. The new lease allows us to consolidate EPR staff from three to one location and Environmental Health staff from three to two locations.

#### Environmental Health Section Budget

The major expenditures in the Environmental Health Section are as follows:

Salaries and Wages for 136 FTE	14,569,461
Travel	753,868
Rent/Building	655,587
Professional Services (Legal & LUST contracts)	3,467,311
Laboratory Supplies (Chem Lab)	361,642
Remaining Operating Expenses	2,100,774
Equipment over \$5,000 (Air Pollution & Chem Lab)	393,200
Bond Payments	394,004
Grants to Communities (Mostly Nonpoint Source)	11,228,500
Total Budget	<u>33,924,347</u>

The major changes in this section are as follows:

Governor's Compensation Package	886,611
Position deleted (1 FTE)	(160,532)
Clerical Position Transferred to Other Area (1 FTE)	(60,500)
Temporary Salaries (One Stop Program)	53,825
Salary Adjustments	66,460
Completion of Building Project	(2,661,464)
Increase in Bond Repayment & Extra repairs	72,516
Professional Fees for Targetted Brownfield	533,800
Professional Fees for One Stop Program	417,970
Rental Increase for New Facilities	93,544
Data Processing Charges	97,991
Miscellaneous Operating Expenses	306,947
Capital Asset purchases	(194,667)
Grants for the Targetted Brownfield Response Program	(600,000)
Grants for Various Federal Programs	209,500
Total	<u>(937,999)</u>

The funding sources for the Environmental Health Section are as follows:

General	4,216,019
Federal	

EPA Block	7,956,458
Section 319 Nonpoint	10,995,539
Various Others	5,822,553
Other	
Air Contaminant Permit Fees	3,045,000
Miscellaneous Fees	1,888,778
Total Budget	<u>33,924,347</u>

The department was previously notified that \$50,000 from the Environmental Rangeland Protection Fund that was to be granted to the Stockmen's Association was not available. Without that funding source, the department would not be able to make the grant to the Stockmen's Association for matching non-point source programs. The Senate determined that sufficient funding was available from the Environmental Rangeland Protection Fund and no adjustments to our bill or the budget were necessary.

The department has been notified that we will receive a federal grant of approximately \$1,000,000 for design of a system to address arsenic issues in southeastern North Dakota. An additional \$16 million may be available in upcoming years for construction. We were not aware of this at the time our budget was put together. Some of the design work will occur in the current biennium. We estimate \$700,000 of the work will occur in the 2005-2007 biennium and ask that you consider adding funding for this effort.

# ENVIRONMENTAL HEALTH

## SALARIES AND WAGES

FTF EMPLOYEES (Number)

ries  
Temporary, Overtime  
Benefits

## TOTAL

General Fund  
Federal Funds  
Other Funds

## OPERATING EXPENSES

IT-Data Processing  
IT-Telephone  
Travel  
IT - Software/Supp.  
Utilities  
Postage  
IT - Contractual Services  
Lease/Rentals - Equipment  
Lease/Rentals-- Buildings/Land  
Dues & Professional Development  
Operating Fees & Services  
Repairs  
Professional Services  
Insurance  
Office Supplies  
Printing  
Professional Supplies & Materials  
Food & Clothing  
Medical, Dental, and Optical  
Buildings/Vehicle Maintenance Supplies  
Miscellaneous Supplies  
Sub Total Operating  
Office Equip Under \$5000  
Other Equip Under \$5000  
Equipment Under \$5000  
Operating Budget Adjustment

## TOTAL

General Fund  
Federal Funds  
Other Funds

## CAPITAL ASSETS

IT Equip >\$5000  
Other Equip >\$5000  
Land & Buildings  
Extraordinary Repairs  
Other Capital Paymnts

## TOTAL

General Fund  
Federal Funds  
Other Funds

## GRANTS/SPECIAL LINE ITEMS

Grants  
WIC Food  
Lead Base Paint  
Tobacco Prevention Control  
Community Health Advisory

## TOTAL

General Fund  
Federal Funds  
Other Funds

## COST CENTER TOTAL

## TOTAL

General Fund  
Federal Funds  
Other Funds

2001-03 Actual Expenditures	Exp. To Date Jan 2005	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
139.00	138.00	138.00	136.00	(2.00)	-1%
9,676,824	7,763,311	10,193,934	10,642,023	448,089	4%
91,105	92,748	164,131	227,000	62,869	38%
2,940,907	2,539,355	3,425,532	3,700,438	274,906	8%
12,708,836	10,395,414	13,783,597	14,569,461	785,864	6%
3,175,486	2,406,494	2,760,832	3,088,659	327,827	12%
6,774,805	6,141,388	8,521,563	8,700,226	178,663	2%
2,758,545	1,847,532	2,501,202	2,780,576	279,374	11%
166,045	126,295	150,309	248,300	97,991	65%
121,691	86,852	119,203	122,779	3,576	3%
666,909	499,918	697,677	753,868	56,191	8%
183,349	116,328	158,255	140,459	(17,796)	-11%
139,344	130,417	259,564	228,186	(31,378)	-12%
96,461	72,016	97,419	110,642	13,223	14%
	0			0	
36,930	29,896	40,555	41,772	1,217	3%
486,942	399,562	562,043	655,587	93,544	17%
93,486	77,445	91,697	104,748	13,051	14%
513,171	133,147	184,214	197,400	13,186	7%
324,695	224,558	383,746	395,258	11,512	3%
3,205,956	1,278,161	2,371,429	3,467,311	1,095,882	46%
826	1,899	4,533	4,669	136	3%
34,837	23,191	32,008	38,118	6,110	19%
31,420	30,728	56,045	69,237	13,192	24%
146,002	85,177	141,932	151,340	9,408	7%
6,061	2,405	1,571	1,618	47	3%
310,582	282,150	344,799	361,642	16,843	5%
75,309	38,457	36,508	37,603	1,095	3%
19,983	17	43	45	2	5%
6,659,999	3,638,619	5,733,550	7,130,582	1,397,032	24%
2,633	10,029	13,600	11,700	(1,900)	-14%
75,085	15,297	42,200	47,600	5,400	13%
135,043	71,706	121,500	149,300	27,800	23%
				0	
6,872,760	3,735,651	5,910,850	7,339,182	1,428,332	24%
1,059,515	791,572	962,171	1,029,251	67,080	7%
4,797,001	2,359,233	3,552,049	4,807,229	1,255,180	35%
1,016,244	584,846	1,396,630	1,502,702	106,072	8%
59,213		31,500	7,200	(24,300)	-77%
333,311	401,485	556,367	386,000	(170,367)	-31%
914,556	2,513,885	2,661,464		(2,661,464)	
		86,040	107,960	21,920	25%
	156,530	213,528	286,044	72,516	34%
1,307,080	3,071,900	3,548,899	787,204	(2,761,695)	-78%
104,026	61,467	156,110	98,109	(58,001)	-37%
680,179	250,412	465,335	538,595	73,260	16%
522,875	2,760,021	2,927,454	150,500	(2,776,954)	-95%
8,090,649	6,631,046	11,619,000	11,228,500	(390,500)	-3%
115,743				0	
				0	
				0	
				0	
8,206,392	6,631,046	11,619,000	11,228,500	(390,500)	-3%
				0	
7,806,429	6,379,704	11,119,000	10,728,500	(390,500)	-4%
399,963	251,342	500,000	500,000	0	0%
29,095,068	23,834,011	34,862,346	33,924,347	(937,999)	-3%
4,339,027	3,259,533	3,879,113	4,216,019	336,906	9%
20,058,414	15,130,737	23,657,947	24,774,550	1,116,603	5%
4,697,627	5,443,741	7,325,286	4,933,778	(2,391,508)	-33%

**DEPARTMENT OF HEALTH**  
Environmental Health

**Operating Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Advertising/Photo/Misc	19,547	44,200	24,653	126.1%
PM2.5 -Operators	93,100	83,000	(10,100)	-10.8%
EPA Block-Air Monitors	4,000	4,000	-	0.0%
EPA Block-Radon	55,200	55,200	-	0.0%
LUST	12,367	11,000	(1,367)	-11.1%
<b>Total Operating Fees</b>	<b>\$ 184,214</b>	<b>\$ 197,400</b>	<b>\$ 13,186</b>	<b>7.2%</b>

**Professional Fee Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
Chem-BT Lab Contracts	117,421	157,092	39,671	33.8%
Environmental - Legal	392,001	481,000	88,999	22.7%
LUST - Private Legal fees	119,574	120,000	426	0.4%
AQ-Title V - Misc. Prof. (Labs)	47,972	84,000	36,028	75.1%
WQ-Misc.Prof Fees (Houston Eng)	34,463	41,863	7,400	21.5%
WQ-Misc Prof Fees (USGS)	329,851	285,000	(44,851)	-13.6%
WQ-Misc Prof Fees (RGI)	47,000	32,000	(15,000)	-31.9%
WQ-Misc Prof Fees (RRBI)	63,000	100,000	37,000	58.7%
LUST Engineering fees	1,207,561	1,202,000	(5,561)	-0.5%
Targeted Brownfields Misc. Prof.	11,200	545,000	533,800	4766.1%
One Stop Environmental	-	363,753	363,753	100.0%
AQ - Misc. Prof (Windlogics)	1,386	55,603	54,217	3911.8%
<b>Total Professional Fees</b>	<b>\$ 2,371,429</b>	<b>\$ 3,467,311</b>	<b>\$ 1,095,882</b>	<b>46.2%</b>

**Grant Line Item**

Description	2003-05 Budget	2005-07 Executive Recommendation	Executive + (-) Difference	Percent % Increase + Decrease -
State Indoor Radon Program(UND)	130,000	130,000	-	0.0%
EPA Block (Locals)	41,000	110,500	69,500	169.5%
319 Nonpoint Source	10,200,000	10,200,000	-	0.0%
319 Nonpoint Source-Water Dev Trus	157,500	157,500	-	0.0%
604 B Water Quality	40,000	80,000	40,000	100.0%
EPA RGI/TMDL	-	100,000	100,000	100.0%
Stockmens Association	50,000	50,000	-	0.0%
Public Water Supervision	108,000	108,000	-	0.0%
Abandoned Auto	250,000	250,000	-	0.0%
Water Dev Trust-Dept of Ag	42,500	42,500	-	0.0%
Targeted Brownfield Assessments	600,000	-	(600,000)	-100.0%
<b>Total Grants</b>	<b>\$ 11,619,000</b>	<b>\$ 11,228,500</b>	<b>\$ (390,500)</b>	<b>-3.4%</b>

## **Health Department**

### **Environmental Section Questions**

#### **Program Administrative Costs**

319 Nonpoint Source Implementation Grant - Limitation on administrative costs for this grant is 10% of the grant each year.

Clean Water/Drinking Water State Revolving Loan Funds - Limitation on administrative costs for these grants is 4% each year, provided to the North Dakota Department of Health and Municipal Bond Bank within the Bank of North Dakota.

All other program grants are awarded to provide environmental program implementation and includes funds for reviewing and issuing permits; conducting inspections, sampling and analysis activities, providing technical assistance for compliance; conducting emergency response; and for enforcement activities. We are not aware of administrative limitations on these funds.

#### **Clean Water State Revolving Loan Fund**

Program began in North Dakota in 1990.

Enabling legislation is NDCC 61-28.2-01.

We have received \$122.4M in federal capitalization dollars since 1990 and that has been matched by a 20% local share match of \$24.5M and since the inception of the program we have awarded \$149.7M in loans.

We currently have approximately \$110M in expressed needs and we receive about \$6M/year in federal grants and participant match with which we fund about \$8M to \$10M in loans with the difference being made up from loan repayments.

#### **Drinking Water State Revolving Loan Fund (DWSRF)**

Program began in North Dakota in 1998.

Enabling legislation is NDCC 61-28.1-11 and 12.

We have received \$75M in federal capitalization dollars since 1998 and that has been matched by a 20% local share match of \$15M and since the inception of the program we have awarded \$107M in loans.

We currently have approximately \$201M in expressed needs and we receive about \$10M/year in federal grants and participant match with which we fund about \$15M in loans with the difference being made up from loan repayments.

**Operating Fees:** Advertising/Photo/Misc This item includes expenses for public notices, and film developing and was projected from first year expenditures which were larger than year two.



