

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2321

2005 SENATE HUMAN SERVICES

SB 2321

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SB 2321**

Senate Human Services

Business and Conference Committee

Hearing Date February 08, 2005

| Tape Number | Side A | Side B | Meter # |
|---|--------|--------|----------|
| 1 | x | | 280-3036 |
| | | | |
| | | | |
| Committee Clerk Signature <i>Cathy Minard</i> | | | |

Chairman Lee opens hearing on **SB 2321**

Relating to health council membership inclusion of an enrolled member of a federally recognized tribe.

(tape 1, meter # 280)

Senator Bercier - Introduced the bill - this bill will provide for two new positions to State Health Commission. He talked of a tribal person being brought into this was brought on from a recent meeting. He said that everyone was in agreement that this would be a good idea. In the past there hasn't been the participation they would have liked to see. He passed out an amendment that adds a tribal person from a federally recognized tribe.

Senator Lee - Asked what the impetus was to include someone from the food service industry.

Bercier - Referred the question on

Senator Dever - Asked if this had been given consideration before when the Health Council was developed.

Bercier - Said a lot of boards in the state do not show tribal representation. This is a positive step for the board to put in a tribal person. He said litigation is more expensive than cooperation. A lot of things could be settled with persons represented.

Cheryl Coolis - Director of the Indian Affairs Commission - In support of this bill - Said the importance of having membership on the State Health Council would be to address some of those issues we have in collaboration relationship between Health Department and Indian Health.

Dave Peske - ND Medical Association - In support of this bill but asks not remove one of the four health care providers. There is one physician, one pharmacist, one long term care provider and one hospital administrator. The council is charged with dealing with health policy in the state of ND. He is pleased to support this now that Senator Bercier is calling for retaining four positions.

(meter # 1443)

Howard Anderson - Executive Director of the ND State Board of Pharmacy - See written testimony.

(meter #2000)

Kelly Carlson - Public health liaison for ND - See written testimony.

Senator Brown - Asked if there had been native names submitted to the council and have they been rejected or not submitted.

Page 3

Senate Human Services

Bill/Resolution Number **HB 2321**

Hearing Date February 08, 2005

Carlson - Said she doesn't have that information, but said there is not much turn over on the council.

Anderson - Replied State Health Council members are appointed by the governor. The Health Council has very little impute on who the governor appoints.

Bill Baird - At large member of the ND Indian Affairs Commission - He stated 80 years ago the American Congress recognized the Indian population as US citizens and with that came statesmanship. He said the fastest growing segment of ND population are the reservations. Or 50% of reservation population are 18 years and younger. He mentioned several positive things that are happening and believes that this bill is very timely and would like it considered.

Closed the hearing on 2321.

(meter #3036)

Senator Lyson - move do pass on amendment

Senator Warner - seconded

Senator Lyson - do pass on amended bill

Senator Warner - seconded

Senator Lyson will carry

FISCAL NOTE

Requested by Legislative Council
02/10/2005

Amendment to: SB 2321

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

| | 2003-2005 Biennium | | 2005-2007 Biennium | | 2007-2009 Biennium | |
|----------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|
| | General Fund | Other Funds | General Fund | Other Funds | General Fund | Other Funds |
| Revenues | | | | | | |
| Expenditures | | | | | | |
| Appropriations | | | | | | |

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

| 2003-2005 Biennium | | | 2005-2007 Biennium | | | 2007-2009 Biennium | | |
|--------------------|--------|------------------|--------------------|--------|------------------|--------------------|--------|------------------|
| Counties | Cities | School Districts | Counties | Cities | School Districts | Counties | Cities | School Districts |
| | | | | | | | | |

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

SB 2321 adds two new members to the health council. One new member must be a North Dakota resident and an enrolled member of a federally recognized tribe. The other new member must be from the food service industry.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Council members receive \$62.50 per day and are reimbursed for travel expenses at state rates. The addition of these two members will not make a significant impact in our budget.

