2011 HOUSE APPROPRIATIONS

HB 1004

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
January 10, 2011
12673

☐ Conference Committee

Committee Clerk Signature Julia Heigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing for HB 1004. **Arvy Smith**, **Deputy State Health Officer of the ND Dept of Health**, introduced self, stating she will be testifying in support of HB 1004. She handed out testimony in type written form to each of the committee members. Testimony is attached, labeled as **ONE.** Committee members interjected with questions throughout testimony and questions and answers are as follows.

Arvy Smith, Deputy State Health Officer of the ND Dept of Health, asked for questions on portion of testimony she gave.
Vice Chairman Bellew: The $250,000 abandonment vehicle fund, where does the money come from?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We get that funding from tires. There's a charge on the vehicle title that goes into that fund.
Vice Chairman Bellew: Is P-card a purchase card? Like a credit card?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes, pretty much. We'll have one person designated in an area that can use that P-card to make purchases and such but there are so many different programs that it has to be allocated over so that's the part we end up struggling with. We're still trying to figure out how to work around that.

Representative Kreidt: The Purchase card, how long have you had those?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We've had them about 4-5 years.
Representative Kreidt: What did you do before the cards?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Typical purchase orders.
Representative Kreidt: These seem to work better?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We use them less than other agencies do because of coding to all the other funding sources, it's been kind of a hassle for us. We are trying to use them more because it's more efficient that writing checks, but for us it ends up being more complicated to break out all those funding sources.

Representative Metcalf: What restrictions are replaced on the P-cards to ensure proper use?
Kathy Albin, Director of Accounting of the ND Dept of Health: We make employees go through certification process and review all procurement rules so they know their purchases are within our guidelines and limit their dollar amount that can be spent.
Representative Metcalf: Once they are reviewed, if there is something you don't approve in their purchase, what happens?
Kathy Albin, Director of Accounting of the ND Dept of Health: They must sign an agreement that says they have read all these conditions. Technically they are liable. However, we have not had serious problems so that's why we try to do a thorough review so they understand those. If it's a repeated offense, we will take away their p card.
Representative Metcalf: Is that the only punishment when one isn't following the rules? Removal of the P-card?
Kathy Albin, Director of Accounting of the ND Dept of Health: We have not had a serious problem we've had to address. They could be held liable; we can ask them to pay for that item.

Representative Kreidt: Of the 343 employees, how many people have a P-card? Can anybody have a card?
Kathy Albin, Director of Accounting of the ND Dept of Health: We take a look at what they need them for. We have about 40 P-cards.

Chairman Pollert: Anymore questions? We will do all overviews of bills first, and then look at taking public testimony, likely starting next week, if not then the week after. We will develop a schedule this week to illustrate when testimony will start.

Dr. Terry Dwelle, State Health Officer of the ND Dept of Health, gave his portion of the testimony.

Chairman Pollert: Referring to pg 5, its states 32 enrolled hospitals, but did I hear you say 9?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: When we started drafting our policy, it was 9 and now it has been update to 32.
Chairman Pollert: and the stroke registry was something we implemented last biennium?
Dr. Terry Dwelle, State Health Officer of the ND Dept of Health: Yes, it was. We have a very active task force that has been working with that registry.

Representative Kreidt: The new tests for cancer, has the Dept of Health received any information on that, where they do the blood tests to isolate the cancer?
Dr. Terry Dwelle, State Health Officer of the ND Dept of Health: There are a lot of technologies that are available and those we look to our healthcare facilities to lead us and guide us into the appropriate use of those. There are some incredible technologies out there; not only in the detection of cancer, but also in the treatment of cancer.

Vice Chairman Bellew: You stated, for every dollar invested there's a five anyone return. How did you come to those figures?

Dr. Terry Dwelle, State Health Officer of the ND Dept of Health: There's a study that's been done by Larry Chapman. It's been produced numerous times and when they look at all those savings that those individuals have encountered during the wellness programs; that's where this figure comes from. And I would be happy to get that article to this committee.

Representative Kaldor: Could you elaborate on the studies that illustrate the underlying factors that contribute to the high rates of suicides in the demographic population of ages 10-34
Dr. Terry Dwelle, State Health Officer of the ND Dept of Health: There are many different factors that are associated with suicide. There are the abuse, socioeconomic, and psychiatric factors. In relation to kids, there are the severe mood swings and their worldview of time. In our studies we have people draw circles to represent our past, present and future. In contrary to an older person, a kid's time concept is small past, large present and almost non-existent future. Kids live in the present so that's why the decisions they make are based on a quick response to the situation. Oftentimes will result in teenage pregnancy, sometimes result in death. There's many factors entering into suicide and we have to deal with all of them. We're talking about changes; it's not just about physical health. There are individuals who take their live who are perfectly physically healthy. But what about the emotional? The spiritual? The economic?

Arvy Smith, Deputy State Health Officer of the ND Dept of Health, resumed testimony on budget starting on pg 11 of testimony attachment **ONE**.

Chairman Pollert: I know we did some general fund changes, especially in regards to tobacco prevention and control. Could you give us all that information again regarding what we did last session because a lot of that stuff happened the last couple weeks of the session or even the last day or two.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: I will provide a summary of that later in my testimony, but I think it's a little bit confusing so you may want to look at it in more detail when we get to that section.

Representative Wieland: I'd like to see is a chart or a list of your vacant FTEs and the length of times those have been vacant.
Chairman Pollert: Legislative Council, don't we have that coming?
Legislative Council: Yes, we are putting that together currently and will be available in the next week and a half.

Chairman Pollert: Is that the only equity in the health department budget: the $70,000?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: That is correct. Resumed testimony regarding salaries.

Chairman Pollert: Do you know what the turnover rate is on public sector versus private sector?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: I don't have that on me, but when we do this comparison, we really do need to look at individual classifications. So we can put some of that information together for you.
Chairman Pollert: If I could get what the state turnover rate is from job service.

Representative Nelson: In these situations where there are resignations, do you follow up with an exit interview and track where these people are going?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes we do, do an exit interview with them. Oftentimes these individuals go to other agencies, sometimes it's a promotion. One of our significant areas of troubles is with the energy industry and that's why the governor's recommendations focused on that particular part. We just can hardly even begin to compete with the private sectors on those types of salaries. We are trying to stay level with other state agencies.
Representative Nelson: I'd be interested in the results of those exit interviews because we can address more in the public sector, especially looking at those moving from agency to agency.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes, we can provide that information. We are hopeful that the Hay Group study will improve that situation by neutralizing that more.
Representative Nelson: Your department will be part of that discussion I am assuming?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We are one of the players that get to work on that study with them.

