2009 SENATE HUMAN SERVICES

SB 2333

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-27-09

Recorder Job Number: 7843, 7925

Committee Clerk Signature Mary K Monson

Minutes:

Vice Chair Senator Erbele opened the hearing on SB 2333 relating to immunizations administered by public health units; and to provide for legislative intent.

Senator J. Lee (District 13) introduced SB 2333 as a sponsor. She gave a little background on this bill and addressed the funding of it.

She said they want to make sure children get all the appropriate vaccinations they need. This bill has to do with (a) how to pay for it and (b) how it will be billed.

Terry Traynor (ND Association of Counties) testified in support of SB 2333. He said they are also committed to immunizations in ND. The last two years there has been a significant amount of frustration as they have tried to implement the changes that have come about. From the county commission perspective, most of them understand the theory behind how it is supposed to work – counties will be front ending the costs of acquiring, storing, and administering the vaccine and covering the administrative costs of billing and collecting. The way they budget they are seeing that the money isn't coming in as they hoped. Some of the full cost is not reimbursed. There is also a concern about the equipment needed to store the vaccines.

Senator J. Lee said earlier there had been discussions about emergency medical services about the overlapping boundaries with EMS districts and different sources of mill levis to support. She thought there might be some of the same boundary type questions since not all public health units are divided on county lines. She asked Mr. Traynor if he had any observations about challenges for the counties in their budgeting when they may be a part of a larger public health unit rather than just a sole county public unit.

Mr. Traynor said the situation is probably different because they do have statutory requirements that all counties are in a health unit. Either they are in a multi county unit which stops at one or the other county line or they are in a single that stops at their county line. They don't have the situation like EMS. There may be some concerns in the multi county districts with who is carrying the administrative load.

Senator J. Lee said there is a great disparity from one public health unit to another in what is available for services because the funding isn't there. She asked if he had any comments on that.

Mr. Traynor said some counties in multi county districts are very supportive of that. Some of the more recently created single county health districts are concerned that involvement in a multi county district would enhance the services that they are forced to provide and increase their costs.

Dan Ulmer (BC/BS) provided information that shows what has happened over the last few years with immunizations. (Attachment #1)

Senator J. Lee asked about the delay w/reimbursements and if there was anything that touches BC/BS with the delay.

Mr.Ulmer couldn't answer the question.

Senator J. Lee sees this as a two part deal (1) how do we make sure we have as many kids vaccinated and immunized in the state as possible and (2) how do we bill and pay for it.

Senator Heckaman spoke in support of SB 2333 as a sponsor. She recently attended a legislative conference and this was one of the issues. The CDC is getting concerned about immunizations because they are decreasing in some parts of the country. One reason is the cost and another reason is that parents are not seeing evidence of these diseases so they feel they have been eradicated. As a result, the diseases are starting to spring up again. The CDC is afraid as this happens there will be stronger strains than they were originally.

There was no opposing testimony.

Keith Johnson (Administrator for Custer Health in Mandan) said they are basically in favor of anything that increases access and doesn't cause them to lose money. That was the task he placed before the committee. Universal is a way to increase access and simplifies the process. He proposed amendments to (1) delete the language that says "administered by public health units" (2) in line 9 after word nineteen insert the words "according to guidelines of the advisory committee on immunization practices" and (3) the legislative intent could be modified to just say "be used for childhood immunization". It might not be necessary at all and could possibly be deleted. The 317 funds are federal funds and if they tell us to spend them in a certain way, it won't matter what the legislative intent is.

Senator J. Lee said, if she understood correctly, there is a portion of 317 funds that are obligated for adult use as well. There was intent in a previous session that we maximize the use of the 317 funds and other federal funds available for children's immunizations.

Mr. Johnson explained what the process is now for an immunization clinic. (Meter 20:20)

Molly Sander (Dept. of Health) explained billing systems and two types of federal funding for vaccine allotment (1) VFC – Vaccine for Children program and (2) 317 – a discretionary fund. She addressed some of the billing problems.

Senator J. Lee asked the intern to include in the amendment that PERS will consider the public health units part of the network for adults covered under PERS.

The ND Immunization Advisory Committee chose the current programs or special projects that are currently being done under the 317 program. Part of the 317 funds being directed toward adult vaccines was addressed.

Lisa Clute (Executive Officer First District Health Unit) said when they are providing vaccines they identify which category the person is in. Either they are VFC, insurance, or 317. They went from a very easily administered program to a more complicated program. The transition between the two programs has been difficult.

Senator J. Lee asked what the biggest challenge was. If they didn't have to deal with the billing part would that make it easier?

Ms. Clute, speaking for the First District Health Unit, said the billing process was difficult, was a big learning curve and takes a lot of time. That's why for her the biggest issue is subsidies that the local public health units are putting into this program. The biggest concern is that they want access but they don't want to lose money. Because of the amount of time this program takes to administer it has increased the amount of staff they have put on. Either hired new staff or redirected staff. That has created deficits out in the local communities. Another challenge is that people are leaving their medical homes and going to public health units.

Senator J. Lee asked if the information on a person coming into a public health unit for immunizations could be shared electronically with the primary care provider.

Molly Sander answered that they do have the ND immunization information system – the state immunization registry. All the health units and any immunization providers as well as schools have access to that.

There was no further testimony.

The hearing on SB 2333 was closed.

Job #7925 (Meter 01:15)

Committee discussion centered on the FN, the chart from BC showing immunizations going up due to catching up, and new vaccines that are also adding to the cost.

Senator J. Lee asked Molly Sander to talk about the Advisory Council.

Molly Sander explained that the ND Immunization Advisory Committee would make recommendations and choose which vaccines were offered through the state before vaccine financing happened. After the transition they were used to decide what the special projects would be for the 317 programs as well as dealing with other issues.

Senator J. Lee asked if their input was helpful or if the recommendations might not be the choice the Department of Health might have.

Ms. Sander said she doesn't always agree with what the committee decides but for the most part she does.

Senator J. Lee asked if they had the latitude to change contractors for billing.

Ms. Sander didn't think it was mandated that they use the UND for the billing but a lot has been invested with them in this process so would be a difficult move to go with someone else. BC is working on an electronic transfer of data to UND so she is hoping that will speed things along so reimbursement to a health unit happens quicker.

They do have the ability to switch if they choose to do so.

Senator J. Lee asked if the committee thought it was important to figure out a way for all kids to get fully immunized based on what the recommendations are. If that is the goal the next step is to figure out who is paying. The private providers are part of this too.

Some public health units are taking some type of financial hit with the administration but not all of them. She suggested there might be another way to deal with the administration of this – possibly some kind of an administration network.

Some discussion on what Minnesota and South Dakota does with these programs and vaccines.

Also discussed was the cost of vaccines. The question was posed - How do we find the cheapest possible cost for all vaccines that are being provided to every source. Is there any way private providers can have access to the lower cost vaccines. Vaccines can be purchased off the federal contract only with state or federal funds.

Group purchasing organizations were explained.

FQHC's (federal qualified health centers) were discussed as well as regional networks.

Senator J. Lee adjourned the committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-28-09

Recorder Job Number: 8051

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee opened committee discussion on SB 2333 and provided an amendment for a place to start. Attachment #2. She explained the possibility of having an administrative network and having it modeled after the Regional Education Associations – the REA system. She asked Arvie Smith how the emergency preparedness and response regions are laid out.

Ms. Smith said they are laid out to work best with how local public health is laid out. Ideally they would have liked to have modeled after human services to have some consistency but that wasn't possible. They aren't statutory or by rule. They are in collaborative work with local public health.

Senator J. Lee explained the amendment.

Participation being voluntary or mandatory was discussed.

Senator Heckaman indicated that she would like to hear testimony from those involved to see what they think of it.

Senator J. Lee agreed and asked Arvie Smith for any comments from the health department points of view.

Ms. Smith said she thought they were making it more voluntary except for the four required network services including immunizations. She thought it was being built that the local public health could opt to stay out but then they wouldn't receive additional funding.

Relating to immunizations the challenge is maintaining inventories of numerous vaccinations in three different pockets of funding. That doesn't go away by going universal so that issue is still there. Other challenges are the billing and responding to insurance questions.

This forms an incentive package for administrative networks for all the public health services. It goes beyond immunization.

Senator J. Lee said the plan would be that there would be incentives to participate.

Ms. Smith – the funding is for the purpose of Regional Public Health Networks.

Boundaries were talked about.

The pricing and distribution issues were addressed. There was uncertainty whether further discounts could be received through bulk purchasing.

Senator J. Lee asked Ms. Smith what was in the health department budget that would relate to immunization.

Ms. Smith replied that there is federal funding that also goes to local public health units – not vaccine funding. There is appropriation authority without money behind it.

More discussion on the funding of immunizations and incentives took place.

Senator J. Lee indicated that there might be a second public hearing on the bill.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-02-09

Recorder Job Number: 8330

Committee Clerk Signature Mary K Monson

Minutes:

Vice Chair Senator Erbele opened a second public hearing on SB 2333 relating to immunizations administered by public health units; and to provide for legislative intent.

Senator J. Lee (District 13) explained that in the course of discussions on how to fund immunizations from the first hearing it was learned that administration was a really big component of that cost and frustration issue. This is a big change that addresses vaccines and has some options available that may be practical. There are also other amendments that are being proposed.

She talked about the voluntary collaboration of services.

She said they were speaking about the proposed amendment 90830.010.

Lisa Clute (Executive Officer of First District Health Unit) said they had met as Administrators throughout the local public health units throughout the state and have had several discussions with regards to the amendments. She said they were real excited about SB 2333 and would be more excited if their amendments were considered. (Attachment #3) She explained the amendments.

Don Shields (Director of the GF Public Health Dept.) provided testimony in support of SB 2333. Attachment #4

Ruth Bachmeier (Director at Fargo Cass Public Health) also testified in support of SB 2333. See attachment #5.

Deb Flack (Administrator at the Richland County Health Dept.) testified in favor of SB 2333. See attachment #6.

Senator J. Lee asked if by reducing the services from five to three and the other language in the amendment that the economy of the local public health units is adequately addressed.

Ms. Flack – yes, as long as each area is looking at what will work for that area.

Inventory management and the differences between a health district and a health unit were discussed.

There was no opposing testimony.

Arvie Smith from the Department of Health appeared to answer questions.

Senator J. Lee asked if they were ok with both sets of amendments.

Ms. Smith said the intent was to continue the local identity and if that was changed it would need to be looked at. She was a little concerned about reducing the number of services to be put into the network.

Senator Heckaman asked how long the Dept. has been working on the concept of regional health units.

Ms. Smith said a couple of sessions ago there was a study recommended by the legislative assembly which was reported back. They were just asked a few days ago to work with the attorney in drawing up a concept of what this might look like.

Senator J. Lee took responsibility for the subject coming up at this time and said the REA basis is a good foundation from which to try to start.

Discussion continued on the idea and how it was put together.

The hearing on SB 2333 was closed.

Senator J. Lee didn't like the haste in putting this together although she liked the concept. She relayed concerns from her local health unit.

Senator J. Lee addressed incentives and asked how to provide them for doing the additional things. She felt the regionalization concept is important to follow up on. The question is how to do it in a way that is fiscally responsible and provides incentives.

Senator Heckaman was concerned that public health units who choose not to join would be penalized.

Senator J. Lee said that was the point of the incentive program. The funds are incentive funds for the people who are collaborating.

Senator Heckaman explained her concerns.

Senator Dever said it seemed to him it would be useful to see a map of the public health units. Those maps were provided. See attachment #7.

Senator J. Lee reminded the committee of the summary to the amendment to SB 2333 which explained the amendment (attachment #2). She thought it might be helpful as they consider what they want to do.

Possible ways of distributing the funds was discussed.

Attachment #8 is additional information.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-03-09

Recorder Job Number: 8530

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee called the committee to order to discuss SB 2333 and the proposed amendments. She suggested moving both amendments forward into one amendment so they have it to look at for final consideration.

There was a brief discussion on whether there should be more than three functions on some of these – maybe an incentive for those with three if they add something new.

Lisa Clute said the reason they suggested three and not five was in talking with the schools that is what they started with. It will still require work to get that together.

Senator Dever said his understanding was that the schools didn't have collaboration before so they started with three.

There was discussion that there was some collaboration in the areas of sports, vocational program and things like that.

Ms. Clute said in reality they are looking at five or six services. It will mandate three and then gives a listing of optional. That is different from what the schools started with.

Discussion continued with how the amendments affect the original fiscal note. The total amount hasn't changed.

The two amendments will be combined for the committee to take action on.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-04-09

Recorder Job Number: 8608

Committee Clerk Signature	Mary K Mason

Minutes:

Senator J. Lee called the committee to order to look at the amendments for SB 2333.

The amendment was reviewed.

Lisa Clute said one of the issues has been how to consolidate the billing for immunizations. It is the most complicated piece to consolidate. It was moved to optional and they are ok with it as long as it isn't a mandate.

The amendments with the inclusion of deleting lines 7-13 on page 1 which would result in changing the title was discussed and agreed on by the committee.

Senator Erbele moved to **adopt the amendments as proposed with the deletion of lines 7-13 on page 1.**

Seconded by **Senator Pomeroy**.

Roll call vote 6-0-0. **Amendment adopted**.

Senator Erbele moved a **Do Pass as Amended and rerefer to Appropriations.**

Roll call vote 6-0-0. Motion carried.

Carrier is Senator Heckaman.

FISCAL NOTE

Requested by Legislative Council
05/02/2009

Amendment to: Engrossed SB 2333

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.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$1,475,000	$1,200,000	$1,475,000	$1,200,000
Appropriations			$1,475,000	$1,200,000	$1,475,000	$1,200,000

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

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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

The amendments to this bill add a regional public health network taskforce, an appropriation for the funding of a regional public health network pilot project, and an appropriation for immunization services from federal fiscal stimulus funds with a general fund contingency of the same amount.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

In section 1 regional public health networks are established that correspond to one of the emergency preparedness and response regions established by the state department of health. The networks will share a minimum of three administrative functions and a minimum of three public health services. Participation by local public health units is voluntary. There is an appropriation of $275,000 included in section 5 for this purpose.

Section 2 sets up public health network task force to establish protocols for the regional public health networks.

Section 3 of this bill contains an appropriation of $1.2 million from federal fiscal stimulus funds to local public health units to provide statewide immunization services. If federal fiscal stimulus funds are not available, section 4 includes a contingent appropriation of $1.2 million from the general fund to local public health units for the same purpose.

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.*

The state department of health will provide funding for regional public health networks based on a formula established by the state health council in consultation with the local public health units. Total allocation from the general fund for regional public health units would be $275,000.

The bill appropriates $1.2 million from federal fiscal stimulus funds to provide statewide immunization services. If

federal fiscal stimulus funds are not available there is a contingent appropriation for the same amount from the general fund. It also appropriates $275,000 from the general fund for a regional public health network pilot project.

It is anticipated that the pilot project will continue into the 2011-13 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

This bill includes an appropriation for $1.2 million of federal fiscal stimulus funds to provide statewide immunization services. If federal fiscal stimulus funds are not available there is a contingent appropriation for the same amount from the general fund. It also appropriates $275,000 from the general fund for a regional public health network pilot project.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328.1324	**Date Prepared:**	05/02/2009

FISCAL NOTE

Requested by Legislative Council
04/03/2009

Amendment to: Engrossed SB 2333

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.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$1,200,000	$1,200,000	$1,200,000	$1,200,000
Appropriations			$1,200,000	$1,200,000	$1,200,000	$1,200,000

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

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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

The amendment to this bill removes the appropriation for the regionalization of public health units, changes the appropriation for immunization services from general funds to federal fiscal stimulus funds and adds a contingent general fund appropriation of the same amount.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

In section 1 regional public health networks are established that correspond to one of the emergency preparedness and response regions established by the state department of health. The networks will share a minimum of three administrative functions and a minimum of three public health services. Participation by local public health units is voluntary.

Section 2 of this bill contains an appropriation of $1.2 million from federal fiscal stimulus funds to local public health units to provide statewide immunization services. If federal fiscal stimulus funds are not available, section 3 includes a contingent appropriation of $1.2 million from the general fund to local public health units for the same purpose.

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.*

The bill appropriates $1.2 million from federal fiscal stimulus funds to provide statewide immunization services. If federal fiscal stimulus funds are not available there is a contingent appropriation for the same amount from the general fund.

It is anticipated that this project will continue into the 2011-13 biennium.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and*

appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.

This bill includes an appropriation for $1.2 million of federal fiscal stimulus funds to provide statewide immunization services. If federal fiscal stimulus funds are not available there is a contingent appropriation for the same amount from the general fund.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328.4542	**Date Prepared:**	04/03/2007

FISCAL NOTE

Requested by Legislative Council
03/18/2009

Amendment to: Engrossed SB 2333

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.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$1,500,000		$1,500,000	
Appropriations			$1,500,000		$1,500,000	

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

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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

The amendments to this bill reduce the appropriation in Section 2 from $3.8 million to $300,000 and in Section 3 from $2 million to $1.2 million.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

In section 1 regional public health networks are established that correspond to one of the emergency preparedness and response regions established by the state department of health. The networks will share a minimum of three administrative functions and a minimum of three public health services. Participation by local public health units is voluntary. There is an appropriation of $300,000 included in section 2 for this purpose.

In section 3 of this bill an appropriation of $1.2 million is provided to local public health units to provide statewide immunization services.

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.*

The state department of health will provide funding for regional public health networks based on a formula established by the state health council in consultation with the local public health units. Total allocation from the general fund for regional public health networks would be $300,000.

The bill allocates $1.2 million from the general fund for immunization services.

It is anticipated that this project will continue into the 2011-13 biennium.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a*

continuing appropriation.

This bill includes an appropriation for $300,000 from the general fund to fund regional public health networks. It also includes an appropriation for $1.2 million from the general fund to provide immunization services statewide.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328.4542	**Date Prepared:**	03/19/2009

FISCAL NOTE

Requested by Legislative Council
02/09/2009

Amendment to: SB 2333

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.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$5,800,000		$5,800,000	
Appropriations			$5,800,000		$5,800,000	

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

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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

The amendments to this bill remove the requirement to purchase all recommended childhood vaccines for children. In section 2 and 3 there is an appropriation for a total of $5.8 million to fund regional public health networks and provide funds for immunization services statewide.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

In section 1 regional public health networks are established that correspond to one of the emergency preparedness and response regions established by the state department of health. There is an appropriation of $3.8 million included in section 2 for this purpose.
The networks will share a minimum of three administrative functions and a minimum of three public health services. Participation by local public health units is voluntary.

In section 3 of this bill an appropriation of $2 million is provided to local public health units to provide statewide immunization services.

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.*

The state department of health will provide funding for regional public health networks based on a formula established by the state health council in consultation with the local public health units. Total allocation from the general fund for regional public health networks would be $3.8 million.

The state department of health will provide funding for regional public health networks based on a formula established by the state health council in consultation with the local public health units. Total allocation from the general fund for immunization services would be $2 million.

It is anticipated that this project will continue into the 2011-13 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

This bill includes an appropriation for $3.8 million dollars from the general fund to fund regional public health networks. It also includes an appropriation for $2 million dollars from the general fund to provide immunization services statewide.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328.4542	**Date Prepared:**	02/09/2009

FISCAL NOTE

Requested by Legislative Council
01/21/2009

Bill/Resolution No.: SB 2333

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.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				($19,400,000)		($19,400,000)
Expenditures			$21,600,000	($19,400,000)	$30,000,000	($19,400,000)
Appropriations			$21,600,000	($19,400,000)	$30,000,000	($1,940,000)

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

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

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

This bill would provide state general fund dollars for the purchase of all recommended childhood vaccines for children with health insurance.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The bill requires the Department of Health to provide age-appropriate immunizations to children in North Dakota. The federal, Vaccines for Children Program (VFC) provides vaccines for children who are Medicaid-eligible, American Indian or Alaskan Native, uninsured, or underinsured (children who have health insurance, but it does not cover a particular vaccine). The fiscal impact of this bill would be to provide all vaccines to children with health insurance that covers immunizations. The needed funding was determined by doses administered to insured children in the North Dakota Immunization Information System (NDIIS) in 2008. Assumptions were made for influenza vaccine doses needed, as influenza is not routinely entered into the NDIIS. For influenza, the insured population, based on CDC estimates, was multiplied by the estimated immunization rates for influenza vaccination (40% for children <1, 10% for 1-2, 25% for 3 – 18 years of age). Every child is recommended to receive a dose each year. The type of vaccine is an educated guess based on talking to providers and what has been ordered from the state in the past. Data entry into the NDIIS is assumed to not be at 100%, so $10,773,052 was rounded up to $10.8 million.

For the 2011-2013 biennium, the assumptions (specifically) are a 5% price increase for all vaccines, new recommendations for HPV vaccine for boys (doubled the current doses administered for girls), and a new pneumococcal vaccine (estimated price of $120/dose). The new pneumococcal vaccine will replace the current vaccine so the difference between the two was used.

The Department of Health also receives an allocation of vaccine through the federal, Direct Assistance, Section 317 Program. An advisory committee currently recommends to the Department of Health which vaccines to offer through this program. It is anticipated that North Dakota will be allocated $1,548,121 worth of vaccine from section 317 in fiscal year 2009. The Centers for Disease Control and Prevention have been cutting Section 317 vaccine for North Dakota each year.

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.*

The department would be able to reduce $19.4 million in special fund revenue as the vaccine would be covered

through the state general fund purchase.

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.*

2008 NDIIS Data
Vaccine - Doses - Annual Cost

Hepatitis B - 17,829 doses - total cost of $169,376
DTaP-Hib-IPV - 21,626 doses - total cost of $1,083,463
Pneumococcal - 21,824 doses - total cost of $1,449,987
Rotavirus - 14,635 doses - total cost of $837,122
MMR - 10,709 doses - total cost of $195,546
Varicella (Chickenpox) - 17,024 doses - total cost of $1,046,976
Hepatitis A - 23,697 doses - total cost of $290,288
DTaP-IPV - 5,437 doses - total cost of $175,343
Tdap - 9,134 doses - total cost of $280,870
Meningococcal - 11,184 doses - total cost of $853,898
Human Papillomavirus - 9,753 doses - total cost of $981,054
Influenza (Preservative Free) - 10,955 doses - total cost of $152,275
Live Influenza Vaccine - 114,396 doses - total cost of $2,116,326
Influenza (with Preservative) - 114,396 doses - total cost $1,140,528

Total annual cost - $10,773,052

Biennial Total - $21,600,000

For the 2011-2013 biennium, the assumptions (specifically) are a 5% price increase for all vaccines, new recommendations for HPV vaccine for boys (doubled the current doses administered for girls), and a new pneumococcal vaccine (estimated price of $120/dose). The new pneumococcal vaccine will replace the current vaccine so the difference between the two was used.

The department would be able to reduce $19.4 million in special fund expenditures as the vaccine would be covered through the state general fund purchase.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funds for this project are not included in the department's appropriation bill (SB 2004). The department will need these funds appropriated to carry out this project. The department would be able to reduce $19.4 million in special fund appropriation as the vaccine would be covered through the state general fund purchase.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328.4542	**Date Prepared:**	01/26/2009

Adopted by the Senate Human Services Committee
January 27, 2009

PROPOSED AMENDMENTS TO SENATE BILL NO. 2333

Page 1, line 1, after "23-35" insert "and chapter 23-35.1"

Page 1, line 2, after "units" insert "and creation of regional public health networks" and remove "and"

Page 1, line 3, after "intent" insert "; and to provide an appropriation"

Page 1, after line 9, insert:

"**SECTION 2.** Chapter 23-35.1 of the North Dakota Century Code is created and enacted as follows:

23-35.1-01. Definitions. For purposes of this chapter, unless the context otherwise requires:

1. The definitions of section 23-35-01 apply; and

2. "Regional public health network" means a group of public health units that have entered a joint powers agreement or an existing lead multidistrict health unit identified in the emergency preparedness and response region that has been reviewed by the state health officer and has been verified as meeting the requirements of this chapter and chapter 54-40.3.

23-35.1-02. Regional public health network - Joint powers agreement - Review by state health officer - Criteria. Before a group of public health units may be designated as a regional public health network, the state health officer shall review the joint powers agreement the districts entered and verify that:

1. The geographical region covered by the regional public health network corresponds to one of the emergency preparedness and response regions established by the state department of health.