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

| | | | |
|----------------------|----------------|-----------------------|------------|
| Name: | Kathy J. Albin | Agency: | Health |
| Phone Number: | 328.4542 | Date Prepared: | 02/10/2005 |

PROPOSED AMENDMENTS TO SENATE BILL NO. 2321

Page 1, line 3, after "tribe" insert "and a representative of the food service industry"

Page 1, line 8, overstrike "eleven" and insert immediately thereafter "thirteen"

Page 1, line 9, remove the overstrike over "~~four~~" and remove "three"

Page 1, line 12, after the comma insert "one individual from the food service industry."

Renumber accordingly

Date: 2-8-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB2321

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken No Pass amendment

Motion Made By Lyson Seconded By Warner

| Senators | Yes | No | Senators | Yes | No |
|---------------------------------|-----|----|------------------|-----|----|
| Sen. Judy Lee - Chairman | ✓ | | Sen. John Warner | ✓ | |
| Sen. Dick Dever - Vice Chairman | ✓ | | | | |
| Sen. Richard Brown | ✓ | | | | |
| Sen. Stanley Lyson | ✓ | | | | |
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Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

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

Date: 2-8-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. *SB 2321*

Senate **Human Services** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Lyson Seconded By Warner

[illegible]

Total (Yes) 5 No 0

Absent

Floor Assignment Sen. Tyson

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

REPORT OF STANDING COMMITTEE

SB 2321: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2321 was placed on the Sixth order on the calendar.

Page 1, line 3, after "tribe" insert "and a representative of the food service industry"

Page 1, line 8, overstrike "eleven" and insert immediately thereafter "thirteen"

Page 1, line 9, remove the overstrike over "~~four~~" and remove "three"

Page 1, line 12, after the comma insert "one individual from the food service industry."

Renumber accordingly

2005 HOUSE HUMAN SERVICES

SB 2321

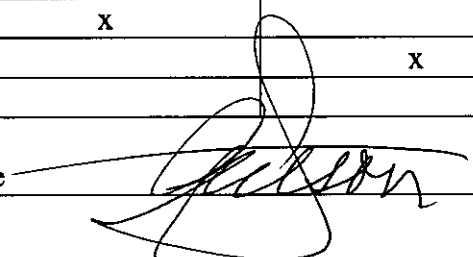
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2321

House Human Services Committee

☐ Conference Committee

Hearing Date 3/1/05

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|-----------|
| x | x | | 3863--end |
| x | | x | 0--170 |
| | | | |
| Committee Clerk Signature  | | | |

Minutes:

Chairman Price: Opens the hearing on SB 2321.

Kelly Carlson, Health Liaison, North Dakota Department of Health: (See Attached Testimony)

Representative Devlin: (4223) This committee is very mindful of the Sovereign Nation Status of all of the Reservations. There is nothing that the health council does that would try to regulate something within the Sovereign Nations - we are not crossing boundaries?

Kelly Carlson: The health council - they reveal more of the statewide policies, and with the Healthy North Dakota Disparity Committee, more of the health issues are becoming more visible. That is why it is important to have the Native American representative to address some of the Native American issues. I can't see that being an issue, but Mr. Anderson can maybe answer that.

Chairman Price: Any one else testifying in favor of this bill?

Howard Anderson, Executive Director of the ND State Board of Pharmacy and member of

the Health Council: (4368) Representative Devlin's questions about regulating on the

Reservation - obviously the rules that we adopt in the state of North Dakota don't apply to the Reservations, and I don't think there is an intention to do that. Native American issues are very important for the health of North Dakota, and our state health officer Dr. ?????? Feels that we have some significant gaps in Native Americans, particularly in preventive care, child care, case management, and so forth. The Indian Health Service is very good at taking care of you if you go in there and need care, but some of those other things they haven't always had the money for, and the personnel for. That is what we most focus on through the state health department. (See

Attached Testimony)

Chairman Price: (4799) When you talk about the Sovereign Immunity though, if you have a restaurant located within the Reservation, aren't they required to meet the same standards or not?