Representative Kaldor: Can HMRS provide us with turnover information in human resources management?
Chairman Pollert: We can get that information.

Representative Metcalf: Hopefully the work the Hay Group is doing will relieve the problems you are talking about. I am glad to hear that you are involved in this.

Representative Nelson: Who came up with the word, presentism?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: I don't take any credit for that one.

Chairman Pollert: To go back to universal is in the Dept of Health's Budget?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes, with special funding sources.
Chairman Pollert: Is that going to take statutory changes as well, that will have to go through here or policy committee?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes that will move through policy committee.
Chairman Pollert: Do you have an idea of how much that is going to be?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: 19.4 million
Chairman Pollert: All special funds?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: That has been in our budget for the past several bienniums because we have been trying to get to this point for awhile and we have run into various obstacles. We are working on a bill that would develop a group purchasing option whereby the insurance companies would provide the Dept of Health funding, put it into a special fund, and then we would make the purchase of a vaccines off of the federal contract rates that would save the groups 25% of the costs.
Chairman Pollert: I thought there was going to be a 16 million dollar general fund if we stayed on the old universal immunization program; so that's null and void?

Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We did not seek a general fund appropriation. There have been some changes. It's pushing the 19.4 million. We just left it at the amount that has been in there. The appropriation depends on what rates we are going to be able to get.
Chairman Pollert: Our section is going to get a detailed account of what you're doing so we don't have to go to the policy hearing?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes
Chairman Pollert: Is there anything in the budget that deals with the 12 million dollars for the ambulance services.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: No, that is not included in our budget.
Chairman Pollert: Didn't we do 2.25 million last year for EMS but this budget is a million less than that?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: A certain amount was done two bienniums ago and last legislative session an amount as added to that, plus a half a million for a study and those amounts were viewed as one time spending and they were backed out of our budget. So the amount from 4 years ago is still there.
Chairman Pollert: At this point we are unsure if the bill will come right to us or go to policy committee, but we would like to be part of that discussion.

Representative Wieland: On that bond, can we see where that sits and how that's running? What's the balance on that?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We will be able to provide that for you

Chairman Pollert: Regarding, tobacco prevention and control, are you talking the committee or a section of your budget for the 6 million dollars?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: The 6 million dollars is the health department's spending on tobacco. All of the tobacco spending was moved to a special line item rather than having it spread throughout the other line items.

Representative Nelson: Are you aware of any balance that's left in the line item of safe public drinking water?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We can get that kind of information to you when we have it.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health, resumed testimony.

Chairman Pollert: What was the total suicide before 11-13?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Right around a million dollars. In the current biennium, it's a little less, so we only have 15 months of the grant, so next biennium we wanted to fully fund for the 24 months of the biennium.
Chairman Pollert: Is there any other general funds for suicide prevention in other agency budgets, such as Indian affairs?
Office of Management and Budget : We included $100,000 in Indian affairs for suicide prevention.
Chairman Pollert: Do you know of any other agencies?
Office of Management and Budget: I believe there is some money in commerce.

Chairman Pollert: if we can get that number so we have a handle on how much money is for suicide grants. Is that a request of Office of Management and Budget or Legislative Council? We just want the information. I will ask for the information from Office of Management and Budget.

Chairman Pollert: What is emergency medical core services?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: That is the administration that takes care of the ambulance training grants and the EMS staffing grants and does a lot of the training for the volunteer ambulance services across the state.
Chairman Pollert: Were we not funding staffing grants for the Dept of health already?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: There's been $940,000 for EMS training, then $300,000 was added to that and it was out of the community health trust fund, but now has been shifted to general fund.
Chairman Pollert: So you'll give us all the breakdowns.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes. Spoke about particulars of budget so include allowing for training programs and EMS for children, as it requires different equipment than adults.
Chairman Pollert: You've increased general funds by $524,000 and you increased general funds in...well, it was included in previous testimony, but your total increase in general funds in the green sheet is $849,000. So in a real quick synopsis, we will need clarification on where this came from?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: In general, we had some very large one time general fund sources that are going away and so with that big reduction we were able to fund other things.
Chairman Pollert: So then you're taking from one time funds? So we'll have a cost of continue versus one time funding.

Vice Chairman Bellew: That 80% figure that would have to be spent on tobacco programs, is that a statue?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes, that was a part of the measure 3 that passed. Referenced testimony regarding particulars of tobacco spending.
Chairman Pollert: Will you be giving us a schedule of the amount of monies that have come in from the tobacco settlement?
Office of Management and Budget: It's contained in the Executive Budget Biennium summary.

Representative Nelson: When you restore that funding, is that at the levels of the 09-11 budgets or is there any reductions or enhancements?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: The loan repayments depend on contracts ending and starting. Referred to testimony, Appendix B.
Representative Nelson: How many positions does that, in the optional budget, fund?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We will have those details for you when you get there because it's like a flow chart.
Chairman Pollert: On that schedule Appendix B, for tobacco quit line, you're saying you didn't fund that, but then does that tell me that it was probably funded by the tobacco prevention and control committee?

Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We merged those three lines together into one; we just rolled those into one. Explained and referenced Appendix B. The items that we had to remove here because there wasn't sufficient funding, and the governor restored those as general funding.
Chairman Pollert: Asked for further clarification on Appendix B.
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Referred to Appendix B. The new loan repayments are what are in the optional package. So these amounts here are the amounts that we're in commitment to do, even though our contracts allow us an out, we didn't want to jeopardize the integrity of the program. Went over specific agency expenditures.
Chairman Pollert: But you're still using previous one time funding to go to continual costs?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes

Representative Wieland: The new federal health insurance law, I thought called for some increased FTEs in the health dept in order to meet some of the requirements? Is any of that in here at this time?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We do have some of the health reform projects included in this budget. There is one FTE for a performance improvement manager. Another request we have that's included in our budget is the home visiting federal funding and will be doing that as a contract. Technically we only have the one FTE from the public health infrastructure grant related to the performance improvement manager. We have a couple of other grants like abstinence funding.
Representative Wieland: Some of the costs involved will be done under contract?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: we will like to do the home visiting through a contract?
Representative Wieland: Is that the only one?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Abstinence is entirely contracted; a tiny bit of it we keep to cover our admin. FE and lab capacity improves intra-offer ability and some of is contracted out to those assisting in building some of those systems.
Representative Wieland: Is there some way we can get a break down of what all those items are so we can see what those actual costs are?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: Yes.