2. The joint powers agreement requires that the participating public health units:

   a. Share various administrative functions and public health services in accordance with subsection 3;

   b. Comply with requirements the health council shall adopt by rule; and

   c. Meet department maintenance of effort funding requirements, which must be calculated based on each unit's dollar or mill levy public health unit contribution in calendar year 2007.

3. The joint powers agreement requires:

   a. A regional public health network to share the following public health services:

      (1) Emergency preparedness and response;

      (2) Environmental health services; and

(3) A regional public health network health officer, although this paragraph does not prohibit a public health unit from appointing a local health officer.

b. A regional public health network to select and share at least three administrative functions and at least three public health services, as provided under this subdivision:

(1) "Administrative functions" are:

(a) Financial accounting, billing, and accounts receivable;

(b) Community assessment and planning;

(c) Contract compliance;

(d) Public health service improvement planning;

(e) Human resource management;

(f) Technology support;

(g) Budgeting;

(h) Workforce development;

(i) Public information;

(j) Grant writing;

(k) Inventory management, including vaccines; and

(l) Any other functions approved by the state health officer.

(2) "Public health services" are:

(a) School health;

(b) Nutrition;

(c) Family planning;

(d) Injury prevention;

(e) Violence prevention;

(f) Tobacco prevention and cessation;

(g) Oral health;

(h) Cancer prevention;

(i) Maternal and child health;

(j) Asthma;

(k) Diabetes;

(l) Cardiovascular health;

(m) Physical activity;

(n) Immunizations;

(o) Communicable disease programs;

(p) Mental health;

(q) Chronic disease;

(r) Public health visits; and

(s) Any other services approved by the state health officer.

4. The joint powers agreement provides:

a. Criteria for the future participation of public health units that were not parties to the original joint powers agreement;

b. An application process by which public health units that were not parties to the original joint powers agreement can become participating districts; and

c. A process by which public health units that were not parties to the original joint powers agreement and whose application to participate in the agreement was denied can appeal the decision to the state health officer.

5. The joint powers agreement provides for the structure of the governing body of the network.

23-35.1-03. Regional public health network - Annual plan. A regional public health network shall prepare an annual plan regarding the provision of the required and optional public health services and shall submit the plan to the state health officer for approval.

23-35.1-04. Regional public health networks - Receipt and use of moneys. The board of a regional public health network may receive and expend moneys for the provision of administrative functions, public health services, and any other lawful activities.

23-35.1-05. Compensation - Reimbursement - Extraordinary service. The board of a regional public health network may provide compensation and reimbursement to any board member who, at the direction of the board, performs extraordinary service on behalf of the board. For purposes of this section, "extraordinary service" means duties beyond those reasonably expected of members of the board and includes travel to and attendance at national meetings or conventions.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $3,800,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding regional public health networks, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 4. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,000,000, or so much of the sum as may be necessary, to state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health

council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Renumber accordingly

Prepared by the Legislative Council staff for
Senator J. Lee
January 27, 2009

PROPOSED AMENDMENTS TO SENATE BILL NO. 2333

Page 1, line 1, after "23-35" insert "and chapter 23-35.1"

Page 1, line 2, after "units" insert "and creation of regional public health networks" and remove "and"

Page 1, line 3, after "intent" insert "; and to provide an appropriation"

Page 1, after line 9, insert:

"**SECTION 2.** Chapter 23-35.1 of the North Dakota Century Code is created and enacted as follows:

23-35.1-01. Definitions. For purposes of this chapter, unless the context otherwise requires:

1. The definitions of section 23-35-01 apply; and
2. "Regional public health network" means a group of public health units that have entered a joint powers agreement that has been reviewed by the state health officer and has been verified as meeting the requirements of this chapter and chapter 54-40.3.

23-35.1-02. Regional public health network - Joint powers agreement - Review by state health officer - Criteria. Before a group of public health units may be designated as a regional public health network, the state health officer shall review the joint powers agreement the districts entered and verify that:

1. The geographical region covered by the regional public health network corresponds to one of the emergency preparedness and response regions established by the state department of health.
2. The joint powers agreement requires that the participating public health units:
   a. Maintain a joint operating fund;
   b. Share various administrative functions and public health services in accordance with subsection 3;
   c. Comply with requirements the health council shall adopt by rule; and
   d. Meet department maintenance of effort funding requirements, which must be calculated based on each unit's dollar or mill levy public health unit contribution in calendar year 2007.
3. The joint powers agreement requires:
   a. A regional public health network to share the following public health services:
      (1) Immunization services;

(2) Communicable disease programs;

(3) Emergency preparedness and response;

(4) Environmental health services; and

(5) A regional public health network health officer, although this paragraph does not prohibit a public health unit from appointing a local health officer.

b. A regional public health network to select and share at least five administrative functions and at least five public health services, as provided under this subdivision:

(1) "Administrative functions" are:

(a) Financial accounting, billing, and accounts receivable;

(b) Community assessment and planning;

(c) Contract compliance;

(d) Public health service improvement planning;

(e) Human resource management;

(f) Technology support;

(g) Budgeting;

(h) Workforce development;

(i) Public information;

(j) Grant writing;

(k) Inventory management, including vaccines; and

(l) Any other functions approved by the state health officer.

(2) "Public health services" are:

(a) School health;

(b) Nutrition;

(c) Family planning;

(d) Injury prevention;

(e) Violence prevention;

(f) Tobacco prevention and cessation;

(g) Oral health;

(h) Cancer prevention;

(i) Maternal and child health;

(j) Asthma;

(k) Diabetes;

(l) Cardiovascular health;

(m) Physical activity;

(n) Public health visits; and

(o) Any other services approved by the state health officer.

4. The joint powers agreement provides:

   a. Criteria for the future participation of public health units that were not parties to the original joint powers agreement;

   b. An application process by which public health units that were not parties to the original joint powers agreement can become participating districts; and

   c. A process by which public health units that were not parties to the original joint powers agreement and whose application to participate in the agreement was denied can appeal the decision to the state health officer.

5. The joint powers agreement:

   a. Establishes the number of members on the governing board;

   b. Establishes the manner in which members of the governing board are determined;

   c. Requires all members of the governing board or the members' designees to be individuals currently serving on the board of a participating public health unit; and

   d. Allows for the inclusion of ex officio nonvoting members on the governing board.

6. The joint powers agreement provides that the board of the regional public health network must meet at least monthly.

7. The joint powers agreement may not permit the regional public health network to compensate members of the regional public health network board for attending meetings of the board and may not permit the regional public health network to reimburse members of the board for any expenses incurred in attending meetings of the board. Public health units may compensate or reimburse members.

23-35.1-03. Regional public health network - Annual plan. A regional public health network shall prepare an annual plan regarding the provision of the required and optional public health services and shall submit the plan to the state health officer for approval.

23-35.1-04. Regional public health networks - Receipt and use of moneys. The board of a regional public health network may receive and expend moneys for the provision of administrative functions, public health services, and any other lawful activities.

23-35.1-05. Compensation - Reimbursement - Extraordinary service. The board of a regional public health network may provide compensation and reimbursement to any board member who, at the direction of the board, performs extraordinary service on behalf of the board. For purposes of this section, "extraordinary service" means duties beyond those reasonably expected of members of the board and includes travel to and attendance at national meetings or conventions.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $5,800,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding regional public health networks, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Renumber accordingly

Adopted by the Human Services Committee
January 27, 2009

2-5-9
1 of 3

PROPOSED AMENDMENTS TO SENATE BILL NO. 2333

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact chapter 23-35.1 of the North Dakota Century Code, relating to the creation of regional public health networks; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Chapter 23-35.1 of the North Dakota Century Code is created and enacted as follows:

23-35.1-01. Definitions. For purposes of this chapter, unless the context otherwise requires:

1. The definitions of section 23-35-01 apply; and

2. "Regional public health network" means a group of public health units that have entered a joint powers agreement or an existing lead multidistrict health unit identified in the emergency preparedness and response region which has been reviewed by the state health officer and has been verified as meeting the requirements of this chapter and chapter 54-40.3.

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1. The geographical region covered by the regional public health network corresponds to one of the emergency preparedness and response regions established by the state department of health.

2. The joint powers agreement requires that the participating public health units:

   a. Share various administrative functions and public health services in accordance with subsection 3;

   b. Comply with requirements the health council adopts by rule; and

   c. Meet department maintenance of effort funding requirements, which must be calculated based on each unit's dollar or mill levy public health unit contribution in calendar year 2007.

3. The joint powers agreement requires:

   a. A regional public health network to share the following public health services:

      (1) Emergency preparedness and response;

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      (3) A regional public health network health officer, although this paragraph does not prohibit a public health unit from appointing a local health officer.

b. A regional public health network to select and share at least three administrative functions and at least three public health services, as provided under this subdivision:

(1) "Administrative functions" are:

(a) Financial accounting, billing, and accounts receivable;

(b) Community assessment and planning;

(c) Contract compliance;

(d) Public health service improvement planning;

(e) Human resource management;

(f) Technology support;

(g) Budgeting;

(h) Workforce development;

(i) Public information;

(j) Grant writing;

(k) Inventory management, including vaccines; and

(l) Any other functions approved by the state health officer.

(2) "Public health services" are:

(a) School health;

(b) Nutrition;

(c) Family planning;

(d) Injury prevention;

(e) Violence prevention;

(f) Tobacco prevention and cessation;

(g) Oral health;

(h) Cancer prevention;

(i) Maternal and child health;

(j) Asthma;

(k) Diabetes;

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(m) Physical activity;

(n) Immunizations;

(o) Communicable disease programs;

(p) Mental health;

(q) Chronic disease;

(r) Public health visits; and

(s) Any other services approved by the state health officer.

4. The joint powers agreement provides:

a. Criteria for the future participation of public health units that were not parties to the original joint powers agreement;

b. An application process by which public health units that were not parties to the original joint powers agreement may become participating districts; and

c. A process by which public health units that were not parties to the original joint powers agreement may appeal a decision to deny an application to participate in the agreement to the state health officer.

5. The joint powers agreement provides for the structure of the governing body of the network.

23-35.1-03. Regional public health network - Annual plan. A regional public health network shall prepare an annual plan regarding the provision of the required and optional public health services and shall submit the plan to the state health officer for approval.

23-35.1-04. Regional public health networks - Receipt and use of moneys. The board of a regional public health network may receive and expend moneys for the provision of administrative functions, public health services, and any other lawful activities.

23-35.1-05. Compensation - Reimbursement - Extraordinary service. The board of a regional public health network may provide compensation and reimbursement to any board member who, at the direction of the board, performs extraordinary service on behalf of the board. For purposes of this section, "extraordinary service" means duties beyond those reasonably expected of members of the board and includes travel to and attendance at national meetings or conventions.

SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $3,800,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding regional public health networks, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,000,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Renumber accordingly

Date: 2-4-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number as proposed

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☒ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Pomeroy

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment

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

Date: 2-4-09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2333

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 90830.0102 Title .0200

Action Taken ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Rerefer to Appropriations

☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Pomeroy

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

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

REPORT OF STANDING COMMITTEE

SB 2333: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2333 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact chapter 23-35.1 of the North Dakota Century Code, relating to the creation of regional public health networks; and to provide an appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Chapter 23-35.1 of the North Dakota Century Code is created and enacted as follows:

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1. The geographical region covered by the regional public health network corresponds to one of the emergency preparedness and response regions established by the state department of health.

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      (1) Emergency preparedness and response;

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(1) "Administrative functions" are:

(a) Financial accounting, billing, and accounts receivable;

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(c) Contract compliance;

(d) Public health service improvement planning;

(e) Human resource management;

(f) Technology support;

(g) Budgeting;

(h) Workforce development;

(i) Public information;

(j) Grant writing;

(k) Inventory management, including vaccines; and

(l) Any other functions approved by the state health officer.

(2) "Public health services" are:

(a) School health;

(b) Nutrition;

(c) Family planning;

(d) Injury prevention;

(e) Violence prevention;

(f) Tobacco prevention and cessation;

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23-35.1-05. Compensation - Reimbursement - Extraordinary service. The board of a regional public health network may provide compensation and reimbursement to any board member who, at the direction of the board, performs extraordinary service on behalf of the board. For purposes of this section, "extraordinary service" means duties beyond those reasonably expected of members of the board and includes travel to and attendance at national meetings or conventions.

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SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,000,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011."

Renumber accordingly

2009 SENATE APPROPRIATIONS

SB 2333

This was never presented to the governor.

Senator Mathern I recommend we pass this, seconded by Senator Fischer

Senator Kilzer asked if we needed any amendments.

Senator Mathern said we should ask legislative council to draft an amendment for the FTE to come out of the Insurance Tax Distribution Fund.

Senator Kilzer said we will take this up with the full committee because they will want to be in on the discussion of where the money will come from.

4237 heard on 2-3-09 deals with the health care records industry. Secretary of State would like to do this with new software that is available now at the Secretary of State office. That could cost up to $100,000. 57.50 Subcommittee recommended we pass this. Mathern moved and Fischer seconded.

2302 relating to extended payments was a moved Do Not Pass.

2332 63.19 this bill is not done yet and scheduled for hearing on Friday.

2333 The Department of Health and the public health units worked out a deal to promote functions being done on a regional basis. Motion moved by Senator Mathern do pass and seconded by Senator Kilzer. Sub Committee approves of SB 2333.

Senator Mathern is that money that was anticipated there for immunizations in the budget.

Arvy we don't need funding in our budget because health insurance would pay.

Vote was taken do pass 3-0-0

2342 Sub committee recommends a Do pass on SB 2342 with amendment to be attached.

2356 this is a direct appropriation on the bill. Discussed bill.

Senator Mathern asked if there was a companion bill that would supply equipment.

Senator .... Said he thinks we have a bill loan payback.

Should the state be involved in this?

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 13, 2009

Recorder Job Number: 9450

Committee Clerk Signature

Minutes:

Chairman Sen.Holmberg called the committee hearing to order on SB 2333 relating to the creation of regional public health networks. Roll call was taken. All committee members were present.

Keith Johnson, Administrator Custer District Health Unit, testified in favor of the bill.

Keith Johnson- This bill originally started out with around 21 million dollars but somewhere along the way there was thoughts that while it helps big problems that are linked to administration, so this became a service and an immunization bill. So in the present bill you see the 5.8 million dollar fiscal note, this is 2 million dollars to cover the continued implementation of protect NG and then there is 2.2 million dollars in there to go to regional centers.

Chairman Sen.Holmberg- So the bill started at 21 million dollars roughly and it has since gone to 5.8 million?

Keith Johnson- that is correct.

Sen. Christmann- is this some of the original bill, is some of it in the governor's budget or would this be additional spending on top of the governors budget?

Representing OMB – it is not in the governor's proposal.

Sen. Joan Heckaman, co-sponsor on the bill, testified in favor of the bill.

Sen. Heckaman- The changes in this bill came about because we understood the fiscal impact that that amount of money with immunizations would have and in working with the regional networks that this would provide for and the basis of putting them on like the education association there is an opportunity for those regions to disperse more of that 3.8 million dollars into those public health units. There has been some discussion from the public health units on how to access them and that is sort of in the works right now there is some details that haven't been worked out on that. I think it is a opportunity for us to go into this with an effort cause right now we have some regional help for units that only want a small portion of one service and then it cost a lot more money to do that. There are some rusty spots in it yet and we hope that public health units will help us sand those off as we go through the house side with this bill, but I think that one of the things is the 2 million dollars is what the public health units get right now for immunizations and there was a question about that if that was enough funding but they will be able to access more of that 3.8 million. There is also quite a list of services in the bill right now.

Sen. Robinson- Other than rusty spots that need to be addressed in the next number of weeks, did u find pretty broad support for the concept?

Sen. Heckaman- We did not find unanimous support from all the units out there right now that are out there. But we have the opportunity for input in this bill as it goes through the house. This concept came up very quickly, I was the original sponsor on the immunization bill and felt that it was a good idea. As this bill came forward and amendments came forward I was not part of the process of preparing the amendments to this bill. It has been in the back of people's minds from my understanding for over 10 years and has been evolving slowly. But the concept of this from the time the original bill was drafted to the what the amendments are now came within about a week and a half time.

Sen. Mathern- Our committee has amended a number of policy bills at the request of the committee members on policy committees and I am wondering why this one there is no attempt to amend it right here in the appropriations committee?

Sen. Heckaman- I think right now the health units would like to try to collaborate together on this and come up with a plan that they feel would take off those ruff edges. I think that I heard that there was consensus on this bill and that they wanted to carry it forward.

Sen. Warner- This might be more of a question for someone else but could we get a specific demographic within the population that would be covered in this proposal for vaccinations?

Sen. Heckaman- I would probably refer that to the health department cause I do not know the demographics of that.

Arvy Smith, Dept. of Health, spoke to answer the question.

Arvy Smith- The 2 million dollars isn't really related to any specific demographic it's to help the locals if they have some unexpected costs related immunizations that aren't being covered.

Sen. Wardner- Public Health unit and district health units, are they one in the same?

Sen. Heckaman- I might be using some of the wrong terminology, when you look at health units there are 28 out there right now, this would regionalize and would allow for the 28 individual units right now to collaborate or join how they would like too.

Ruth Bachmeier, Director at Fargo Cass Public Health, testified in favor of the bill. See attached testimony, attachment #1

Sen. Christmann- it seems like in your area that you are kind of doing this and if the collaboration should actually save money so I don't see by having these collaborative agreements between regions I don't see where we spend 4 million dollars doing that?

Ruth Bachmeier- really what we are doing now is we are collaborating on emergency preparedness and environmental health and those are state grants that we already provide funding to collaborate in those areas. What this would allow us to do is take that collaboration to another level for programming that does not receive state or federal funding.

Sen.Kilzer- How many public health districts are in the region?

Ruth Bachmeier- In the SE region we have 6 county and/or city health departments, we are all individual either city or county departments.

Deb Flack, Administrator at the Richland County Health Department, testified in favor of the bill. See attached testimony, attachment #2.

Sen. Krebsbach- How do you get involved in Workforce development?

Deb Flack- we are smaller and we have plenty people, we could develop some training for the staff or a program.

Sen. Robinson- I just would like to ask the committee to recall the testimony that we first heard from the health department budget a couple of weeks back, I know our public health unit director was here. They are under tremendous pressure with an aging population. More people living in their homes with multiple medical challenges, asking for and needing services of public health, so their budgets are stretched and are at a breaking point. That is why this bill is before you, they are doing a lot of things together now and this would enable them to take the next step and incentive to find other ways to collaborate if I am correct.

Sen. Christmann-I have a question for OMB, we haven't talked much about the immunizations 2 million dollars, within the original budget, how did the amount of money we would be spending compare to last biennium?

Lori Lasch, OMB- We had put money in to purchase vaccinations in the current budget and that was in that budget again and we have special funds that to purchase the vaccinations and distribute them out.

Keith Johnson- the 2 million dollars in this biennium for implementation of protect ND has the same amount as is in the next biennium.

Sen. Christmann- Do this would raise it from 2 million in the current biennium if we pass this plus that to 4 million this coming biennium?

Keith- No this would just be another 2 million, it would not be on top of another 2 million.

Sen.Holmberg- the other 2 million sunseted.

Chairman Sen. Holmberg closed the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 2-17-09

Recorder Job Number: 9629

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg opened discussion (17.31) on SB 2333 stating Senator Fischer has a motion on 2333. That is the vaccination and regional public health network.

Senator Fischer moved Do Pass on SB 2333; Senator Krebsbach seconded. Chairman Holmberg indicated the committee knows what this bill is; they started with a very large fiscal note and they worked very hard to get appropriate money for immunization.

A roll call vote was taken resulting in a DO PASS of SB 2333 with 14 yes, 0 no, 0 absent.

Senator Heckaman of the Human Service Committee will carry the bill. (19.14)

Date: 2/17/01
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☑ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Fischer Seconded By Bowman

Representatives	Yes	No	Representatives	Yes	No
Senator Fischer	✓		Senator Warner	✓	
Senator Christmann	✓		Senator Robinson	✓	
Senator Krebsbach	✓		Senator Krauter	✓	
Senator Bowman	✓		Senator Lindaas	✓	
Senator Kilzer	✓		Senator Mathern	✓	
Senator Grindberg	✓		Senator Seymour	✓	
Senator Wardner	✓				
Chairman Holmberg	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Human Services

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

Sen. Heckaman

REPORT OF STANDING COMMITTEE

SB 2333, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2333 was placed on the Eleventh order on the calendar.

2009 HOUSE HUMAN SERVICES

SB 2333

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 9, 2009

Recorder Job Number: 10523

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz opened the hearing on SB 2333.

Sen. Judy Lee sponsored and introduced the bill: In its original form the Dept. of Health require all of the vaccines so we could provide for immunizations up through the age of 18. The fiscal note was $21 million. The Health Dept. tried to think of other ways to provide these immunizations without the vaccines being charged to the children of ND. Because of the significant increase in the number of immunizations and vaccines that are available, they have increased the cost dramatically. Earlier years when we talked about it, it was $132 and two years ago it was $1,056 for a child up through 18 for a girl to have all of the vaccinations. Because of the increasing costs the vaccinations are divided up into several different lines of all different kinds of categories. The administration of the billing is mind boggling now. We discussed regional network that would be voluntary and no public health unit has to be involved. These would be established kind of like a joint powers agreement and indicates all the various services that they might choose to use. There would be incentives to those PAQs that would participate in something like this. We still have $2 million from the last biennium for the purpose of vaccines and the $3.8 million would be for establishing a network (inaudible) and running and providing some incentives. We would have a better distribution and services

throughout the state. Some public health units are able to provide significant service in one (inaudible) area where the public health (inaudible) provide a lot of services. But, some have such a small taxable base that the 5 mils they are able to levy for this would be less than $25,000. I know this is a new concept. I'll leave it in your capable hands and hope you can figure out (coughing, inaudible) better if that's what you can do.

Chairman Weisz: Is it your intent under the regional (inaudible) qualify even though they are already in a sense combined?

Sen. Lee: Yes, they would not want to penalize everybody who was already ahead of the loop here. These are additional things they could do also that would be beneficial.

Sen. Joan Heckaman from district 23, co-sponsor of bill: voiced her support.

Lisa Clute, Executive Officer of First District Health Unit: See Testimony #1.

Rep. Conrad: Does the doctor's off get administrative costs if shots given in doctor's office?

Lisa Clute: Yes they do; however, they can collect more than we can.

Molly Sanberg(?), Program Manager Dept. of Health: The difference between the amount the private (inaudible) can collect versus the health unit, the can collect for physician time or physician fees if they have a physician on staff to (inaudible) office.

Rep. Conrad: If they don't see the physician they still collect fee.

Lisa Clute: Yes.

Chairman Weisz: You say it is your intent to pay the $400,000 for software (inaudible) time money. Is that going to fix the problem (inaudible) or is that going to continue to be a continuing issue?

Lisa Clute: I wish I could say absolutely that would. The program's intent is to be financially self-sufficient. At the end of December we were (inaudible) shortfalls and we felt we needed a safety net put in place for the local public health units that incur losses and first made the

decision (inaudible). I believe we can resolve the issue and make this self-sufficient, but it is too new and we cannot afford to put any property tax dollars or local dollars into this system.

Chairman Weisz: Do you know who many units have quit doing immunizations?

Lisa Clute: I believe it is four.

Molly from Health Dept: Three health units never started the billing process they are only supplying the vaccines for children which is a federal entitlement for American Indian, Medicaid, uninsured and underinsured children and one health unit quit giving vaccines.

Robin Iszler, Unit Administrator of Central Valley Health District in Jamestown: See Testimony #2.

Chairman Weisz: Do you have any more breakdown on how that that money would be distributed?

Robin Iszler: $300,000 for each of the 8 lead health agencies for emergency preparedness, $50,000 for each (inaudible) department that would join in a regional network.

Rep. Conrad: Let me see if I have this straight. Stutsman County would be the lead county.

Robin Iszler: Yes.

Rep. Conrad: And Logan County (interrupted by Robin)

Robin Iszler: No, (inaudible) health dept.

Rep. Conrad: Then if you go out to Barnes County then they would get $50,000 as a participant and each other county around that you could persuade to come into your (drops sentence). Can you then form a unit like the first district health unit?

Robin Iszler: Each would maintain their independent structure. We need to work together to provide services in those areas. For an example, my health department has a family planning program. I could expand services needed to (inaudible) in those areas so that it would increase the services

Chairman Weisz: If for example if Logan and Foster (inaudible) regional, would each get $50,000.