Howard Anderson: I am not certain about that. My guess is that if they are on the Reservation, probably not. They could voluntarily ask the Health Department to come and inspect, but I don't think we have the authority to do so. Like myself, I go on the Reservation as a Pharmacist at their invitation only. We do not license them and do not have any authority over them. I cannot answer that question specifically.

Chairman Price: That would follow through with environmental or sanitation issues? I have requested the agenda of the Health Council whenever you meet, just so I could see what is in front of them. There is a number of issues that I would see as a resident of North Dakota

traveling through that area, I would assume that they would be the same standards, but apparently I am wrong.

Howard Anderson: I cannot answer that specifically. I believe if you go to a restaurant on the Reservation, you are relying on the inspection procedures of the tribe. I could be wrong.

Chairman Price: Anyone else testifying in favor?

Austin Gillette, 3 Affiliated Tribes Representative: I did not intend to get up and say something, but the response Dr. Anderson gave regarding at least Fort Berthold. We have in place an agreement with Human Health Service where they do the inspections of our Casino, and they come in with the white glove treatment and the whole thing. We also have a inspection of our stands that sell food services during our annual Summer Festival. If they do not meet the standards, they are not allowed to sell their food. The concern is legitimate about the sanitation, but we generally have adopted the state standards on restaurants for sanitation purposes, so when we jump to the other area of health care and so forth, input from tribal members is important because they have concerns and sometimes disparity in health care because many times they do not understand or do not read the regulations - so we need an advocate in that place. It is far more easy for me to trust another tribal member than a nonmember. Be that as it may. With that, I am here to support the request.

Representative Nelson: (5294) Mr. Gillette, I am trying to understand the public health component on Reservations. In your situation, is there a public health clinic on the Reservation? How is the public health utilized within the boundaries of your Reservation?

Austin Gillette: The Indian Health Service at Fort Berthold, we have a clinic only, we do not have a hospital. Although that is going to be changing shortly. So, we provide the basic of

patient care. If I have a serious problem, then I end up in Minot and Bismarck. The tribe itself contributes approximately about half a million dollars towards health care for ambulatory transportation. It is not a perfect system, but it is the only one we have. The state does not provide anything up there if that is what you are asking?

Representative Nelson: My question was the county health component.

Austin Gillette: We do work out arrangement from time to time with the counties regarding child placement, elder care, hospice.

Kelly Carlson: The Reservations are included within the local public health unit. Fort Berthold is within upper Missouri and First District. However, what was identified during the assessment, even though they are in the coverage area and have the authority to provide services, the collaboration or communication is weak. So some of the Native American members probably won't seek services from them, and because the communication isn't there, some of the services that are even available, they are not even aware of. That is one of the reasons for this bill. This might be the first step to help us have the communications we need, and make those services more available.

Representative Nelson: (5689) Is that true Kelly, in Turtle Mountain for example, when they are not in the multi-county situation, and they are a single county, is that same problem in existence there as well?

Kelly Carlson: Yes it does. The services are just not well know.

Chairman Price: Anyone else in favor?

Carol Two Eagle, Founder, CEO of Food Wagon: Every Reservation has an inspection service. When we bought this wagon, there was some information that was not given to us about

the history of it. It took 186 hours to clean the wagon to where we thought it would pass inspection. When we took it in for the first inspection, the inspector went and got two other inspectors and they all applauded. They had thrown this wagon out for food violations in the past, and now they hold our wagon up as an example of how it is supposed to be done. They are very strict, especially if someone has a bad history. They check everything. Because of Sovereignty, we do not have to be checked by the state unless we go off the Reservation. Just because we serve on both sides of the state's cultures, we have a state license as well. They also are extremely thorough. We have found that if we go into Bismarck, that the inspection procedure is more thorough than the states. If you go on the Reservation, the odds are that it has been inspected by the state.

(Tape 1, Side B)

Senator Bercier: Basically what the bill does is add a tribal person to the council, and it also afforded the health council an opportunity to add a food service industry person. With that there is not a whole lot else I can say about the bill. I am open to any questions.

