

Testimony
Industry, Business and Labor Interim Committee
Thursday, May 27, 2010; 8:05 a.m.
North Dakota Department of Health

Good morning, Chairman Keiser and members of the Industry, Business, and Labor Committee. My name is Kathy Albin, and I am director of the North Dakota Department of Health's Division of Accounting. I am here today on behalf of Deputy State Health Officer Arvy Smith to provide information about the budget impacts of the recently passed federal health-care reform legislation.

As was true when Arvy Smith spoke at your last hearing, there still are many unknowns concerning the health-care reform legislation. As more details become available, we will have a clearer picture of the impacts to North Dakota.

Attached to my testimony is a draft list of public health funding in the health-care reform legislation. As you can see, there are some amounts that are appropriated, some that are authorized but not appropriated, and others that are unknown. At this point, all amounts are at a national level. We don't have many details about the funding, including how much will be available for each state, whether states will compete for the funds, whether the funds will be allocated using a formula, or whether there will be match requirements for the states.

We have not included two programs on the attached list: (1) restaurant nutrition disclosure, which establishes nutritional content labeling requirements for restaurants, retail food establishments and vending machines; and (2) breastfeeding support, which amends the Fair Labor Standards Act for employers with more than 50 employees. We are watching these two programs to see what the regulations will be and whether there will be cost implications for North Dakota.

In addition to the attached list of programs, we would like to provide you information about three issues: the maternal, infant, and early childhood home visitation program; the maternal and child health assessment; and long-term care criminal history checks.

Maternal, Infant, and Early Childhood Home Visitation Program

At the last committee hearing, Arvy Smith provided you information about a grant program available to states for childhood home visitation and indicated

that any match requirement for the home visitation program would be passed on to local entities. We have since learned that a state match is not required for this program.

Maternal and Child Health Assessment

The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has operated as a federal/state partnership since 1935. The purpose of MCH Block Grant is to improve the health and well-being of children and their families. Targets include preventive and primary care services for pregnant women, mothers and infants to age 1; preventive and primary care for children and adolescents; and services for children with special health-care needs. North Dakota receives about \$3.6 million per biennium. The funds are used for activities/programs such as maternal and infant care; school health and wellness; nutrition and physical activity education; injury prevention; sudden infant death syndrome (SIDS); oral health care; newborn screening; metabolic food; multidisciplinary clinics; care coordination; and Russell-Silver Syndrome.

In order to obtain Title V/MCH funding in fiscal year 2011, states are required to conduct a needs assessment by September 23, 2010. The needs assessment must identify communities with high concentrations of risk factors in the following areas: prenatal, maternal and newborn health; child health and development; poverty; crime, domestic violence and child maltreatment; education; substance abuse; and unemployment. States also must measure the capacity to provide substance abuse treatment and counseling services to individuals and families in need and the quality and capacity of existing home visiting programs. In addition, each state must submit a description of how the state intends to address the needs identified by the assessment; for example, applying for a grant to conduct an early childhood home visitation program. The Department of Health is absorbing the costs of conducting the assessment using current MCH funding and will complete the assessment by the deadline.

Long-Term Care Criminal History Checks

As with other programs in the new legislation, there are many unknowns about long-term care criminal history checks, including which groups will be covered by the checks (certified nurse aides, medication assistants, etc.) and whether the funding will be available only for criminal history checks of new or qualifying applicants.

At this time, it appears that states will not be required to conduct criminal history checks. However, it is unknown if funds will be available in the future for states that decide to join the program at a later date.

At a recent Centers for Medicare & Medicaid Services conference, states were informed they could apply for up to \$3 million with a 25 percent state match. Again, this is not confirmed, and we don't know if that amount is per year.

We have worked with the North Dakota Bureau of Criminal Investigation to determine the cost of conducting criminal history checks. We have used that information to help determine potential costs to the Department of Health. If criminal history checks are conducted for certified nurse aides only, that would total about 6,000 per biennium. BCI has indicated it would charge \$47.50 per criminal history check. Including the cost of four additional FTE at the Department of Health to manage the application and criminal history check process, plus operating expenses, the total budget for the department would be about one million dollars per biennium. Of that, about \$750,000 would be federal funds and about \$250,000 would be the state's match.

Conclusion

It is important to note that we are uncertain which funds we will apply for. Until we learn the details, we don't know who the applicant agency may be for each program – the state health department, local public health, or other state and local entities – how much is available to a state, or the rules related to adopting each program in North Dakota.

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

Health Reform
Draft - Public Health Funding Table
North Dakota Department of Health

Note: Many details are unavailable including whether a state match will be required.