Robin Iszler: That is correct.

Rep. Frantsvog: I have a question on Section 23-30-1-05 compensation, reimbursement, extraordinary services, are you the one I should be asking about that? Page 4, line 1.

Robin Iszler: It is not.

Keith Johnson, Administrator of Custer Health: I believe that section allows the board members of participating health units to function as the board of the regional service center and perhaps be compensated for that work.

Rep. Frantsvog: Based on language in here, "for the purpose of this section, ordinary service means duties beyond those reasonably expected of board members of the board and includes travel to and from attendance of national meetings and conventions". Is that specifically what it is, or do you think somebody is providing extraordinary service you just starting paying them extra or something? Is there a compensation for being a board member?

Keith Johnson: There is compensation for being the member of a board of health. That characteristically runs by the need and a lot of it is tied to legislative compensation.

Rep. Frantsvog: So they would be eligible for compensation from their own board from the county they were a member of, plus compensation on a regional board. Is that correct?

Keith Johnson: We are probably looking at the fact that compensation for the board member would be permitted out of this allocation by the work of being a regional service board.

Terry Traynor with ND Association of Counties: voiced support of bill.

Teresa Will, RN and Administrator of City-County Health District in Barnes County: See Testimony #3.

NO OPPOSITION.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 16, 2009

Recorder Job Number: 11046

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz: Let's take up 2333. I've had several discussions with those on both sides in Appropriations. I did ask for some better data on (inaudible) appears the public health units are encouraging the change we made last session which (inaudible) the $2 million that is currently in the bill is for. It does appear from their number stats they could probably get a cost around a $1.2 million raise. In a sense would hold them harmless. For those of you who weren't here last session, we did give them (inaudible) it was around there if it wasn't exact for start up costs and purchasing vaccines. The thought that by this session it would be self-sustaining and it hasn't been. Do you want to look at changing that number?

Rep. Porter: I guess I would look at both Section 2 and 3. I don't have a problem with giving them enabling legislation to allow them to do regional public health (inaudible) powers and do those kinds of functions. I don't know if we should do primary funding source to do that.

Rep. Porter: Motion to amend 2333 in Section 2, overstrike the $3.8 million and insert $300,000. And in Section 3, overstrike $3 million and make it $1.2 million. So it covers exactly was the required amount is for the immunizations.

Rep. Hofstad: Second.

Chairman Weisz: On the $300,000 are you (interrupted by Rep. Porter).

Rep. Porter: I think that they can use it however they want to establish or get together with the Health Dept. to (inaudible) enabling legislation (inaudible) or if they want to do a pilot with it etc.

Rep. Conrad: (Inaudible) reason for $300,000 you picked?

Rep. Porter: Scientifically, no. Looked at number of public health units out there and the ones already doing these types of things that already have regional and combined health units. And looking at the smaller counties that are out there and functioning as public health units. I didn't see a large population of use in those particular areas. So in order to get a couple of them going or pick a larger consortium and get one pilot going, that would be enough money to do it.

Voice Vote: Motion Carried.

Rep. Porter: Do Pass As Amended and Re—referred to Appropriations.

Rep. Pietsch: Second.

Roll Call Vote: 8 yes, 4 no, 1 abesnt, Rep. Holman

MOTION CARRED DO PASS AS AMENDED RE-REFERRED TO APPROPRIATIONS.

BILL CARRIER: Rep. Porter.

Adopted by the Human Services Committee
March 16, 2009

VR
3/17/09

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2333

Page 4, line 8, replace "$3,800,000" with "$300,000"

Page 4, line 14, replace "$2,000,000" with "$1,200,000"

Renumber accordingly

Date: 3-16-09

Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Rep. PORTER Seconded By Rep. HOFSTAD

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ			REP. TOM CONKLIN		
VICE-CHAIR VONNIE PIETSCH			REP. KARI L CONRAD		
REP. CHUCK DAMSCHEN			REP. RICHARD HOLMAN		
REP. ROBERT FRANTSVOG			REP. ROBERT KILICHOWSKI		
REP. CURT HOFSTAD			REP. LOUISE POTTER		
REP. MICHAEL R. NATHE					
REP. TODD PORTER					
REP. GERRY UGLEM					

Total (Yes) 8 No 4

Absent 1

Bill Carrier _____

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

Move on Amendments

Date: 3-16-09

Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO: 2333

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken ☒ Do Pass ☐ Do Not Pass ☒ Amended

Motion Made By Rep Porter Seconded By Rep Pietsch

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ		✓	REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD		✓
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	A	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI		✓
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER		✓
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 8 No 4

Absent

Bill Carrier Rep. Porter

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

Do Pass as Amended

Refer to Approp

REPORT OF STANDING COMMITTEE

SB 2333, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (8 YEAS, 4 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2333 was placed on the Sixth order on the calendar.

Page 4, line 8, replace "$3,800,000" with "$300,000"

Page 4, line 14, replace "$2,000,000" with "$1,200,000"

Renumber accordingly

2009 HOUSE APPROPRIATIONS

SB 2333

2009 HOUSE STANDING COMMITTEE MINUTES

SB 2333

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: March 23, 2009

Recorder Job Number: 11434

Committee Clerk Signature Holly N. Hamm

Minutes:

Chm. Svedjan turned the Committee Work discussion to SB 2333.

Rep. Robin Weisz, District 14, approached the podium to explain the bill.

Rep. Weisz: SB 2333 has two major parts. Section 1 sets up a pilot project to encourage public health units to form regional public health units. There's a $300,000 appropriation for that. The main part of the bill is in Section 2 and deals with immunizations. Last session we dramatically changed how we deal with vaccines. Last session we put a huge administrative burden on local Public Health units that they've never had. We set them up to be third-party billers. In the past they administered the vaccine. We allocated them $2 million that was supposed to make the whole – startup costs to get this going. There have been many problems with it has worked. Unfortunately it's still costing the public health units. They have had to hire additional staff. They've had trouble with billing. Sometimes it's taking up to six months for them to be reimbursed because the billing isn't getting done. In the past you could walk in and pay cash to get a flu shot. They can't do that anymore. Now they have to bill even if you are going to pay for it out of your pocket. They can't even take the money up front anymore. They did have a $2 request for immunizations to help offset some of these ongoing costs.

Human Services had them come back and break down the costs. We whittled it down to $1.2 million. It's one of those cases -- we don't have to do this, the county will pay. We do it, the state pays. Either way they're incurring the costs so that someone has to pay so either the property tax owner will pay for the increased costs or the state will pay under this bill to try and get computer systems set up, staffing aligned, and make this work.

Rep. Weisz concluded his remarks.

Rep. Pollert: In Sections 1 and 2 for the $300,000. Did you have testimony from the local, smaller public health units as far as whether they liked the idea? This reminds me of REAs – Regional Education Associations. Is that what you developed this after? (3:50)

Rep. Weisz: Yes. The bill is modeled after REAs to try and achieve that kind of collaboration.

Rep. Pollert: Did you have testimony from smaller public health units? For example, Foster County?

Rep. Weisz: We did have testimony from one smaller public health unit that supported it. Other than that we didn't hear anything pro or con.

Rep. Pollert: Do you think all of the smaller county units know this is going on? This wasn't originally part of the bill. The bill has gone through three or four transformations. (5:32)

Rep. Weisz: I'm not sure if all of the units are aware of where the bill is at since this has gone through several versions. Originally it had $3.8 million for the public health units to offset their normal funding costs.

Rep. Pollert: The $1.2 million for immunizations – if I'm correct, the federal stimulus says it's unknown. At first we were told it would work and then we were told nobody knows for sure.

Rep. Weisz: That's about all I know too. Our hope was that we could use some of the $2.5 million in federal stimulus money for that too. We put the bill forward regardless of stimulus from the standpoint of, if we are looking at property tax relief, this is a burden we put on the

counties because of our action last session. Should the state pony up? Our Committee felt that it should because we're the ones that laid out the mandate.

Chm. Svedjan: You gave a breakdown of funds. I think you said there were some monies set aside to incent the counties to . . . Could you go over that again? (7:22)

Rep. Weisz: There's an appropriation of $300,000 strictly to try to incent any public health units that would like to form a regional public health unit. It's driven by the immunization sector. The problem you have, especially with some of the smaller units is you have a county health nurse. Now you are telling that person to be a third-party biller and do all these other things. If we could help them form regional health units maybe they will get some cost savings so they can make this cash flow in the future.

Rep. Skarphol: Where does it say in the bill that they document these cost savings so we can see if this pilot does in essence save money? (8:45)

Rep. Weisz: There is no language that mandates a report back from the health units. The thought would be if you got four counties that would take this up and do it, then they are incurring efficiencies and savings and others would like to do this. Whether we would fund them or not is up to this assembly.

Rep. Skarphol: If we are supposing that there will be a cost savings in doing this, it would be nice to have it documented. I would suggest that we've got to see a consolidation that saved us money. (9:43)

Rep. Weisz: I would argue that there have been consolidations that have caused some efficiencies. The problem is that we are usually increasing the amount of services we provide so we don't see a decrease in costs, but instead of an acceleration in costs we either hold even or temper the increase.

Rep. Skarphol: That's exactly my point. We're starting out here with a relatively small amount of money but if we have an increase in size, in the future that cost also accelerates. I don't think I can support it.

Chm. Svedjan: The focus of this bill is on those counties that currently aren't attached with any others. When you look at the public health district #1, the one that is run out of Minot, that's huge.

Rep. Weisz: I think it's nine counties.

Chm. Svedjan: We have other examples where city public health units work in concert with counties. I think there is only one county that doesn't have a public health service. Maybe that's changed now. Maybe they all do.

Rep. Weisz: They have to in some form.

Chm. Svedjan: There were several that operate independently of other counties and that's the focus of this bill, right? (10:32)

Rep. Weisz: I really think the focus of this bill is Section 2. If this body has real heartburn over Section 1, I would rather you eliminate that and keep Section 2 alive.

Rep. Pollert: I think you mean Section 3, the immunizations part.

Rep. Weisz: That's correct. It's the immunization part that I think is the most important part.

Chm. Svedjan: Is the appropriation $1.2 million? Is that in addition to what was appropriated for immunizations two years ago? (1:32)

Rep. Weisz: That is correct.

Chm. Svedjan: What is the total appropriation?

Rep. Weisz: It was $2 million last session for their start-up costs, pre-buying vaccines, some of the other issues with the hope that this would all be cash-flowing with the $8 reimbursement

for each vaccine. We've doubled their workload and it's still not functioning. You have one-person units that are not set up for third-party billing.

Rep. Wald: Certainly there's money in the State Health Department to take care of the immunizations. We have Southwestern District Health unit in Dickinson. How would this affect them? It's my understanding that Southwestern District serves about eight counties. Isn't this a duplication in many respects? (13:32)

Rep. Weisz: No it's not. State Health Department does not do the immunizations and they never have. Public Health Units do the vaccinations. The only difference was in the past they didn't have third-party billing. The state Department of Health took care of the cost of the vaccine. Now they are in charge of billing and everything else inclusive of this. The $1.2 million is going to apply to Southwest District as much as anyone else. It's going to cover the costs they are incurring trying to implement the third-party billing and stock three different sets of vaccines. They can't comingle them. It's easy for us to criticize the county and the public health units but this is something we did last session. Prior to that all they had to do was administer the vaccine. We paid them a fee for that. Southwest District would get a portion of the $1.2 million based on the services they are providing. They wouldn't qualify for the $300,000 for setting up a regional public health unit because they have already done that.

Rep. Dosch: Are you saying that you would like to undo what we did last session? Would they be better off if we went back to the old way? (16:01)

Rep. Weisz: I don't think it's working but I don't see a way of going back. We added six new vaccines that we're paying for. We were told last session that we were going to lose our 317 funds which didn't happen. Now we've gone into the third-party billing. We looked at going back, but it was felt there was no reasonable way to do it. That would cost the state money too.

Rep. Pollert: The Department of Health last biennium came forward with a project about $317 dollars. The cost to the state if we had stayed on the universal system of immunizations would have been $16 million. When the bill came in front of us we added six immunizations. The way SB 2333 came originally, you would have had about $21 million if you went back to the universal system. That was amended out to go back to universal coverage. Because of the workload that is happening with the local public health units, and because the immunizations, and Blue Cross Blue Shield and the billing system is with UND and they are behind five to six months, the local Public Health Units are not business people. They'll tell you that as well. Because of that last biennium we passed HB 1465 for the $2 million to help them get switched over to the new system with BCBS and the billing system with UND. They say there is still a cost to that. In Section 3, the cost is $1.2 million. They say they need that to still implement. You can no longer pay cash for your immunizations. BCBS would tell you this costs them about $9 - $10 million. They (the public health units) want more money to do the work. (17:10)

Rep. Kreidt: Some of the problem with Public Health is that they have money in Accounts Receivable. If they had that, they would know what they have out there. (19:16)

Chm. Svedjan: The Public Health Units must know what they've administered. If I understand Rep. Pollert correctly, there is a service provided through UND that helps with the billing but they are way behind. (19:56)

Rep. Weisz: That's correct. They did not anticipate the volume of business. There is up to a 6-month delay from the time the person goes in to the public health unit until he or she receives a bill. Then they have 30 days to pay the bill. So there could be a seven month delay before the public health unit receives payment. It's a huge delay. Public Health Units were set up to provide public health services. North Dakota has a good system. We have one of the highest vaccinations rates in the country for children. This system, however, has created a great

burden to the Public Health Units. Either we pick up the tab or they do. It's either the property tax of General Fund.

Chm. Svedjan: Did you have testimony from the UND service? (22:25)

Rep. Weisz: No. The Health Department was indicating that they were at least hoping to extra employees and be working on some of the bugs and problems they were having. That was some of the hope when we talked with the Public Health Units, that in the next two years these problems will be resolved.

Rep. Klein moved an amendment to delete Sections 1 and 2. Rep. Wieland seconded the motion.

Rep. Hawken: The Human Services Committee spent a lot of time looking at this – deciding which policies were important for this particular thing. And without any testimony or anything else, we just decide to delete sections that having nothing to do with the appropriation? (23:20)

Chm. Svedjan: Section 2 is an appropriation.

Rep. Hawken: Fine. But we want the $1.2 . . . I'm not sure exactly what the thought process is to just do that. Maybe some of you on the Human Resources Section can help me understand better why doing that is o.k. because I don't get it.

Chm. Svedjan: Just by way of summary, I heard Chm. Weisz indicate that if there were to be changes made to this bill, by all means salvage Section 3.

Rep. Weisz: I didn't indicate to get rid of it.

Rep. Pollert: If I'm correct, Rep. Weisz, this is not the way the bill came over from the Senate in Sections 1 and 2. In the Committee, they talked about trying to have computers come in to try and help the local public health units. I've always been told that there is talk of

consolidations . . . that the main core of the bill is to get the immunization funding. That's what I'm going by. (24:35)

Rep. Weisz: Sections 1 and 2 were in the bill when it came over from the Senate. The only difference was that it had $3.8 million in it because the intent was to help fund the services of Public Health units to offset property tax. The original bill was considerably different.

Rep. Kempenich: What if we got rid of this bill and put more money in the Health Department Budget for the vaccine? (25:32)

Rep. Weisz: Maybe you misunderstood my comments. The Committee doesn't want to get rid of the bill. Sections 1 and 2 we think are important to set out criteria to potentially encourage more regional public health units. If that was going to kill the whole bill and all the funding, I'm telling you, fine. It's more important today for them to have the $1.2 million. From our perspective, that language in there to help set up regional public health, if you want you can take the money out and leave the language and still set out criteria for setting up a regional public health unit but there won't be any assistance or help for them to do that. At least you have the language for them to follow.

Rep. Kaldor: I would resist the motion as it is. Section 1 addresses some of the issues we discussed during the interim. The public health units are at a loss for what to do. They have this responsibility and we've basically forced on them an additional responsibility that's very complicated for them to carry out. If we can foster or stimulate or incentivize some collaboration between the local health units, that's an advantage for everyone. Even though it may not be the most important or critical part of the bill, it's a pretty good piece of the bill. I would resist the motion. (26:48)

Chm. Svedjan: I'm going to legislative council. If this amendment were to pass, other changes would need to be made as well? In the title of the bill it makes reference to Regional Public Health Networks. (27:46)

Roxanne Woeste, Legislative Council: That's correct. We always change the title appropriately when we draft amendments.

Chm. Svedjan: If that's taken out, the bill would read, "This is a bill to create and enact Chapter 23-35.1 of the North Dakota Century Code and to provide an appropriation."

Ms. Woeste: It would read differently. It would be " . . . a bill for an act to provide an appropriation for . . . "

Rep. Metcalf: I've been fighting the fact that we have at least two public health units that are serving our areas. It is not efficient. By the development of these regional areas, it was hoped that we could consolidate these services and get them to the point that when one group is running out to Wimbledon, North Dakota to give a shot, the other one's going out to Courtney, North Dakota which is six miles apart to give someone a back rub. Both of them charge for mileage except for the county health does not charge for mileage. We have to get started with something and they thought this bill would move them together. We can save money by getting this started. If we're concerned about saving money I think we can save money but it's not going to work immediately. Let's give this bill a try and see if we can get something going on this. (28:35)

A voice vote was taken on the motion to amend out Sections 1 and 2 and the Chairman was uncertain of the outcome. The motion carried by a roll call vote of 13 yeas, 10 nays and 2 absent and not voting. The amendment was adopted.

Rep. Pollert: I think we need language that addresses federal stimulus. (31:14)

Chm. Svedjan: That was going to be my next point.

Rep. Weisz: I assume we will if indeed it does qualify. That was always the position we were in, especially when we had to kick these out we really didn't know what was out there and how it would need to be crafted so we didn't do anything of that nature.

Chm. Svedjan: The full amount of stimulus money for immunizations is $2.144 million which is greater than what is in Section 3.

Rep. Weisz: I know some of that is 317 funds which I know wouldn't be able to apply.

Chm. Svedjan: And the 317 would apply where?

Rep. Weisz: The 317 funds are with the Department of Health to pay for the VFC – their free vaccines.

Chm. Svedjan: I wouldn't be opposed to an amendment though to get language into this bill to make sure we hammer it out in Conference Committee.

Rep. Pollert moved to amend the bill to add language that federal stimulus dollars would be accessed. (32:24)

Chm. Svedjan: The intent of your motion would be to maximize the use of stimulus funds toward Section 3, the immunizations, to the extent possible but not to exceed $1.2 million. The difference would be paid out of General Funds. Something to that effect. Roxanne, did you get the gist of that?

Ms. Woeste: Yes.

Rep. Pollert: A lot of our language has been reading, "The funds provided in this Section or so much of the funds as may be necessary are appropriated from federal funds made available to the state under the Federal American Recovery and Reinvestment Act of 2009."

Chm. Svedjan: Council will work it up.

Rep. Kreidt seconded the motion to amend. The motion carried by voice vote and the amendment to add federal stimulus language was adopted.

Rep. Delzer: Some of the comments you made I agree with and some I take exception to. I was part of the Committee that had the immunization study during the interim. I'm not sure what we are doing will fix the problem. I think it may be just throwing more money at it on the wrong end. Are we sure the program from Blue Cross Blue Shield is working and that if the problem is UND are we sure we're addressing something there so that they have the proper number of people running their end of it? Has the software been offered to all the units (34:21)

Rep. Weisz: This bill will not ensure . . . the Health Department ensured us that they were working with UND to correct some of the issues on that end. Will this ensure that each public health unit gets the software? No. But it does allow them some funds so that they can get up to speed.

Rep. Delzer: This is going just to the local health districts for their administrative costs?

Rep. Weisz: This $1.2 million is all going to local public health units.

Rep. Delzer: $2 million. How much has been spent?

Chm. Svedjan: The $2 million from this current biennium.

Rep. Weisz: My understanding is that all the money that has been authorized for the public health unit has been disbursed. But I'm not 100 percent sure of that.

Rep. Delzer: At the last interim meeting that wasn't the case. The $2 million had not been expended. It might well have been by now.

Rep. Weisz: Some of that had to do with it being allocated out to purchase vaccines so it wouldn't have necessarily been all disbursed depending on what the billing procedures were. (36:17)

Rep. Delzer: I think we are band aiding instead of fixing the problem.

Chm. Svedjan: I believe that with amending out Sections 1 and 2 there is opportunity for the counties to work together to gain efficiencies. It seems the bigger part of the problem has to do with the billing function which is being served by the UND. Something is wrong there or the link between University service and the public health units. The issue of the immunizations themselves seems to be the lesser of the issues here. Am I wrong?

Rep. Weisz: As far as the overall costs, we've added six vaccines and some of them are very expensive. The vaccines we are already mandating, those costs have also gone up. The billing is only part of the picture. The other part is the administrative end on the local public health unit of just getting up to speed on billing, sending the billing to UND properly, understanding the billing situations. It's a combination of things. I didn't mean to imply that all the problem rested at UND.

Chm. Svedjan: I did not take it that way. That was my statement.

Rep. Hawken moved a Do Pass as Amended. Rep. Metcalf seconded the motion. The motion failed by a roll call vote of 12 yeas, 12 nays and 1 absent and not voting.

Rep. Skarphol: I'm hopeful that the folks on the Health Department Budget can figure this out and get it in the kind of order we need it. I'm not sure that we need this bill for that reason. That would depend on those that deal with this issue to take care of it.

Rep. Skarphol moved a Do Not Pass as Amended. Rep. Wald seconded the motion.

Rep. Hawken: Most of us here are pretty lucky. We have insurance. Not everyone does. This is one way that some of those people get the vaccines that are extremely important, particularly for young children. I find this mind boggling. (42:09)

Rep. Skarphol: I'm not saying that we should not give the immunizations. I'm not saying we're not going to fund it. I'm saying that this is something that more appropriately belongs in the discussion of the overall Health Department Budget and gets addressed in that environment as opposed to having a bill out here that just simply does it and then the Appropriations Committee has to take care of it after the fact. (42:44)

Rep. Kaldor: I would hope we would not support the Do Not Pass. It's not because we can't tell the Health Department to do this. I guess we could. I think we have more policy to deal with in making that work that has not been deliberated on in this session. We discussed this during the interim. This is a public health unit responsibility. We are putting a burden on our counties. The people working at the local level, when we suggest that we don't need to do this. I regret that the Do Pass recommendation didn't make it. But this is not some simple fix that we can tell the Health Department to take of it. It's not going to work. I hope we resist this. (43:11)

Chm. Svedjan: I need to remind you too that this bill came to us with no change in policy. They didn't change the policy. It's our job to address the dollars. It's difficult to totally separate

policy from dollars but we amended Sections 1 and 2 out. That was the will of this Committee. We are left with dollars. (44:05)

Rep. Kaldor: We are left with dollars but we are still delegating that responsibility to the local health units. We haven't changed that in anything we've done here. That responsibility and the things that were done with relationship to the policy were actually done last session. We put them in a very difficult spot. Vaccines are getting more expensive. The processing is not working as fast as it should. I realize there are a lot of issues here. This legislation was brought forward as an attempt to try to wrestle with that. We've killed Sections 1 and 2. I regret that. That is something that will be dealt with enough in Conference Committee. By not funding this we are adding emphasis to our lack of willingness to assist these local units. I really think they need help. I think the citizens of North Dakota expect immunization. I think this is unfortunate. (44:36)

Chm. Svedjan: I don't want to make this a debate between just you and me, but from my point of view I can't imagine that the regionalization of public health units would have solved the problem at hand here. It wouldn't even have dealt with it in large part. The problems at hand are not being addressed in this bill. The Chairman of the Human Resource Section has assured me that they will take this matter up – if this Do Not Pass is sustained – they will take it up with the Health Department budget. I would go one step further. I would consider some study language in there to figure out what in the world is going wrong with this billing function. That's a shame.

Rep. Skarphol: The original bill was two lines of new language. Not four pages. It was two lines. It said "The Department shall acquire and distribute public health units age appropriate immunizations for administration to individuals who have not reached the age of nineteen." That was the new language in the original bill. Where all of this other came from I would

assume is model legislation from somewhere else seeking to solve a problem. I have no idea because it was amended in the Senate Human Services Committee and it was a hog house amendment. I submit to you that the Human Resource Section can take care of this, and should take care of this and will take care of this. (46:54)

Rep. Pollert: If 2333 dies, we will be looking at vaccinations. We will be looking at this funding. And I will be working with Rep. Weisz and we'll also get language because I support further study during the interim to find out what has been happening. We will have some language in the Health Department budget for that and we are going to have to have some funding for immunizations. We have to have it. (47:42)

The Do Not Pass motion to SB 2333 carried by a roll call vote of 13 yeas, 11 nays and 1 absent and not voting. Rep. Pollert will carry the bill.