Representative Nelson: Regarding the fuel tank buffer, who from the state will do that? Dept of Health? Ag Dept?
L. David Glatt, Environmental Health Section Chief of ND Dept of Health: That is implemented by the EPA. They come out regularly and levy some heavy fines for noncompliance.
Representative Nelson: States don't have any digression in administrating that program?
L. David Glatt, Environmental Health Section Chief of ND Dept of Health: For the SPCC program that is a non-delegatable program so they can't delegate it to the states.

Representative Kreidt: Who would come out and do that inspection on the farms?
L. David Glatt, Environmental Health Section Chief of ND Dept of Health: Typically that would be EPA or contractors of EPA.
Representative Kreidt: What kind of timeline would be involved to get those put in?

L. David Glatt, Environmental Health Section Chief of ND Dept of Health: I can get that for you. Under the nonfarm plans, they had to have a professional engineer develop the plans.
Representative Kreidt: Based on [audio did not pick up word], right?
L. David Glatt, Environmental Health Section Chief of ND Dept of Health: Yes.

Chairman Pollert: We will get a hold of you regarding detailing. Any barriers?
Arvy Smith, Deputy State Health Officer of the ND Dept of Health: We have made ourselves available for the next few months for you and the Senate.

Representative Kaldor: We don't have access to the detail online. When will that occur?
Legislative Council: The link will be up today.
Chairman Pollert: We'll be getting the bars in our detail. When we do our detailing of the budget, that's basically a bars report, right?
Legislative Council: We prepare our budget at that section level and yes, it will be basically that information.
Office of Management and Budget: it can be provided to you as what the agencies prepare or is available online; whatever you prefer.
Chairman Pollert: We will be asking for the detail in hard copy as we typically do as it's difficult to chair a committee and look online at the same time.

Chairman Pollert closed the hearing on HB 1004.

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House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
January 31, 2011
13686

☐ Conference Committee

Committee Clerk Signature Julie Ziegler

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing for HB 1004 and stated there would be about seven sections for detailing of the Dept. of Health budget.

Arvy Smith, Deputy State Health Officer of the ND Dept of Health, introduced self, stating she will be testifying in support of HB 1004. She handed out testimony in type written form to each of the committee members. Testimony is attached, labeled as attachment **ONE** and attachment **TWO.** Committee members looked through attachments and proceeded with questions.

Chairman Pollert: can you let us know what each of the sections is in environmental health?
Arvy Smith: this includes air quality division, water quality division, municipal facilities, waste management, and lab (combined chemistry and microbiology)
Chairman Pollert: is there an amendment coming?
Arvy Smith: Yes. In this area you are going to see a lot of decreases due to the economic stimulus money in this area so we have a huge federal fund decrease (22.4M). In the salaries line item, if you look at that increase of a million 772, $411,000 of that is the second year of the 5% (in the current biennium we only have one year of 12 months of that in our budget so we add the other 12 months). The governor's salary package is a million 263 of that and then there some miscellaneous changes in there, a few reductions related to economic stimulus funding and there is an increase of $118,000 for ELC supplemental grant.

Chairman Pollert: with the DOCR budget there were two different sections for salaries and temporary and here, it looks like they are together.
Arvy Smith: The temporary increase of $81,000 will be that epi and lab capacity grant we've got.

Representative Nelson: In looking at the cost centers and seeing how there will be money remaining in some of these budgets and taking into the economic stimulus, how does that

affect turn back through your overall department? You were blessed with ARRA funds. How will that money, if it isn't expended, be counted for at the end of the biennium?
Arvy Smith answered question by referring **Representative Nelson** and committee to attachment **ONE.** What we don't spend of any federal money will just revert back to the feds. I believe we plan on spending the entire economic stimulus.

Representative Nelson: in the budget, it looks like there is almost $2.7M that's in the executive budget. Where does that…
Arvy Smith: that's to complete the Arsenic Trioxide.
Representative Nelson: that is new funding for this biennium to complete that?
Arvy Smith: it's carried over from our economic stimulus funding. There be might be a small amount of the grant programs carrying over.

L. David Glatt provided document which resulted from previous questions from the committee and is labeled as attachment **THREE.**

Chairman Pollert: are there any of the economic stimulus funds that you are trying to cover with general funds.
Arvy Smith: None
Chairman Pollert: If the dollars are gone, they are gone? We are getting e-mails about the federal dollars are gone and now they are asking for general funds.
Arvy Smith: We've lost some federal funds in other areas, but in economic stimulus they were viewed as short time money and we were not doing projects that we had to sustain with that funding source so they all come to an end
Chairman Pollert: when we get to them points where you go to general funds, can you earmark them for me in case I don't see them so we can see if there are any discussions?
Arvy Smith: There aren't any of those in this particular section where we lost federal funding that we need to replace with general funds. We did adjusting in this area because we needed to devote a couple staff to energy development issues rather than asking for new FTE.

Vice Chairman Bellew: is this the section where the water systems would be?
L. David Glatt: Yes.
Vice Chairman Bellew: is there any help for the rural water systems?
L. David Glatt: currently that would fall under our municipal facilities division. Depending on your reference, the water may be disgusting but it may be in compliance with the safe drinking act. We do have a 95% compliance rate. We do have outreach and we can provide assistance to upgrade their facilities.

Representative Nelson: in looking through the ARRA funding, is that scheduled to be completed this coming summer?
L. David Glatt: We're hopeful by the end of this year. There are some issues as far as the Devils Lake discharge. The bidding is done.
Representative Nelson: what level of total dissolve solids will they be able to work with, with the planned upgrades?
L. David Glatt: A reverse osmosis system will be put in. There's nothing in the river now that that plant shouldn't be able to handle.

Representative Nelson: how much more expensive is an RO facility compared to conventional treatment?
L. David Glatt: many systems are going to RO. I can only give you ballpark numbers on cost difference.
Representative Nelson: I'm assuming there is some quantity increases in that. Basically they will be replacing the capacity they have today. The dollar amount in the attachment is just the stimulus portion.

Chairman Pollert: what is other funds?
Arvy Smith: In this particular section, it's air quality fees and lab fees in the lab. There are certain things we are able to charge fees for.

Representative Kreidt: under the rental leases, are we going to get a list of what you are renting and costs per foot, etc.?
Arvy Smith: We have not prepared that, but we can. Should we do that Department wide, including our capital?
Representative Kreidt: No, just outside.

Representative Wieland: can you point out, in the environmental area, any new programs that are proposed?
Arvy Smith: the ELC supplemental is some new federal funding. It takes an existing grant and it enhances it. The only other increase in here is the situation I described where we are converting two positions from what they were doing to handle energy development issues and in doing so we shifted some general funds from another area of our budget into here.