Herb Wilson, MD, 43 years on the Fort Berthold Reservation and 8 on Standing Rock: I am for this bill and I would just like to point out that all of the health problems and all that people have and the complexity of it all, it certainly would be important that someone representing the Native Americans would be on this health council.

Chairman Price: Any questions for Dr. Wilson? No response. Anyone else in favor? Any opposition? Close the hearing on SB 2321.

Page 6
House Human Services Committee
Bill/Resolution Number SB 2321
Hearing Date 3/1/05

Chairman Price opened discussion on SB 2321.

Rep. Porter: I recommend a **DO NOT PASS**.

Rep. Weisz: Second

Rep. Devlin: I believe that we have to be able to open up discussion's with tribal entities.

Rep. Porter: I have no problem with ex-officio members, my problem is with paying for this additional situation.

Rep. Uglem: Does the Health Council really have the power?

Rep. Weisz: I agree with Rep. Porter. The board is to big and not really needed.

Vote: 6-3-3.

Carrier: Rep. Porter

MR# 2347

Date: 3/1/05

Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2321

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken

Do Not Pass

Motion Made By

Rep Porter

Seconded By

Rep Weisz

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------|-----|----|-----------------|-----|----|
| Chairman C.S. Price | ✓ | | Rep.L. Kaldor | AB | |
| V Chrm.G. Kreidt | ✓ | | Rep.L. Potter | | ✓ |
| Rep. V. Pietsch | ✓ | | Rep.S. Sandvig | AB | |
| Rep.J.O. Nelson | | ✓ | | | |
| Rep.W.R. Devlin | | ✓ | | | |
| Rep.T. Porter | ✓ | | | | |
| Rep.G. Uglem | ✓ | | | | |
| Rep C. Damschen | AB | | | | |
| Rep.R. Weisz | ✓ | | | | |
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Total () 4 No 3

Absent

3

Floor Assignment

Rep Porter

on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 3, 2005 2:20 p.m.

Module No: HR-39-4099
Carrier: Porter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2321: Human Services Committee (Rep. Price, Chairman) recommends DO NOT PASS (6 YEAS, 3 NAYS, 3 ABSENT AND NOT VOTING). SB 2321 was placed on the Fourteenth order on the calendar.

2005 TESTIMONY

SB 2321



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

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Harvey J Hanel, PharmD, R.Ph.
Bismarck, Senior Member
Gary W. Dewhirst, R.Ph.
Hettinger
Rick L. Detwiller, R.Ph.
Bismarck
Bonnie J. Thom, R.Ph.
Granville
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

Senate Bill #2321
9:00 AM - Tuesday - February 8, 2005
Senate Human Services Committee - Red River Room

Chairman Lee, members of the Senate human Services Committee, for the record I am Howard C. Anderson, Jr. R.Ph., Executive Director of the North Dakota State Board of Pharmacy and here as a current member of your Health Council.

The Health Council has taken no formal action on this bill, and does not intend to.

However, the members of the Health Council received the Bill information and asked me, as one of their long-term Health Council Members, who happens to be in Bismarck most of the time, to summarize their comments for you.

Health Council Members almost unanimously expressed their concern, that they did not want to eliminate one of the four persons from the health care field. The Council Members answered the query, including the public members, who are in the majority on the Health Council, felt that the four persons should remain. If we were to add a resident who is an enrolled member of a federally recognized tribe, it should be in addition to the current 11 members on the Health Council. The cost of this is actually very small.

Health Council Members have expressed some concern that when Native Americans were on the Council in the past, there was some difficulty getting them to attend the meetings. I talked with Senator Bercier about this, and perhaps a consistent method for recommending an appointment to the Governor, participated in by all of the Tribal Governments, would give this person encouragement to attend the meetings. Native American issues are certainly important in the health care of North Dakota, Dr. Dwelle, the State Health Officer feels that there are significant gaps in Native American health care, particularly in the areas of prevention, prenatal treatment and disease state management.