2009 HOUSE STANDING COMMITTEE MINUTES

SB 2333

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: April 1, 2009

Recorder Job Number: 11597

Committee Clerk Signature L Penrose

Minutes:

Chm. Svedjan: We had a request to reconsider SB 2333.

Rep. Pollert distributed amendment .0203 (Attachment A). This bill dealt with regional public health networks or units, and also an appropriation. Rep. Weisz brought this forward from the Human Services Committee, version .0200. It had sections 1 and 2 dealing with the policy language of the creation of the regional public health networks. If you remember our action in the whole Appropriations was that there was a motion to remove sections 1 and 2. When it came from the policy committee to us on section 2, there was a $3.8 million dollar appropriation in there. From the policy committee it was reduced down to $300,000. Then it also came to us in section 3 with the appropriations of $1.2 million for the Dept. of Health to go to the local public health units for immunizations that are still dealing with the problems we've had from what we did last biennium, with changing from the universal care and immunizations over to a provider type care; where the billing is done from the public health units through a UND billing service, and BC/BS is involved. We're still struggling with that.

Rep. Pollert moved to reconsider SB 2333. Rep. Skarphol seconded the motion. The motion carried by voice vote.

Rep. Wald: Will this become a permanent program in state government once the federal money if it becomes available, runs out.

Rep. Ballew: Did we not pass this after we amended it.

Ch. Svedjan: We put a Do Pass as amended on it, it failed 12-12 and then we adopted a couple of different amendments. One was to take out sections 1 and 2. That was adopted. Then another amendment put in the stimulus language that was adopted. Then we ultimately put a Do Not Pass as amended 13-11. Further discussion. Voice vote. Motion carried. We now the bill before us as amended.

Rep. Pollert: What you have in front of you are amendments .0203. That's what I am proposing. When this bill came from the Senate to the House there were regional public health networks. It had policy in there for the creation of them if they so desired. With that there was a $300,000 appropriation as well as $1.2 million for immunizations; .0203 keeps the language in for the policy for the creation of the regional public health units but it takes out the $300,000. It puts in Sections 2 and Sections 3. If you go to the old version of SB 2333, which is the .0200 version, lines 7-18 of page 4. Line 7 on page 4 is that section 2 about the $300,000, which in the old bill shows $3.8 million. We also have to add in the federal stimulus dollars (see .0203) saying that if those dollars are available that those funds can be used. If those funds are not available, the $1.2 million will be General Funds.

Chm. Svedjan: Your amendments take out the $300,000 in Section 2 and makes the federal stimulus money the primary source of funds. If they don't come in as expected, $1.2 million would come from General Funds to cover immunizations.

Rep. Pollert: This is correct. I discussed this with House Human Services Committee Chair and this is a compromise. He wants the policy in place and the $300,000 pulled out. You're going to see in the Health Department budget a study on the immunization program, to study the billing system. There is still a problem between BC/BS and UND, their accounts receivable, the local public health units could do a better job of collecting their accounts receivable as well.

We need to get all that information and see where we are going. Because if we go back to Universal health care, it's going to be a $21 million fiscal note. I move amendments .0203.

Rep. Wieland: Second.

Ch. Svedjan: Further discussion. Does everyone understand what these amendments do?

Rep. Delzer: This does not have the language in there that if the stimulus funds are there they would not become part of the base of any budget. I know this is a stand-alone bill, but it also goes into the Health Department.

Chm. Svedjan: This will sunset on June 30 of 2011. Both Sections 2 and the amendments are only authorized through June 30, 2011.

Rep. Delzer: But they are being replaced. Section 2 does end June 30, 2011 on the amendment. Maybe we don't need that language but I would feel better if it was in there.

Rep. Metcalf: With these changes, what have we done to the policy of developing regional public health networks? Is that still the policy; the policy will still remain in there but there is no funding attached to it, is that correct.

Rep. Pollert: The policy is in there so that if they want to go forward they can.

Rep. Bellew: Why an emergency clause? It wasn't on the original bill. Section 4 of the amendment.

Rep. Pollert: I will have to ask Legislative Council.

Ms. Sandness: That would be so that if the federal funds came in they can accept them.

Chm. Svedjan: Voice vote to adopt amendment .0203 to SB 2333. Motion carried. There was a question about inserting language about the stimulus like we have in other bills where if this wouldn't raise the base, and then it would sunset.

Ms. Sandness: I believe this does sunset, but we could certainly add that language. I'm not sure if we would have to add that and then change the amendment.

Chm. Svedjan: You're feeling the sunset is sufficient.

Ms. Sandness: It does cover the period through 2011.

Ch. Svedjan: So this would be looked at again in two years.

Ms. Sandness: Correct.

Rep. Delzer: There's a difference as to whether it is going to be looked at or whether or not we, as this body, say it can be part of the base or not. My take on this, this isn't money for immunizations; this is money for the administration of the immunizations. I don't think it should be base next time in the Health Department. If they need to come forward and ask for it, they could have to come forward in a separate bill and explain why.

Ch. Svedjan: I would accept a motion.

Rep. Delzer: I would so move that we add the language that this should not be part of the base.

Rep. Skarphol: Second.

Rep. Bellew: Basically that would make this $1.2 million, a one-time funding then.

Ch. Svedjan: Yes. Voice vote. Motion carried. Amendment is adopted. We now have the bill before us as amended. What are the committee's wishes in regard to SB 2333?

Rep. Pollert: I move a Do Pass as amended.

Rep. Wieland: Second.

Ch. Svedjan: Roll call vote.

18 YES 2 NO 5 ABSENT DO PASS AS AMENDED CARRIER: Rep. Pollert

Date: 3/23/09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Delete Sections 1 and 2 (adopted)

Motion Made By Klein Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Rep. Skarphol	✓		Rep. Kroeber		✓
Rep. Wald	✓		Rep. Onstad		✓
Rep. Hawken		✓	Rep. Williams		✓
Rep. Klein	✓				
Rep. Martinson		✓			
Rep. Delzer	✓		Rep. Glassheim	—	
Rep. Thoreson	✓		Rep. Kaldor		✓
Rep. Berg	✓		Rep. Meyer		✓
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom	—	
Rep. Bellew	✓		Rep. Kerzman		✓
Rep. Kreidt	✓		Rep. Metcalf		✓
Rep. Nelson		✓			
Rep. Wieland	✓				

Total (Yes) 13 No 10

Absent 2

Floor Assignment Voice Vote - uncertain

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

90830.0202
Title.0400
Fiscal No. 1

Prepared by the Legislative Council staff for
House Appropriations
March 24, 2009

VR
3/25/09
1082

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2333

In lieu of the amendments adopted by the House as printed on page 967 of the House Journal, Engrossed Senate Bill No. 2333 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for local public health units for providing immunization services; and to provide a contingent appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS. There is appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 2. CONTINGENT APPROPRIATION. If federal funds appropriated under section 1 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for providing funds to local public health units for providing immunization services statewide, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may only spend the general fund moneys to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 1 of this Act."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 90830.0202 FN 1

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

[redacted]ate Bill No. 2333 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Regional public health networks		$3,800,000	($3,800,000)	
Local public health units		2,000,000	(800,000)	1,200,000
Contingent appropriation			1,200,000	1,200,000
Total all funds	$0	$5,800,000	($3,400,000)	$2,400,000
Less estimated income	0	0	1,200,000	1,200,000
General fund	$0	$5,800,000	($4,600,000)	$1,200,000
FTE	0.00	0.00	0.00	0.00

Department No. 301 - State Department of Health - Detail of House Changes

	Removes Funding for Regional Public Health Networks[1]	Decreases Funding for Local Public Health Units[2]	Changes Funding Source for Local Public Health Units[3]	Provides a Contingent General Fund Appropriation[4]	Total House Changes
Regional public health networks	($3,800,000)				($3,800,000)
Local public health units		(800,000)			(800,000)
Contingent appropriation				1,200,000	1,200,000
Total all funds	($3,800,000)	($800,000)	$0	$1,200,000	($3,400,000)
Less estimated income	0	0	1,200,000	0	1,200,000
General fund	($3,800,000)	($800,000)	($1,200,000)	$1,200,000	($4,600,000)
FTE	0.00	0.00	0.00	0.00	0.00

[1] This amendment removes the $3.8 million general fund appropriation for funding regional public health networks.

[2] This amendment decreases funding for local public health units for providing immunization services statewide by $800,000, from $2 million as provided for in the Senate to $1.2 million.

[3] This amendment changes the funding source for providing funds to local public health units for immunization services from the general fund to federal fiscal stimulus funds received under the American Recovery and Reinvestment Act of 2009.

[4] This amendment provides a contingent appropriation of $1.2 million from the general fund for providing funds to local public health units for immunization services to the extent that federal funds from the American Recovery and Reinvestment Act of 2009 are not available.

Date: 3/23/09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken adopt amendment

Motion Made By Pollert Seconded By Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Voice Vote carries

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

- Max. use of stimulus funds to extent poss., not to exceed $1.2 m.
~~not to exceed~~ pd. from G.F.

Date: 3/23/09
Roll Call Vote #: 3

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Failed Action Taken Do Pass as Amended

Motion Made By Hawken Seconded By Metcalf

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan		✓			
Vice Chairman Kempenich		✓			
Rep. Skarphol		✓	Rep. Kroeber	✓	
Rep. Wald		✓	Rep. Onstad	✓	
Rep. Hawken	✓		Rep. Williams	✓	
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer		✓	Rep. Glassheim	✓	
Rep. Thoreson		✓	Rep. Kaldor	✓	
Rep. Berg		✓	Rep. Meyer	✓	
Rep. Dosch		✓			
Rep. Pollert		✓	Rep. Ekstrom	—	
Rep. Bellew		✓	Rep. Kerzman	✓	
Rep. Kreidt		✓	Rep. Metcalf	✓	
Rep. Nelson	✓				
Rep. Wieland		✓			

Total (Yes) 12 No 12

Absent 1

Floor Assignment

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

Date: 3/23/09
Roll Call Vote #: 4

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Do Not Pass as Amended

Motion Made By Skarphol Seconded By Wald

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Rep. Skarphol	✓		Rep. Kroeber		✓
Rep. Wald	✓		Rep. Onstad		✓
Rep. Hawken		✓	Rep. Williams		✓
Rep. Klein	✓				
Rep. Martinson		✓			
Rep. Delzer	✓		Rep. Glassheim		✓
Rep. Thoreson	✓		Rep. Kaldor		✓
Rep. Berg	✓		Rep. Meyer		✓
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom	—	
Rep. Bellew	✓		Rep. Kerzman		✓
Rep. Kreidt	✓		Rep. Metcalf		✓
Rep. Nelson		✓			
Rep. Wieland	✓				

Total (Yes) 13 No 11

Absent 1

Floor Assignment Rep. Pollert

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

REPORT OF STANDING COMMITTEE

SB 2333, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (13 YEAS, 11 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2333 was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 967 of the House Journal, Engrossed Senate Bill No. 2333 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide an appropriation for local public health units for providing immunization services; and to provide a contingent appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS. There is appropriated from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 2. CONTINGENT APPROPRIATION. If federal funds appropriated under section 1 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for providing funds to local public health units for providing immunization services statewide, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may only spend the general fund moneys to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 1 of this Act."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 90830.0202 FN 1

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

Date: 4/1/09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number —

Action Taken move to reconsider SB 2333

Motion Made By Pollert Seconded By Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) — No —

Absent —

Floor Assignment Voice Vote - Carries

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

Attachment A
4/1/09

90830.0203
Title.

Prepared by the Legislative Council staff for
Representative Pollert
March 30, 2009

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2333

In lieu of the amendments adopted by the House as printed on page 967 of the House Journal, Senate Bill No. 2333 is amended as follows:

Page 1, line 2, remove "and" and after "appropriation" insert "; and to provide a contingent appropriation"

Page 4, replace lines 7 through 18 with:

"**SECTION 2. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS.** There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the period beginning with the effective date of this Act and ending June 30, 2011.

SECTION 3. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section 2 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may only spend the general fund moneys to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 2 of this Act.

SECTION 4. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes the $3.8 million general fund appropriation for regional public health networks and reduces and changes the funding source for providing funds to local public health units for immunization services from $2 million from the general fund to $1.2 million of federal funds available to the state under the federal American Recovery and Reinvestment Act of 2009. The amendment also provides a $1.2 million contingent general fund appropriation for the local public health units for immunization services if the federal funds are not available.

Date: 4/1/09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .0203

Action Taken adopt amendment .0203

Motion Made By Pollert Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Voice Vote - carries

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

90830.0204
Title.0400

Prepared by the Legislative Council staff for
House Appropriations
April 1, 2009

VR
4/1/09
1082

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2333

In lieu of the amendments adopted by the House as printed on page 967 of the House Journal, Engrossed Senate Bill No. 2333 is amended as follows:

Page 1, line 2, remove "and" and after "appropriation" insert "; and to provide a contingent appropriation"

Page 4, replace lines 7 through 18 with:

"**SECTION 2. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS.** There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 3. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section 2 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may only spend the general fund moneys to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 2 of this Act.

General fund amounts appropriated under this section reflect one-time funding and are not a part of the agency's base budget for the 2011-13 biennium.

SECTION 4. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes the $3.8 million general fund appropriation for regional public health networks and reduces and changes the funding source for providing funds to local public health units for immunization services from $2 million from the general fund to $1.2 million of federal funds available to the state under the federal American Recovery and Reinvestment Act of 2009. The amendment also provides a $1.2 million contingent general fund appropriation for

the local public health units for immunization services if the federal funds are not available and that all funding is one-time funding.

Date: 4/1/09
Roll Call Vote #: 3

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken add language

Motion Made By [illegible] Seconded By Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Voice Vote - carries

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

Date: 4/1/09
Roll Call Vote #: 4

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2333

Full House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Do Pass as Amended

Motion Made By Pollert Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	—				
Rep. Skarphol	✓		Rep. Kroeber	✓	
Rep. Wald	✓		Rep. Onstad	✓	
Rep. Hawken	✓		Rep. Williams	✓	
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer		✓	Rep. Glassheim	✓	
Rep. Thoreson	—		Rep. Kaldor	—	
Rep. Berg	—		Rep. Meyer	✓	
Rep. Dosch		✓			
Rep. Pollert	✓		Rep. Ekstrom	—	
Rep. Bellew	✓		Rep. Kerzman	✓	
Rep. Kreidt	✓		Rep. Metcalf	✓	
Rep. Nelson	✓				
Rep. Wieland	✓				

Total (Yes) 18 No 2

Absent 5

Floor Assignment Pollert

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

REPORT OF STANDING COMMITTEE

SB 2333, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (18 YEAS, 2 NAYS, 5 ABSENT AND NOT VOTING). Engrossed SB 2333 was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 967 of the House Journal, Engrossed Senate Bill No. 2333 is amended as follows:

Page 1, line 2, remove "and" and after "appropriation" insert "; and to provide a contingent appropriation"

Page 4, replace lines 7 through 18 with:

"**SECTION 2. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS.** There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after the federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 3. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section 2 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may only spend the general fund moneys to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 2 of this Act.

General fund amounts appropriated under this section reflect one-time funding and are not a part of the agency's base budget for the 2011-13 biennium.

SECTION 4. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes the $3.8 million general fund appropriation for regional public health networks and reduces and changes the funding source for providing funds to local public health units for immunization services from $2 million from the general fund to $1.2 million of federal funds available to the state under the federal American Recovery and Reinvestment Act of 2009. The amendment also provides a $1.2 million contingent general fund appropriation for the local public health units for immunization services if the federal funds are not available and that all funding is one-time funding.

2009 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2333

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2333

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 04/20/2009

Recorder Job Number: 12017

Committee Clerk Signature Mary K Monson

Minutes:

Chairman J. Lee Opened the hearing on SB 2333 and requested that the house explain its amendments.

Representative Pollert I can explain two parts of the amendment. The majority of the amendments the chairman of the house policy committee is going to have to explain. When the bill came back to the conference committee after appropriations—we thought it should go to the policy committee but it came to us instead. When the house appropriations got the bill the language, as far as the regionalizations, was in the bill. There was an appropriation for $300,000 to regionalize. What the house appropriations did was that they kept the regionalization language and removed the $300,000. They also put in language saying that if the federal stimulus dollars can apply to immunizations, you will see language in the bill that states they can use that. But if that money is not available, then the money will come from general funds. If I am correct, I think that is all we have done in appropriations. The 1.2M and the language on regionalization came from the policy committee. Those were the two amendments that we had done, as far as anything else—you will have to talk to Representative Weisz.

Chairman J. Lee Just to make it clear for myself, the incentive money for the regional units was not in the policy committee?

Representative Pollert The $300,000 was put in the human services committee and then the appropriations committee took it out. We kept the 1.2M in and then had the language about the federal stimulus dollars.

Chairman J. Lee Just to help me understand the logic, aside from the fact that dollars are dollars, we were looking when we did this at potential voluntary regionalization programs; we totally based it on the REA's for education. I think there was 3M of that which was appropriated when the REA's were started in order to provide them not only with incentives but for some reimbursement for the costs involved in doing something that was going to be more productive and stream lined in the end. Was there any discussion about that in appropriations at the time? Did they know that we were looking at a proven program to move over for incentives?

Representative Pollert I can't remember the exact discussion in appropriations, this bill took a lot longer than that because originally the regionalizations were amended out of the bill—the language and the appropriations, then it had a do not pass. After speaking with the house's chair of the human services policy we realized the error of our ways and took it back to appropriations. An agreement was struck to put the regionalization language back in but not have the care back in if they want to merge.

Representative Weisz The policy is the way it came; we really didn't change the policy. We took a hard look at the immunization money. The reality is that we knew that the dollars were going to be a large amount but we think that the immunizations are very important. The best number, when we got it all in that would address this need, was 1.2M. Then when we took a look at the regional health networks and thought the whole bill might be in danger and defeated. What the house came up with the $300,000 as a pilot to get the process started. We

thought we might put the $300,000 in there to give a carrot to somebody to carry it forward. We thought the 2M for immunization might make the whole bill go away but we liked the language. Explained the various iterations of the bill

Representative Pollert We did put language in the department of health budget, SB 2004, to have a further study of the immunization program because we know we have difficulties with the billing portion. There were some discussions that pharmacists might be involved in the process. You might see that there is some comprehensive language in SB 2004 dealing with the immunization programs because we know we have continuing problems out there.

Chairman J. Lee Would that permit further review and elaboration on regional health units/network so that it would be possible to include that discussion as a part of the administration for example? Spoke about health units—what could be a bigger role for public health units than to provide immunizations? Because they don't have the money in the structure, they are not doing that.

Representative Pollert The language as far as the immunizations and the study that is not in the bill but that could sure be amended so we have a more comprehensive study.

Chairman J. Lee We want this to be a part of the overall discussion.

Representative Ekstrom The community health trust fund has taken a pretty good hit this time and I am not sure where it sits in terms of dollars allocated. It occurs to me that it might be a potential partial funding sours (alluded to the phantom 2063 bill). The other question that I have is that I believe the senate killed the 44M that was to go into emergency funds that was Rep. Berg's bill coming out of the permanent oil trust fund. That was 44M that died in the senate, again I feel that there are dollars out there that were originally allocated and have now been pulled back and may be a potential funding source for this program.

Discussion about the numbers and content of 2063 and the Berg bill

Representative Pollert During discussions in appropriations, I had some discussion with some local public health units saying that they do not want to lose their own identity. That is why I voted to pull the regionalization until Representative Weisz showed me the error of my ways.

Chairman J. Lee We agreed on the senate side that we did not want any of the units to lose their identity and that is why it is optional and kind of like the schools because the schools do not want to lose their identities either. We agreed with your idea, we did not want their identity to be in jeopardy.

Senator Heckaman Where does that $300,000 show up in this bill?

Representative Weisz It was in one of the versions.

Chairman J. Lee Is it in version .0300

Representative Pollert Those discussions happened in legislative council and that is why you will see on the amendment .0204. The reason amendment .0204 says what it does is due to the statement of purpose which says that the $300,000 needs to be done before the policy committees work. I don't know why but that is the interpretation from legislative council.

Chairman J. Lee The .0300 version does have the $300,000 but the .0400 does not. If I might, I would like to ask Lisa Clute to talk a little bit about this.

Senator Krebsbach Also requested that she talk about the organizations flood involvement.

Lisa Clute 1st district Health Unit-Minot. This bill came about as a result of concerns about financial losses in the immunization program. They have also been struggling with local health units because federal dollars have been declining causing the local divisions to lose money. State aid entered 2333 when it went through the policy committee. This caused all of the state aid to be tied into this bill.

Chairman J. Lee The discussion was about how to deal with this and understand more about the program.

Clute After that the regional networks came forward as they tied the state aid to our regional networks as a carrot. The administrators of the local health units were not happy. Robin in Jamestown said that he would like to try this as it might work. There are still some small public health units that are concerned about being forced into regionalization. If it stays like the REAs at schools but there is some suspicion that this is a move towards regionalization. They are still concerned with the state aid issue.

Spoke about the flood issues, public health throughout the state has been very involved with flood related needs—there is concern about environmental health situations with sewers overrunning and backing up.

Chairman J. Lee Passed around information about estimated deficits in local health units and maps of their service coverage

Discussion about how they came up with 1.2M which is based on the losses for the past year

The committee adjourned.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB2333

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 04/23/2009

Recorder Job Number: 12164

Committee Clerk Signature	Mary K Monson

Minutes:

Chairman J. Lee Opened the conference committee on SB 2333. All members were present. She passed out some information from Lisa Clute on a pilot project proposal. Requested that Keith Johnson talk about the possibility of 1 pilot project

Keith Johnson See attachment #1. The setting up of a regional network as detailed in 2333 would be of interest to several areas including Jamestown with its surrounding counties and Fargo as well. Those two would be ready. I think that Lisa was asking for the possibility of two pilot projects so we wouldn't have to put Jamestown and Fargo head to head to find out who got to do that. The budget for that is on those sheets. The other thing that she mentioned was that there was originally some language to add a committee comprised of some state health department people and some local health administrators to administer the program pretty much like 1445 is. Any consideration you can give to those would be appreciated.

Chairman J. Lee I did forward that message about 1445 to the committee. In the information there about the pilot projects was $250,000 dollars with 1 host plus 6 additional counties. The second one is a 6 county not a 7 county region so that would be a little less expensive. He was trying to get some general information about what it was going to take to do that and the three lines at the top. She is looking into the hard and soft costs to implement the pilot project. Are

there any comments or questions about that information? If not, the next thing was the shortfall, Sheila Sandness helped fill us in on the information about the funding for public health units. The information that she provided back is that the local public health units are independent of the state and their employees are not state employees therefore they are not bound by the 5% per year increases—read from an e-mail from Sandness—the public health units are part of PERS so there isn't much latitude in how they would do the health insurance differently. We do have some ongoing expenses to local health units just to maintain the status quo and the health insurance in place. I would encourage the three of you here who are on appropriations to keep that in mind as this really is a critical issue for the public health units.

Senator Krebsbach I did present this to Senator Fischer and Senator Kilzer who are on the subcommittee for this department and I believe we are going to have amendments drafted for the 2.794M. They will be discussing this.

Representative Pollert They met for the first time today and I don't think they are going to meet again until the old 2363 is resolved because there are a number of organizations that are contingent on what happens with that bill because that was going to be run through the community health trust fund. They are not going to be meeting any time soon unless there gets to be some sort of a compromise.

Chairman J. Lee I am not interested in mudding the water on this bill by including that bill.

Representative Weisz I would agree. I think what we have in front of us really should stay with immunization and that issue. I think the other issues would be more appropriately dealt with in appropriations. I would hate to jeopardize the 1.2M in this bill.

Chairman J. Lee I'm glad we brought this up but we have six people who are aware of it and will be tuned into the process. Let's get back to the public health unit pilot project.

Representative Weisz I assume the only discussion is whether we should fund one or two pilot projects; I think we are all ok with the immunization part.

Chairman J. Lee Is everyone ok with the amendment that was suggested about setting up a committee to set up a distribution process for the grants?