Chairman Pollert stated that he would have clerk provide Funding for New Programs and Major Program Increases included in the 2011-13 Executive Budget that Legislative Council developed to better explain Representative Wieland's question.

Representative Wieland: you mentioned there are 2 FTEs that are moved into this section from another section you are saying?
Arvy Smith: we did not move FTEs into here. We had the FTEs here and they are going to quit doing what they were doing which was likely more federal funded but we have to shift them over to do energy development which we don't have federal funds for all of that. So we moved some general funds from admin into help pay for that FTE. The FTE count stayed the same in environmental health.
Representative Wieland: they're just changing jobs but remaining within this cost center?
Arvy Smith: Yes.

Chairman Pollert: when we had tobacco and advisory, they had some grants and they were switched from the Dept of Health over to them. What section will that be in?
Arvy Smith: Community health section

Representative Kaldor: on the increase in FTEs, it looks like 1.5 from 07-09 to 09-11, was that attributable to ARRA funding?
Arvy Smith: We did not add FTE for ARRA at all. We may have shifted people into those duties temporarily. I'm guessing they were lab related.

Representative Nelson: there's a significant decrease in IT contractual services. What's that about?
Arvy Smith: we had a project called One Stop and that was a computer project. That was completed so attributed to the reduction of $175,000.
L. David Glatt: One Stop project consolidated all the different environmental programs that we have in the dept.
Representative Nelson: the monitoring that's going to take place in the Cheyenne River and in the downstream, will that put additional strain on your personnel or have you anticipated that in this budget?
L. David Glatt: We are very involved in the Devils Lake outlet and the impact it has on the basin and downstream and staff is working fulltime on it. As it gets into the monitoring of it, we will have to ask the water commission as they are operating the outlet to do monitoring and we identify which sites we want monitored and at what frequency. They get the data back to us and we evaluate it and make determinations. Under the current budget, we'll be able to handle that. If we get sued, that becomes a strain on our budget and that's one of those hard to define.

Chairman Pollert: if you get sued, does the Attorney General have them expenditures?
L. David Glatt: We have to take that out of our budget and we pay the Attorney General's office. They have an assistant Attorney General assigned to our section and they help us out in all the air, water, whatever issues. The ones that they can handle, they do and we pay them directly. The ones that they can't handle, we go for outside counsel.
Chairman Pollert: does the Dept of Health have an attorney?
L. David Glatt: we have an assistant attorney general that's assigned to the environmental health section.
Chairman Pollert: they don't work for you, correct?
L. David Glatt: that's correct
Chairman Pollert: do you have attorneys on your staff?
L. David Glatt: No FTEs.

Chairman Pollert: there should be questions on IT equipment over $5000. What would be legal?
Arvy Smith: Our use of Attorney General and that is all federal funding, EPA funding and the general match portion of that.
Chairman Pollert: you're anticipating $21,000 more for legal? What is that for?
L. David Glatt: we have contentious projects i.e. Devils Lake, air quality issues where we have to defend ourselves from a decision that the dept has made. We can do everything that we have to; follow the law, make the right technical decision and we find out that we are still getting sued by groups outside of the state.
Chairman Pollert: you can expend federal funds to defend yourself?
L. David Glatt: yes. If it's a challenge to what our existing state law is, we can use federal money to defend the state on our decision. If it's an issue where we challenge EPA, we can't use that money against them (the federal money) so this money is for defending the dept for decisions made under the Clean Air Act, Clean Water Act, Safe Drinking Act, etc. We may have to hire outside counsel in addition and that would cost whatever the going rate is.

Representative Nelson: there is money in the budget now. Can you give us a breakdown of where you are at in litigation? I'm sure there's some anticipated of other legal actions. What specifically are you looking at?
L. David Glatt: We are anticipating potential lawsuits regarding Devils Lake, from Canada, MN and within ND, challenging the state's right to be able to discharge water out of Devils Lake. Other areas include would be in the clean air act as it relates to green house gases, regional hays, SO2. We've had one lawsuit as it relates to our regional hays program and we are anticipating another one as it relates to our variance procedure under the clean air act.
Representative Nelson: who filed it?
L. David Glatt: **Wild earth guardians.**
Representative Nelson: to understand the proposed amendment, that $750,000 would sit in a fund and you could access that if you were taking legal action against EPA that would be 100% state funds and you could use that for total cost in an action against the federal govt. In other cases where the state would be defending itself, that would supplement federal funding to provide legal expertise for those types of cases.
L. David Glatt: Yes, we can use federal money and whatever state match was in that program to defend the state. The amendment states that when we challenge EPA we cannot use federal money or money that's used to match federal money and that $750,000 would be used solely for those types of scenarios.
Representative Nelson: at the end of the biennium, that money would be traceable in that account and roll over into the next biennium?
L. David Glatt: It would go as far as the lawsuit against EPA would continue once that's done and any money that was expended would go back. We wouldn't ask it to continue on.
Arvy Smith: the $750,000 is the total we are anticipating for that. What we wouldn't spend next biennium would automatically go back to the general fund. If it wasn't complete, we may need to ask for that to continue in the next biennium.

Representative Kreidt: in the litigation, do you share expenses with Minkota Powers? Would it be in combination with your department and Minkota Powers?
L. David Glatt: the state would be defending out decision as it related to the best available control technology and we would defend our right to make that decision. Minkota would have their own attorney. Our attorneys would work together, but we would pay our own expenses.

Chairman Pollert: when I looked at 07-09 and then at 09-11 (11-13 similar), we had a doubling of legal fees. What's this about? For example, in 09, we had Red River flooding over, what happens with all that? Do you get into litigation because that water was flowing north? That water went somewhere
L. David Glatt: It went north. It's been our policy; you take care of the problem. For instance when there is sewage backed up and either it goes into people's basements or we dump it into the river, we choose to dump it into the river. That is a violation of the rules and of the clean water act. We look at it as we have no other option. Potentially there could be a lawsuit, but we haven't had it thus far.
Chairman Pollert: Yeah, because how do you know what came through ND or SD and then went into Canada?
L. David Glatt: We know when we are bypassing the stations and there's raw sewage going out there. We test to make sure the aquatic environment can handle it. Now, we are

seeing attorney daily for federal type issues, when previously (a couple years ago) we were seeing attorney twice a month.
Vice Chairman Bellew: what does the acronym LUST stand for?
Arvy Smith: Leaky Underground Storage Tanks

Representative Nelson: as a farmer, EPA is requiring a storage situation where dyking around fuel and oil is taking place. How do you handle a program like that with number of farmers and storage tanks?
L. David Glatt: using the SPCC program (non delegatable to the states, EPA runs it) from EPA. We have no regulatory authority of it.
Representative Nelson: did we try to administer most of these regulatory programs through the state rather than have EPA do it? Was that a mandate that came down from the feds?
L. David Glatt: we didn't go for that program because it's in that non delegatable state. If they could delegate it to the state, we would look at trying to get that as it's created difficulty because as soon as a farmer or an above ground storage tank owner gets a complier die letter from EPA, we get a phone call and get a lot of blame.