## **DRINKING WATER TREATMENT AND WATER POLLUTION CONTROL REVOLVING LOAN FUNDS**

### **DRINKING WATER TREATMENT REVOLVING LOAN FUND**

The drinking water treatment revolving loan fund is established pursuant to North Dakota Century Code (NDCC) Section 61-28.1-11 and Section 1452(a) of the Federal Safe Drinking Water Act, which is attached as an appendix. The program provides funding **for public drinking water systems to install, upgrade, or replace infrastructure** and emphasizes providing funds to small and disadvantaged communities and to programs that encourage pollution prevention as a tool for ensuring safe drinking water.

Federal grants from the United States Environmental Protection Agency or other federal government agencies allotted to the state for the capitalization of the drinking water treatment revolving loan fund and required state matching funds must be deposited in the drinking water treatment revolving loan fund in compliance with the terms of the grants. The principal of the grants must be available in perpetuity for providing financial assistance as allowed under the Safe Drinking Water Act. To the extent amounts in the revolving loan fund are not required for current obligations or expenditures, these amounts must be invested in interest-bearing obligations.

### **WATER POLLUTION CONTROL REVOLVING LOAN FUND**

The water pollution control revolving loan fund is established pursuant to NDCC Section 61-28.2-01 to provide funds to political subdivisions **for the planning, design, construction, and rehabilitation of wastewater treatment facilities, public water supply systems, and other lawful activities** connected with this program. Grants from the federal government or its agencies allotted to the state for the capitalization of the revolving loan fund, and state matching funds, when required, must be deposited directly in the revolving loan fund in compliance with the terms of the federal grant. The State Department of Health may enter into contracts and other agreements in connection with the operation of the revolving loan fund to the extent necessary for the implementation of the revolving loan program. Money in the revolving loan fund may be used for:

- Offering loan guarantees;
- Providing payments to reduce interest on loans and loan guarantees;
- Making bond interest subsidies;
- Providing bond guarantees on behalf of municipalities or other local political subdivisions;
- Providing assistance to a municipality or other local political subdivision with respect to the nonfederal share of the costs of a project;
- Financing the cost of a facility planning and the preparation of plans, specifications, and estimates for construction of publicly owned treatment works or public water supply systems;
- Providing financial assistance for the construction and rehabilitation of a project on the state priority list;
- Securing principal and interest on bonds issued by a public trust having the state of North Dakota as its beneficiary, or the North Dakota Municipal Bond Bank if the proceeds of such bonds are deposited in the revolving loan fund and to the extent provided in the terms of the federal grant;
- Providing for loan guarantees for similar revolving funds established by municipalities or other local political subdivisions;
- Purchasing debt incurred by municipalities or other local political subdivisions for wastewater treatment projects or public water supply systems;
- Improving credit market access by guaranteeing or purchasing insurance or other credit enhancement devices for local obligations or obligations of a public trust having the state of North Dakota as its beneficiary or the North Dakota Municipal Bond Bank;
- Funding other programs which the federal government authorizes by the terms of its grants;
- Funding administrative expenses of the State Department of Health associated with the revolving loan fund; and
- Providing for any other expenditure consistent with the federal grant program and state law.

ATTACH:1

## STATE REVOLVING LOAN FUNDS

SEC. 1452.

### (a) GENERAL AUTHORITY-

#### (1) GRANTS TO STATES TO ESTABLISH STATE LOAN FUNDS-

(A) IN GENERAL- The Administrator shall offer to enter into agreements with eligible States to make capitalization grants, including letters of credit, to the States under

this subsection to further the health protection objectives of this title, promote the efficient use of fund resources, and for other purposes as are specified in this title.

(B) ESTABLISHMENT OF FUND- To be eligible to receive a capitalization grant under this section, a State shall establish a drinking water treatment revolving loan fund (referred to in this section as a 'State loan fund') and comply with the other requirements of this section. Each grant to a State under this section shall be deposited in the State loan fund established by the State, except as otherwise provided in this section and in other provisions of this title. No funds authorized by other provisions of this title to be used for other purposes specified in this title shall be deposited in any State loan fund.

(C) EXTENDED PERIOD- The grant to a State shall be available to the State for obligation during the fiscal year for which the funds are authorized and during the following fiscal year, except that grants made available from funds provided prior to fiscal year 1997 shall be available for obligation during each of the fiscal years 1997 and 1998.

(D) ALLOTMENT FORMULA- Except as otherwise provided in this section, funds made available to carry out this section shall be allotted to States that have entered into an agreement pursuant to this section (other than the District of Columbia) in accordance with--

(i) for each of fiscal years 1995 through 1997, a formula that is the same as the formula used to distribute public water system supervision grant funds under section 1443 in fiscal year 1995, except that the minimum proportionate share established in the formula shall be 1 percent of available funds and the formula shall be adjusted to include a minimum proportionate share for the State of Wyoming and the District of Columbia; and

(ii) for fiscal year 1998 and each subsequent fiscal year, a formula that allocates to each State the proportional share of the State needs identified in the most recent survey conducted pursuant to subsection (h), except that the minimum proportionate share provided to each State shall be the same as the minimum proportionate share provided under clause (I).

(E) REALLOTMENT- The grants not obligated by the last day of the period for which the grants are available shall be reallocated according to the appropriate criteria set forth in subparagraph (D), except that the Administrator may reserve and allocate 10 percent of the remaining amount for financial assistance to Indian Tribes in addition to the amount allotted under subsection (i)

and none of the funds reallocated by the Administrator shall be reallocated to any State that has not obligated all sums allotted to the State pursuant to this section during the period in which the sums were available for obligation.

(F) NONPRIMACY STATES- The State allotment for a State not exercising primary enforcement responsibility for public water systems shall not be deposited in any such fund but shall be allotted by the Administrator under this subparagraph. Pursuant to section 1443(a)(9)(A) such sums allotted under this subparagraph shall be reserved as needed by the Administrator to exercise primary enforcement responsibility under this title in such State and the remainder shall be reallocated to States exercising primary enforcement responsibility for public water systems for deposit in such funds. Whenever the Administrator makes a final determination pursuant to section 1413(b) that the requirements of section 1413(a) are no longer being met by a State, additional grants for such State under this title shall be immediately terminated by the Administrator. This subparagraph shall not apply to any State not exercising primary enforcement responsibility for public water systems as of the date of enactment of the Safe Drinking Water Act Amendments of 1996.

(G) OTHER PROGRAMS-

(i) NEW SYSTEM CAPACITY- Beginning in fiscal year 1999, the Administrator shall withhold 20 percent of each capitalization grant made pursuant to this section to a State unless the State has met the requirements of section 1420(a) (relating to capacity development) and shall withhold 10 percent for fiscal year 2001, 15 percent for fiscal year 2002, and 20 percent for fiscal year 2003 if the State has not complied with the provisions of section 1420(c) (relating to capacity development strategies). Not more than a total of 20 percent of the capitalization grants made to a State in any fiscal year may be withheld under the preceding provisions of this clause. All funds withheld by the Administrator pursuant to this clause shall be reallocated by the Administrator on the basis of the same ratio as is applicable to funds allotted under subparagraph (D). None of the funds reallocated by the Administrator pursuant to this paragraph shall be allotted to a State unless the State has met the requirements of section 1420 (relating to capacity development).

(ii) OPERATOR CERTIFICATION- The Administrator shall withhold 20 percent of each capitalization grant made pursuant to this section unless the State has met the requirements of 1419 (relating to operator certification). All funds withheld by the Administrator pursuant to this clause shall be reallocated by the Administrator on the basis of the same ratio as applicable to funds allotted under subparagraph (D). None of the funds reallocated by the Administrator pursuant to this paragraph shall be allotted to a State unless the State has met the requirements of section 1419 (relating to operator certification).

(2) USE OF FUNDS- Except as otherwise authorized by this title, amounts deposited in a State loan fund, including loan repayments and interest earned on such amounts, shall be used only for providing loans or loan guarantees, or as a source of reserve and security for leveraged loans, the proceeds of which are deposited in a State loan fund established under paragraph (1), or other financial assistance authorized under this section to community water systems and nonprofit noncommunity water systems, other than systems owned by Federal agencies. Financial

assistance under this section may be used by a public water system only for expenditures (not including monitoring, operation, and maintenance expenditures) of a type or category which the Administrator has determined, through guidance, will facilitate compliance with national primary drinking water regulations applicable to the system under section 1412 or otherwise significantly further the health protection objectives of this title. The funds may also be used to provide loans to a system referred to in section 1401(4)(B) for the purpose of providing the treatment described in section 1401(4)(B)(i)(III). The funds shall not be used for the acquisition of real property or interests therein, unless the acquisition is integral to a project authorized by this paragraph and the purchase is from a willing seller. Of the amount credited to any State loan fund established under this section in any fiscal year, 15 percent shall be available solely for providing loan assistance to public water systems which regularly serve fewer than 10,000 persons to the extent such funds can be obligated for eligible projects of public water systems.

### (3) LIMITATION-

(A) IN GENERAL- Except as provided in subparagraph (B), no assistance under this section shall be provided to a public water system that--

- (i) does not have the technical, managerial, and financial capability to ensure compliance with the requirements of this title; or
- (ii) is in significant noncompliance with any requirement of a national primary drinking water regulation or variance.

(B) RESTRUCTURING- A public water system described in subparagraph (A) may receive assistance under this section if--

- (i) the use of the assistance will ensure compliance; and
- (ii) if subparagraph (A)(i) applies to the system, the owner or operator of the system agrees to undertake feasible and appropriate changes in operations (including ownership, management, accounting, rates, maintenance, consolidation, alternative water supply, or other procedures) if the State determines that the measures are necessary to ensure that the system has the technical, managerial, and financial capability to comply with the requirements of this title over the long term.

(C) REVIEW- Prior to providing assistance under this section to a public water system that is in significant noncompliance with any requirement of a national primary drinking water regulation or variance, the State shall conduct a review to determine whether subparagraph (A)(i) applies to the system.

# DEPARTMENT OF HEALTH

## Environmental Health

### 05-07 Special Funds

Program Title	05-07 Revenue
Air Contaminant Fees	3,045,000
Radiation Health License Fee	350,000
Lead Base License Fee	15,000
Chemistry Lab Fees	302,756
Water Commission (WDTF)	200,000
Solid Waste License Fee	170,000
Petroleum Tank Release	126,000
Industrial Waste Landfills	201,000
Abandoned Auto	250,000
Env. Rangeland Protection Fund	252,808
Operator Certification	21,214
<b>Total Special Funds</b>	<b>4,933,778</b>

## Continuing Appropriations

The Department of Health currently has three continuing appropriations.

Environmental Quality Restoration Fund (EQRF): This fund was established to allow the department to provide immediate and timely response to catastrophic events that threaten the public and environment health and where the responsible party is late in responding or cannot be located. The EQRF would be used to provide environmental and public health protection by funding emergency response activities to include assessment, containment, removal, corrective action or monitoring as determined on a case-by-case basis. These funds are needed in order to provide a quick response to an environmental emergency.

Organ Tissue Transplant Fund: This fund was established to provide financial assistance to organ or tissue transplant patients who are residents of this state and demonstrate financial need. The State Health Officer is responsible for adopting rules and administering the fund, and the North Dakota Tax Department collects the funds.

Local Public Health Vaccine Purchases: During the 2003 legislative session, the department was provided a continuing appropriation for joint purchases with local public health units. The Division of Disease Control encounters situations where vaccinations or other medical supplies can be purchased at a lower price through the Department of Health than by the individual local public health units. This authority allows us to be reimbursed by local public health units for such purchases and to achieve cost savings for the benefit of local public health units.

The following schedule details our continuing appropriations and related fund statements from the 1999-01 biennium forward.

	NDCC 23-31-02 #258 Environmental Quality Restoration Fund	NDCC 23-01-05.1 #257 Organ Tissue Transplant Fund	NDCC 23-01-28 #370 Local Public Health Unit Vaccine Purchase
7-01-99 Balance	329,072	0	0
99-01 Revenue	9,208	31,989	0
99-01 Expenditures	0	31,989	0
7-01-01 Balance	338,280	0	0
01-03 Revenue	0	30,746	0
01-03 Expenditures	0	30,746	0
7-01-03 Balance	338,280	0	0
03-05 Projected Revenue		30,746	30,000
03-05 Projected Expenditures	35,000	30,746	30,000
7-01-05 Projected Balance	303,280	0	0
05-07 Projected Revenue	0	30,746	50,000
05-07 Projected Expenditures	0	30,746	50,000
7-01-07 Projected Balance	303,280	0	0

## **Conclusion**

Chairman Holmberg, members of the Committee, this concludes the department's testimony on Senate Bill 2004. Thank you for your consideration of our request. Our staff is available to respond to any questions you may have.

