

Testimony
Health and Human Services Committee
Tuesday, March 23, 2010
North Dakota Department of Health

Good morning, Chairman Weisz and members of the Health and Human Services Committee. My name is Kelly Nagel, and I am the public health liaison for the North Dakota Department of Health. I am here to provide testimony on behalf of the state health officer regarding the development of the regional public health network pursuant to Senate Bill 2333.

Senate Bill 2333 provides an appropriation of \$275,000 to the Department of Health to fund a regional public health network pilot project. It requires the department to work with the newly created regional public health network task force, the State Health Council and the local public health units in distributing the funds. It also requires the regional public health network task force and the state health officer to provide periodic reports to the legislative council regarding the development of the regional public health network.

The language in Senate Bill 2333 was modeled after joint powers agreements used in the education system. A regional public health network is defined as a group of local 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 verified as in compliance with the following criteria:

- The geographical region corresponds to one of the emergency preparedness and response regions.
- The regional network shares emergency preparedness and response and environmental health services and shares a regional public health network health officer.
- The regional network complies with other requirements adopted by the State Health Council by rule.
- The regional network meets maintenance-of-effort funding requirements.

The regional network task force met Dec. 22, 2009, to determine how to incorporate the above criteria in the grant application for the pilot project and a timeline for the project. Key dates and deadlines include (1) letter of interest due Feb. 1, 2010; (2) proposals submitted by May 1, 2010; (3) sites awarded by June 15, 2010; and (4) the project start date is July 1, 2010, and the end date is June 30, 2011. Consistent with Senate Bill 2333 language, local public health units within their identified emergency preparedness and response region can

voluntarily form a network and are eligible to apply. An additional requirement was added by the regional network task force for the purpose of the pilot: the network must consist of newly formed relationships within the region in order to be eligible to apply. A multi-county health district whose current jurisdiction comprises the entire EPR region is not eligible.

Two overall goals were identified for the pilot project: (1) determine whether it is possible to create an effective joint powers agreement (JPA) within the network and (2) determine whether a JPA has the potential to produce cost savings and more efficient and effective service delivery systems. The lead public health unit for the network needs to submit the application with the network proposal narrative, a draft JPA and a proposed project budget outline and narrative.

The proposal narrative must include the following:

- Describe each participating health unit's role in the network.
- Describe what type of assessment process was used to determine shared public health and administrative services.
- Identify shared services that are in addition to environmental health and EPR and how they will be performed in the network.
- Indicate the goals the network plans to achieve.
- Describe the plan to evaluate the effectiveness of the shared services and the acceptance of the JPA process.
- Describe a plan for sustainability including cost estimates.

The concept of a JPA must be submitted with the application but will not be required to be in effect until Aug. 1, 2010. The JPA must:

- Include sharing of at least three administrative functions and at least three public health services identified in NDCC 23-35.1-02 subsection 3.b. in addition to the required environmental health and EPR services.
- Provide for the future participation of public health units that were not parties to the original joint powers agreement and an appeal process for any application denials.
- Provide the structure of the governing body of the network.

One or more sites may be awarded up to \$275,000. All proposals will be reviewed by a selection committee consisting of three local public health unit administrators and two individuals from the North Dakota Department of Health, myself and Deputy State Health Officer Arvy Smith. The selection committee will provide recommendations for selected site(s) to the State Health Council for final approval.

A letter of interest was received from two regions: Southeast Central, with Central Valley Health District in Jamestown being the lead health unit; and Southwest Central, with Bismarck/Burleigh Health Department being the lead health unit.

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