L. David Glatt provided information on the SPCC program and Farm Fuel Tank Safety Guide, labeled as attachment **FOUR.**

Representative Kreidt: regarding attachment **FOUR,** if you got 3,000 gallon tanks, do you spread them out?
L. David Glatt: If you're total storage is above a certain level, you would need spill containment. If there's spaced, you have flexibility, but if they're in close proximity, you would need to get some spill control.

Chairman Pollert: if no other questions, we will go to the amendments.

Arvy Smith and **David Glatt** went over the proposed amendments to HB 1004, labeled as attachment **FIVE.**

Representative Kreidt: Do you believe the EPA is becoming like the Corps of Engineers i.e. congress can't control them? The $750,000 probably won't be enough if things continue to go the way they are in regards to the EPA.
L. David Glatt: we have good programs with EPA. In the air quality end, however, they frequently disagree and when asked specifically what they disagree with, they state "we are too busy." We are propagating more attorneys.
Representative Kreidt: we want to get rid of coal and this is the first steps in doing that.
L. David Glatt: my job is to make sure they comply with the law. The industry has been good to work with as they are spending millions of dollars in treatment technology. We have some of the cleanest air in the nation but that doesn't seem to matter. That is a battle we are dealing with, with EPA.

Representative Nelson: In the lignite research fund, they have $300,000 tagged for litigation. Regarding the CO2 situation where the EPA now has authority to regulate CO2, what effects do you anticipate for coal fire generation?

L. David Glatt: The way the laws are set up, they are inventorying what's out there. They are going to require other fuel sources, more renewables and that will impact how we do business in the state. It may not be limited to power plants. We could have entities like the Civic Center, Universities, all could come under this Green Gas rule. With the power companies we can work with the consultants, but when you go to a school and say you need a clean act permit, they have not a clue. I think the power plants will be able to deal with it, but my bigger concern, is how is the person on the street going to deal with it.

Chairman Pollert: How did you come up the figure of $750,000? Did you have discussions with Minkota and Basin as far as to what they thought it would cost them?
L. David Glatt: we spoke with attorneys who do this type of work. Initially, I heard a million dollars was a good start. We reached out to an attorney that we are using with the SO2 and he came back with a number of around 500-600,000 and with the SO2 we just added to the 750. If the Department doesn't have to use a dime of that money, that would be great. If we do nothing, EPA would dictate to the state how things should be done. From a technical standpoint, we've followed the law, checked with consultants, and vendors, etc. and we need to defend that.

Representative Kreidt: Regarding the $750,000 if we get half way through the biennium, are you going to come in for emergency appropriation? I would more comfortable with a million dollars, personally.
L. David Glatt: The attorney general has to approve the expenditures. If we don't use the money, it's turn back. It's difficult to determine what's the cost is going to be. I wouldn't disagree that a million dollars would be great that is would provide more protection.

Representative Wieland: are there any other agencies that have the potential to be sued by the federal govt or anybody else that's going to be setting aside some reserve funds for litigation?
L. David Glatt: Nobody comes to mind.

Representative Kaldor: Does that ever come under the prevue if there's an allocation that fracturing has affected a groundwater source?
L. David Glatt: We are involved in identifying proper monitoring locations and looking at the ground water sources. Our MOU, with the oil and gas, if there is any water resources that are impacted, we would set in and direct what type of assessment, remediation, and monitoring should be done.

Chairman Pollert: can you give me a breakdown on professional services; what you are spending on legal and air quality contracting?
Arvy Smith: Yes. You want to see what we are spending in the current biennium to date on those particular items?
Chairman Pollert: Yes and the increases you have. I need to know how you are spending on that due to questions I am anticipating.

Vice Chairman Bellew: I would request a breakdown if there are general funds involved in that too.

Chairman Pollert allowed **Sande Tabor** to testify in support of amendments as she won't be able to be present on Wednesday February 2 for public testimony.

Sande Tabor, Lignite Energy Council, provided verbal testimony in support of the proposed amendments to HB 1004.
Sande Tabor: The state has been working with EPA to get them to be more reasonable, to understand the unique things that happen in ND and to provide recognition that our Dept of Health has done an excellent job in regulating air and water quality.

Chairman Pollert had clerk distribute Funding for New Programs and Major Program Increases included in the 2011-13 Executive Budget that Legislative Council development and is labeled as attachment **SIX**.

Representative Kaldor: the targeted brownfields miscellaneous professional services, what did that relate to? It's a reduction of $227,500.
L. David Glatt: Brownfield money is money we get from EPA to help contaminated properties that are owned by a political subdivision. Mostly we use that money to help clean (remove asbestos) abandoned buildings if these buildings will be used again in the city. EPA takes what we don't spend and gives it to other states.
Representative Kaldor: in the event that we had a circumstance that occurred during the biennium that wasn't foreseen, do they make adjustments to help cover those circumstances and do we have authority to approve those through budget sections?
L. David Glatt: Yes, EPA does.

Arvy Smith and **L. David Glatt** continued to go through attachment **ONE**.

Vice Chairman Bellew: you have two line items under grant line item where you have WQ Stockmen's Association and ND Stockmens assn, are those different grants?
L. David Glatt: those are two different grants. One does outreach by going out to animal feeding operations, let them know what the regulations are in a non regulatory type framework. The other is to provide some assistance money to actually cost share upgrades of animal feeding operations.
Vice Chairman Bellew: where do the special funds in those categories come from?
L. David Glatt: The $200,000 comes from the water commission because it has a direct impact on water quality. The second is strictly federal money, but I have to double check on that.

Chairman Pollert: on the $200,000, are you dealing with feed lots more than 900 or more than 300 or does it matter?
L. David Glatt: Primarily our bigger ones, but we'll provide assistance to whomever because EPA is starting to look at those. The 300 and 900 is where they're going.
Chairman Pollert: the 300 and 900 are thresholds as far as sizes?
L. David Glatt: yes.