Discussion about what language would be included in the amendment as it relates to 1435 from last session

Chairman J. Lee Back to the pilot project, it is helpful to see the information here about the costs. It is a money issue; I think we pretty much agree. I have learned that 2332 which deals with HIT...I have asked Patricia Molten and Helen Mellon at the Center for Public Health at UND whether or not there are other grants available for some of these things. In that conversation it came up that there is the potential for the public health units to apply for some of that HIT money if we do something that allows that set up—there may be some opportunities for them. I thought it would be helpful to know that the optional regional public health units could be considered part of the HIT program.

Keith Johnson, Custer Public Health. The incentive part has to be regional (somewhat difficult to hear).

Representative Pollert I can only speak for our side of the aisle, there was $300,000 that Weisz's committee put in that was struck out of the bill. I did have a discussion with the chairman of the whole appropriations and he wasn't adamant over the $300,000.

Chairman J. Lee I would like to think we would have at least some potential for discussion. I would like to see two regional areas in a pilot but we need to at least have some serious discussion for one.

Representative Weisz Would it make more sense to do partial for two or enough for one?

Keith Johnson The $300,000 that was in the initial request for each regional network has been pared down to roughly $200,000 when you average the two out. I think 200 would be the smallest amount you would want to go down to but you need to have some incentive money for the smalls to join the network. They are a little circumspect about the whole thing. Partial funding is not going to get people to join and that is what we are all about.

Representative Pollert As you mentioned, there are some smaller health units that want to keep their identity and I don't know how that all works out with this. Would they still keep their identity, gave example of central valley health?

Johnson That is exactly what this was crafted to do. Probably as you are aware there have been efforts over the years to regionalize and they have fought that tooth and nail. But, that was a full regionalization to become a district health unit like Custard is. This is entirely voluntary and the only obtain the services they want and need from the central county, they can contract with each other. Talked about the regional networks

Chairman J. Lee Spoke about some changes in federal funding leading some public health units to only provide immunizations. This is a big problem for smaller units which can't raise the funds. They have no money to provide further services or add staff positions. In this program these small units will still remain autonomous but can work together to do things more effectively. There was actually a lot of enthusiasm for this. This is similar to REAs. Spoke about the problems with sewers after the flooding which is a public health concern

Representative Pollert It is always my concern, I know what I am like in my business and I hate book work, so I always have concerns about the smaller ones having all the i's dotted and the t's crossed. I know that is important too.

Chairman J. Lee Maybe we are alleviating some of that for those people. We are giving them assistance by allowing them to contract some of this stuff out.

Representative Ekstrom I see the efficiency of that and we would be maximizing the federal share, I think that is one of the places where the rubber hits the road. You just never know how the federal rates will change. That is where I lean back on the larger organizations to know those rules and then tell those little guys that I need this kind of information so I can maximize those dollars coming in here.

Senator Heckaman I am wondering if we are looking at adding a lead county and six others, maybe we are looking at too many counties for this pilot project to try this out. Maybe we want to go with a lead county and three counties where eventually if this works they could add more counties into it. Maybe we are going to big right now, I don't know.

Johnson The Jamestown and Fargo areas are pretty well delineated in terms of ones that have expressed interest and want to work together. There is quite a level of trust among the surrounding counties and the Jamestown area and Fargo is good as well. One of the things that drive the regional health is that recommended staffing levels are 1 per 15,000 of population so putting that kind of a type of population base together makes sense. I think the larger number of counties will actually be a strength.

Chairman J. Lee There may not be the reluctance (directed towards Rep. Pollert), as I understand you question, in those counties around Jamestown to participate at this point based on what they have said to you.

Representative Pollert Wells County for instance is capped out at 5 mills. They are not going to raise any more money locally if they are going to get environmental health or some of those other services. It is going to come from somewhere else.

Chairman J. Lee Well, what do you think is possible Rep. Pollert?

Representative Pollert Well, I sit here and think of this and I know where the chairman of the whole appropriations is kind of telling me so I am sitting there going one project is basically

$100,000 but I know we have a Fargo and Jamestown area that is interested in that. So when I look at that I wonder who will be the determiner of a pilot project. After I talked to the chairman and he hasn't given me any guidelines so I am thinking I would like to see what happens with a couple hundred thousand dollars.

Chairman J. Lee I suppose we have the right to say who gets it. I don't know if that is the right thing to do but what kind of a process are we really going to stick in place to choose between two?

Representative Pollert That is what I am wondering and Rep. Weisz' question is a good one. At the moment I am kind of stuck on a couple hundred thousand dollars and that doesn't solve two pilot projects.

Senator Heckaman That is per year too isn't it?

Chairman J. Lee Yes, so it would be $400,000 per biennium.

Representative Pollert I can't go there. We questioned the $300,000. We decided the most important thing was for the 1.2M.

Representative Ekstrom I was wondering if there had been any discussion with Dakota Medical Foundation at all in terms of some sort of match money that can help is out a little bit.

Chairman J. Lee I would be happy to give Pat a call and see.

Representative Ekstrom I think we should really encourage the pilot program and this is really within their purview to encourage this sort of thing. They are known to have started things that would at least get us of the ground and give us some good data after 2 years.

Chairman J. Lee And they never give money unless it's matched.

Senator Heckaman Maybe we need delayed implementation on the part of the major funding on this until it gets organized. You are not going to give $20,000 to six counties right away in

Sept. when you don't know how it is going to lay out. Perhaps we could do delayed implementation until 2010 while someone organizes this.

Chairman J. Lee That is a good point.

Johnson When we start cutting costs in the interest of getting them funded, why don't we make the $20,000 fund for the counties a onetime deal and make the positions 2 year positions? Whatever we can do to get this funded so they say yes, this something we want to be a part of.

Chairman J. Lee Adjourned the meeting.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: April 24, 2009

Recorder Job Number: 12232

Committee Clerk Signature	Mary K Monson

Minutes:

Senator Judy Lee opened the meeting of the conference committee. All members were present. (Senator Judy Lee, Senator Krebsbach, Senator Heckaman, Representative Pollert, Representative Weisz, Representative Ekstrom)

Senator Judy Lee said she understands someone has been working on some amendments, looking for funding for 2333.

Representative Weisz said he does not have an amendment. He thinks Appropriations would be willing to add $200,000 to the pilot program with the hope that Dakota Medical could do at least one pilot project.

Senator Judy Lee said she visited with Traynor this morning and because of the losses with their own investments and because they have focused priorities on Workforce and one other area which is not this, he is interested in hearing about the project but it is not something that they would be able to fund. He offered their assistance of the Impact Foundation with some technical assistance and to become aware of grant opportunities. She doesn't think $200,000 is going to get one of these networks off the ground. When we left here, we were talking about funding one pilot project and that is not what she is hearing today.

Representative Weisz asked how much it would take.

Senator Judy Lee said we were talking about $400,000 when we left.

Senator Heckaman said their estimate for one was $215,000. She heard Johnson say they could get by with $350,000 for the biennium.

There was discussion of a $20,000 one year expense.

Senator Heckaman said she gets a total of $350,000 for one host county and 6 share counties. She thinks we want to do one correctly so we can determine if it works.

Senator Judy Lee said she agrees. Of the two that have been mentioned, she would personally prefer Jamestown. There is a greater need and a willingness to collaborate in that area.

Representative Weisz said that is 7 counties.

Senator Heckaman wonders if there is someplace to report that to the council because it is important for us to know what the progress is and how it is working.

Senator Judy Lee asked Lisa Clute what $200,000 could do for a Jamestown project.

Lisa Clute, Executive Officer of a district health unit, said it would be a struggle to do it on $200,000. Originally, they used the REAs as a model and that was $3M. You have to provide that incentive with the small health units. It will be very time intensive. If they are looking at combining billing systems, that is difficult because they all have par agreements with their insurance companies. It gets very complex and difficult. It will take some legal counsel and a lot of time to unify them.

Senator Judy Lee asked the likelihood of someone attempting it if it is significantly underfunded.

Lisa Clute said they have to be sure they aren't going to step into something they can't complete. No one has extra staff and they will need to hire someone or contract someone to get this done.

Senator Heckaman said the host share should be $235,000. She discussed how she arrived at that number. The total would still be $350,000. (7.38)

Senator Judy Lee said she thinks the money is there, it is a matter of whether they choose to find it. This is an important project. She doesn't want to kill the potential for this regional health unit. To so woefully underfund the project that it can't even succeed is a ridiculous idea.

Senator Krebsbach said we should recess and see if we can find the money and meet again.

Senator Judy Lee agreed that is a fine idea.

Representative Pollert said he has talked to people higher up the ladder, they tried but they did not get anywhere.

Senator Judy Lee asked them to look again.

Senator Judy Lee recessed the meeting of the conference committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: April 27, 2009

Recorder Job Number: 12308

Committee Clerk Signature Mary K Monson

Minutes:

Senator Judy Lee opened the meeting of the conference committee. All members were present. (Senator Judy Lee, Senator Krebsbach, Senator Heckaman, Representative Weisz, Representative Ekstrom, Representative Nathe).

Senator Judy Lee said Representative Nathe has been appointed to replace Representative Pollert. She asked Representative Weisz to discuss their earlier conversation.

Representative Weisz said he has talked with leadership regarding the pilot project; there is no resolution since the last meeting. They will meet again.

Senator Judy Lee said it might be worthwhile to take a little more time to see if we can coordinate this. Today we have an opportunity to hear from Robin Izler.

Robin Izler, Director of the Central Valley Public Health Unit in Jamestown, appeared to answer questions. They are a two county health department, Stutsman and Logan. They are already a health district. There are several counties in her area that they work closely with already – Barnes, Foster, Wells, McIntosh, Lamoure, and Dickey. There are a lot of single county health departments in that area. They are small and all are struggling with administering various programs locally because of their small staffs. In Jamestown they have a staff of 25. They have an environmental health practitioner and that is one of the services

they would like to provide to the other areas. They need to explore different ways they can reach out to the other counties. The billing for immunizations has been a big thing that has taken a toll. She spoke to the administrator in Barnes County and learned their accounting person is working 45 hours per week to keep up with the billing. It would be very beneficial to have centralized billing for immunizations. If they can show the smaller health units that they can get some help and yet retain their identity and their local connections, the other counties in the eastern part of the state would consider it as well. It will take money and time and incentive for the smaller health units. Billing and environmental health are two areas that would be a good starting point.

Senator Judy Lee asked the swine flu situation. How does a public health unit respond?

Robin Izler said they will have to monitor the situation. They have been dealing with the flood in Jamestown. Their public health department set up a call center for the flood. The premise for the call center was for a pandemic, to answer questions from the public. She expects they will continue with the call center. How can a small health unit with one or two employees support a call center? The regional approach is important in this example. They have been training for a pandemic.

Representative Nathe reported on a recent visit to the state operations center in Bismarck. They were coming down off the flood and now are gearing up for the swine flu situation.

Robin Izler said each health unit has its own emergency operations center. The state health department provides them with information. The local health unit does the work.

Representative Ekstrom talked about preparation in Fargo funeral homes for potential massive deaths during the flood.

Representative Weisz said part of the argument for the program should be increased efficiency within the regions. At least on the face of it, it looks like it will just cost the state more money. He asked for an explanation of long term savings and efficiencies.

Robin Izler said the problem is there are a lot of gaps in service and they need to be explored. The benefits will be from the services the people see. If they can free up the staff so they can do more immunizations, there would be money coming in for it. By providing regional billing, nurses would be freed up to provide more services.

Senator Judy Lee said maybe at some point the billing could be done electronically.

Senator Heckaman said it is not as much of a money savings issue as a service issue. She lives in Eddy County and they have one office person and they cannot provide all the services people in the county need. The state should be providing services to people in the rural areas. We have the money now.

Robin Izler said they are not asking for a huge amount of money. It is about getting services to where they don't exist.

Senator Krebsbach discussed the ambulance services and EMTs in the state in the 1990s. One of the biggest problems they had was getting the billings completed. We are facing the same thing in this area.

Senator Judy Lee said 2332 may have some opportunities for money for public health units. It would be good to be able to benefit from stimulus money. It cannot be long term care facilities. Public health units would be potential applicants. Health information technology would be a great benefit in these areas. There are 11 different potential administrative functions that could be collaborated on. The public health units have 19 potential areas.

Senator Heckaman said speaking for her own county, they do not have a physician in their town 24/7. They have one 3 hours a day, 5 days a week. The public health nurse does a lot of things.

Senator Judy Lee said if we are going to retain people in the rural areas, we need to provide basic services. Just a few years ago, we required each county have a public health office. We don't want them to lose their autonomy but we want them to serve the people better.

Senator Krebsbach said one of the beauties of this program is it is not mandated. It is an opportunity.

Robin Izler said it will take them some time to figure that out. They can make it work and it will be efficient.

Senator Heckaman said she would appreciate it if Representative Weisz could dig deep to fund this.

Senator Judy Lee asked to have one project to move forward and evaluate it in 2011. Then we would have an idea if we want to support it in the future.

Keith Johnson, Custer Health Center, said one of the arguments for efficiency is environmental health. Staffing recommendations are 1:15,000 population. To provide those, we have to put together a population. A county with 3500 people will not be able to provide it by themselves.

Senator Judy Lee asked if it is particularly important for the communities that have been dealing with water issues this year.

Keith Johnson said they have a regional environmental health person for this area, he is down in Linton a lot. Linton was a previously unserved area.

Senator Judy Lee discussed other important responsibilities of an environmental health person including testing wells for water purity and properly functioning septic systems and drain fields.

Representative Ekstrom asked how much money we need.

Senator Judy Lee and Senator Heckaman said $350,000.

Representative Ekstrom said in their caucus they have discussed the $100M in income tax relief. We could take a portion of that and deal with these critical issues. At home she asked many people from both parties, of all ages if they want income tax relief or if we should deal with disasters and critical needs of the state. They all said they would prefer we take care of the disaster and the critical needs. She begged the majority party to find the money to fund this program.

Senator Judy Lee said she is excited about the potential of this program. The urban areas will always have these services available. The rural areas do not. Like education, there needs to be some level available to everyone.

Senator Judy Lee adjourned the meeting of the conference committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2333

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: April 28, 2009

Recorder Job Number: 12351

Committee Clerk Signature	Mary K Monson

Minutes:

Senator Judy Lee opened the meeting of the conference committee. All members were present.

Senator Judy Lee said we had Robin Izler here yesterday discussing the potential for the project in her area. She sent an email indicating she could make the program work at $275,000. Senator Judy Lee had a nice visit with Representative Svedjan today and we all share the attitude of not raising our base too much for the next biennium. Hopefully we have a number with the $275,000 that may be doable on both sides of the aisle.

Representative Weisz said moved to put $275,000 back in the bill. He realizes it is tight. Hopefully it is enough and the counties involved will look at it as a good deal for them. They need to come together to make this work. He is hoping to look at more next session.

Representative Ekstrom said Dakota Medical could maybe help.

Senator Judy Lee said they can help with technical assistance and grant applications.

Senator Krebsbach said she is glad some kind of compromise could be reached to help continue the project.

The motion was seconded by Senator Krebsbach.

Senator Judy Lee clarified the House will recede from their amendments and amend as follows; to adopt the House amendments that are currently in .0400 and add $275,000 for funding of one pilot project for regional public health centers.

Senator Judy Lee discussed section 2 in .0400 had the language about stimulus funds. We will continue to have the immunization money in the bill as we have for several weeks. We are adding $275,000 of general fund dollars. We will be sure we get the amendments drafted correctly.

Keith Johnson, administrator for Custer Health, said the other thing they had discussed earlier was the method of distribution of the immunization funding.

Senator Judy Lee said they adopted the language. It would need to be part of this motion. It is the 1435 language.

Representative Weisz agreed.

Senator Judy Lee said she will give the committee members an opportunity to see the amendment after it is drafted.

The motion passed 6 – 0 – 0.

Senator Heckaman will carry the bill to the Senate floor.

Representative Weisz will carry the bill to the House floor.

Senator Judy Lee adjourned the meeting of the conference committee.

Date: 4-20-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2333 as (re) engrossed

Senate Human Services Committee

☒ Check here for **Conference Committee**

Action Taken
- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House Amendments
- ☐ HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____--_____

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed.

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

Motion Made By _____ Seconded By _____

Senators				Yes	No		Representatives				Yes	No
Senator J. Lee	P						**Rep. Pollert**	P				
Senator Krebsbach	P						**Rep. Weisz**	P				
Senator Heckaman - carrier	P						**Rep. Ekstrom**	P				

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ **House Carrier** _____

LC NO._____._____ of amendment

LC NO._____._____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Date: 4-23-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2333 as (re) engrossed

Senate Human Services Committee

☒ Check here for **Conference Committee**

Action Taken
- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House Amendments
- ☐ HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____--_____

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed.

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

Motion Made By _____ Seconded By _____

Senators				Yes	No		Representatives				Yes	No
Senator J. Lee	P						**Rep. Pollert**	P				
Senator Krebsbach	P						**Rep. Weisz**	P				
Senator Heckaman	P						**Rep. Ekstrom**	P				

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ **House Carrier** _____

LC NO._____._____ of amendment

LC NO._____._____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Date: 4-24-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2333 as (re) engrossed

Senate Human Services Committee

☒ Check here for **Conference Committee**

Action Taken
- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House Amendments
- ☐ HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____--_____

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed.

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

Motion Made By _____ Seconded By _____

Senators				Yes	No		Representatives				Yes	No
Senator J. Lee	P						**Rep. Pollert**	P				
Senator Krebsbach	P						**Rep. Weisz**	P				
Senator Heckaman	P						**Rep. Ekstrom**	P				

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ **House Carrier** _____

LC NO._____._____ of amendment

LC NO._____._____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Date: 4-27-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2333 as (re) engrossed

Senate Human Services Committee

☒ Check here for **Conference Committee**

Action Taken
- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House Amendments
- ☐ HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____--_____

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed.

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

Motion Made By _____ Seconded By _____

Senators				Yes	No		Representatives				Yes	No
Senator J. Lee	P						**Rep. ~~Pollert~~**					
Senator Krebsbach	P						**Rep. Weisz**	P				
Senator Heckaman	P						**Rep. Ekstrom**	P				
							Rep. Nathe	P				

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ **House Carrier** _____

LC NO._____._____ of amendment

LC NO._____._____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Adopted by the Conference Committee
April 30, 2009

4/30/09

1 of 2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2333

That the House recede from its amendments as printed on page 1260 of the Senate Journal and pages 1127 and 1128 of the House Journal and that Engrossed Senate Bill No. 2333 be amended as follows:

Page 1, line 2, replace "and" with "to provide for a regional public health network task force; to provide for reports to the legislative council;" and after "appropriation" insert "; to provide a contingent appropriation; and to declare an emergency"

Page 4, replace lines 7 through 18 with:

"**SECTION 2. STATE DEPARTMENT OF HEALTH - REGIONAL PUBLIC HEALTH NETWORK TASK FORCE - REPORTS TO LEGISLATIVE COUNCIL.**

1. The state health officer shall appoint a regional public health network task force to meet during the 2009-10 interim to establish protocol for the regional public health network.

2. The task force must consist of at least seven members, including at least three members representing local public health districts, three members representing private health care providers, and representatives of the state department of health. The state health officer shall appoint the task force members representing local public health units from a list of names submitted by an organization representing public health administrators. The state health officer shall appoint the task force members representing private health care providers from a list of names submitted by the North Dakota medical association.

3. During the 2009-10 interim, the task force shall provide periodic reports to the legislative council regarding the development of the regional public health network. During the 2009-10 interim, the state health officer shall provide periodic reports to the legislative council regarding the development of the regional public health network.

SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS. There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section 2 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing

immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may spend the general fund moneys only to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 2 of this Act.

General fund amounts appropriated under this section reflect one-time funding and are not a part of the agency's base budget for the 2011-13 biennium.

SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $275,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding a regional public health network pilot project, in consultation with the regional public health network task force and according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 6. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

Date: 4-28-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2333 as (re)engrossed

Senate Human Services Committee

☒ Check here for **Conference Committee**

Action Taken
- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House Amendments
- ☒ HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) 1260 --_____

- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) 2333 was placed on the Seventh order of business on the calendar.

Motion Made By Rep. Weisz Seconded By Sen. Krebsbach

Senators				Yes	No		Representatives				Yes	No
Senator J. Lee	P			✓			~~Rep. Pollert~~					
Senator Krebsbach	P			✓			Rep. Weisz	P			✓	
Senator Heckaman	P			✓			Rep. Ekstrom	P			✓	
							Rep. Nathe	P			✓	

Vote Count 6 Yes 0 No 0 Absent

Senate Carrier Sen. Heckaman **House Carrier** Rep. Weisz

LC NO. 90830.0205 of amendment

LC NO._____._____ of engrossment

Emergency clause added or deleted_____

Statement of purpose of amendment_____

REPORT OF CONFERENCE COMMITTEE

SB 2333, as engrossed: Your conference committee (Sens. J. Lee, Krebsbach, Heckaman and Reps. Weisz, Ekstrom, Nathe) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1260, adopt amendments as follows, and place SB 2333 on the Seventh order:

That the House recede from its amendments as printed on page 1260 of the Senate Journal and pages 1127 and 1128 of the House Journal and that Engrossed Senate Bill No. 2333 be amended as follows:

Page 1, line 2, replace "and" with "to provide for a regional public health network task force; to provide for reports to the legislative council;" and after "appropriation" insert "; to provide a contingent appropriation; and to declare an emergency"

Page 4, replace lines 7 through 18 with:

"SECTION 2. STATE DEPARTMENT OF HEALTH - REGIONAL PUBLIC HEALTH NETWORK TASK FORCE - REPORTS TO LEGISLATIVE COUNCIL.

1. The state health officer shall appoint a regional public health network task force to meet during the 2009-10 interim to establish protocol for the regional public health network.

2. The task force must consist of at least seven members, including at least three members representing local public health districts, three members representing private health care providers, and representatives of the state department of health. The state health officer shall appoint the task force members representing local public health units from a list of names submitted by an organization representing public health administrators. The state health officer shall appoint the task force members representing private health care providers from a list of names submitted by the North Dakota medical association.

3. During the 2009-10 interim, the task force shall provide periodic reports to the legislative council regarding the development of the regional public health network. During the 2009-10 interim, the state health officer shall provide periodic reports to the legislative council regarding the development of the regional public health network.

SECTION 3. APPROPRIATION - FEDERAL FISCAL STIMULUS FUNDS. There is appropriated out of any federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the period beginning with the effective date of this Act and ending June 30, 2011.

Any federal funds appropriated under this section are not a part of the agency's 2011-13 base budget. Any program expenditures made with these funds will not be replaced with state funds after federal American Recovery and Reinvestment Act of 2009 funds are no longer available.

SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION. If the federal funds appropriated under section 2 of this Act are not available to provide the sum of $1,200,000, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing funds to local public

health units for providing immunization services statewide, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011. The state department of health may spend the general fund moneys only to the extent that federal funds are not available to provide the $1,200,000 appropriated under section 2 of this Act.

General fund amounts appropriated under this section reflect one-time funding and are not a part of the agency's base budget for the 2011-13 biennium.

SECTION 5. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $275,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding a regional public health network pilot project, in consultation with the regional public health network task force and according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 6. EMERGENCY. Section 2 of this Act is declared to be an emergency measure."

Renumber accordingly

Engrossed SB 2333 was placed on the Seventh order of business on the calendar.

2009 TESTIMONY

SB 2333

NDLA, S HMS

From: Lee, Judy E.
Sent: Friday, January 30, 2009 2:11 PM
To: NDLA, S HMS
Subject: FW: FQHC's and Local Public Health Units

Mary –
Please put a copy of this in your notes and mine.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
cell phone: 701-238-1531
e-mail: jlee@nd.gov

From: Sander, Molly A.
Sent: Friday, January 30, 2009 2:02 PM
To: Lee, Judy E.
Cc: Johnson, Keith M.; Smith, Arvy J.; Kruger, Kirby J.; Sander, Molly A.
Subject: FQHC's and Local Public Health Units

Senator Lee,

You had asked me to research whether or not it was possible for local public health units to purchase vaccine under or coordinate on behalf of FQHCs. I spoke with Karen Larson (Community Health Care Association) and she said that the FQHC contracts require "direct service delivery," so it would be impossible for the health units to vaccinate under the FQHCs or get FQHC pricing. She was unsure what price the FQHC's were able to get for vaccines. I contacted Coal Country FQHC in Beulah and they were going to do some checking. Let me know if you need any additional information. Thanks.