## **Appendix**

- 1) *Healthy North Dakota Overview*
- 2) *Healthy North Dakota Highlights*
  - a. Smoking
  - b. Diabetes

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January 12, 2005

*Same  
testimony  
given to  
the House*

On the Occasion of the North Dakota Department of Health's Presentation to the Senate Appropriation Committee, January 12, 2005

Dear Chairman Holmberg and Members of the Senate Appropriations Committee,

I regret that I could not be here in person today to give my testimony, but I did want to register my support for the Department of Health's optional package to support the State's Healthy North Dakota initiatives.

Several years ago, in his inaugural State of the State Address, Governor Hoeven asked the Department of Health and the University of North Dakota and its School of Medicine to co-lead the development of a Healthy North Dakota program. The idea evolved from discussions I had with Governor Hoeven and members of his staff about the national Healthy People 2010 program and North Dakota's status relative to this program. Healthy People 2010 set a broad array of objectives and goals for American health. The focus was to be on prevention, something that is given far too little current emphasis in our health care system and, as a result, is costing Americans more for a relatively poor national state of health relative to other Western countries.

Healthy North Dakota is currently comprised of 19 committees and focus areas and involves more than 400 members representing about 150 agencies, organizations and businesses across the State. This coalition for good health is giving shape to a comprehensive program targeting physical activity and fitness, controlling obesity, improving nutrition, and eliminating or discouraging all uses of tobacco.

I addressed the gravity of the current status of the nation's poor health and the health status of North Dakotans in a series of articles that were published recently in the *Grand Forks Herald*. I would be happy to provide copies.

The bottom line is that many deaths occur far too early and much of the morbidity related to chronic illness ~~are~~, in fact, preventable. Because these diseases tend not to be prevented, they end up as shocking perennial increases in health care costs, health care premiums, and Medicaid.

The idea is that we should spend more of our health care dollar on prevention and because the health care establishment doesn't seem to be able to build much in the way of



prevention and early detection into its structure, we need some help from Government, educational institutions, and employers – all of which have a stake in reducing health care costs.

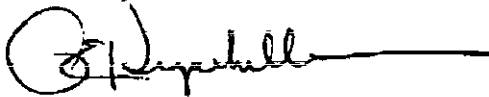
The Department of Health has requested \$26 million and 9.5 FTEs in its optional package to support the State's Healthy North Dakota initiative. The funding is for a variety of programs that will help reduce high-risk behaviors.

Again, we know that about half of all deaths are preventable. *Modern Health Care*, a national health care business news weekly publication for hospital executives, reported that in 2004, the General Motors Co. alone spent \$4.8 billion on health care for its employees, retirees and dependents – actually more than the company spent on steel to manufacture its cars and trucks. Also in 2004, the nation as a whole spent about \$370 billion on heart disease and stroke, \$230 billion on prescription drugs, and \$177 billion of this bill could be directly attributed to obesity. Obesity is an epidemic now in America. I saw a recent report wherein passengers in airplanes have increased weight on the average by about 10 pounds since the early 1990s, and that this now costs the airlines an additional \$200 million or more a year for the fuel it takes to get these passengers off the ground.

In consideration of all this, it would seem prudent on the part of our state to spend money on the front end for prevention and fewer dollars at the other end on high-tech, life-saving measures that run up the Medicaid bill. Although the amount of money being requested is not small, and there are certainly many other demands for tax dollars, I cannot imagine a more effective way to look after the general welfare of the people of North Dakota in the mode that is generally assigned to Government than what is being proposed by the State Health Department. Although I know we have not yet managed to see a tobacco tax bill, I hope that one day, despite the aversion we all have for new taxes, to seize on the deterrent effect that a high tobacco tax can have on especially kids taking up smoking.

Again, thank you for this opportunity to weigh in. We look forward to having State Government being a contributing partner to what will undoubtedly continue to be a broad-based public/private approach to improving our nation's health and the health of North Dakotans.

Sincerely,



Charles E. Kupchella  
President



## North Dakota 59th Legislative Session Prevention Appropriation Request January 25, 2005

In North Dakota, about half of all deaths are due to preventable behaviors and exposures, and drive much of our state's escalating health problems. Obesity-related medical expenditures are estimated at \$209 million each year, and tobacco-related medical costs are estimated at \$194 million annually. Yet only \$13 million, less than 1 percent of the North Dakota state budget, is appropriated to the state health department during the current biennium – \$10 per North Dakotan per year. Considering the costs of these behaviors, it is wise to increase the state's financial investment in prevention. A tobacco tax increase is recommended to fund prevention activities, as tobacco purchasers pay only 5 percent of the cost they incur to society in health care costs and decreased work productivity.

The state health department has requested \$26 million in an optional appropriation request. The increase will go towards health prevention and promotion efforts, with the majority going to local community-based prevention efforts. This money will help communities address tobacco and obesity issues.

### Following are the policy items included as part of the Department of Health's Optional Appropriation Request:

- |  |                  |                 |
|--|------------------|-----------------|
| <b>1) HND Recognition Program*:</b>  | <b>\$100,000</b> | <b>0 FTEs</b>   |
| Recognizes <i>Healthy North Dakota</i> schools, worksites and communities as determined by established criteria. Criteria will be determined by <i>Healthy North Dakota</i> committees and will be menu-based, allowing for local choices.   |                  |                 |
| <b>2) Office of Special Populations*:</b>  | <b>\$225,000</b> | <b>1.5 FTEs</b> |
| Establishes a more efficient approach for addressing health disparities in North Dakota. Office priorities include (1) increasing awareness of health disparities, (2) developing and enhancing networks with partners, (3) developing a centralized clearinghouse for data related to health disparities, and (4) engaging the disparate populations in identifying strategies to eliminate health disparities specific to their populations. |                  |                 |
| <b>3) Worksite Wellness Institute*:</b>  | <b>\$285,000</b> | <b>1 FTE</b>    |
| Establishes a statewide infrastructure to assist businesses in establishing worksite wellness programs. Includes coordinating the project, identifying a centralized location for worksite wellness resources, providing training and establishing a clearinghouse for distribution of resource materials.   |                  |                 |
| <b>4) Physical Activity Infrastructure*:</b>   | <b>\$140,000</b> | <b>1 FTE</b>    |
| Establishes a dedicated program manager at the Department of Health to ensure that consistent, accurate physical activity programming occurs in schools, worksites and communities.  |                  |                 |

\* Note: Governor Hoeven included \$500,000 of the requested \$750,000 for these four items in his budget.

- |   |                  |              |
|---|------------------|--------------|
| <b>5) Community Challenge Grants:</b>   | <b>\$490,000</b> | <b>1 FTE</b> |
| Establishes one state and two regional FTEs for assisting communities in identifying local health problems and solutions. Local involvement establishes ownership of problems and commitment to the solutions. Includes project coordination, training, and provision of grant dollars to implement the identified solutions. |                  |              |

- 6) **Seat Belt Promotion/Awareness:** **\$100,000** **0 FTEs**  
 Develops a social marketing approach to increase seat belt use in North Dakota. Includes conducting focus groups for identifying barriers to wearing seat belts and developing a social marketing campaign to increase seat belt usage.
- 7) **Baby-Friendly Policy:** **\$225,000** **0 FTEs**  
 Provides technical assistance for the development of supportive breastfeeding policies to all hospitals in North Dakota that deliver babies. Includes coordinating the project, conducting focus groups to identify barriers and benefits, and conducting an overall social marketing campaign.
- 8) **Chronic Disease, School Nursing and Tobacco Prevention:** **\$24.5 million** **5 FTEs**  
 Enhances chronic disease and tobacco prevention efforts in local communities by supporting proven, effective strategies to reduce chronic disease and tobacco use. This initiative will support grants to enhance chronic disease prevention efforts for tobacco-related diseases, to support school nursing statewide, to address tobacco disparities among specific populations, to provide additional enforcement for tobacco laws, to support tobacco prevention and education activities in schools and communities, and to promote cessation and provide nicotine-replacement therapy for lower income populations trying to quit. Below is a more detailed summary:

**Chronic Disease Programs**

**\$4,548,440**

- **Cardiovascular Health (CVH)** \$1,548,440  
 Provides grants to communities to initiate and enhance community-level interventions and expand programs statewide (5+5 programs, physical activity programs, CVH-prevention programs or businesses).
- **Lung Disease** \$1,000,000  
 Provides grants to communities for lung disease-prevention services and health-care provider education and outreach, and to address environmental concerns impacting lung diseases.
- **Oral Health** \$1,400,000  
 Provides grants for health-care provider tobacco education and outreach, for oral cancer screening and for expanding oral health access programs to meet the needs of the disadvantaged.
- **Cancer Registry** \$600,000  
 Provides for additional contract staff to assist the cancer registry in documenting and finding cancer cases in the state.

**School Nursing Services**

**\$4,025,000**

Provides grants to public health units for school health services, including developing policies that promote health, administering medication, providing health screenings, and monitoring health needs of children with special health-care needs.

**Tobacco Prevention**

- **School Tobacco Prevention** \$696,560  
 Enhances grants to schools to purchase curriculum and carry out youth-focused activities

- **Community Programs** \$2,389,040  
Enhances grants to local public health units to fund community-wide efforts to carry out wellness programs in worksites and other public places and coordinate activities with other community health-prevention programs.
- **Enforcement** \$1,405,240  
Provides grants to state and local law enforcement for monitoring and enforcing local youth-access laws and clean indoor air laws.
- **Statewide Programs** \$1,102,520
  - *Tobacco Education Research and Policy Project* \$400,000  
Provides grants to Minot State University for technical assistance to local communities working on local tobacco policy issues.
  - *American Indian Tobacco Coordinator* \$102,520  
Provides technical assistance, consultation and training to assist tribal entities in reducing tobacco use and coordinating efforts among tribes.
  - *Disparities Grants* \$500,000  
Provides grants to reservations and other special populations to address disparities in tobacco use and other key risk factors impacting chronic diseases.
  - *Legal Assistance for Tobacco* \$100,000  
Provides funds to purchase services from the Tobacco Legal Assistance Consortium in Minneapolis, Minn.
- **Public Education** \$3,307,560
  - *Youth Media Campaign* \$1,537,560  
Establishes a youth-focused media campaign that teaches youth about the consequences of tobacco use and deglamorizes tobacco.
  - *Secondhand Smoke Media Campaign* \$1,600,000  
Establishes a media campaign that provides public education in the major media markets and secondary markets to reach rural areas via television, radio and newspapers.
  - *Media Coordinator* \$170,000  
Provides for a contractor to coordinate the youth media campaign and the secondhand smoke campaign to assure the greatest reach and frequency to reach target populations in both rural and urban settings.
- **Cessation Promotion and Nicotine Replacement Therapy** \$3,747,800  
Promotes the statewide quitline and local cessation services and provide nicotine replacement therapy to assist a greater number of individuals with quitting.
- **Epidemiology/Surveillance** \$2,475,080  
Develops an epi center to carry out surveys, analyze and report data for all chronic diseases and risk factors.
- **Administration** \$790,000  
Provide for five FTEs to provide oversight to conduct the chronic disease and tobacco prevention programs (one grants manager, two outreach coordinators, one cessation coordinator, and one community-engagement coordinator).

**In addition to the items included in the Department of Health's Optional Appropriation Request, Healthy North Dakota is also seeking funding for the following item:**

- 9) **Child-Care Health Consultants** **\$490,000** **0 FTEs**  
Maintains and enhances infrastructure for seven child care nurse consultants to serve the state's 1,600 licensed providers and the children in their care (one nurse per 300 providers and 5,000

children). This includes providing technical assistance, educating and collaborating with child-care providers, regulatory agencies and policymakers to promote safe and healthy day-care environments.



Healthy North Dakota is a framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live, work and play.

**Testimony  
SB 2004 and Optional Appropriation Request**

**House Appropriations – Human Resources Division  
Wednesday, March 2, 2005**

**June Herman  
Senior Advocacy Director, American Heart Association**

Good morning, Chairman Delzer and members of the Human Resources Division of the House Appropriations Committee. My name is June Herman, and I am the senior director of advocacy for the American Heart Association. I am here today on behalf of numerous Health North Dakota organizations to testify in support of the Healthy North Dakota appropriations requests contained in both SB 2004 and in the Optional Appropriation Request.