ArvySmith: the $200,000 is coming from the water commission and the $50,000 is coming from environmental range land protection.
Chairman Pollert: that hasn't changed over the bienniums? It's been fairly constant at $50,000?

Arvy Smith: yes

Chairman Pollert: do you put these on a priority listing?
Arvy Smith: We have not prioritized these items.
Chairman Pollert: are you on a replacement every 3-5 years? How do you decide when you need a new portable radon analyzer?
Arvy Smith: Some of these are going to be on new technologies that weren't available before thus they are not on schedules.
L. David Glatt: when you get new technology (i.e. the ozone analyzer) we need to be looking at replacing existing analyzers in our stations. A portable radon analyzer, I don't believe we have one of those, but radon is a big issue for a lot of folks in the state so that was one of the things that we'd like to go out and provide some assistance to the public. The other one is,replacement. In the lab, we'd like to squeeze as much life out of anything we can get. 5 years for analytical equipment gets to be pretty well used equipment when it starts breaking down a fair amount and we'll have to start look at replacing those type of things.

Representative Nelson: in that whole area, I understand fork lift. If it doesn't say replace, that's new technologies that you are trying to get some sampling for? Are those areas you absolutely have to analyze or is that something that you want to do, but aren't required?
L. David Glatt: Some that are required is Ozone analyzer and Nitrogen Oxide analyzer. The Portable Radon analyzer is a nice thing, but not a need. Regarding the fork lift, we have shelves pretty high and they're putting in the lab with materials up high and we're losing our strong people so they don't lift it up so much.
Representative Nelson: you don't have a fork lift now?
L. David Glatt: no
Chairman Pollert: you are being fiscally conservation for the fork lift?
L. David Glatt: yes.

Chairman Pollert: is the continuous particulate analyzer something air quality wise?
L. David Glatt: We have a monitoring network where we have these stations out that have all our air quality analyzers out there. Those stations (trailers) contain $100,000 plus worth of equipment that gives us 24/7 monitoring of air quality.

Vice Chairman Bellew: what are these special funds? How much is funded with special funds?
L. David Glatt: Special funds are title 5 that for every ton of air containment emitted into the atmosphere, companies pay a fee for that to the state so we can run our monitoring systems and do our permitting programs. The other ones are directly federally funded i.e. radon program; the laboratory is a combination of 319 (nonpoint source money) along with the general fund match.

Representative Nelson: for our committee's sake, is there some kind of a benchmark of what we would expect to spend from general fund sources for these items in the aggregate?
Arvy Smith: There are no general funds for equipment over $5000, so it would be zero.

Office of Management and Budget: in our book there is a list of all the equipment (IT) and it shows the funding source by agency, on pg 90 if you want to see the equipment over $5000 in the Governor's budget. On pg 99 is the IT equipment over $5000.

Vice Chairman Bellew: when you give information like this, I would like to know the funding sources.
Arvy Smith: we'll add that on the other sections. If you look at our request in the capital assets, the line item is a million 365 and below that is the funding breakdown. The only general fund in there is the 174198 and those are related to the bond payment for the morgue and the storage building and then probably match on the lab portion of the bond payment. See attachment **TWO**

Representative Wieland: anywhere you have general funds involved, I'd appreciate if you prioritize where there's repairs and equipment involved.
Arvy Smith: the only general funds are related to that bond payment in the capital assets line.
Office of Management and Budget: on pg 68, there's a summary of all equipment, extraordinary repairs, capital projects, etc. and the funding sources.
Arvy Smith: this general fund is related to the storage and the match for the bond payment on the lab. To correct myself, the morgue is going to show up in the medical services.

Chairman Pollert: on these equipment with federal funds, the federal dollars have been approved for these projects or is this what you are asking for?
Arvy Smith: this is what we are asking for. Most of our federal grants are re-requested on a one year basis. This is what we are planning on requesting. We don't have trouble on getting these items. We focus on getting the job done and if something else pops up, equipment ends up being the lower priority.

Representative Kreidt: on the extraordinary repairs, add north lab to generator, part of the lab is under an emergency generator? Does the existing generator have the capacity to handle the additional voltage?
L. David Glatt: we do have a fairly large generator out there. When we went through the lab renovation and addition, we just had the south portion of the lab put on there so we want the entire lab to be added to it.
Arvy Smith: up until the start of this biennium, the crime lab occupied that space so when we remodeled our portion of that building, we must have done the backup generator just for our portion and we took over that space when the crime lab moved to their new building so now we need that backup on that as well.

Representative Nelson: is it true that the state penitentiary clears the snow out from your lot at the lab?
L. David Glatt: We contract for that.
Chairman Pollert: the road by there is a state road, county road, township road?
L. David Glatt: the road that goes out to the penitentiary?
Chairman Pollert: yes
L. David Glatt: the other road, I don't know who clears out that road whether it be state penitentiary, the county, etc.

Representative Wieland: that's Railroad Ave. The state penitentiary does clear that particular road. I don't think they did anything on the parking lots for other than their own.
Chairman Pollert: they don't do the parking lot but they do work on the road.

Chairman Pollert: any questions on attachment **THREE**? If no further questions, we'll move onto the next section.

Arvy Smith: we will go to Emergency Preparedness and Response Section next.

Document on this provided and labeled as attachment **SEVEN.**

Arvy Smith: it would be a simple budget if it weren't for the funding source issues.
Chairman Pollert: this doesn't include vaccinations for an epidemic?
Arvy Smith: It includes H1N1 response and has been removed as has been completed. There was funding in disease control too and all of that has come out.

Vice Chairman Bellew: can you explain that 523 again?
Arvy Smith: the 30,000 was the EMS training grants. The 523,900 is replacing 540,000 of federal funds that we lost here of that DOT funding.
Chairman Pollert: do you know why the funding was reduced from the DOT?
Tim Weidrich, North Dakota Department of Health (NDDOH): the DOT indicated that they wanted to fund other sources. The funds didn't go away but the priority did shift.
Vice Chairman Bellew: I'm still not sure what the money was used for?
Tim Weidrich: Basically the 402 funding was used to pay for the training, certification, testing processes for EMS services

Chairman Pollert: the governor's budget has $1.25M for staffing grants but we had $2.75M in it. This $1.5M, is this $523,000 part of that reduction or is it a separate issue so EMS is reduced by $2M?
Tim Weidrich: These funds were used to provide the staffing support to supplement the grant programs. When the legislature created the grant funds, we created those as flow through dollars going out to the specific services so there was no administrative costs, no curricular development costs, none of that was part of what the grant funds were used for.
Chairman Pollert: this 523,000 is administrative or salaries to continue this training program so you are doing this with general funds?
Tim Weidrich: Basically covers the operational costs, the staffing costs for division of emergency medical services and trauma. The grant programs defrayed the actual costs of taking the training. These funds are used train the instructors, develop and implement the curricula, to complete certifications processes. They really are two separate functions.
Arvy Smith: we need to keep the staffing grants separate from the training stuff. You'll see it better when we get to the grant schedule.