Molly Sander, MPH
Immunization Program Manager
North Dakota Department of Health
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200
701.328.4556
msander@nd.gov

#1

mparison of claims volumes and allowed amounts for immunization services allowed by BCBSND
cludes all claims allowed and paid through Jan 20, 2009 for ages 0-18 that reside in ND
Excludes: Claims not allowed, Medicare crossovers, out of state providers & out of state members

Vaccine Serum

Year	Number of claims for serum of ACIP* vaccines	Allowed Amount for ACIP* vaccine serums
2005	17,843	$693,702
2006	43,844	$3,203,011
2007	76,788	$5,249,358
2008	149,494	$8,007,999

*Advisory Committee on Immunization Practices (ACIP) recommends vaccines that should be routinely administered.

Administration of All* Vaccines

ar	Number of administration services	Number of administration services for state supplied vaccines	Number of administration services for privately purchased vaccines
2005	73,551	58,413	15,138
2006	91,692	70,844	20,848
2007	128,984	86,134	42,850
2008	155,964	7,785	148,179

Year	Total Allowed Amount for all administration services*	Allowed Amount for administration of state supplied vaccines	Allowed Amount for administration of privately purchased vaccines
2005	$660,380	$427,630	$232,750
2006	$881,626	$523,648	$357,978
2007	$1,561,026	$637,431	$923,595
2008	$2,439,536	$85,884	$2,353,652

*Includes admininistration of all vaccines (not just ACIP recommended).
(estimate <1% of all vaccines claims not on ACIP recommended list)

Timeline:

2006 *BCBSND started reimbursing NDDoH for vaccines administered to BCBSND members.
*NDDoH starting purchasing some ACIP recommended vaccines through MMCAP rather than the Federal program.
*Feb 2006 ACIP recommended Rotavirus for infants.
*Jun 2006 ACIP recommended HPV vaccine for girls ages 11-26.

2008 *Jan 1, 2008 private providers started purchasing & billing for ACIP recommended vaccines for non-VFC patients.
*Mar 31, 2008 Local Public Health Units (LPHUs) started purchasing & billing for ACIP recommended vaccines.
*24 out of the 28 LPHUs started participating with BCBSND on Mar 31, 2008 as well.
*ACIP changed influenza vaccine recommendation for 2008-2009 flu season from ages 6 mos-4yrs to 6mos-18yrs.
*NDDoH added Hepatitis A, pneumococcal & rotavirus to daycare requirements.
*NDDoH added 2nd dose of varicella vaccine to kindergarten requirements for 2008-2009 school yr.
*NDDoH added meningococcal & Tdap to middle school requirements for 2008-2009 school yr.

Amendment to SB 2333

- Provides for regional public health networks
- Modeled after Regional Education Associations (NDCC 15.1-09.1)
- State health officer must approve that components of joint powers (NDCC 54-40.3) are complied with
- Each regional network is embedded in each of the existing lead local public health units of the existing eight emergency preparedness and response regions
- Sets a maintenance of effort for local funding at the calendar 2007 level (mill levy or dollar amount)
- In order to qualify as a regional public health network 4 public health services are required to be included, 5 administrative functions selected from a listing of various administrative functions must be included, and 5 public health services from a listing of optional services must be included.

Required public health network services:

- Immunizations
- Communicable diseases
- Emergency preparedness and response
- Environmental health

Optional administrative services (select 5)

- Financial accounting, billing, accounts receivable
- Budgeting
- Community assessment and planning
- Contract compliance
- Grant writing
- Public health improvement planning
- Human resource management
- Workforce development
- Public information
- Technology support
- Inventory management, including vaccine
- Additional services could be included if approved by the state health officer.

Optional public health network services (select 5)

- School health
- Nutrition
- Family planning
- Injury prevention
- Violence prevention
- Tobacco prevention and cessation
- Oral health

- Cancer prevention
- Maternal and child health
- Asthma
- Diabetes
- Cardiovascular health
- Physical activity
- Public health nurse home visits
- Additional services could be included if approved by the state health officer.

- Establishes a governing board made up of members of the local public health units that meets monthly
- Requires a network health officer; locals may retain existing health officer if they wish
- Provides the authority for them to receive and expend money
- Provides $5.8 million appropriation to health department for the public health networks based on a formula approved by the state health council with input from local public health. Amount allows the following possible scenario:
    - Provides each of the eight participating lead public health units $300,000 per biennium;
    - Provides each participating local public health unit, including the eight leads $50,000;
    - Distributes an additional $2 million to participating local public health units by population for a total $5.8 million appropriation.

Lisa Clute 2-2-09 #3

PROPOSED CHANGES TO AMENDMENTS TO SB 2333

Page 1 23-35.1-01 Definitions

2. Add after entered a joint powers agreement, "or an existing lead multi-district health unit identified in the emergency preparedness and response region,"

Page 1 23-35.1-02

2. a. Delete statement, "Maintain a joint operating fund."

3. a. (1) Remove "immunization services" and move under b. (2) as an optional service.
3. a (2) Remove " "communicable disease programs and move under b. (2)
3. b. change at least "five" administrative functions and at least "five" public health services to "three" administrative functions and at least "three" public health services.

3. b. (2) Add, immunization services, mental health, other chronic disease and communicable diseases.

5. Delete a., b. c., d. and insert " Governing body structure to be determined according to network members."

6. Delete
7. Delete

Section 3. Appropriation- Add "Regional Public Health Networks
Change $5,800,000 for purpose of funding regional networks to $ 3,800,000.

Add:
Appropriation- Immunization Services
The sum of $2,000,000 or so much of the sum as necessary, to the state department of health for the purpose of funding statewide immunization services to be distributed to all local public health units, according to a funding formula established by the state health council in consultation with local public health units, for the biennium beginning July 1, 2009, and ending June 30, 2011.

#4

February 2, 2009

Good morning Chairperson Lee and members of the Senate Human Services Committee. My name is Don Shields, and I am the Director of the Grand Forks Public Health Department, representing the City and County of Grand Forks. I am here to testify in support of Senate Bill 2333 immunization funding.

Grand Forks Public Health supports collaborative ventures and has done so in the Northeast Region in a variety of programs and services to include environmental health, emergency readiness, women's way cancer screening, health tracks Medicaid screening, public information, seminars and staff education. Public health networks would provide another tool to enhance this process.

However, most importantly for us is the immunization funding for children. Federal funding for immunizations has been significantly reduced and we are facing shortfalls in reimbursement for childhood immunization services.

During the 2007 – 2009 biennium, the North Dakota Department of Health initiated a transition of the state's immunization system to a new system called "Protect ND Kids". This new system completed pilot testing in the spring of 2008 and was implemented in the May – June 2008 timeframe. There were a host of process changes, billing system issues, staff and public education needed to complete this process.

We are grateful that the 2007 – 2009 legislature provided startup funding for Protect ND Kids, however, more needs to be done to complete this transition. This includes additional equipment purchases, software purchases, and staff training.

With the system startup in mid 2008, the heavy school immunization workload in August/September, and the flu shot immunizations in the October – December timeframe, much has been learned late in this process.

The local Grand Forks immunization subsidy due to this new system was approximately $30,000 in local taxpayer funds not reimbursed by the state or the system during 2008.

We urge that you help us immunize and protect children throughout North Dakota by providing immunization funding for the 2009 – 2011 biennium.

Thank you.

#5

Testimony
Senate Bill 2333
Human Services Committee
Monday, February 2, 2009 10:30 am

Good Morning, Chairperson Lee and members of the Human Services Committee. My name is Ruth Bachmeier and I am the Director at Fargo Cass Public Health. I am here this morning to testify on behalf of Senate Bill 2333. Fargo Cass Public Health is a department within the City of Fargo. We maintain contracts with Cass County and the City of West Fargo to provide services for all of Cass County. As a department within the City of Fargo, our governing entity is the City of Fargo Commission. Fargo Cass Public Health also maintains an advisory Board of Health.

Senate Bill 2333 was originally a bill designed to provide assistance to local public health in the area of immunizations. This is a need that has been identified by many local health departments and districts. Today Senate Bill 2333 has become a bill that encompasses two areas; immunization services and regional public health networks. I am here to speak specifically to the concept of regional public health networks.

Fargo Cass Public Health is the lead agency in the Southeast emergency preparedness and response region. Within this regional group there are six local public health units. As mentioned before, Fargo Cass Public Health is a city/county health department. Steele, Richland and Ransom are single county health departments. Traill and Sargent are single county health districts. I mention this to point out the variety of structures that local public health has throughout the southeast region. Each county is different. Each county maintains a governing and organizational structure that best meets the needs of their citizens.

Fargo Cass Public Health currently collaborates with all of the counties in the Southeast region in the areas of emergency preparedness, public information, and environmental health. We have formal contracts in place that allow these services to occur throughout the southeast region. There is significant collaborative planning and programming that occurs in these areas. Administrators from the participating counties meet on a monthly basis to plan activities,

exchange ideas, and share experiences. Updates are also provided by environmental health and emergency planning regional staff. We are for all practical purposes, a "regional public health network". We are working together to provide public health services to the citizens of our counties.

Senate Bill 2333 would provide a financial incentive to those local public health units that voluntarily choose to enter into a "regional public health network". Doing so would provide funding to allow for regional planning and programming to address several public health needs. The concept of this bill is good; collaboration, resource sharing and regional planning are all activities that benefit local public health. However, it is vital that as we move down the path of "public health networks" that each individual health department is allowed to maintain their own identity, governing and organizational structure. Fargo Cass Public Health supports the concept of "public health networks" and recognizes the importance of collaboration. Fargo Cass Public Health also acknowledges the differences of local health units and the importance of maintaining our own individual identity.

This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

#6

Testimony
Senate Bill 2333
Human Services Committee
Monday, February 2, 2009; 10:30 am

Good morning, Chairperson Lee and members of the Human Services committee. My name is Deb Flack, and I am the Administrator at the Richland County Health Department. I am here this morning to testify on behalf of Senate Bill 2333 regarding public health networks.

Richland County Health Department is located in Wahpeton and is one of the counties located in the Southeast Emergency Preparedness and Response Region. We are a single county health unit and have been serving the residents of Richland County since the late 1930's. As a department within Richland County, our governing entity is the Richland County Commission. Richland County Health Department also maintains an advisory Board of Health.

Collaboration and sharing resources between health units is very beneficial. Richland County Health Department has contracted with Fargo Cass Public Health to provide environmental health services to Richland County residents for over 20 years. We contract with Ransom County Public Health to provide Family Planning services to Ransom County residents.

Emergency preparedness is another key area of collaboration in the southeast region. Currently, regional emergency preparedness staff assist our health department in developing and implementing training, writing plans, providing public information, and exercising emergency response. It would be difficult to maintain the level of expertise required to carry out these activities if it were not for collaboration.

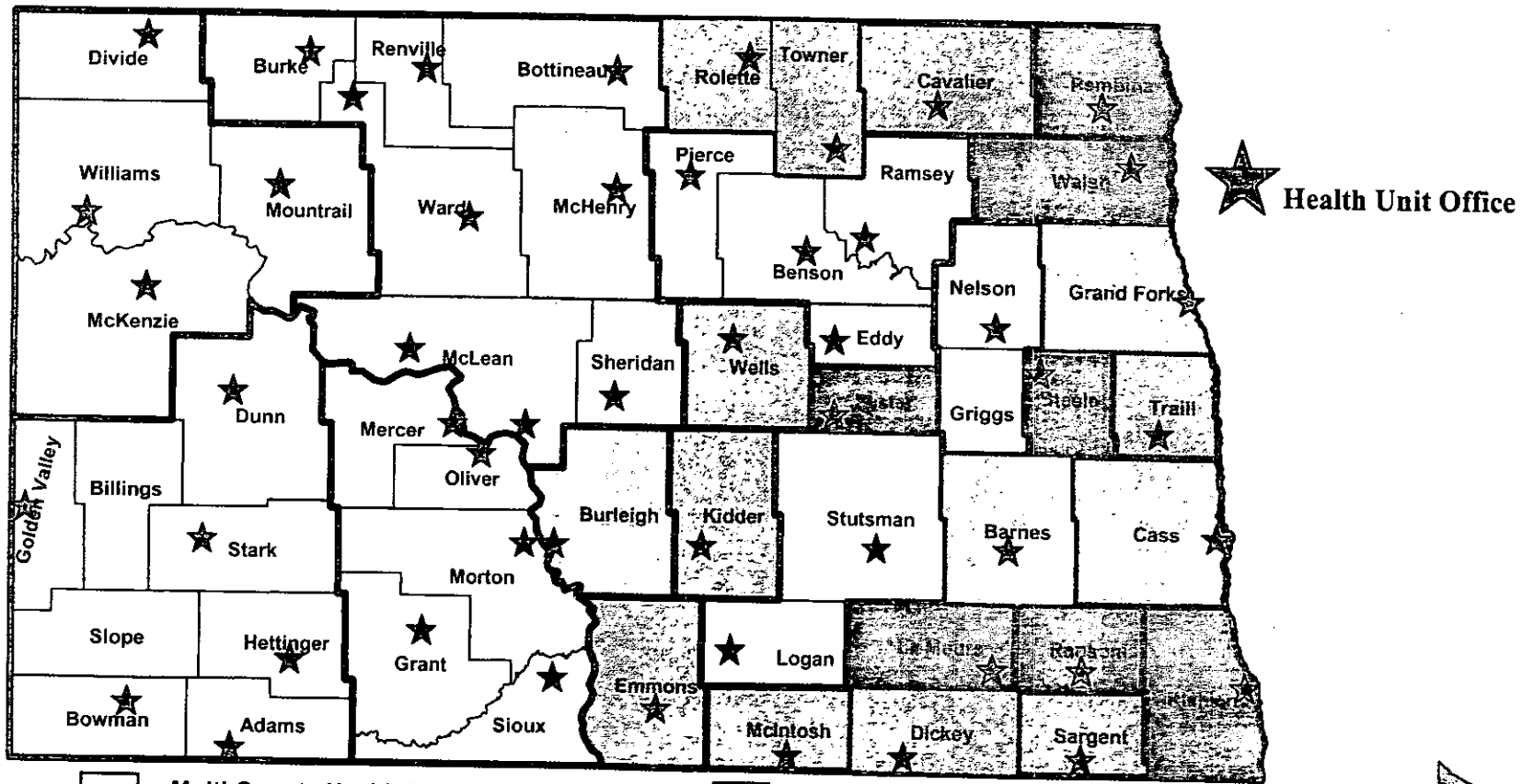
The collaborative efforts we see in emergency planning could be replicated to address other public health issues. Funding to address public health issues is often limited. Partnering could help us utilize our limited resources in the most cost effective manner.

As we explore the concept of regional public health networks, it is important that we take the time to proceed cautiously. Though we do collaborate in emergency preparedness and environmental health, the concept of expanding public health networks to other programs is new for us. Looking at public health programs, there are some areas that could lend themselves nicely to regional networks such as population based activities, workforce development, and community assessment and planning. There are also public health services that need to be retained at the local health units such as financial accounting, human resource management and direct services. Because of this, it is important that local health units maintain their own individual identity including their governing and organizational structure.

In closing, Richland County Health Department supports the concept of public health networks. Networks that are made up of local public health units that function independently, and collaborate regionally as programming allows to provide the best services possible to all our county residents.

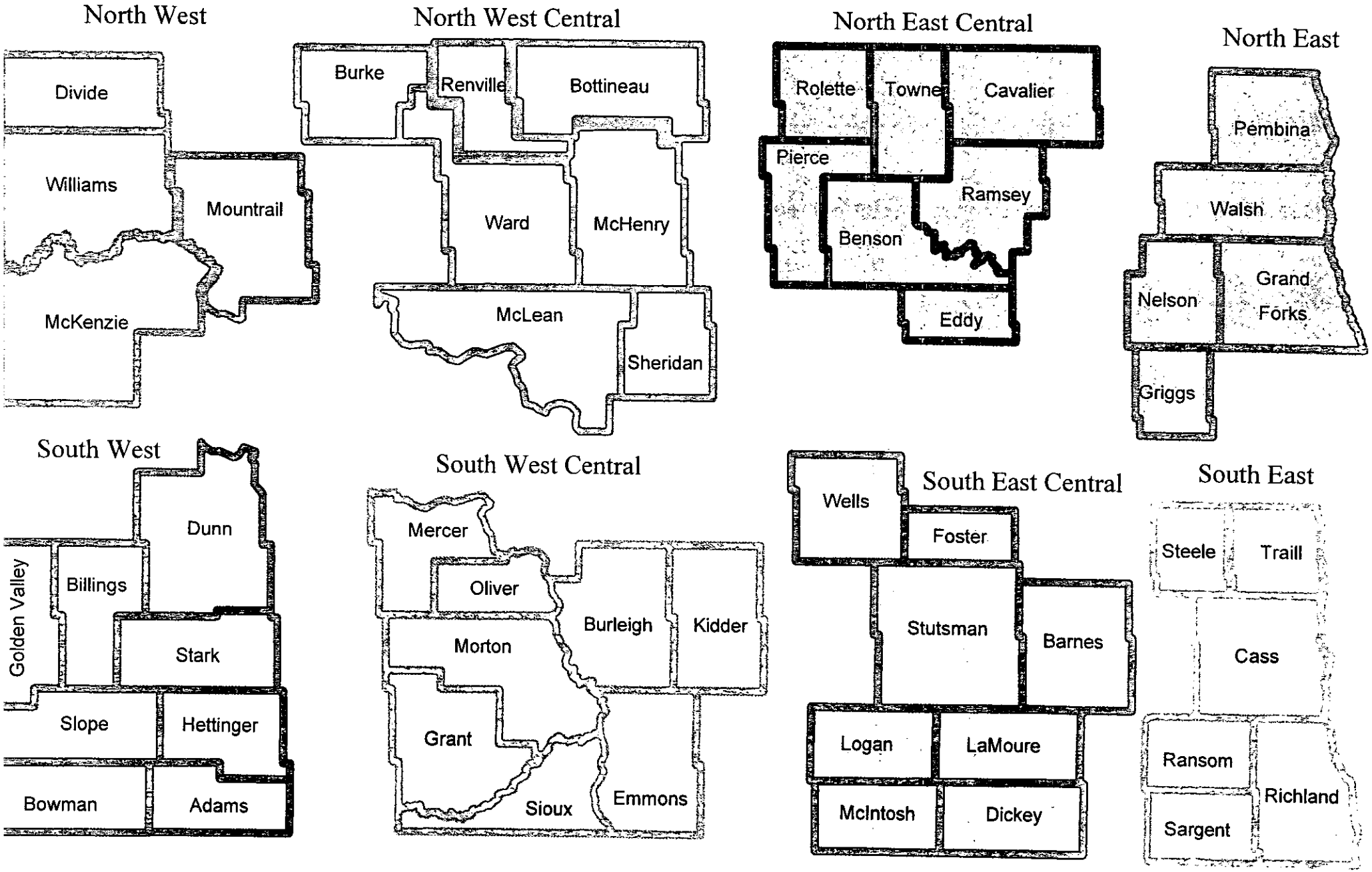
This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

Local Public Health Units



April 2005

Bioterrorism Regional Planning Areas



additional

#8

Protect ND	Additional Staff Costs	Additional FTEs	Annual Deficit	Comments
[redacted]marck-Burleigh				Our figures howed that we provided 14.4% less immunizations in 2008. Our Revenue was up 54% and our expenses were up 97%
Cavalier				Not huge financial impact
Central Valley	60,563			Additional staff time to deal with immunization issues, accounting, monitoring of vaccine, updates to immunization guidelines and inventor control. Will also need additional computer software and equipment. Insurance companies need to pay for immunizations and money needs to be given for those within our population who do not have adequate coverage for immunizations or fall through the cracks.
City-County	24,115			Administration and billing took 63% more time this year compared to last, primarily due to the need to enter everything into NDIIS. We used 46.6% more time coded to our immunization grant. Our immunization grant funds ran out prior to the end of the grant cycle related to discussions, meetings, preparation for Protect ND. There has been a 65% increase in time recorded as MCH from 1007 to 2008. These grant funds will or have run out quicker due to the time that we are required to spend on issues related to Protect ND.
Custer	65,000	2		It takes two additional FTE to administer the Protect ND program
Dickey	No financial information submitted			
Emmons	7500			
Fargo Cass	No financial information submitted			Our situation is unique. Billing staff has been able to incorporate all of the changes into their daily workload, they have worked with private insurance for some time. FCPH is not a large provider of childhood immunizations.
[redacted]st District			120,000	This is our actual 2008 deficit. It includes additional staff time spent on immunizations and vaccine purchased.It also includes the $40,000 start up funds from the state.
Foster	No financial information submitted			
Grand Forks			30,000	This is a conservative estimate
Kidder	No financial information submitted			
Lake Region	17,974	0.5	86,617	Current staff time increased by .45 FTE which is cut from other programs. Need to hire an administrative support staff at .5 FTE. These numbers do not include flu shots.
Lamoure	No financial information submitted			They have increased county dollars to the program but believe it is worth it
McIntosh	No financial information submitted			
Nelson/Griggs	No financial information submitted			
Pembina				Decided to provide immunizations to only VFC qualified.
Ransom	No financial information submitted			
Richland	10,000		6,000	
Rolette	No financial information submitted			Did state the they have adjusted work loads to cover indirect costs but like the ability to bill insurances
Sargent	No financial information submitted			
SW District	No financial information submitted			
Steele				Stopped providing immunizations - No financial impact
Towner	No financial information submitted			
[redacted]Traill			17,100	This is lost revenue because they do not participate in ProtectND

Upper Missouri		1.35	60,000	This deficit is a minimum; likely more when faced with the reality of expense of more clerical help needed. Have given a per shot subsidy of $13. When compared to 2007 services, we documented an increase in billing and clerical equal to 1.35 FTE. Made the ard decision to NOT yet bring on more staff until we know more about where this is going, which has placed a significant stress on staff and taken their time away from reminder/recall efforts that will likely reduce compliance rates in our district. It is clear that in a universal system, supplemental funding will be required for administrative costs.
Walsh	11,822		1,423	We have not added any FTE however we have reassigned the duties of our administrative LPN to accommodate the extra work load. She has increased her time spent in billing and reconciling by 25%. Administrator time has increased by 5% in immunizations. Staff time has been taken away from BT, MCH and WIC as well as general office duties. We are less efficient.
Wells			10,000	It is frustrating the state has money to provide additional vaccines at a no-cost fee when what we are currently doing with immunizations is not having costs covered.

SB2333

Rolette County has had a very positive experience with private insurance billing. Prior to our current system rarely did we receive any donations for immunizations administered.
Our influenza uptake increased by about 45% this year, due to our ability to bill BC/BS directly. Essentially we have adjusted work loads internally to cover indirect immunization costs.
Now that so much effort has been put forth in developing and implementing a billing system for LPHU it is the opinion of RCPHD Board of Health that the current program methodology continue.
Our cliental have frequently expressed increased access to service and a positive medical experience for their children by seeking complete immunization services at LPHU.

Barbara Frydenlund, RN
Nurse Administrator/Director of Nursing
Rolette County Public Health District
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Rolla, ND 58367-0726
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701-477-5646
701-477-9578 (fax)

SB2333

I have put together some comments on the immunization program. I did not send anything earlier because our agency did not experience a huge financial impact. (I was also on vacation for 2 weeks, and have not yet been able to catch up on all my work)

Use this information if you can and I hope it makes sense.

Our agency believes it is premature to change the current immunization program, since it has been in effect for only 9 months. We have not seen a huge financial impact compared to the previous program. The new program has required more work hours for billing, ordering and inventorying supplies that were not financially compensated for, but previously funding for the vaccine program was and still is very minimal. The program has not been adequately compensated for many years. Last year our agency received $1480 for the vaccine program from the state. At this time our agency, has not needed to hire additional staff, but staff have put in more work hours towards this program the past year.

Our county has a large population with BCBS coverage and clients are pleased that we can bill their health insurance. It would be nice to see vaccine coverage for those people with other insurance plans that do not cover vaccine costs or the costs go towards meeting their deductibles. This would prevent families from getting large bills for immunizations.

We are supportive of the current program, but recognize the need for funding to support the administration of this program.