Obesity and tobacco use are not just a matter of personal health – they are costly and deadly public health concerns that affect economic productivity, state budgets, and personal and family well-being. States are paying heavily for obesity and tobacco use and its care – currently, four million obese children are Medicaid beneficiaries and an unknown number of adult Medicaid beneficiaries are obese.

A Rand Corporation study concluded that treatment of medical conditions related to obesity in elderly individuals (ages 50 and above) could account for one in every five health care dollars spent by 2020. By 2030, North Dakota will have one retiree for every two workers, and we'll be a much sicker population given current chronic disease trends. Between 2010 and 2030 the 65+ age group will grow by 75% while the working group will grow by less than 5%.

Employers, taxpayers, and individuals are paying the price through higher health costs and tax support. Nationwide studies show health care premiums for families in employer sponsored plans soaring 13.9% in 2003, the third year of double-digit growth, and the biggest increase since 1990. Small business will see a 16.6% increase. We can change that picture by addressing the leading preventable risk factors driving our chronic disease epidemic: tobacco use and obesity.

### **The Problem**

One of the most-cited statistics in public health is the imbalance of social investments in medical care compared with prevention activities. Approximately 95% of the trillion dollars we spend as a nation on health goes to direct medical care services. Only 5% is allocated to population wide approaches to health improvement. However, 40% of deaths are caused by behavior patterns that could be modified by preventive interventions.

Public investments in health promotion seem to require evidence that future savings in health and other social costs will offset the investments in prevention. Medical treatments do not need to measure up to this standard; all that is required is evidence of safety and effectiveness. The cost effectiveness challenge often is made tougher by a sense that the benefits need to accrue directly and in the short term to the payer making the investments. Neither of these two conditions applies in many interventions for health promotions.

In North Dakota, general fund support of the state health department is only \$13 million, less than 1% of the state's \$1.8 billion budget. The health department's budget relies on federal grant funding of over \$115 million for public health and safety efforts. Most of the state's general fund appropriation of \$13 million is for a limited few programs, mostly for federal grant match requirements for environmental health and the WIC program.

The future of federal disease prevention grant funding may require greater demonstration of state general fund investment towards health.

### The Solution

*Healthy North Dakota* is recommending the following policy priorities for the coming session:

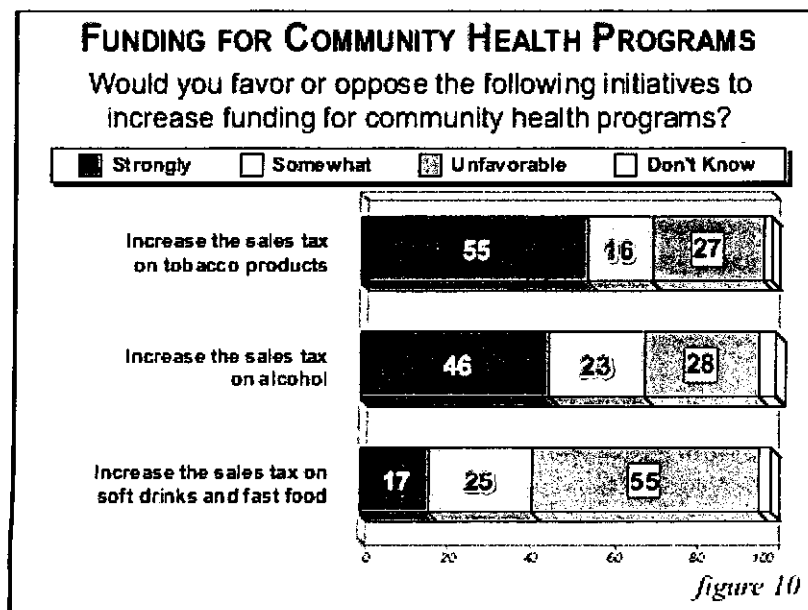
**A) A supplemental 05-07 Department of Health budget of \$26,062,240** in state general funds to address the leading causes of death in North Dakota - tobacco use, poor nutrition, and physical inactivity. This additional appropriation, with current state appropriations, represents 2% of the state budget.

**B) Consideration of a tobacco tax increase to correct the imbalance between user cost and societal cost.**

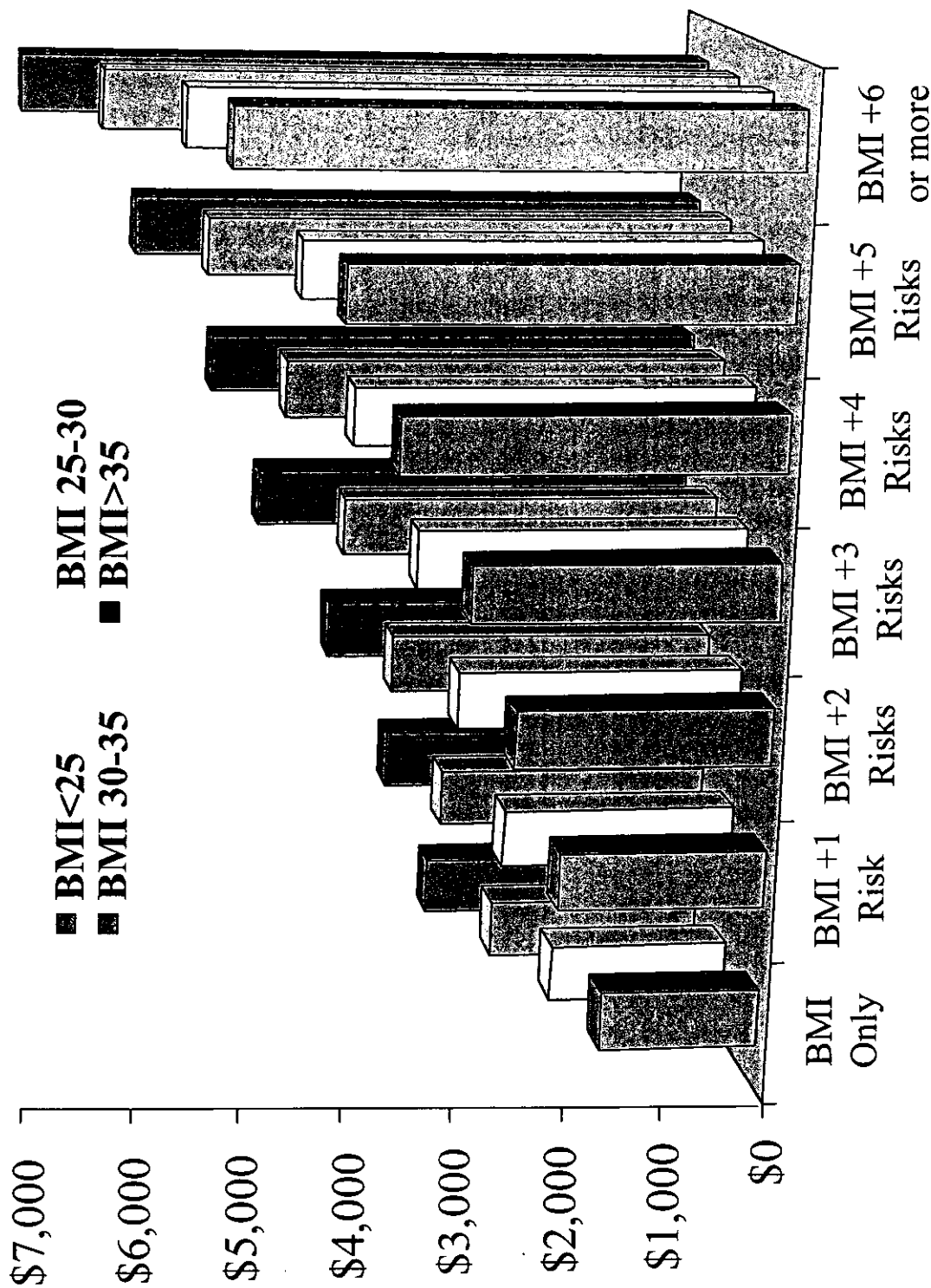
At 44c per pack, tobacco purchaser pay only 5% of the \$8.11 per pack in health and loss productivity costs. A suggested 35c adjustment moves their cost to less than 10% per pack. A 70c increase is still less than 15% of the cost they incur to society, and could generate close to \$26 million a year in new revenue for the state.

A 2002 poll found that 71 percent of residents favor increasing the sales tax on tobacco products and using some of that money to fund community health programs to prevent people from using tobacco.

The Research!America poll was conducted by Charlton Research Company from August 9-18, 2002 among 800 adults in North Dakota. The sample was proportionate to the state's demographics, including geography, gender, voter registration and ethnicity. The poll has a theoretical sampling error of +/-3.5 percent



# Cost for Weight plus Additional Risk Factors



\* Average annual paid healthcare costs (including pharmacy) from 1997 to 2000; N=222,933.



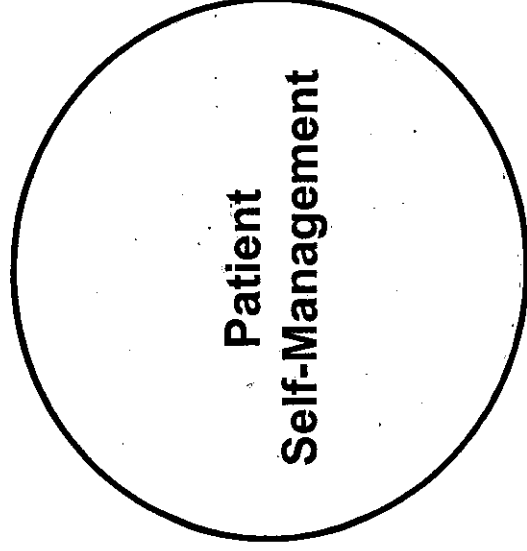
# Chronic Care Model

## Environment

Family  
School  
Worksite  
Community

## Medical System

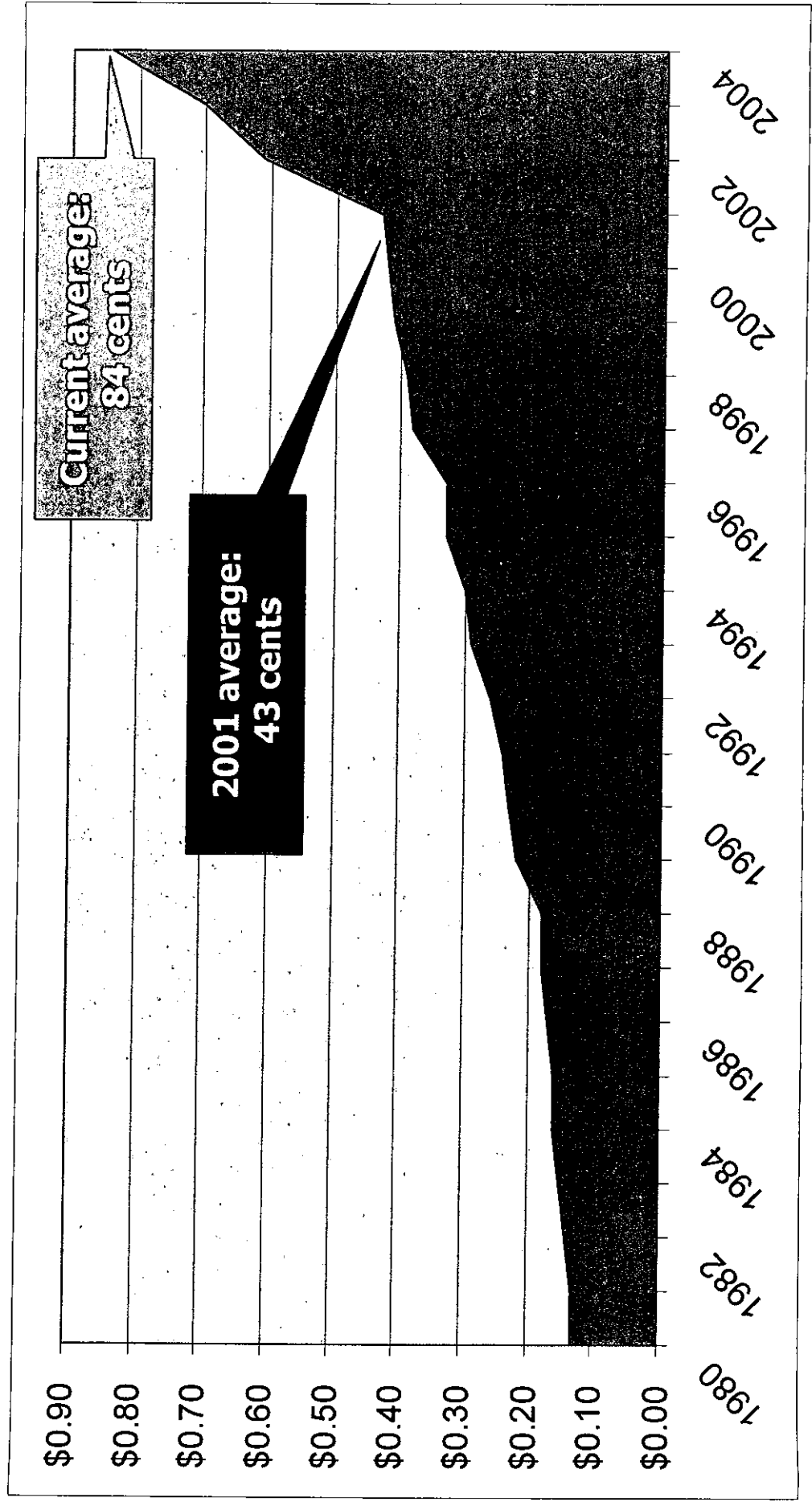
Information Systems  
Decision Support  
Delivery System Design  
Self Management Support



In North Dakota, obesity-related prevention expenditures are estimated at ??? each year, tobacco prevention expenditures – est. \$2.5 million

In North Dakota, obesity-related medical expenditures are estimated at \$209 million each year, Medicaid tobacco health costs - \$194 million.