Representative Nelson: we're replacing federal funding with general fund dollars. I'd like to hear from the DOT how they reallocated those 402 dollars and how they justified it. That's an area that we've had some responsibility in providing that curriculum and testing but when we take that entire line item that was paid for federal funding and now is dedicated to general fund dollars, we are at least owed that from the dept as to why they did that.

Chairman Pollert: Office of Management and Budget, can you get someone from the DOT to come down and talk about that?
Office of Management and Budget: Yes

Arvy Smith: we talked about the traditional $940,000 general funds we've had for some time for EMS training and the $300,000 that was out of the community health trust fund that we had to switch to general. That training money defrays the cost to the EMTs and goes to the ambulance centers for the travels, etc. The stuff we got in our budget coming out of this 523 is development of the curricula and the certification processes for those EMTs.

Representative Nelson: is that 524 a fairly constant number or does it fluctuate depending on the requirements?
Arvy Smith: in that 523 is 402 and 408. The 408 is what we do to analyze the ambulance runs so we have a system to tell us what happens on all these runs and tells us what kind of response times are out there. Those are some basic core functions we've done at the state level for a lot time. The analysis came a few years ago. The number has stayed static. We reduced a half FTE and we have requested less than what was in budget with the federal funding.

Chairman Pollert: you have the vaccinations in storage for H1N1?
Arvy Smith: what we have in storage is the treatment (antibiotics) where as the vaccines have to be made new each year.

Chairman Pollert: are you going to have turn back?
Arvy Smith: law enforcement training from EMS will be a turn back item of $128,400.

Representative Nelson: on the proposed program, was that a cost share with the counties in that training?
Tim Weidrich: there wasn't a cost share. Law enforcement saw there was money for the initial training but nothing for ongoing training so there was not interest in the law enforcement community to start down that path.
Representative Nelson: we provided stimulus to provide training and after that initial phase of training, that law enforcement official couldn't get into the EMS system for continuing ed?
Tim Weidrich: the grant fund would have paid for the initial training of the law enforcement officer, but then as the depts looked at that in subsequent years, the depts would be incurring the expense to salary the individual to take the training. There was no other grant that was going to cover those costs. That was the general reaction from the law enforcement community as to not start down this path.

Arvy Smith: in going back to your turn back question. Projects were funded out of the community health trust fund in excess of what the revenue would be and there was a contingency general fund appropriation to put money into there only to the extent needed. This was $2.4M (we'll spend about $671,000)
Chairman Pollert: you had turn back of $128,000 from some law enforcement training of EMS and then you are going to have turn back of $1.7M from the community health trust fund that was a contingency plan that we didn't need.

Arvy Smith: there were multiple programs in our budget that were general funded and they got switched to community health trust fund and there's not enough money for that, particularly to sustain them. Those programs added up to $2.4M. The next biennium, we had ending balance that was able to cover a lot of that so we only needed to spend the $671,000 and the rest of that $2.4M will revert back to the general fund. We have been accustomed to spending about $6.5M out of that fund and our revenue's about $4.5M.
Chairman Pollert: is that part of the dental repayment program?
Arvy Smith: it affected many programs throughout our whole budget.
Chairman Pollert: we are funding dental repayment for instance with general fund dollars somewhere else in the budget? We'll be able to see that then?
Arvy Smith: yes
Chairman Pollert: in this particular section, what are we funding for that?
Arvy Smith: the $300,000 EMS training.

Vice Chairman Bellew: the big increase in general funds for salaries and wages, there also has to be a number there for the people you are keeping on because of the 523,000 reduction?
Arvy Smith: that's within the 523. Most salaries in this budget are significantly federal funds, other than the EMS division. As far as general fund increase, the second year of the 5% in general funds is $15,000 and the total is $90,000 of the governor's package and of that $43,848 is general fund.

Chairman Pollert: is the increase in rental different than the increase in environmental health?
Arvy Smith: We are adding additional space so it's not just a matter of inflation costs and we'll be able to cover that in the rental schedule we'll give you.

Representative Nelson: can you explain the IT contractual services in this department as well i.e. the $200,000 decrease?
Arvy Smith: That is related to the EMS changes (the loss of the DOT funding).
Representative Nelson: that is to develop curriculum and do the testing for EMS providers, and the contractual services would be the gathering of that information if we did it. If that funding was in place, would the $200,000 need to be replaced in that line item?
Arvy Smith: Part of that reduction is from hospital preparedness reduction in funding. When the optional package was restored we added back $75,000.

Tim Weidrich: the reduction of the 202 in terms of IT was a contemplative project for the ambulance run report data and to do an expanded process using 408 funding from DOT. That project never came to fruition and we lost the funding for 408.
Representative Nelson: if DOT had funded the 524,000 in the 402 and 408 programs, you would have needed that amount to gather that data and make sense out what those ambulance runs?
Tim Weidrich: yes, that would have been an expansion on top of the 524,000. It would have needed to be sustained, but we moved the opposite direction.
Representative Nelson: if we would have restored that 524,000 then by doing that we would have had to spend an additional piece for the IT contract?
Tim Weidrich: that's correct, but it's an expansion of the activities beyond what was currently maintained with the $524,000. The 212 would have needed to be ongoing as well.

Representative Nelson: if this project would have been completed, what would you have done with that data that would have helped EMS services across the state?
Tim Weidrich: I wasn't the section chief at that time and I don't have specific recollection of the projects. I would need to get back to the committee about that.
Arvy Smith: Tim has been section chief of EPR for awhile, but EMS use to be off in health resources section and then we thought it fit better with EPR so it came under Tim's shop a couple years ago.