Terri Gustafson
Cavalier County Health District
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Langdon ND 58249
701-256-2402
Fax - 701-256-5765
tgustafs@nd.gov

Public Health

Attachment #1

Testimony
Senate Bill 2333
Senate Appropriations Committee
February 13, 2009; 8:00 a.m.

Good Morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Ruth Bachmeier and I am the Director at Fargo Cass Public Health. I am here this morning to testify in support of Senate Bill 2333.

Senate Bill 2333 is a bill that encompasses two areas; immunization services and regional public health networks. I am here to speak specifically to the concept of regional public health networks.

Fargo Cass Public Health is the lead agency in the southeast emergency preparedness and response region. This region includes six counties; Cass, Ransom, Richland, Sargent, Steele, and Traill. Fargo Cass Public Health currently collaborates with all of these counties in the areas of emergency preparedness, public information, and environmental health. Administrators from the participating counties meet on a monthly basis to plan activities, exchange ideas, and share experiences. We are for all practical purposes, a regional public health network.

Senate Bill 2333 would provide a financial incentive to those local public health units that voluntarily choose to enter into a regional public health network. This funding would allow regional planning and programming to expand our collaboration to address several public health areas. The concept of this bill is good; collaboration, resource sharing, and regional planning are all activities that will benefit local public health. This bill encourages collaboration while assuring that local health units maintain their own individual identity, including governing and organizational structure.

Collaboration is not always the easiest way to do things; it takes hard work, good communication and lots of negotiation. However, collaboration is quite often the most cost effective way to do things in the long run. Working together to provide cost effective, quality public health services is a common goal among local public health units. Initially, collaboration and networking takes time and financial resources to initiate the process. SB 2333 will provide the financial resources needed to make this increased collaboration and networking a reality.

I ask for your support of SB 2333. Thank you and I would be happy to address any questions.

Attachment #2

Testimony
Senate Bill 2333
Appropriations Committee
Friday, February 13, 2009; 8:00 am

Chairman Holmberg and members of the Appropriations Committee.
My name is Deb Flack, and I am the Administrator at the Richland County Health Department. I am here this morning to testify on behalf of Senate Bill 2333 regarding public health networks.

Richland County Health Department is located in Wahpeton and is one of the counties located in the Southeast Emergency Preparedness and Response Region. We are a single county health unit. As a department within Richland County, our governing entity is the Richland County Commission. Richland County Health Department also maintains an advisory Board of Health.

Collaboration and sharing resources between health units is very beneficial. Environmental health and emergency preparedness are two key areas of collaboration in the southeast region. Currently, regional emergency preparedness staff assist our health department in developing and implementing training, writing plans, providing public information, and exercising emergency response. It would be difficult to maintain the level of expertise required to carry out these activities if it were not for collaboration.

The collaborative efforts we see in emergency planning could be replicated to address other public health issues. Funding to address public health issues is often limited or program specific. Funding is not available for planning and collaboration which takes time and resources. Senate Bill 2333 could provide the resources needed to make public health networks a cost effective way to deliver public health services.

Public health administrative programs that would lend themselves nicely to regional collaboration could include community assessment and planning, workforce

development, public information, and grant writing. Collaboration on public health services could include population based activities, program development, injury and violence prevention, and tobacco prevention. There are also public health services that need to be retained at the local health units such as financial accounting, human resource management and direct services.

In closing, Richland County Health Department supports the concept of public health networks and urges you to provide funding to expand collaborative efforts in the state of North Dakota.

This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

GRAND FORKS PHD

PUBLIC HEALTH DEPARTMENT

Same given to House Human Services

February 4, 2009

Honorable Senator Ray Holmberg
State Senator
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Senator Holmberg, and Members of the Senate Appropriations Committee:

Grand Forks Public Health supports collaborative ventures and has done so in the Northeast Region in a variety of programs and services to include environmental health, emergency readiness, women's way cancer screening, health tracks Medicaid screening, public information, seminars and staff education. Public health networks would provide another tool to enhance this process.

However, most importantly for us is the immunization funding for children. Federal funding for immunizations has been significantly reduced and we are facing shortfalls in reimbursement for childhood immunization services.

During the 2007 – 2009 biennium, the North Dakota Department of Health initiated a transition of the state's immunization system to a new system called "Protect ND Kids". This new system completed pilot testing in the spring of 2008 and was implemented in the May – June 2008 timeframe. There were a host of process changes, billing system issues, staff and public education needed to complete this process.

We are also grateful that the 2007 legislature provided startup funding for Protect ND Kids, however more needs to be done to complete this transition. This includes additional equipment purchases, software purchases, and staff training.

With the system startup in mid 2008, the heavy school immunization workload in August - September, and the flu shot immunizations in the October – December timeframe, much has been learned late in this process. The local Grand Forks immunization subsidy due to this new system was approximately $30,000 in local taxpayer funds not reimbursed by the state or the system during 2008. An example of this increased cost is the time it takes to register a client and collect the billing information. In the "old" system this process took approximately one minute or less, while in the new Protect ND Kids process this is taking four to five minutes per client.

We support SB 2333, and urge that you help us immunize and protect children throughout North Dakota by providing funding for the 2009 – 2011 biennium.

Sincerely,

Don Shields, Public Health Director
Grand Forks Health Department

#1

Testimony
To the
House Human Services Committee
On
SB 2333
March 9, 2009

Good afternoon Chairman Weisz and members of the committee. I am Lisa Clute, Executive Officer of First District Health Unit. First District provides local public health services to Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward counties.

Senate Bill 2333 does two things:
1. Assures that the local public health units do not lose money on immunizations including funding for software.
2. Creates and funds regional public health networks.

I will testify regarding the need for immunization funding and my colleagues will address the regional public health networks.

During the 2007 – 2009 biennium, the North Dakota Department of Health initiated a transition of the State's immunization system to a new system called "Protect ND Kids". Because of the complexity of the implementation, the new delivery system did not begin until March 31, 2008. To complete this process there was a host of process changes, billing system issues, as well as the need for education of staff and the public.

The 2007 session provided $2,000,000 to defray the start up costs that would be incurred by the local public health units. Those funds were utilized for such things as equipment purchases, vaccine, and staff costs.

Local public health units are now experiencing budget shortfalls for immunization services due to significantly increased administrative costs. These increased costs are related to implementing complex immunization billing and reconciling procedures where reimbursement from private insurance is not adequate. While reimbursement from private insurance for the vaccine is adequate, the administrative portion of the reimbursement is not.

The new immunization system has demonstrated the need for one time funding for software development and integration at a cost of approximately $400,000. This project seeks to move the local health departments' immunization program into the next phase of greater accountability with data collection, improved client registration process, seamless interfacing with NDIIS (the state immunization registry), and improved efficiencies for local health departments. Currently it is not unusual for a health department to have one software program for billing Medicare and Medicaid, another software program for billing private insurance, a different software program for client registration, a separate database for client records, and numerous programs for reporting to the State Health Department. Local public health departments in North Dakota have identified this as a significant need and the transition of the immunization program has moved the issue to a high priority.

It is the responsibility of public health to protect the public against communicable diseases. Immunizations are an important component of that protection. Thank you for your time and attention to this important issue. I will be happy to answer any questions you may have.

#2

SB 2333

House Human Services Committee

Testimony

March 9, 2009

Good morning, chairman Robin Weisz and members of the House Human Service committee. My name is Robin Iszler and I am the Unit Administrator of Central Valley Health District located in Jamestown. Our agency supports SB 2333 and I am here to talk about regional public health networks. My Health Department serves 2 counties, Stutsman and Logan. We are the lead agency for regional emergency preparedness program that serves the counties of Barnes, LaMoure, McIntosh, Foster, Dickey and Wells.

During the last legislative session, our health district received additional State aid dollars to increase Environmental Health services to counties in our region. We logged over 500 hours on environmental health services within these counties in 2008. As we establish a presence, the demand for environmental health services has increased. The only way to increase services to these counties is ask for the counties to pay us for the services they receive and they have no money to do that.

In 2008 we partnered with LaMoure, McIntosh and Emmons counties for tobacco prevention. We are in the early stages of this partnership but one of the benefits is staffing. In McIntosh and Emmons Counties, the tobacco coordinator resigned, both areas were without knowledgeable staff to work in the program. We were able to assist these counties by providing staff and expertise on tobacco issues. We completed their grant application and their semiannual reports. Along with those administrative duties, we have also provided educational materials and ideas for public education. So far the partnership is working. Each area has been able to maintain their own identity and structure, yet by working together we have been able to continue to maintain services to the counties involved.

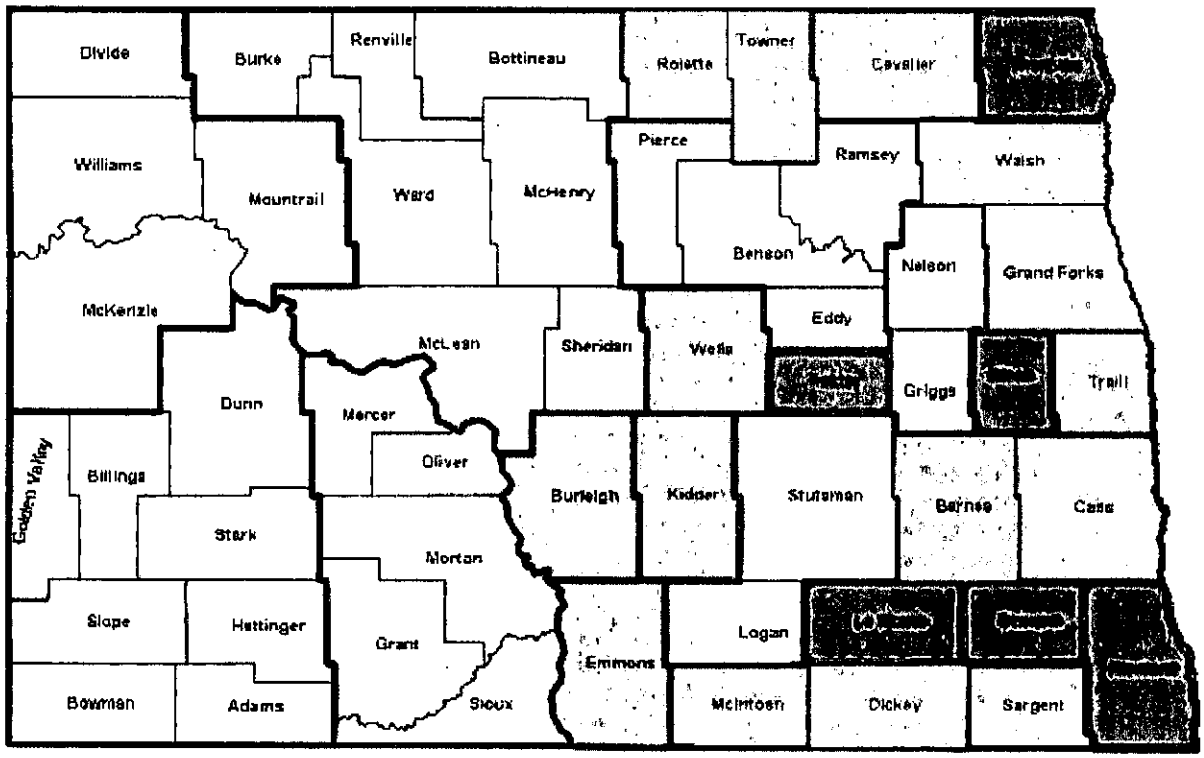
Some of the services that we see as potential partnerships with counties in our region include: environmental health, emergency preparedness, public information, tobacco, immunizations and family planning. The plus side of this partnership is that small county

health departments can benefit from the programs and expertise that we will bring to the table and services to the citizens will increase. In closing – you may wonder why does public health need this money? It is simple – local public health have limited funds, our health department is not in the business to make money. We rely on grants and county dollars to support services. According to the census data, the population of our region is 58,700 (2000 census data) people. With the funding of SB 2333, our region would receive about $11.00 per person to increase public health services and form regional networks. Our health unit is governed by a board of health that is separate from our county government. This money will go to the people of our region and provide for more uniform public health services to all citizens. We cannot do this without the funds provided by SB 2333. Thank you for your support. Do you have any questions?

Local Public Health Departments - 2009

Public Health
Prevent. Promote. Protect.

Map of North Dakota Local Public Health Departments



Multi County Health District
Single County Health District
City/County Health Department
City County Health District
Single County Health Department

Attachments include:

1. **Request narrative**
2. **Support letters – Local Public Health Departments**
3. **History of State Aid funding to Local Public Health**

#3

Testimony in support of SB 2333
North Dakota House Human Services Committee
March 9, 2009

Theresa Will, RN/Administrator
City-County Health District, Valley City

Good morning, Chairman Weisz and members of the House Human Services Committee. My name is Theresa Will. I am a Registered Nurse serving as the Unit Administrator for City-County Health District (CCHD) which provides public health services for Barnes County. I am here to voice my support for SB 2333.

Some of you may be aware of a letter which my health board requested that I write to Governor Hoeven and Dr. Dwelle explaining current budget concerns for North Dakota's Local Public Health system and voicing the need for additional funding to support the much-needed, cost-saving services that we provide statewide. I've provided copies of that letter for you, along with today's testimony.

North Dakota faces the major challenge of meeting the healthcare needs of its rapidly aging population, and we are really feeling the crunch in our county. It's bad enough that 14.8% of North Dakota's population is over age 65, but in Barnes County almost 20% are over age 65. Elderly and low-income citizens are exactly the people in North Dakota who depend most heavily on Local Public Health. By providing preventative care that helps these clients avoid many serious illnesses in the first place, Local Public Health reduces the overall cost of healthcare for the state.

One specific reason for Local Public Health's budget concerns is our immunization program. In 2008, our particular health unit expended approximately $24,000 more on our immunization program than we did the prior year, largely because a lot more staff time was required to learn and implement a new billing method; to process each client coming into our office for immunizations; and to enter information into the THOR system. This year, each flu shot we administered had to be entered into the THOR system so that we could bill the appropriate 3rd party payer. That process added a great deal of additional staff time.

I believe that we, at CCHD, have done everything that we can (including cutting positions and decreasing benefits) to save money and still provide needed services. In addition to belt-tightening, we continue to aggressively recruit private funding at every opportunity. However, as our letter to Dr. Dwelle indicates, insufficient state support for Local Public Health is actually hampering our ability to increase

support from private funders such as BC/BS. As a Local Public Health administrator, I know that without additional funding or some brand-new means of saving money, we will be required to cut services in the near future.

The opportunity that SB 2333 provides for collaborative partnerships by way of regional networks is very exciting because it will facilitate cost savings for Local Public Health. I know that overall funding will only become tighter, and I want to do things in the most cost effective way while still providing safe and effective services.

We are in the South East Central Emergency Preparedness Region working with Central Valley Health District in Jamestown. We currently collaborate on several programs such as emergency preparedness, environmental health and family planning. As a region we could "groom" one expert in a specific area such as immunization billing, rather than trying to have someone trained in every health unit. Numerous other areas of collaborative cost-saving remain un-explored at this point, and SB 2333 would allow us the opportunity to develop those areas now. I feel that forming regional networks in order to reduce expenses to the taxpayers is the responsible thing to do. If there is a way to save money and provide the same or even additional public health services, that is what we must do.

As we look toward the future --and in view of the economic concerns that we already face as a nation-- we know that the need for Local Public Health services is only going to increase. Costs continue to rise, even as revenue sources decrease or dry up altogether. We need to find new and better ways to provide services -- and working more collaboratively within our region is one way to do that.

Please support SB 2333 and support Local Public Health in North Dakota.

Thank you for allowing me to share my perspective. I would be happy to answer any questions that you may have.

City-County Health District

Public Health and Home Care

BARNES COUNTY COURTHOUSE
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CERTIFIED HOME HEALTH AGENCY
PUBLIC HEALTH SERVICES
SERVING BARNES COUNTY

Gov. John Hoeven
600 E. Blvd. Ave.
Bismarck, ND 58505-0001

December 11, 2008

Dear Gov. Hoeven:

The purpose of this letter is to share some concerns regarding North Dakota's Public Health sustainability.

As you know, local public health units deliver vital disease-preventing and health-promoting services to our most vulnerable populations. Yet it appears to us that the State is not investing enough in North Dakota's public health system to maintain its current strength and effectiveness. Local public health is both the lifeline and the only recourse for many of our elderly and lowest-income citizens. Likewise, many people suffering from mental-health diseases receive most or all of their support services from local public health offices.

Moreover, even the citizens who seldom visit a local public health unit (LPHU) are still direct beneficiaries because our effective public health system saves money. By preventing diseases and costly disease treatments, local public health saves every North Dakotan both tax dollars and health-insurance dollars. In fact, according to NACCHO, every dollar invested in disease prevention saves North Dakotans $6.20 in future healthcare costs.

However, both these cost savings and the health of our people will decline unless state-level support for public health is substantially increased. Steadily rising operating costs and near-flat funding streams have burdened our LPHU's with chronic budget shortfalls. While we should be strengthening core public health functions, we are forced to pursue whichever programs have funding attached.

Here at City-County Health District, the fiscal situation deteriorated to the point where we ended the year 2004 with a $78,000 deficit. Our local budget concerns were front page news for many months. Residents wanted assurance that they wouldn't see a decrease in the public health services that they have come to rely on. We were compelled to make budget cuts so significant that, at present, we are providing the same health services that were offered in 2003, but with approximately one-third less nursing staff. We have tightened our belts to the point that it is difficult to breathe. During the intervening years, we have worked long and hard and have managed to restore our unit to operating with a small cash reserve. But now, along with other LPHU's in the state, we are at risk of sliding back into the red because costs continue to escalate as revenue sources dry up.

At CCHD, we have spent many hours preparing detailed applications for grant funds which could supplement existing revenue. Today, we received a rejection note regarding our application for the North Dakota Blue Cross/Blue Shield Health Information Technology Grant which we submitted in September. I would like to share with you a statement that was included in BCBS's critique of our application. It states:

> "There seems to be a new requirement for public health with regard to immunization and the role of documenting through HIT. The question then is this: What is the role of state government in funding this effort? Will the 2009 legislature be approached to fund this area? Public health is underfunded as it is and cannot be expected to take on new responsibilities without state support."

Thus, it appears that the state's failure to provide sufficient support for LPH is actually preventing us from obtaining funds through private funders such as BC/BS.

On December 15 we will be attending a webcast entitled "Public Health Survival: Leadership in a Falling Market" which is sponsored by the North Carolina Institute of Public Health and the Public Health Leadership Institute. This type of educational opportunity makes it clear to us that North Dakota is not alone regarding the afore mentioned concerns. As one of the few states not currently facing a fiscal crisis, North Dakota is well positioned to provide key national leadership in assuring our citizens that public health is a priority and that it will be sustained.

In recent years, local public health administrators have voiced concerns regarding a trend to privatize public health services. Some public health revenue sources, such as administering flu vaccine, have been decreased due to the ability of pharmacists to administer vaccine; this year a medical clinic from Fargo was planning to come to Valley City to offer flu shots within our local businesses (a service that has been provided through public health for many years).

Most North Dakotans are keenly focused on local tax relief, so increasing mil levies is not the answer to saving public health. The State of North Dakota must increase its support for fundamental public health via LPHU's if we are to avert the collapse of the infrastructure that prevents deadly disease epidemics and sustains the basic health of our most needy people. In reviewing the NACCHO 2005 National Profile of Local Health Departments, we noted that state funds support only 7% of Local Health Department revenues while the national average for state support is 23%. Only six other states provide less state funding for public health than North Dakota.

We greatly appreciate your time, concern and support and look forward to hearing your thoughts regarding this issue. We are also sharing these concerns in a letter to Dr. Terry Dwelle at the ND Department of Health. Thank you.

Sincerely,

Theresa Will, RN
Executive Director
City-County Health District

Sharon Buhr, Chair
City-County Health Board

cc: 2009 ND Senate and House Leadership

LOCAL PUBLIC HEALTH REQUEST FOR STATE AID INCREASE

January 2009

The local health departments are the foundation of the public health system and the major player in providing health services to community based programs and these services that assure and protect the health of our citizens. A report by the Trust for America's Health concludes that an investment of $10 per person per year in proven community-based programs could result in considerable medical cost savings. An investment in public health would potentially result in $6.20 savings for every $1.00 spent for North Dakota.

Local public health agencies are expected, and often required, to provide services and reach people that private and other governmental agencies fail to adequately address. In this context local public health agencies are regarded as the residual guarantor for essential services. They are also required by state law to provide services to North Dakota citizens regardless of ability to pay. As a result, services are often rendered without reimbursement either by insurance or client payment. Respectively, local health departments operate on relatively small budgets.

LPH funding sources are generally from local government (local tax dollars), state government and federal pass-through funds. A budget analysis conducted by legislative council in 2005 indicated that the average LPH budget is comprised of 36% from local government, 37% federal pass-through, 11% state direct (only 5% from state general fund) and the remaining 16% from fees and other sources. Only local and state general funding sources allow flexibility in expenditures or allocations. The majority of the flexible funding source is from local governments so in order to respond to community needs such as the changes in demography and health status, increased health care costs, and latest health care trends (such as under-funded or unfunded mandates) it requires a continual burden on local tax payers. In addition, there is a barrier to generate additional local tax dollars as health district budgets may not exceed the amount that can be raised by a levy of five mills as mandated in state statute. Presently, health districts average a 4 mill appropriation.

Local public health administrators have identified the following priority areas that are heavily subsidized by local funds, have unmet needs and/or increasing in cost to adequately implement:

1) Public Health Nurse Home Visits.
2) Supplement Funding for Comprehensive Local Emergency Preparedness & Response.
3) Community Health Assessment: An incentive for regional collaboration.
4) Increased funding for Regional Environmental services.

To meet these needs, local public health units project the need for an additional $3,595,000 per biennium in State Aid funding. **This funding would provide a significant improvement in meeting local public health services needs without increasing pressure on property tax; an important step to support property tax relief.**

Public Health Nurse Home Visits

Time Period: 2009-2011 biennium, and on-going
Total Funding: $2,000,000
Local Public Health Departments have long used local dollars to provide nursing services in the community through home and office visits. According to a recent study done by NACCHO, 83.3% of local public health departments currently offer a home visit program. **An informal survey conducted among the Local Public Health Departments here in North Dakota, it was determined that the majority of public health home visits are paid for with funds from local tax dollars.**

North Dakota is faced with the challenge of meeting the needs of its growing population of elderly persons. With 14.7 percent elderly population in 2000, North Dakota was one of only nine states where persons 65 and older constituted 14.0 percent or more of their total populations. This percentage increased to 14.8 percent in 2003 (ND State Plan on Aging) and will continue to increase. According to the North Dakota State Data Center projections are that by 2015 19.6% of our population will be over age 65 and by 2020 22.9% will be over 65. Traditionally, aging persons have been sent to nursing homes. Yet today many North Dakotans want to stay in their home or remain in their communities. Public Health is certainly one of the major players dealing with North Dakota's aging population.

Public Health Home visits provide the following:

- Medication monitoring – medications are set up and nurses monitor compliance.
- Assessments – blood pressures, weight monitoring, blood sugars.
- Case Management and referrals to other services within the community.
- Foot cares

The public health service delivery model is already in place to assist North Dakota's aging population and more funding is needed to sustain and increase the current level of service as the population ages. This delivery model makes sense.

Some elderly are very capable of living within their home setting if they have some minor assistance to assure that they remain healthy. In the long run it will save money and improve the quality of life for our State's elderly.

Along with services to the elderly, Local Public Health is seeing a need and a gap in services for the mentally ill who live in communities around our State. Human Service Centers provide assistance to the mentally ill with the psychiatric medications, but not medications related to chronic disease. Local public health has had an increased demand and expectation to fill the gap and provide case management and medication assistance to this population with little or no reimbursement.

Currently 60% of Local Public Health Departments surveyed, see 40 to 100 or more home visit clients per month. It is estimated that the monthly cost for caring for a client in a nursing home is $4500, however the approximate monthly costs for public health services to assist a client in their home is $130. There is considerable economic and social value in caring for a person in their home as long as possible.

Supplement Funding for Comprehensive Local Emergency Preparedness & Response

Time Period: 2009-2011 biennium, and until federal funding is adequate at the local level
Total Funding: $700,000
Responding to disease outbreaks, environmental hazards, and natural disasters are essential services of local public health departments. The planning, training and coordinating response activities has required considerable amount of staff time and financial cost at the local level. We know that in the event of a public health emergency, it will be the local health department that will be called upon to respond. Our communities certainly deserve to have a Local Public Health unit that is prepared for a public health emergency. In order to be prepared, local Public Health needs adequate funding. The CDC Cooperative Agreement funding continues to require local public health to perform many activities for preparedness, however funding at the county level has decreased which has resulted in local government subsidizing the program.