# Average State Cigarette Tax



## **A Win for Public Health... and a Win for State Revenues**

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- A significant tobacco tax increase has NEVER failed to both decrease tobacco usage and increase revenue.
  - Every 10 percent increase in the real price of cigarettes will reduce overall cigarette consumption by 3-5% and the number of kids who smoke by 6-7%.
- A tobacco tax increase is the only source of revenue that can both shore up state health program funding shortfalls AND reduce health care costs at the same time.

# Other lessons from Our Research Around the Country

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- Voter support changes very little depending on the size of the tobacco tax increase or the size of the current tax.
- Voters don't view tobacco taxes the same way they view "real" taxes. The view it as a health measure.
- Voters understand that smoking is costing them in higher taxes, health care premiums, etc; they want the tax to more accurately cover that cost.
- Voters want tobacco tax revenue used for health care and tobacco prevention in particular.
- Most smokers want to quit and in fact try to do so at least once every year. That is why roughly a third of smokers support tobacco tax increases.

## **IMPORTANCE OF FUNDING PREVENTION WITH PART OF THE TAX**

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- Combination of tax increase and prevention program will be most effective in reducing smoking.
- Tobacco prevention can be fully funded in ND with under 35% of a new tax.
- Tobacco company price promotions and discounts can undercut tax impact, so program is essential to success.

# CAMPAIGN For TOBACCO-FREE Kids®

## BENEFITS FROM A CIGARETTE TAX INCREASE IN NORTH DAKOTA

Current State Cigarette Tax: 44 Cents Per Pack (38th among all states)

Smoking-caused costs in state per taxed pack sold: \$7.82

Average retail price per pack: \$3.71 (state share from excise and sales taxes: \$0.62)

Total state Medicaid program smoking costs each year: \$37 million

State cigarette tax revenue each year: \$18.0 million (2003)

Last North Dakota Cigarette Tax Increase: 07/01/93

### Projected Benefits From Increasing the State Cigarette Tax By 70 Cents Per Pack

- New state cigarette tax revenues each year: \$21.8 million
- Pack sales decline in state: -6.4 million
- Percent decrease in youth smoking: 12.9%
- Increase in total number of kids alive today who will not become smokers: 6,200
- Number of current adult smokers in the state who would quit: 3,600
- Number of smoking-affected births avoided over next five years: 800
- Number of current adult smokers saved from smoking-caused death: 700
- Number of kids alive today saved from premature smoking-caused death: 1,900
- 5-Year healthcare savings from fewer smoking-affected pregnancies & births: \$1.0 million
- 5-year healthcare savings from fewer smoking-caused heart attacks & strokes: \$1.3 million
- Long-term healthcare savings in state from adult & youth smoking declines: \$104.1 million

These projections are fiscally conservative because they include a generous adjustment for lost state pack sales (and tax revenues) from new tax avoidance efforts after the tax increase by continuing in-state smokers. The projections are based on research findings that a 10% cigarette price increase reduces youth smoking rates by 6.5%, adult rates by 2%, and total consumption by 4% (but adjusted down to account for tax evasion effects), and assume that the state tax will keep up with inflation. Nevertheless, the tax increase will both reduce smoking levels and increase state revenues because the higher tax per pack brings in more new revenue than is lost from the drop in the number of packs sold. Sales tax is 5.0%. Because the state sales tax percentage applies to the total retail price of a cigarette pack, including the increased state cigarette tax amount, sales tax revenues per pack sold go up -- which offsets revenue declines from fewer packs being sold. Kids stopped from smoking and dying are from all kids alive today. Long-term savings accrue over lifetimes of persons who stop smoking or never start because of tax increase.

**Sources.** Chaloupka, F, "Macro-Social Influences: Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products," *Nicotine & Tobacco Research*, 1999, and other price studies at <http://tigger.uic.edu/~fjc> and [www.uic.edu/orgs/impactteen](http://www.uic.edu/orgs/impactteen). Orzechowski & Walker, *Tax Burden on Tobacco*, 2003. USDA Economic Research Service, [www.ers.usda.gov/Briefing/tobacco](http://www.ers.usda.gov/Briefing/tobacco). State tax offices. Farrelly, M. et al., "Cigarette Smuggling Revisited," U.S. Centers for Disease Control & Prevention (CDC), in press. CDC, *State Highlights 2002: Impact and Opportunity*, April 2002, [www.cdc.gov/tobacco/StateHighlights.htm](http://www.cdc.gov/tobacco/StateHighlights.htm). Miller, P., et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1): 25-35, February 2001. Lightwood, J. & S. Glantz, "Short-Term Economic and Health Benefits of Smoking Cessation - Myocardial Infarction and Stroke," *Circulation* 96(4): 1089-1096, August 19, 1997, <http://circ.ahajournals.org/cgi/content/full/96/4/1089>. Hodgson, T., "Cigarette Smoking and Lifetime Medical Expenditures," *The Millbank Quarterly* 70(1), 1992. U.S. Census. Nat'l Center for Health Statistics.

For more information, see the Campaign fact sheets -- including *Raising State Tobacco Taxes Always Reduces Tobacco Use (& Always Increases State Revenues)* -- at <http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=18> and <http://tobaccofreekids.org/reports/prices>.

Campaign for Tobacco-Free Kids 6.15.04 / Eric Lindblom, December 10, 2004

**NORTH DAKOTA COUNCIL ON ABUSED WOMEN'S SERVICES  
COALITION AGAINST SEXUAL ASSAULT IN NORTH DAKOTA**

418 East Rosser #320 • Bismarck, ND 58501 • Phone: (701) 255-6240 • Fax 255-1904 • Toll Free 1-888-255-6240 • [ndcaws@ndcaws.org](mailto:ndcaws@ndcaws.org)

**Testimony on SB 2004**

**Senate Appropriations Committee**

**January 12, 2004**

Chair Holmberg and Members of the Committee

My name is Bonnie Palecek and I am speaking on behalf of the ND Council on Abused Women's Services/Coalition Against Sexual Assault in ND. We are requesting consideration of the \$500,000 Optional Adjustment Request for the Domestic Violence and Sexual Assault Prevention Fund. (DVSAPF)

History

The Domestic Violence Prevention Fund was established in 1981 through a \$19.00 surcharge on marriage licenses. The surcharge was increased to \$29.00 in 1989.

In 1991, \$300,000 per biennium was appropriated from the General Fund. In 1993, that amount was reduced to \$90,000. It remained at that level until the 2001 legislature raised the amount to \$210,000. The money is all dispersed for direct services to victims provided by 19 community based agencies. (See attached map)

Scope of Problem

In 2003, NDCAWS/CASAND community based agencies served 4,041 new victims of domestic violence. 4,837 children were directly impacted.

Domestic violence agencies provided victim assistance with 783 emergency protection orders.

8 of the 12 homicides in North Dakota were domestic violence related in 2003.

Also in 2003, 797 primary and 321 secondary victims of sexual assault were served.

Current Need

A July, 2004, a survey of funded agencies revealed a startling \$800,000 anticipated revenue shortfall in 2005. This shortfall was precipitated by several factors:

- Cutbacks in federal formula and discretionary grants
- Loss of CSCC (Children's Services Coordinating Committee) funds depleted child witness services
- Individual and corporate donations down
- Victim assistance court fees reduced due to new mandatory fees for indigent defense and courthouse restoration (victim assistance fee authorized in 1989)
- Cutbacks by counties and human service centers impacted emergency assistance and professional counseling services
- Unfunded mandates of court data entry system
- Focus on sex offenders raised awareness of issues around sexual assault resulting in more secondary victims and more community organization work

Because currently there are no earmarked state or federal funds for sexual assault victims, fears are rising that domestic violence services will absorb all existing victim service funds; for example only 12% of VOCA funds were used for sexual assault in 2003, as opposed to 48% for domestic violence

#### Hopeful Trends

- Prevention and community response appears to be working: number of victims stabilized for both domestic violence and sexual assault.
- More state and community partners
- National recognition
  - Campus work: only statewide consortium funded by DOJ
  - Visitation centers
  - Sustainability Project: 14 VAWA funded projects nationwide chosen to plan strategically for sustainability
  - Men as Allies Project model public awareness campaign
  - CDC (Center for Disease Control and Prevention) Project chose North Dakota CAWS staffer as national consultant
  - \* CDC priority reflects domestic and sexual assault as significant public health issues.



North Dakota Council on Abused Women's Services  
Coalition Against Sexual Assault in North Dakota

Sources of Revenue

State

Domestic Violence Prevention Fund	210,000.00 biennium (General Funds)
Marriage License Fees	280,000.00 (appropriated)
(\$29 per license)	(240,000.00 average)
CVA (Crime Victim Account)	80,000.00 (special funds)

**\*(Annual total of state contribution 285,000.00)**

Federal (Annual based on 2004 awards)

STOP (Violence Against Women Act)	234,600.00
FVPSA (Family Violence Prevention and Services Act)	720,989.00
Rape Crisis	15,000.00
Rape Prevention & Education	93,282.00
VOCA (Victims of Crime Act)	334,000.00
Byrne Funds	<u>323,530.00</u>

**Annual total \$2,363,211.00**

**Annual total of state and federal \$2,648,211.00**

Total of 19 program 2004 budgets \$5,353,166.00

State Contribution 5%

Federal Contribution 44%

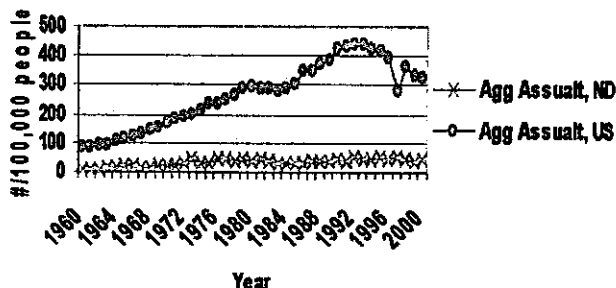
Local/ Private Funds 51%

Over the last 10 years the state contribution to support domestic violence and sexual assault agencies has dropped from 9% in 1993 to the current level of 5%.

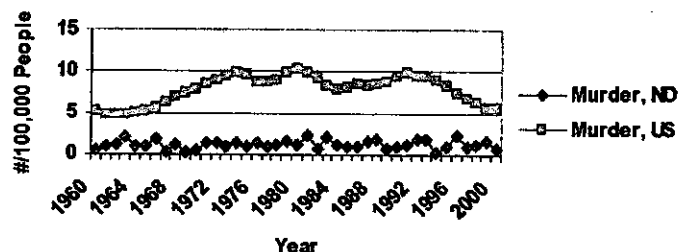
# **Sexual Assault Trends In North Dakota** **By: North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota** **January 2005**

- Rape is the costliest crime in the U.S., exacting approximately \$86,000 in tangible and intangible costs per victim (National Institute of Justice, 1999).
- In 2003, 797 primary victims and 321 secondary victims were served by the 18 sexual assault crisis intervention agencies in North Dakota.
- Between 2002 and 2003, there was a 14% increase in the number of primary and secondary victims served by crisis centers. The increase was primarily in secondary victims.
- North Dakota is one of safest states according to the Federal Bureau of Investigation's Uniform Crime Report. However, the charts below indicate that while assault, murder, and robbery are significantly lower in North Dakota than the national average, rape in North Dakota has risen to the same rate as the national rate.