Certainly, an effective way to bring Tribal concerns to the Health Council and to bring the Health Council to the Tribes, would be a positive step.

Thank you for your time and allowing me to testify.

RECEIVED

DEC 02 2004

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September 14, 2004

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(Consumer)
8/1/99 - 7/31/05
328-7300 (w) 255-4107 (h)

Everette Enno 7-1-91 to 7-1-94
Trenton (public)

Lori Garcia 7-1-91 to 7-1-94
Devils Lake (public) she was no longer a member as of 5-21-93

Duane Gourneau 7-1-88 to 7-1-91 and 7-23-86 to 7-1-88
Belcourt (consumer) (to fill an unexpired term)

Mike Yellow Bird 7-1-85 to 7-1-88
Sanish (consumer) resigned by 7-23-86

David Gipp 7-1-77 to 7-1-79
Bismarck (layman) (to fill an unexpired term)

Testimony

Senate Bill 2321

Senate Human Services Committee

Tuesday, February 8, 2005; 9 a.m.

*Same
given to
House*

North Dakota Department of Health

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Kelly Carlson, and I am the local health liaison for the North Dakota Department of Health. I am here today to provide information about Senate Bill 2321.

During the fall of 2003, the North Dakota Department of Health began the process of assessing public health performance across the state in an effort to ensure the delivery of essential public health services to the people of North Dakota. The department used assessment tools from the National Public Health Performance Standards Program, an initiative developed by national partners and led by the U.S. Centers for Disease Control and Prevention. The purpose of the program is to provide measurable performance standards that center on the 10 Essential Public Health Services, focus on the overall public health system, describe an optimal level of performance and support a process of quality improvement. The assessment allows communities to identify their perceived public health needs and to engage in performance improvement strategies.

It was very important to include the tribal health systems as part of the statewide assessment because the health systems within the reservations tend to function as separate entities even though they are officially part of the local public health jurisdiction in the counties where they are located.

The Three Affiliated Tribes on the Fort Berthold Reservation completed the assessment as a pilot site. Key participants included representatives of Tribal Health, Indian Health and the Tribal Business Council, as well as program managers, Tribal elders and others. The assessment process identified "improve communication and coordination of services within the tribe and at the state and federal level" as the priority area to be addressed. A key action determined by assessment participants is the need for a Native American representative on the State Health Council.

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



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

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Bismarck
Bonnie J. Thom, R.Ph.
Granville
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

Senate Bill #2321
9:00 AM - Tuesday - March 1, 2005
House Human Services Committee - Fort Union Room

Chairman Price, members of the House Human Services Committee, for the record I am Howard C. Anderson, Jr. R.Ph., Executive Director of the North Dakota State Board of Pharmacy and here as a current member of your Health Council.

The Health Council has taken no formal action on this bill, and does not intend to.

However, the members of the Health Council received the Bill information and asked me, as one of their long-term Health Council Members, who happens to be in Bismarck most of the time, to summarize their comments for you.

Health Council Members almost unanimously expressed their concern, that they did not want to eliminate one of the four persons from the health care field. This Bill was amended in the Senate to keep the four healthcare members of the Council and to add an enrolled member of a Federally recognized tribe, and one individual from the food service industry. The cost of this is actually very small.

Health Council Members have expressed some concern that when Native Americans were on the Council in the past, there was some difficulty getting them to attend the meetings. I talked with Senator Bercier about this, and perhaps a consistent method for recommending an appointment to the Governor, participated in by all of the Tribal Governments, would give this person encouragement to attend the meetings. Native American issues are certainly important in the health care of North Dakota, Dr. Dwelle, the State Health Officer feels that there are significant gaps in Native American health care, particularly in the areas of prevention, prenatal care and disease state management.

I have included a list of tribal members who have served on the Health Council in the past and a list of your current Council Membership

Certainly, an effective way to bring Tribal concerns to the Health Council and to bring the Health Council to the Tribes, would be a positive step.

Thank you for your time and allowing me to testify.