Currently statewide, local public health units are subsidizing this process at the rate of approximately $350,000 per year. This figure was calculated based on the number of hours put into this effort that were not covered by Emergency Preparedness grant funding at the local level. With the beginning on the new grant cycle on August 9, 2008, local public health units have taken a significant cut in county allocation dollars for emergency preparedness. Without additional funding, local public health will need to even further increase the amount of local money allocated to emergency planning, or make decisions on which aspects or emergency response and preparedness will not be addressed. Unfortunately Local public health is finding it increasingly difficult, if not impossible, to continue to increase their level of financial subsidies. This is a serious concern. Without additional funding, we run the risk of not being able to adequately plan and prepare for a public health emergency.

An increase in State Aid to be utilized for Emergency Preparedness and Response could be used in several ways:

- Fully engaging our local and regional partners in planning and exercising through community meetings
- Recruitment, training and maintenance of public health volunteers
- Staff training and education
- Exercising and evaluating emergency plans
- Purchasing supplies and equipment for emergency response

Community Health Assessment: An incentive for regional collaboration

Time Period: 2009-2011 biennium (assessments suggested every 5 years)
Funding: $495,000
Assessment is a core function of public health and is the foundation for public health practice. A community health assessment process includes determining the health needs of the community, investigating adverse health events and health hazards by conducting timely investigations; analyzing the determinants of identified health problems to determine why certain populations are at risk for adverse health outcomes; determining the communities' interest in improving health risks and then implementing strategies to address health problems and fulfill the community's interest in improving health conditions.

One core activity in a community assessment process is creating county or district health profiles which would provide health status data to be used in identifying priority areas to address. A template and profiles for about 4 health units have already been created. Funding for this community assessment process would provide an incentive for regional collaboration among similar and adjacent smaller health units to establish a coalition around conducting a community assessment and health improvement plan. The coalition would be comprised of all types of health system partners and encourage multi-county collaboration. A $5000 per county stipend would be provided as a base regardless of how many counties the health unit group includes. An additional incentive stipend of $20,000 would be provided to each collaborative having a combined population of 30,000 or more. These stipends would be provided to offset costs related

to 1) establishment of a Community Health Assessment Coalition, 2) health and population data compilation and community health profile development, 3) priority selection based on the data and assessment outcomes, and 4) development of an Improvement Plan to address the local public health group's priorities.

It is the intent that funding will pass through NDDoH and be distributed to local public health units as stipends for leading the community assessment and improvement planning process. A portion of the funding will remain in the NDDoH to assist with creating community health profiles, providing community assessment and community engagement training and providing technical assistance. NDDoH's internal epidemiologists report having the capacity to create the profiles. The NDDoH public health liaison reports the capacity to assist with coordination of assessments.

Budget:

Maximum total cost of per county stipend: **$265,000** (53 X $5000)
Likely total cost for collaborative incentive stipend: **$200,000** (~10 groups X $20,000)
NDDoH data assistance, training and technical assistance = **$30,000**
Total Community Assessment cost: $495,000

There is a significant effort to develop an accreditation process for local public health units throughout our nation. If local public health unit assessment capabilities are not strengthened in North Dakota, it is likely that many will not meet emerging national standards. These community health assessments would build significant capacity for local public health units to meet the core function of assessment. The development of health profiles and improvement plans will be very valuable to local public health units as well as other stakeholders such as hospital, clinics, schools, etc. In addition, the data and improvement plan will better position the local communities for funding opportunities to address issues specific to their population. The incentive stipends will help build collaborative groups which may lead to regional approaches to local public health services.

4) Increased funding for Regional Environmental Health Services

Time Period: 2009-2011 biennium and ongoing
Total Request: 400,000

The 2007 Legislature provided funding to local public health units through additional state aid to support environmental health services statewide. This funding, $50,000 per biennium, is directed to each of the 8 lead health units to assure access to environmental health services throughout North Dakota. Each of the 8 lead health units have utilized this funding to address priorities within their area, and have summarized activities via narrative reports to NDDoH. Additional funds would increase the amount from $50,000 per biennium to 100,000 per biennium for each of the 8 lead health units.

While the environmental health state aid has been a great value for our state, we see substantial increases in costs to maintain these services. Issues related to recruiting and retaining qualified EH staff in an oil economy, travel costs have increased to reach the most rural areas, increase in demands/expectations of our residents, and significant changes in EH service delivery will most certainly increase the costs of current EH services funded by the state aid. The most notable changes in EH services are: state tanning and tattoo rules, federal laws related to pools and spas, increase in requests for support on public health nuisances, and other services where funding does not fully cover service costs.

Bismarck Public Health

March 5, 2009

Dear Chairman Weisz and Members of the House Human Services Committee,

As Director of Bismarck Burleigh Public Health (BBPH) I ask your support of SB 2333.

The Public Health Emergency Preparedness and Response Model, using eight response regions with a lead coordinator for each region, has been very successful in using resources and personal efficiency to develop emergency plans and response capabilities. The Emergency Preparedness and Response Coordinator (EPR) for our Southwest Central Region works out of our agency. All eight counties in our region now have public health emergency operation plans for pandemic influenza, small pox, mass dispensing of medication, communication, mental health, etc. due to the coordination of the EPR. Under the EPR the four health units in the region have collaborated on mass care and mass fatality plans, isolation and quarantine, and community containment of disease. Our partners made determinations such as which areas would need to duplicate services such as for sites to immunize the public and in which areas we would join resources such as one mass care facility which would serve several counties and health units.

We see this type of collaboration and networking extremely beneficial and a role model which will work in a number of other public health service areas. There are areas in which we are large enough to have expertise where smaller public health agencies have been unable to fund. In these areas we might be able to share skills and services in a collaborative effort. There are services we might all be able to offer in our service area if we are able to join forces and collaborate to provide the service throughout the region. We look forward to working together in community assessment and planning in a regional effort.

Continued funding for the immunization program, which is part of this bill, will ensure that low income children who have no medical home can come to public health agencies to receive their childhood vaccinations. High childhood immunization rates are necessary to continue to prevent outbreaks of vaccine preventable diseases.

Thank you for your support of Senate Bill 2333.

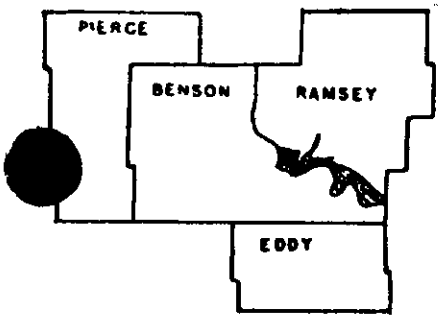
Sincerely,

Paula Flanders

Paula Flanders
Director
Bismarck Burleigh Public Health

Bismarck-Burleigh Public Health, Paula L. Flanders, RN, BSN, Director
Phone: 701-222-6525 • FAX: 701-221-6883 • 500 E. Front Ave. • P.O. Box 5503 • Bismarck, ND 58506-5503
email: bbph@state.nd.us

BBPH



LAKE REGION DISTRICT HEALTH UNIT

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BENSON COUNTY
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NEW ROCKFORD, ND 58356
(701) 947-5311

PIERCE COUNTY
240 SE 2nd STREET
RUGBY, ND 58368
(701) 776-6783

March 4, 2009

House Human Service Committee
State Capitol
Bismarck, ND 58501

Dear Committee Members,

I am writing in support of the SB 2333 to local public health units. The Lake Region District Health Unit is a four county health unit comprised of Benson, Eddy, Pierce and Ramsey counties. I have been the administrator for Lake Region District Health for 23 years. I have seen our federal dollars remain the same or decrease over the years. They do not take into account that costs increase for staff, supplies, and increased needs.

Our health unit has been struggling to continue the federal programs (with the required matches) and the basic public health programs. In two of our counties the clinics do not provide childhood immunizations. The changes in the immunization program have caused a large increase in the workload for the staff providing these services. We have also added time for staff to be trained and prepare for Emergency Response. Environmental Health issues have also needed an increase in time to handle extra inspections and complaints. I believe these programs to be very important, but staff is only capable to doing so much work in 8 hours. We have not had the income to add staff for these programs.

The health unit would also like to look at the needs of the community and provide the true core public health services for our region but this is very difficult to do when we do not have the funds to hire staff or cover the expenses for these programs. I have looked at some grants for new programs but these usually just cover start up costs, it is very difficult to get a new program started just to tell the public in 1 to 2 years that we can not continue the services.

Thank you for your consideration of SB 2333 to local public health departments.

Sincerely,

Karen Pederson Halle

Karen Pederson Halle, RN
Administrator

Central Valley Health District

Public Health
Prevent. Promote. Protect.

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122 2nd St NW
Jamestown, ND 58401
701-252-8130
701-252-8137 fax

Logan County
Courthouse, PO Box 12
Napoleon, ND 58561
701-754-2756

March 4, 2009

Robin Weisz, Chair
House Human Services
North Dakota State Legislative Assembly
Bismarck, ND

Dear Chairman Robin Weisz and Members of the Committee:

Central Valley Health District is a two county Health Department serving Stutsman and Logan Counties. We have started to partner with several counties in our region to for several programs including Tobacco Prevention, Environmental Health, Family Planning and Emergency Preparedness. The collaborative partnership helps to support public health services in smaller single county health departments that would not be able offer the services on their own. We support a more formal regional public health network.

During the last legislative session, our health district received additional State aid dollars to increase Environmental Health services to counties in our region. We logged over 500 hours on environmental health services within these counties in 2008. As we establish a presence within these counties, the demand for environmental health services has increased. The only way to increase services to these counties is ask for the counties to pay us for the services.

Another example of the benefit of a regional network is in the immunization program, Central Valley Health District has staff available to assist the smaller 1-2 person local public health offices with billing for immunizations. But we have not explored this option because we do not have the funds to initiate a partnership. The passage of 2333 would open up more possibilities for partnerships and free up local funds for more programs and services.

The local public health nurse is known across the state as the school nurse, the immunization nurse, local nurse who does home visits, foot cares, and head lice checks! Funding from SB 2333 will help local public health in our region continue to explore new partnerships and provide for immunizations both of these issues are important to the future of Public Health. Thank You.

Sincerely,

Robin Iszler

Robin Iszler, RN
Unit Administrator

Custer Health
For a healthier way of life.
210 Second Avenue Northwest
Mandan, North Dakota 58554
701-667-3370 • *Fax: 701-667-3371*

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March 4, 2009

RE: SB2333

Chairman Weisz and the House Human Services Committee:

The Board of Health for Custer Health District supports this bill and the concept of regional services wholeheartedly. While we are already a District, and have been since 1951, we see many positives coming out of this bill that would not be possible otherwise. Here are a few:

- Community Assessment. We intend to work with Bismarck and Emmons County to conduct assessments, a task of which we have not been capable by ourselves.
- Joint Family Planning efforts.
- Increased Environmental Health services, especially to rural Burleigh, Emmons, and Kidder Counties.
- Combined billing and administration efforts for immunizations.

Speaking of immunizations, the money in this bill will make it possible for us to continue to implement the ProtectND Kids effort that we began in 2007. While we are moving toward a system that will be self sustaining, we are not there yet, and continue to need implementation money. We are currently in the hole, awaiting payment for the last quarter of 2008, and for some patient payments as a result of nonparticipating insurance providers.

Please support SB2333. It is the most important thing to happen to local public health since we formed as a district in 1951. It's also a lot cheaper than the universal immunization bill we started with, which had a price tag of $21 million. For $5.8 million, we think we will be able to accomplish the same end.

For the Custer Board of Health,

Keith Johnson

Keith Johnson, Administrator

City-County Health District

Public Health and Home Care

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Valley City, ND 58072

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CERTIFIED HOME HEALTH AGENCY
PUBLIC HEALTH SERVICES
SERVING BARNES COUNTY

March 3, 2009

Rep. Weisz and Committee Members:

I am writing to ask for your support for SB 2333 which will provide funding to cover ongoing immunization costs and to establish Regional Public Health Networks.

In the past, North Dakota was able to provide universal childhood immunizations for everyone. Due to decreased federal funding, many changes were made to our state's immunization system and implemented in 2008 through "Protect ND Kids." We have made great progress, but still have work to do to make sure our immunization program function most efficiently and cost effectively. Additional funding via SB 2333 will assure ongoing statewide immunization services.

City-County Health District currently employs 12.3 FTE's. We have worked extensively to hold down the costs of providing effective public health services within our community. This work has required many changes, including cuts in staff time and cuts in benefits. At this point we have managed to maintain the same services without additional funding.

City-County Health District is located in the South Central Emergency Preparedness Region working with Central Valley Health District out of Jamestown. We have a very good working relationship and look forward to establishing additional collaborative activities which will ultimately decrease the cost to provide public health services within our region.

I appreciate your time considering this very important health issue.

Sincerely,

Theresa Will, RN

Theresa Will, R.N.
Executive Director

Enc.

Sargent County District Health Unit

Colleen Sundquist, Administrator
PO Box 237
316 Main Street
Forman, ND 58032

701-724-3725
FAX 701-724-3296
colleen.sundquist@co.sargent.nd.us

March 6, 2009

Robin Weisz
Chairman of the House
Human Services Committee

I am writing this letter in support of a Senate Bill 2333. Senate Bill 2333 encompasses two areas; immunization services and regional public health networks.

Sargent County District Health Unit currently collaborates with all of the counties in the Southeast region (Sargent, Ransom, Richland, Cass, Steele and Traill Counties) in the areas of emergency preparedness, public information, and environmental health. We have formal contracts in place that allow these services to occur throughout the southeast region. There is significant collaborative planning and programming that occurs in these areas. Administrators from the participating counties meet on a monthly basis to plan activities, exchange ideas, and share experiences. Updates are also provided by environmental health and emergency planning regional staff. We are for all practical purposes, a "regional public health network". We are working together to provide public health services to the citizens of our counties.

Senate Bill 2333 would provide a financial incentive to those local public health units that voluntarily choose to enter into a "regional public health network". Doing so would provide funding to allow for regional planning and programming to address several public health needs. The concept of this bill is good; collaboration, resource sharing and regional planning are all activities that benefit local public health.

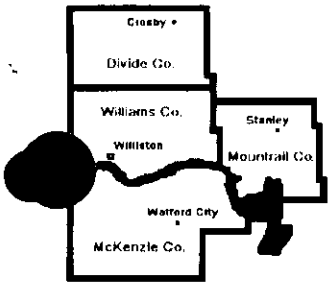
As we explore the concept of regional public health networks, the concept of expanding public health networks to other programs is new for us. Looking at public health programs, there are some areas that could lend themselves nicely to regional networks such as population based activities, workforce development, and community assessment and planning.

There are also public health services that need to be retained at the local health units such as financial accounting, human resource management and direct services. Because of this, it is important that local health units maintain their own individual identity including their governing and organizational structure.

I am in favor of networks that are made up of local public health units that function independently, and collaborate regionally as programming allows providing the best services possible to all our county residents.

Thank you for your time and support. I would greatly appreciate if you consider support of Senate Bill 2333.

Colleen Sundquist
Administrator
Sargent County District Health Unit



Upper Missouri District Health Unit

Testimony

House Human Services Committee

March 9, 2009

Chairman Weisz and members of the committee, my name is Mike Melius, executive officer of the Upper Missouri District Health Unit (UMDHU). SB2333 will benefit the 34,000 residents of Divide, McKenzie, Mountrail, and Williams counties by addressing childhood immunizations, and creating efficient regionally based public health services specific to each region's need.

Our health unit provides approximately 3800 childhood immunizations each year. While these services are complex, they are vital to prevent serious childhood illnesses. Lack of these services, or even reduced provision would be lead to extremely expensive disease outbreaks, and even worse, preventable deaths of children. The transition away from a universal immunization system in North Dakota has had positive and negative impacts. A positive impact has been that parents and insurance providers participate in costs associated with childhood immunizations. However, negative aspects are the creation of a complex reimbursement system, and multiple streams of vaccine due to the multiple reimbursement sources.

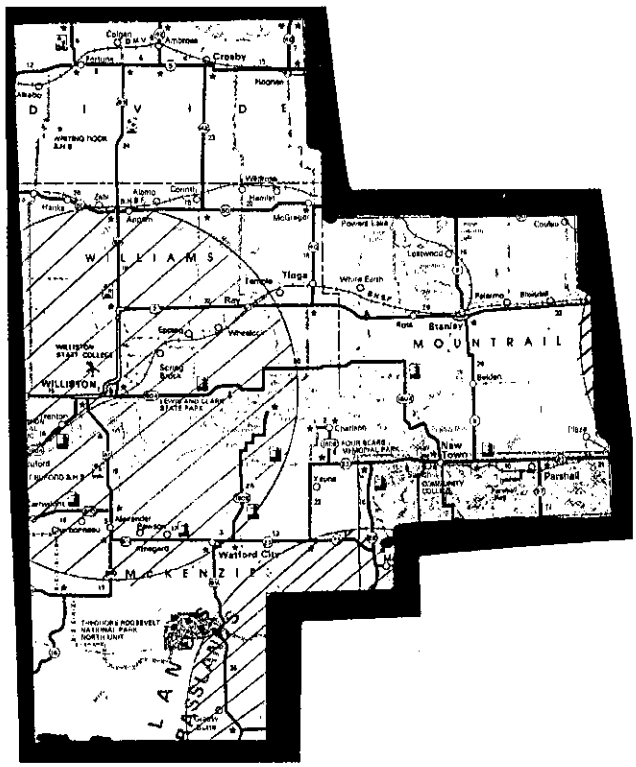
We have experienced increased costs associated with clerical, billing, accounting, and education of parents related to insurance and billing. We have worked on ways to increase our efficiency by assessing staffing needs, limiting data entry only to required elements, streamlining education to parents on insurance coverage and immunization costs, and other areas. However, our immunization program experienced a per annual deficit of $51,360. We need funding support from the state to sustain our immunization services.

The other important issue that SB2333 addresses is regionally based public health services. This would be beneficial in eastern North Dakota where Joint Powers Agreements would assist single county health units in sharing administrative functions and public health services. It will also help multicounty health districts in western North Dakota meet regional challenges.

UMDHU covers a large portion of the state and includes many remote areas. Two significant issues that must be addressed are public health nurse (PHN) home visits and the basic core function of assessment.

Public Health Nurse Home Visit

UMDHU's large and remote region is a significant issue for residents who could benefit or already rely on. a PHN home visit. In many of these situations, a home visit may be the difference between staying in their home, or needing to relocate to a much more expensive long term care facility.



The picture to the left approximates private medical provider home health service range in white crosshatch (a reported 45-50 mile service range) from Williston, Minot, and Killdeer. As you can see, much of our district is ***not*** served by private medical home health providers. In addition, our health unit is not a certified home care agency, so much of our district relies on PHN home visits. Unfortunately, our PHN home visits are limited to activities covered by funding from federal Title III ($43,912), local mill levy required match and subsidy ($19,672), and donations ($15,358). Based on 2000 census data, total 2009 funding for these services represents about $1.09 per month for each citizen 65+ years old. While our home visits provide services to various ages, most of our clients are 60 years old or older.

Please keep in mind that travel costs are a significant factor in providing services to the remote areas of our district, but pale in comparison to long term care costs, both financial and social. Each of our counties has a higher percentage of senior citizens (~16%) compared to the state (14%), and remotely located Divide county has double the percentage. We expect these percentages to increase! Funding from SB2333 will help us better complement private home health services, or provide the service when there is none for a more adequate health system.

Assessment

Assessment is one of three core functions of public health. Knowing our district's local issues is vital to effective and efficient delivery of health services. Community Health Assessment is time intensive, because when done right it includes all partners and customers of the health system. Assessment in our district is extremely limited due to direct service demands that consume our staff time. If it were not for our local tobacco prevention assessment activities, we would likely have no community assessment at all. Our *2005 Community Health Profile*, completed by use of a small one time grant, will need to be updated in the next year, and we are unsure how effective we will be in involving community stakeholders in the assessment process. With SB2333 funding, we would be able to hold comprehensive community health forums, deliberately engage health partners, and effectively translate the process into actions to improve our health system.

In conclusion, SB2333 is essential for UMDHU to sustain our childhood immunization services and improve regional public health services to assure we meet the increasing demands for public health services in northwest North Dakota. If you have any questions, please contact me at mmelius@umdhu.org, (ph.) 701-774-6418, or (cell) 701-570-0345.

#1 2333

Local Health Line Item State Aid to LPH Request in SB2004

Health Insurance increase and 5% pay increase

461 employees statewide	
Impact of Health insurance 26% increase (75% utilization)	$705,840
5% Pay Increase	$691,500
Total	**$1,397,340 per year**

Biennium Cost **$2,794,680**

Lisa Clute	720-6200
Keith Johnson	870-1455
Robin Iszler	320-2372

property tax ↑ in next 2 years
needed to keep current staff/structure in place

Local Health Needs for 2333

Immunizations are already in the bill. Spreadsheet showing those losses from last biennium are attached.

The cost for a regional network pilot project is as follows:

Host County – Shared Positions – Wage & Fringe

One Environmental Health Practitioner -	$65,000
One Billing Person for Immunizations -	$50,000
Contracting Cost Share , $20,000 per Times 6 Counties	$120,000
	$215,000 / year

A second regional network would only have six counties, so its total cost would be $195,000.

Lisa Clute	720-6200
Keith Johnson	870-1455
Robin Iszler	320-2372

NDLA, HMin-Asst

From: NDLA, HMin-Sec on behalf of Boucher, Merle D.
Sent: Monday, March 16, 2009 8:21 AM
To: NDLA, HMin-Asst
Subject: FW: SB 2333 and Regional Public Health Networks

Importance: High

From: Barb Frydenlund [mailto:bfrydenlund@nd.gov]
Sent: Friday, March 06, 2009 10:18 AM
To: Boucher, Merle D.
Subject: SB 2333 and Regional Public Health Networks
Importance: High

Dear Representative Boucher:

I am contacting you regarding my concerns surrounding SB 2333 that will be presented to the House Human Services Committee. I am uncomfortable with the constraints within this bill. SB 2333 and the attached fiscal note is designed to develop Regionalized Public Health Networks and increase funding primarily received by the current eight lead public health districts within North Dakota with the intent of providing out reach services to areas.

Upon detailed review of this bill, I am concerned that the integrity and infrastructure of Rolette County Public Health is at risk through the attempt to merge our health services with a designated "lead public health unit" which in our geographic region is Lake Region Public Health District in Devils Lake. Rolette County Public Health staff and Board of Health is supportive of additional funding allocated to immunizations and flexible funding for local public health programming, but is concerned about tying such funding to the formation of "Public Health Regional Health Networks". Informal collaboration exists and is successful with surrounding health units on an as needed basis regarding policy and procedures, and program implementation. One of our concerns is that SB 2333 does not provide us the flexibility to choose who we join with and if we choose to not join the health network – funding for programs would not come to our office, but will be received by the "lead public health" units/districts.

During the past six years we have had the experience of working with Regionalized Emergency Planning, Women's Way and most recently Environmental Health Service, based out of Lake Region Public Health. The efficiency of these services with respect to Rolette County has been marginal.

During the past six years Rolette County Public Health has become a pillar in providing medical care and assistance to Rolette County citizens. Please assist us in maintaining and delivering programs at the local level. Currently the programs that we provide are driven by state and federal grants, thus supplemental funding is needed to allow us to provide additional programming to our residents. I do not, nor does the Rolette County Board of Health believe that the way to achieve this funding is through the mandates established in SB 2333.

Rolette County Public Health District staff and Board of Health has no problem collaborating with other counties to provide better services, but feel the need to proceed cautiously in looking at the pros and cons of regional health networks.

Thank you for your attention to this matter that is vital to the delivery of services to Rolette County citizens.

I am open to any questions you may have regarding the concerns of SB 2333 and the potential impact to Rolette County Public Health District. Please do not hesitate to call me at 701-477-6627 or 701-550-1055.

Sincerely,

Barbara Frydenlund, RN
Rolette County Public Health Administrator

Barbara Frydenlund, RN
Nurse Administrator/Director of Nursing
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Public Health
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Rolette County Public Health District