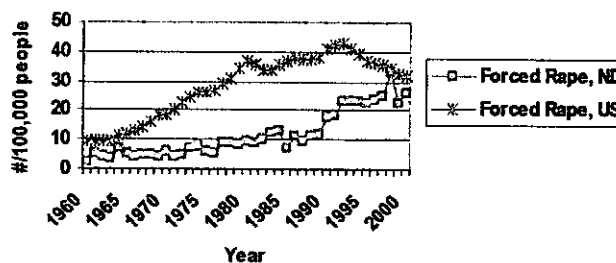
**Assaults**



**Murder**



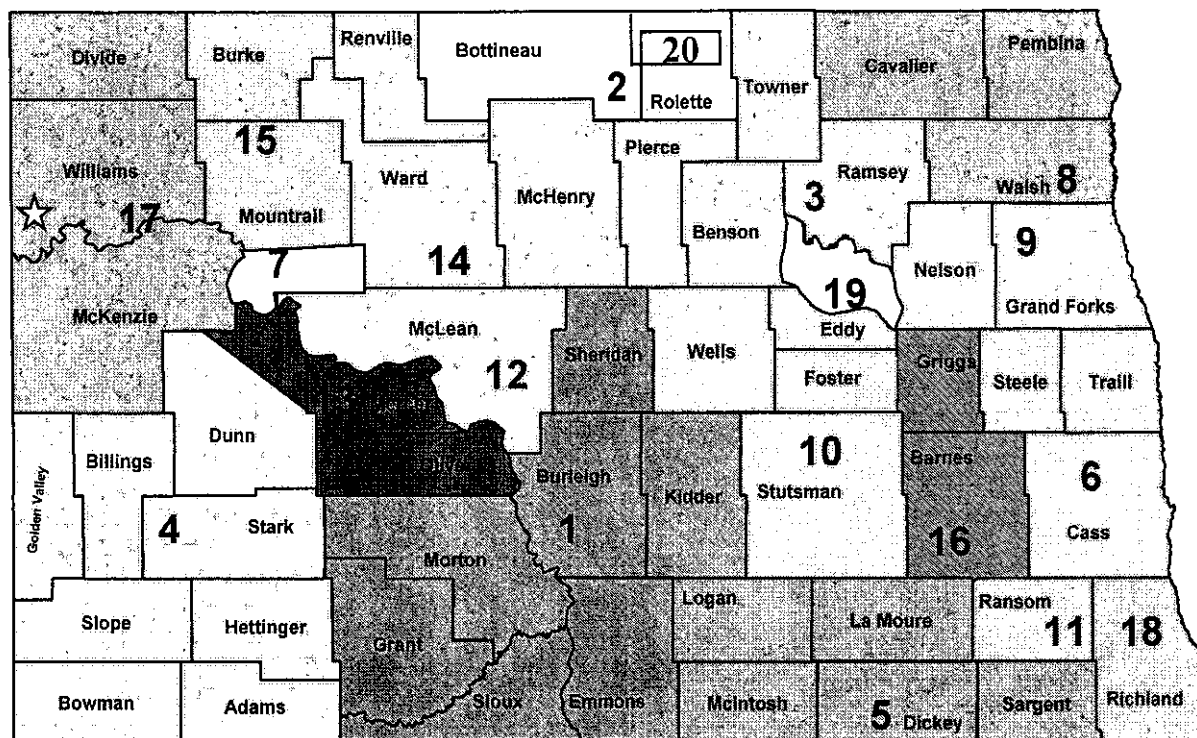
**Rape**



**Robbery**



# North Dakota Domestic Violence Agencies



1. Abused Adult Resource Center, Bismarck
2. Family Crisis Center, Bottineau
3. Safe Alternatives for Abused Families, Devils Lake
4. Domestic Violence & Rape Crisis Center, Dickinson
5. Kedish House, Ellendale
6. Rape and Abuse Crisis Center, Fargo
7. Coalition Against Domestic Violence, New Town
8. Domestic Violence Program of Walsh County, Grafton
9. Community Violence Intervention Center, Grand Forks

☆ = Trenton Indian Service Area

10. S.A.F.E. Shelter, Jamestown
11. Abuse Resource Network, Lisbon
12. McLean Family Resource Center, Washburn
13. Women's Action and Resource Center, Beulah
14. Domestic Violence Crisis Center, Minot
15. Domestic Violence Program of NW ND, Stanley
16. Abused Persons Outreach Center, Valley City
17. Family Crisis Shelter, Williston
18. Three Rivers Crisis Center, Wahpeton
19. Spirit Lake Victim Assistance, Ft. Totten
20. Hearts of Hope Shelter, Turtle Mountain Reservation

**Domestic Violence/Sexual Assault  
Direct Service Funding from ND Department of Health  
'05-'07 Biennium**

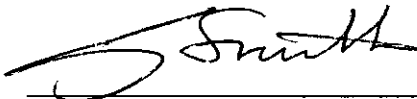
**Domestic Violence/Sexual Assault**

General Funds	\$210,000.00
Marriage License Fees	
(Domestic Violence Prevention Fund)	\$280,000.00
STOP Violence Against Women	\$731,000.00
Family Violence	\$1,463,000.00
Preventive Health Block	<u>\$35,000.00</u>
(Setaside for sexual assault)	
	\$2,719,000.00


→ **The above amount is down \$42,000 from last biennium.** Amount reflects money for direct services only. Family Violence is down \$37,000. STOP is down \$5,000. Other amounts anticipated to remain the same.

Services are provided to approximately 8000 victims of domestic violence and nearly 8600 children who witness domestic violence each biennium.

Services are provided to approximately 1600 new victims of sexual assault each biennium.

  
\_\_\_\_\_  
Arvy Smith  
Deputy State Health Officer  
North Dakota Department of Health

Compiled by  
NDCAWS  
1/28/2005

  
Executive Director  
ND Council on Abused Women's Services

**NORTH DAKOTA COUNCIL ON ABUSED WOMEN'S SERVICES  
COALITION AGAINST SEXUAL ASSAULT IN NORTH DAKOTA**

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**Testimony on SB 2004**

**Human Resources Division**

**House Appropriations Committee**

**March 2, 2005**

Chair Delzer and Members of the Committee

My name is Bonnie Palecek and I am speaking on behalf of the ND Council on Abused Women's Services/Coalition Against Sexual Assault in ND in support of the domestic violence and sexual assault funds in SB 2004.

History

The Domestic Violence Prevention Fund was established in 1981 through a \$19.00 surcharge on marriage licenses. The surcharge was increased to \$29.00 in 1989.

In 1991, \$300,000 per biennium was appropriated from the General Fund. In 1993, that amount was reduced to \$90,000. It remained at that level until the 2001 legislature raised the amount to \$210,000. The money is all dispersed for direct services to victims provided by 19 community based agencies. (See attached map)

Scope of Problem

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Also in 2003, 797 primary and 321 secondary victims of sexual assault were served.

Current Need

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- Cutbacks in federal formula and discretionary grants

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- Individual and corporate donations down
- Victim assistance court fees reduced due to new mandatory fees for indigent defense and courthouse restoration (victim assistance fee authorized in 1989)
- Cutbacks by counties and human service centers impacted emergency assistance and professional counseling services
- Unfunded mandates of court data entry system
- Focus on sex offenders raised awareness of issues around sexual assault resulting in more secondary victims and more community organization work

Currently there are no earmarked state or federal funds for direct services to sexual assault victims, and fears are rising that increased focus on sex offenders and sexual assault statewide will bring more victims forward. This is a good thing, but we need to be able to serve these victims and their families appropriately with well trained staff around the state. This means, bottom line, being able to provide 24 hour access for crises, 24 hours a day, 7 days a week. Most of the DVSAPF dollars are spend on direct service line staff.

#### Hopeful Trends

- Prevention and community response appears to be working: number of victims stabilized for both domestic violence and sexual assault.
- More state and community partners
- National recognition
  - Campus work: only statewide consortium funded by DOJ
  - Visitation centers
  - Sustainability Project: 14 VAWA funded projects nationwide chosen to plan strategically for sustainability
  - Men as Allies Project model public awareness campaign
  - CDC (Center for Disease Control and Prevention) Project chose North Dakota CAWS staffer as national consultant
  - \* CDC priority reflects domestic and sexual assault as significant public health issues.

Chairman Holmberg and Committee Members:

I am Karen Volk, R.N., B.S.N., from Wells County District Health Unit, located at Fessenden, N.D. We are a single county district health unit, located in central North Dakota. The Health Unit has been in existence since 1991.

I am here today to share our finance dilemma. The State Aid allocation is responsible for 6.8% of our total budget. Our budget is at the 5 mill cap, and our agency has experienced great financial stress. We currently have a budget of \$180,202.00. Our State Aid is \$12,356.00. We must use our county tax dollars as match for grants rec'd.

To accommodate the financial stress, our agency has eliminated our 1-800 telephone line. The communities of Hurdsfield, Bowdon, and Sykeston must call long distance to contact us. This can be a major obstacle for the poor and elderly. The cell phone expense paid by the office has been eliminated, along with the third line for telephone calls or faxes. So citizens attempting to call us may receive a busy signal, another obstacle for services for our county citizens. Our office has reduced hours and is no longer open on Fridays. This was to decrease staff time and salaries.

Our agency finished out October with \$ .58 in our checking account. It is important for our legislators to realize the importance of support rec'd by the State Aid allocation. Many other Health Departments across the state report that the State Aid allocation support amounts to 3-4% of their budget, or even less. Our state must make a commitment to support Public Health Departments to provide the core services to and for the citizens across North Dakota.

Local Public Health Departments have received more mandates to provide certain services and programs. This has stretched staff, finances, and physical space of agencies. We urge this committee to increase dollars allocated to the North Dakota Department of Health general fund budget to increase State Aid allocations to local Public Health Departments across North Dakota.

## Wells County District Health Unit

Funding percentages of budget:

INCOME ONLY: \$180,202.00

County Mill Levy	3.92 mills	\$65,500.00	36%
State Aid General Fund		\$12,356.00	6.8%
Grants		\$51,102.00	28.3%
Donations		\$12,500.00	6.9%
[includes: Immuniztions; Home Visits; Foot Cares]			
Medicare/Flu Reimbursements		\$10,000.00	5.6%
Medicaid Reimbursements		\$15,000.00	8.4%
Interest Income		\$ 1,000.00	0.6%
Other Income		\$ 2,000.00	1.1%
[includes: B-12 donations/Copier Maint. from Social Services/etc.]			
Women's Way Enrollment		\$ 9,100.00	5.4%
Car Seat Sales		\$ 2,000.00	1.1%



**Testimony in Support of SB2004**  
**Keith Johnson, R.S.**  
**For the ND Public Health Assn. and the ND Env. Health Assn.**  
**#380**

Good morning, Representatives of the House Appropriations Committee. I am Keith Johnson, the administrator of Custer Health, a five county health district based in Mandan. I also represent local and State public health workers across the state, some 300 of which belong to the Associations. This testimony has two purposes - First, to support the Health Department's request for funding, and Second, to request an increase in the line item for State Aid to Local Public Health.

This budget requires very little general fund money to run a very large department. The years of legislative paring have left the Health Department funded in major part by federal money. The Department does a very good job of getting the State's work done, but increasing the percentage of Federal support by decreasing the level of State support does nothing but increase the influence of the Federal programs within the department. It is time for this pattern of decreasing percentage of State support within the Health Department to stop. We in the local health departments support the State Department of Health in their funding requests for ongoing programs and for Healthy North Dakota initiatives. We intend to be partners in this endeavor.

The second part is a request to increase funding for local health. In 1985, the legislature increased our line item for state aid from \$500,000 to \$1,000,000. In our case, Custer Health received \$35,000 per year from that allocation. Our total budget was \$285,000, so this was a very big deal. In the difficult times of the late 80's and early 90's, that amount was cut down to \$900,000 each biennium. In 1999, an initiative to return power to local health by Murray Sagsveen, then the Health Officer, raised that amount to \$1.1 million. That amount remains today in the budget you have before you. For Custer Health, that means \$37,500 - \$2,500 more than in 1985. Our budget today is \$1.9 million dollars.