Program Name	National Amount	Authorized No funding Allocated	Appropriated
FY 2010			
Prevention and Public Health Fund	\$500M		X
Maternal, Infant, and Early Childhood Home Visitation Programs	\$100M		X
Personal Responsibility Education Program (PREP)	\$75M		X
** President's Teen Pregnancy Prevention Initiative (TPP)	\$110M		X
Restoration of Funding for Abstinence Education	\$50M		X
Childhood Obesity Demonstration Project	\$25M		X
Epidemiology and Laboratory Capacity Grants	\$190M	X	
Oral Healthcare Prevention Activities	To be Determined	X	
* Criminal History Checks	\$3M		X
Public Health Workforce Recruitment and Retention Programs	\$195M	X	
School-based Health Centers	\$50M		X
Employer-based Wellness Programs	?	?	
Community Transformation Grants	To be Determined	X	
Healthy Aging Grant Programs	To be Determined	X	
Mid-Career Public and Allied Health Professionals Training	\$60M	X	
Training in General, Pediatric and Public Health Dentistry	\$30M	X	
Understanding Health Disparities, Data Collection & Analysis	To be Determined	X	
Reauthorization of Wakefield Emerg. Medical Service for Children	\$25M	X	
FY 2011			
Prevention and Public Health Fund	\$750M		X
Maternal, Infant, and Early Childhood Home Visitation Programs	\$250M		X
Personal Responsibility Education Program (PREP)	\$75M		X
** President's Teen Pregnancy Prevention Initiative (TPP)	\$110M		X
Restoration of Funding for Abstinence Education	\$50M		X
Childhood Obesity Demonstration Project	\$25M		X
Epidemiology and Laboratory Capacity Grants	\$190M	X	
Oral Healthcare Prevention Activities	To be Determined	X	
Criminal History Checks	?	?	
Public Health Workforce Recruitment and Retention Programs	To be Determined	X	
Community Health Centers Fund	\$2.490B		X
School-based Health Centers	\$50M		X
Employer-based Wellness Programs	?	?	
Community Transformation Grants	To be Determined	X	
Healthy Aging Grant Programs	To be Determined	X	
Mid-Career Public and Allied Health Professionals Training	To be Determined	X	
Training in General, Pediatric and Public Health Dentistry	To be Determined	X	
Understanding Health Disparities, Data Collection & Analysis	To be Determined	X	
Reauthorization of Wakefield Emerg. Medical Service for Children	\$26,250,000	X	
FY 2012			
Prevention and Public Health Fund	\$1B		X
Maternal, Infant, and Early Childhood Home Visitation Programs	\$350M		X
Personal Responsibility Education Program (PREP)	\$75M		X

Program Name	National Amount	Authorized No funding Allocated	Appropriated
* President's Teen Pregnancy Prevention Initiative (TPP)	\$110M		X
Restoration of Funding for Abstinence Education	\$50M		X
Childhood Obesity Demonstration Project	\$25M		X
Epidemiology and Laboratory Capacity Grants	\$190M	X	
Oral Healthcare Prevention Activities	To be Determined	X	
Criminal History Checks	?	?	
Public Health Workforce Recruitment and Retention Programs	To be Determined	X	
Community Health Centers Fund	\$2.595B		X
School-based Health Centers	\$50M		X
Employer-based Wellness Programs	?	?	
Community Transformation Grants	To be Determined	X	
Healthy Aging Grant Programs	To be Determined	X	
Mid-Career Public and Allied Health Professionals Training	To be Determined	X	
Training in General, Pediatric and Public Health Dentistry	To be Determined	X	
Understanding Health Disparities, Data Collection & Analysis	To be Determined	X	
Reauthorization of Wakefield Emerg. Medical Service for Children	\$27,562,500	X	

FY 2013

Prevention and Public Health Fund	\$1.25B		X
Maternal, Infant, and Early Childhood Home Visitation Programs	\$400M		X
Personal Responsibility Education Program (PREP)	\$75M		X
** President's Teen Pregnancy Prevention Initiative (TPP)	\$110M		X
Restoration of Funding for Abstinence Education	\$50M		X
Childhood Obesity Demonstration Project	\$25M		X
Epidemiology and Laboratory Capacity Grants	\$190M	X	
Oral Healthcare Prevention Activities	To be Determined	X	
Criminal History Checks	?	?	
Public Health Workforce Recruitment and Retention Programs	To be Determined	X	
Community Health Centers Fund	\$2.8B		X
School-based Health Centers	\$50M		X
Employer-based Wellness Programs	?	?	
Community Transformation Grants	To be Determined	X	
Healthy Aging Grant Programs	To be Determined	X	
Mid-Career Public and Allied Health Professionals Training	To be Determined	X	
Training in General, Pediatric and Public Health Dentistry	To be Determined	X	
Understanding Health Disparities, Data Collection & Analysis	To be Determined	X	
Reauthorization of Wakefield Emerg. Medical Service for Children	\$28,940,625	X	

FY 2014

Prevention and Public Health Fund	\$1.5B		X
Maternal, Infant, and Early Childhood Home Visitation Programs	\$400M		X
Personal Responsibility Education Program (PREP)	\$75M		X
** President's Teen Pregnancy Prevention Initiative (TPP)	\$110M		X
Restoration of Funding for Abstinence Education	\$50M		X
Childhood Obesity Demonstration Project	\$25M		X
Epidemiology and Laboratory Capacity Grants	\$190M	X	
Oral Healthcare Prevention Activities	To be Determined	X	
Criminal History Checks	?	?	
Public Health Workforce Recruitment and Retention Programs	To be Determined	X	
Community Health Centers Fund	\$3.405B		X
Employer-based Wellness Programs	?	?	
Community Transformation Grants	To be Determined	X	
Healthy Aging Grant Programs	To be Determined	X	

Program Name	National Amount	Authorized No funding Allocated	Appropriated
Mid-Career Public and Allied Health Professionals Training	To be Determined	X	
Training in General, Pediatric and Public Health Dentistry	To be Determined	X	
Understanding Health Disparities, Data Collection & Analysis	To be Determined	X	
Reauthorization of Wakefield Emerg. Medical Service for Children	\$30,387,656	X	
FY 2015			
Prevention and Public Health Fund	\$2B		X
Public Health Workforce Recruitment and Retention Programs	To be Determined	X	
Community Health Centers Fund	\$4.710B		X
Mid-Career Public and Allied Health Professionals Training	To be Determined	X	
Training in General, Pediatric and Public Health Dentistry	To be Determined	X	

- * Grant funds are at a State level rather than national
- ** Grant will be awarded at the local level