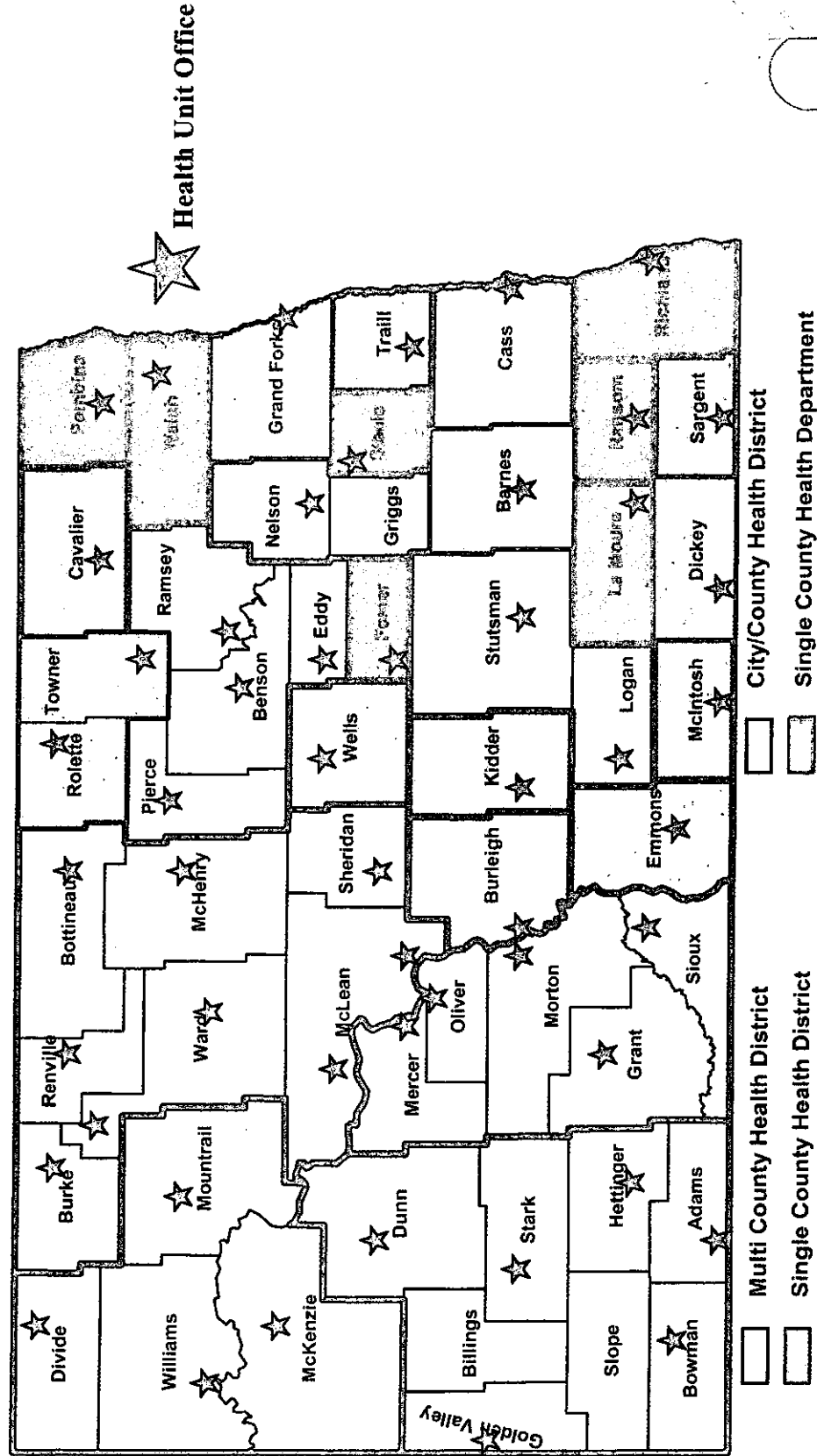
This is the case across the state. The State, which has an intense interest in maintaining local public health capability, funds 2 to 4 percent of local health efforts through direct state aid. The State's expectations have risen about what we in local health should be capable of, from bioterrorism response to handling vaccinations and response to SARS, flu, meningitis, and a host of other possibilities besides normal program. Only the funding has remained the same, or diminished, if you count inflation.

We request the the line item for State Aid to Local Public Health increase from \$1.1 million to \$2.2 million dollars.

The last item comments on the fee increase in the Food and Lodging Division. These suggested fee increases came about largely at our urging. The State Department is interested in having local health people assume food and beverage inspections, where possible. Where we have done so, we have had to increase fees greatly to support the program. The State's fees right now are unrealistically low and make it difficult to take program over. We are asking the State raise their fees, so that it is not so onerous to take over a program that, in the end, must support itself. The fees proposed are reasonable, and reflect what the locals are charging.

I am available for questions. Thanks for your kind attention.

# Local Public Health Units



February 2004

Chairman Delzer and Committee members:

I am Karen Volk, R.N., B.S.N., from Wells County District Health Unit. Our office is located at Fessenden, N.D. We are a single county district health unit, located in central North Dakota. The Health Unit has been in existence since 1991.

I am here today to share our financial difficulties. The State Aid allocation is responsible for 6.8% of our total agency budget. Our budget is at the 5 mill cap, and our agency has experienced great financial stress. We currently have a budget of \$180,202.00. Our State Aid is \$12,356.00. We must use our county tax dollars as match for the dozen or so grants that our agency receives.

To accommodate the financial stress, our agency has eliminated our 1-800 telephone line. The communities of Hurdsfield, Bowdon, and Sykeston must call long distance to contact our office now. This can be a major obstacle for the poor and elderly. The cell phone expense paid by the office has been eliminated, along with the third line for telephone calls or faxes. As a result of the telephone line being eliminated, citizens attempting to call us may receive a busy signal, another obstacle for services for our county citizens. Our office has reduced hours and is no longer open Friday afternoons. This was to decrease staff time and salaries.

Our agency finished out the month of October with \$ .58 in our checking account. It is important for legislators to realize the importance of support received by the State Aid allocation. Many other Health Departments across the state report that the State Aid allocation support amounts to 3-4% of their budget, or even less. Our state must make a commitment to support Public Health Departments to provide the core services to and for the citizens across North Dakota.

Local Public Health Departments have received more mandates to provide certain services and programs. This has stretched staff, finances, and physical space of agencies. We urge this committee to support the amendment to increase dollars allocated to the North Dakota Department of Health general fund budget to increase State Aid allocations to local Public Health Departments across North Dakota.

Thank you.

Does anyone have any questions?

## **Wells County District**

### **Health Unit**

600 Railway Street North  
Fessenden, ND 58438

Phone Number is:

**701-547-3756**

Toll Free Number is:

**1-888-547-3756**

The office is located in the  
**K.T.L. Building,**

**West Entrance**

Across the street from the  
Wells County Courthouse

Business Hours:

**Monday -- Thursday**

**8:00 am -- 4:30 pm**

## **Services Offered:**

School Nursing Activities  
Head Start Screenings  
Preschool Screenings  
Health Tracks Screenings  
Prenatal/Newborn Visitation

Car Seat Sale/Rental

Women's Way Program

Home Visits

Immunization Clinics

Health Education

Presentations

Community Wellness Activities

Breast Feeding Support

This list is not designed to be all inclusive but  
to list services which are available through  
Wells County District Health Unit.

If the public is aware of unmet needs or the  
need for additional services, please contact  
the public health office.

A donation may be requested for some  
services, however, no one will be denied  
services due to inability to pay.

## **Wells County District Health Unit**

### **We Believe ...**

*... in the intrinsic worth of the individual, the value of human life and the attainment of the highest standards of health possible as a fundamental right of every individual.*

*... that the public health nurse contributes, as a member of the health team, to the establishment of health goals and planning for the attainment and maintenance of optimal health in our changing society.*

*... that the basic constituents of public health nursing practice are health promotion, health maintenance and disease prevention applied to families, groups within the community and the community as a whole.*

*...that each public health nurse accepts the obligation to provide quality nursing service adhering to standards of professional practice.*

*...the State Department of Health provides consultation to promote quality public health nursing services.*

**Wells County District  
Health Unit**

**Wells  
County  
District  
Health Unit**

***Board of Health:***

Kaye Seibel

Dr. Marlin Meharry

Dr. Charles Nyhus

Raymond Schmitz

Paul Gunderson

Cheryl Flick

***Personnel/ Staff:***

*Nurse Administrator*

Karen Volk, RN

*School Nursing Director*

Joye Stolz, RN

*Immunization Director*

Colleen Voeller, RN

*Women's Way Coordinator*

Danica Grossman, X-Ray Tech

*Office Manager/Assistant Manager*

Verla Albrecht - Devra Mogren

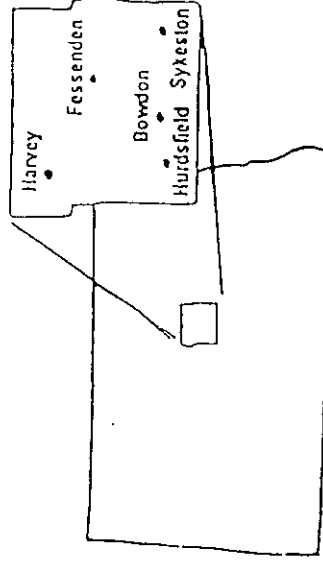
*Local Tobacco Coordinator*

Beckee Keller

*Public Health Nurse*

Maureen Cook, RN

Wells County District Health Unit Staff prides itself on our commitment to fulfilling our goals and values. We begin each day focusing on giving 100% to our county citizens. Each day is an opportunity to establish contact with potential clients. We make the commitment to set priorities, be flexible when changes occur, budget our time and monies and to be aware of other's needs. We must learn to live with our limitations, allow others to share their talents with us and have faith in ourselves and others to accomplish our goals and commitments.



**Pride In  
Public  
Health**

Testimony  
Appropriations Committee  
Chairman Sen. R Holmberg  
North Dakota Adolescent Suicide Prevention Project  
Mental Health Association in North Dakota  
January 12, 2005

Chairman Holmberg and members of the Senate Appropriations Committee for the record my name is Mark LoMurray, Project Director for the North Dakota Adolescent Suicide Prevention Project. I have been working on suicide prevention efforts across the state for the past fifteen years, but since 1998 have worked closely with the North Dakota Adolescent State Task Force which was initially founded and chaired by Lt. Governor Rosemarie Mydahl.

North Dakota had one of the highest ranked teen suicide rates in the country, 2<sup>nd</sup> highest for 10-14 year olds, and 6<sup>th</sup> highest for 15-19 year olds. Over the past five years using ten different grants we have conducted an aggressive suicide prevention campaign that has produced a hopeful 47% reduction in suicide fatalities for ages 10-19 for years 2000-2004 compared to the yearly average through the 1990's. It is hoped that long term funding from state and local resources will continue to enable this project to continue and we would encourage suicide prevention funding that was in the original Health Department Budget be reestablished. Suicide remains the #2 cause of death for youth ages 10-24, 8<sup>th</sup> leading cause of death for all ages.

**In the four year period, the following outcomes were identified.**

- 32,000 North Dakotan's trained on suicide prevention strategies in past four years.

- 40% of the workshops were in tribal areas with over 30 Native American co-trainers used.
- 6500 teens trained as peer gatekeepers.
- 62 teen leadership prevention projects trained.
- 27 new teen led prevention projects started.
- 33 Support Groups around Suicide Survivors, Grief, and Depression are ongoing.
- 200 mentors initiated in ND Tribal/Rural Mentoring Partnership.
- 26 new schools began screening efforts.

According to the results from the **2003 North Dakota Youth Risk Behavior Survey**, 9th – 12th graders reported the following:

- *14% reported thinking of suicide in the past year Down 29% since 1999*
- *11% planned for a suicide Down 20% since 1999*
- *7% reported attempting suicide in the past year Attempts needing medical attention down 20% since 1999.*

In April of 2004 the “1st North Dakota Suicide Prevention Conference” was held with 250 participants and regional and national speakers. David Litts from the National Suicide Prevention Resource Center commented that North Dakota’s project is on the promising approaches in suicide prevention efforts nationwide. Preventing Suicide Across the Ages is the next focus for the state task force with work ongoing on updating the state plan to address all ages. While the project has focused on youth and young adults and have seen a positive reduction in suicide fatalities other ages from 30-55 have

shown a 17%-28% increase in suicide fatalities when comparing the last four years with the average of the 1990's.





## North Dakota Suicide Prevention Project 2005-2007

Goal 1: To maintain a 40% reduction in suicide fatalities ages 10-24, and reduce fatalities ages 26-85 by 10% over the next three years.

Outcomes: Step 1: Initial twelve training the trainer sessions presented by project director in all state and tribal regions, resulting in at least 20 trained regional and tribal trainers. These regional trainers will be able to present suicide prevention curriculum to school, community, and teen/college groups, as well as, distribute packets of screening tools.

Step 2: These local trainers will be subcontracted to present evidence-based gatekeeper curriculum in 140 communities (28 tribal communities) targeted toward three groups: school staff, community/parents, and high school/college age peer to peer.

Step 3: At least 90 groups (28 tribal) of 1000 teen/college leaders will then present peer to peer suicide prevention messages to 8000 other teens and hand out MHA trifold, yellow ribbon cards, or Sources of Strength cards with referral resources and 2-1-1 identified as a key resource.

Step 4: 3000 packets of depression and suicide screening tools will also be distributed to schools, colleges, faith-based, and community groups by the regional trainers, resulting in 20 new entities implementing screening strategies in ND and partnering with National Depression Screening Day and the Prairie Screening Project.

Step 5: The project director will present 40 presentations to professional groups involving 1000 participants (medical, mental health, ministerial, and 1<sup>st</sup> responders) increasing knowledge of age/gender/ethnic based risk and protective factors for suicide and appropriate referral, treatment, and community supports.

Step 6: Through this process 25 new entities will be identified to provide support groups in community, school, faith-based, or cultural settings. Small group facilitators will receive training and technical assistance support from the project director and 2-1-1.

Step 7: Through the professional presentations the project director will hope to facilitate two home-based tracking models for suicide attempters using para-professionals as a bridge to medical and mental health services.

Step 8: Provide a state wide suicide prevention conference highlighting prevention strategies for all ages with at least 300 participants

Budget:	\$15,000	Administrative, data collection, 2-1-1 Support
	\$40,000	Project Director .3 FTE – subcontracted salary, benefits
	\$60,000	Regional Trainers – subcontracted \$300 per day
	\$10,000	Printing/Educational Materials/Office supplies
	\$20,000	Travel – mileage, meals, meeting rooms, lodging for trainers/director
	<u>\$10,000</u>	State Conference
	\$150,000	Total Office space, etc will be in-kind



# MENTAL HEALTH ASSOCIATION IN NORTH DAKOTA

An Affiliate of the National Mental Health  
Association

## North Dakota Suicide Prevention Fact Sheet

### Statewide

- 2<sup>nd</sup> ranking cause of death for 10-24 year olds, 8<sup>th</sup> ranking cause of death all ages
- Average of 81 residents died by suicide each year
- Crude suicide rate all ages: 12.6 per 100,000
- Average of 1 suicide every five days
- Average of 382 hospitalized attempts per year.
- Average of 1 attempt needing serious medical attention per day.

### Gender

- Males 86% of suicides, rate 21.7 per 100,000. Males six times higher than female rate
- Females 14% of suicides, rate 3.6 per 100,000.
- Females 58% of attempts, rate 68.5 per 100,000 per year.
- Males 42% of attempts, rate 50.8 per 100,000.

### Race/Ethnicity

- White: 87% of suicides, rate 11.8 per 100,000
- American Indians: 11% per 100,000, rate 29.5 per 100,000
- American Indian suicide rate 2.5 times greater than White. Some tribal areas in North Dakota as high as five times higher than White.

### Age

- 15-19 years: 32% of attempts, highest hospitalization attempt rate.
- 20-24 years : 10% of suicide fatalities highest age group
- 10-24 years: suicide fatalities decrease 35% in past four years
- 30-55 years: suicide fatalities increase from 17-28% in past four years.

### Youth Response

- Past four years, adolescent suicide prevention project started 47% decrease in 10-19 years fatalities.
- 32,000 trained, 6600 teens trained, 6000 professionals.

### 2003 Youth Risk Behavior

- 14% of 9-12<sup>th</sup> graders reported thinking of suicide in past year: *Down 29% since 1999*
- 11% of 9-12<sup>th</sup> graders planned for a suicide in past year . *Down 20% since 1999.*
- 7% of 9-12<sup>th</sup> graders reported attempting suicide in past year. *Attempts needing medical attention down 20% since 1999.*

### Costs

- Average medical cost per case of suicide attempt: \$7,516
- Average work-loss per fatality: \$780, 802

Testimony on SB 2004

March 2, 2005

By

Wanda Rose PhDc, RN.CB

North Dakota School Nurse Organization

Chairman Delzer and Members of the Human Resources Division of the House Appropriation Committee. I am Wanda Rose speaking on behalf of the North Dakota School Nurse Organization.

I urge you to consider the Optional Appropriation Budget (OAB) to SB 2004. The Optional Appropriation Budget to SB 2004 provides for a \$4 million dollar funding for school health nursing programs. The monies will go into a grant fund and be distributed by the State Health Department to schools who have a partnership with local health units.

Why is it important to fund school nursing? School nurses provide specialized professional nursing that promote students' well-being. School nurses screen students and treat everyday illnesses, cuts, and scrapes, but they also manage chronic health conditions and administer medication.

School nurses are educated to manage serious playground and sports injuries to severe asthmatic, diabetic, or allergic episodes, and to respond quickly to life-threatening emergencies. School nurses also form the first line of defense in controlling epidemics ranging from head lice to the flu.

School nurses also have an impact on school performance. Being absent during instruction time affects school performance and students' ability to learn. Keeping children in school all-day provides greater opportunities for learning and acquiring skills and knowledge. Several studies identified absenteeism as an important outcome that school nurses influence. Allen (2002) showed that elementary schools with a full-time nurse had fewer medically related student dismissals. Another study revealed the nurse's teaching of hand-washing skills decreased absenteeism due to illness (Kimmel, 1996). Nurses targeting students with histories of high rates of absenteeism who received individualized care decreased the number of days absent from school (Long, 1975).

Another area of research is the impact of school nursing on children with chronic conditions such as asthma or diabetics. There is an estimate that 15% of school-aged children have chronic health conditions. Advances in medical technology and the shift from inpatient care means more of these students attend school. One chronic condition is asthma. 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. Most asthma episodes can be prevented with the proper care and attention along with clear communication between parents and school staff. Studies show positive changes in the severity and frequency of the chronic condition when children receive individualized attention by a school nurse. (Lamb, 1998). Guttu (2004) also noted school districts with a lower nurse to student ratio were more likely to identify children with chronic illnesses, and nurses were more likely to be involved in their care.

Other successful school nurse interventions include positive changes in smoking (Cameron, 1999) and alcohol use among school-aged children (Werch et al, 1996). Studies also showed states with better school-nurse-to-student ratios had smaller percentage of teen mothers and higher graduation rates (Fryer & Igoe, 1995).

The National Association of School Nurses endorses a nurse to student ratio of 1:750, but few school systems consistently achieve this ration. Currently in North Dakota, there is 1 nurse for every 4,717 students based on 23.8 full-time equivalences.

Funding for school health programs in North Dakota is very limited. Currently, the Dakota Medical Foundation is funding a 1.2 million dollars school nursing project over a five-year period in Grand Forks and Fargo. The project is in the third year. Other funding sources include grant dollars from the Title V Maternal Child Block Grants given to Public Health Units. Some Public Health Units choose to use some of these dollars to help fund school nursing services. Title V grant funds also funds a .3 FTE State School Health Coordinator Position. Across the state some PTO/PTA's use some of their fundraising monies to fund school nursing services and a few schools in the state use special education dollars to fund school nursing services. However, there are no designated state dollars specified for school health nursing services. The 4 million requested in the OAB has the potential of increasing the nurse to student ratio to one nurse to 1600

students. This is based on the following formula:  $(107,564 \text{ student K-12} \div 1600 \times \$30,000 \text{ per FTE})$ .

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 U.S. 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.

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.

A 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 your careful consideration of funding the requested Optional Appropriation Budget attached to SB 2004.

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Testimony on SB 2004  
March 2, 2005  
By  
Kathy Lampman, RN  
Child Care Nurse Consultant

Chairman Delzer and Members of the Human Resources Division of the House of Appropriation Committee. I am Kathy Lampman, a Child Care Nurse Consultant for Child Care Resource & Referral (CCR&R) in southwest North Dakota. Child Care Resource & Referral is a statewide program with offices in Bismarck, Minot, Fargo and Grand Forks that helps parents find childcare and train and support providers through phone and on-site consultation services to in-home and center providers.

I am asking you to consider supporting the childcare nurse consultants as part of the Healthy North Dakota Initiative. The funding requested is \$490,000 that will support six childcare nurse consultants (statewide) and one nurse to coordinate state activities. The nurses would work out of CCR&R offices, which are non-profit agencies.

**The Need:**

The child care nurse consultants bring unique expertise to a child care industry that faces the challenges of an annual loss of 400 providers (25%) and the integration of an equal number of new providers who, without any pre-service training requirements, provide care for children's health, safety, development and school readiness preparation.

Licensing regulations impose minimum health and safety requirements for compliance, or "the floor below which no program could operate" (CFOC 2<sup>nd</sup> ed., 2002) As such, licensing regulations offer minimum protection for children's health and safety.

**The Role:**

The nurse consultants have a broad and general understanding of many issues related to child health, safety, development, and care, and are able to respond to problems presented by the childcare provider and recognize problems that might go undetected by the child care provider or families. In addition, the nurse consultant enhances the ability of the childcare program to provide high quality care by acting as a resource to arrange for the provision of health services and health education. In other words, the nurse serves as a link between the program and qualified experts, such as mental health specialists,

early intervention specialists or certified playground safety inspectors. Other roles are in the areas of advocacy, resource development, referral, policy development and health education.

**The Responsibilities:**

Typical health responsibilities expected of a childcare nurse consultant would be:

- Overseeing medical care plans
- Training in medication administration
- Training in use of equipment for children with special needs
- Development and implementation of policies on communicable diseases
- Nutrition education, menu planning and food safety procedures
- Overseeing safety policies in emergency preparedness, transportation and safe outdoor play areas.

The landscape of childcare has changed dramatically in the last 20 years. Today, childcare is a necessity to our families and a fixture in our communities. A majority of North Dakota's mothers (76%) work outside the home, and a majority of our state's children (85,000) spend at least a portion of each day in the care of someone other than their parents.

For our youngest citizens, out-of-home care is even more prominent. Sixty-one percent (61%) of mothers with infants and toddlers (ages 0 to three years) work. If children are in good childcare settings, they will thrive, gain higher cognitive and language abilities and achieve higher levels of school readiness. Their parents, assured their children are well cared for, will be more reliable, productive employees.

Child Care Resource and Referral has the ability to deliver training and consultation support to providers in our state. We need, however, the expertise of nurse consultants to stand ready to lend assistance, support and expert information to address the most basic health and safety care needs of our most vulnerable citizens.

Investment in high quality childcare is an investment in the future of our state.

I urge your careful consideration of funding the Child Care Nurse Consultants as part of the Healthy North Dakota Initiative.



	# Regulated & Unregulated Providers	Capacity	# Licensed # Providers	Capacity	One CCHC per 300 providers	One CCHC per 5,000 Children	Consultants per Quadrant
Minot Quadrant	715	6293	252	4432	0.8	0.89	0.75
Region 1	172	1,294	55	790	0.2	0.16	
Region 2	543	4,999	197	3,642	0.7	0.73	
Grand FksQuadrant	975	8,432	317	6,105	1.1	1.22	1.25
Region 3	567	3,218	85	1,660	0.3	0.33	
Region 4	408	5,214	232	4,445	0.8	0.89	
Fargo Quadrant	1114	14,423	645	12,270	2.2	2.45	2.5
Region 5	828	11,706	507	10,187	1.7	2.04	
Region 6	286	2,717	138	2,083	0.5	0.42	
Bismarck Quadrant	873	9,345	439	7,875	1.5	1.6	1.5
Region 7	680	7,439	334	6,282	1.1	1.26	
Region 8	193	1,906	105	1,593	0.4	0.32	
	3,677	38,493	1,653	30,682	6	6	6.00

Total CCHC in CCR&R \$ 420,000

State Coordinator 70,000

**Total \$490,000**