Representative Nelson: Explain the medical, dental and optical line. What's going on there?
Arvy Smith: most of that is H1N1 supplies, reductions and hospital preparedness

Vice Chairman Bellew: is the study done?
Arvy Smith: We don't expect to see results until June (that is safe tech)

Vice Chairman Bellew: insurance distribution fund is general fund dollars; it's not a special fund.
Chairman Pollert: you have to show it going out?
Arvy Smith: yes, several of them are general fund equivalents because the more you spend out of there; the less goes to general fund.
Chairman Pollert: .5M was for the study, 1M was to the actual staffing grant?
Arvy Smith: yes, the reduction in the staffing grants, leaving the staffing grants at a million 250.
Chairman Pollert: which is in the governor's budget now?
Arvy Smith: yes from the insurance tax distribution fund. There is one more reduction to special funds. The quick response units and the healthcare trust fund, we previously had $125,000 each biennium coming out of the healthcare trust fund to cover additional funding for quick response units and that funding is now depleted and that funding has been eliminated from our budget as well.
Chairman Pollert: the quick response units, there's nobody asking for that money but probably not as they are asking for $12M for EMS.
Arvy Smith: I don't know how much they know that this particular piece is not in our budget, the people who are promoting that.

Chairman Pollert: can you tell me about the regional coordinator for ambulance services and pediatric training? Is that part of the 523? Or what is that a part of?
Tim Weidrich: basically what was contemplated was to contract with individuals within the regions that are engaged in EMS to assist in providing assistance at the regional level with some of the activities that currently are not being done such as conducting ambulance service inspections and consultations, additional training consultations. The EMS for children services initiative is to take pediatric or training for kids for the ambulance services and allow that specific training focus to become available for that.
Chairman Pollert: these two items under the professional services, EMTs are not getting training on the $55,000 and the $98,000 now and you want to provide funding for them to train for that now?
Tim Weidrich: the $55,000 is specific pediatric training that is not currently offered and the $98,000 is for personnel to assist in the regions that were contemplative to have personnel under contract to conduct ambulance service inspections and consultations.

Chairman Pollert: you are not talking about FTEs for you. The EMS wants personnel as this would provide them to do inspections
Tim Weidrich: we are not requesting FTEs for this activity.
Chairman Pollert: somebody is requesting of you to provide EMS with money for training grants for them to hire someone to provide ambulance inspections, log reports, book keeping...that's what this is for?
Tim Weidrich: that's correct. Last session, there were assessments with recommendations to have regional resources in place.
Chairman Pollert: didn't we fund that?
Tim Weidrich: no, it was not funded.

Representative Wieland: these are two programs that are new that have not been funded prior by federal funds or special funds are now to be funded by general funds?
Arvy Smith: the pediatric training is coming out of the federal EMSC grant. The $200,000 reduction in trauma registry came out of 408 and now that is completed so that freed up that $200,000 and that's what's being included in the $98,000 for regional coordinator for ambulance.
Chairman Pollert: that's federal dollars as well?
Arvy Smith: no, that would be the general fund, the 98, but t he 55 is federal

Representative Nelson: the $200,000 was being used to make up the $98,000, that's 408 which was federal money?
Arvy Smith: yes
Representative Nelson: although this is general fund on paper, the way you just explained it makes it quasi federal, doesn't it?
Arvy Smith: within that program, there are various activities. This biennium, we had to work on getting that registry up and running so now that that's done we have able to shift into doing this part of the program and we didn't ask for all of it back and we did eliminate half an FTE, but this area we did request as a part of that. Do you need to see a comparison?
Representative Nelson: No, I understand what's being done here. If the 408 money would have stayed in place, could you have used that money for the regional coordinator?
Tim Weidrich: the 408 funding dealt with data (specific). The regional concept that came from assessment goes way beyond data.
Representative Nelson: the trauma registry money is an apples to oranges comparison?
Tim Weidrich: yes
Chairman Pollert: is the $98,900 part of the $300,000 or the $532,900 or is this a different one?
Arvy Smith: some of that is part of what didn't get reduced, but $75,000 of the $98,000 is in the 523
Chairman Pollert: is EMS association asking for this $98,900?
Arvy Smith: I don't know about the association
Chairman Pollert: because it was requested last biennium and it wasn't funded so you are asking for it now? I haven't had EMS asking for it, but perhaps they think with $12M, it's going to be covered.
Tim Weidrich: that's what is going on. The EMS folks are looking at the $12M and this level of detail has slid off the table.

Chairman Pollert: let's say HB 1044 doesn't stay in its current form and they go back to staffing grants. Are they going to request this 989 put back in?
Tim Weidrich: my guess is yes.

Representative Wieland: we're assigning money to various different dollar amounts here. Can we have some sort of, just a small way in which we can identify what each one of those items are out of each one of those funds.
Arvy Smith: out of the 402 and 408?
Representative Wieland: yes and then the amounts that are out of that 523,000 from the DOT.
Arvy Smith: Yes.

Chairman Pollert: what is a Consilence module 1 and EMS Trauma Clinical Data management and EMS Med Media?
Tim Weidrich: the Consilence module 1 was a project that was completed for the registration of health and medical volunteers and it's taking information generated from the various licensure boards and then basically lets us mobilize those individuals during large scale emergencies. Consilence is the name of the company that deals with that software. The Trauma registry was a project that dealt with upgrades to the existing trauma registry and that process is now complete.
Chairman Pollert: the $14,300 that you are asking for, for EMS Ambulance Inspections, but I thought you said you were dealing with that in the $98,900.
Tim Weidrich: that would be the personnel side and this would be the IT side. Med Media is the company that provides the software for the ambulance service and the certification of personnel registry.
Chairman Pollert: are these general or federal funds?
Tim Weidrich: these are general funds with the loss of the 402 funding
Chairman Pollert: this is part of the $523,900?
Tim Weidrich: there was a portion of that, which goes into the operating activities.
Arvy Smith: of the 523, $12,000 of it is in the EMS items in the IT contractual
Representative Nelson: have you done that same analysis of the professional services and how much of that total is in the 523?
Arvy Smith: $75,000 of the $98,900 is in the 523

Chairman Pollert: local public health units are not part of this division?
Arvy Smith: We give a good portion of our EPR to local health. In clarifying acronyms, PHP stands for public health preparedness. We distinguish between preparedness and response, as response is responding to a situation versus preparing.

Chairman Pollert: the local public units are requesting for an increase of $1-1.25M. Is that for emergency preparedness?
Arvy Smith: I don't believe any of it's in emergency preparedness.
Chairman Pollert: can you get us a breakdown of how much money has been granted to the public health units in all the programs in the last 3 bienniums?
Arvy Smith: we could do the breakdown in section level and we could show you how much is going to local health by funding source.

Chairman Pollert adjourned hearing until fifteen minutes after floor session ends this afternoon.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
January 31, 2011
13716

☐ Conference Committee

Committee Clerk Signature Julia Jeppe

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert reopened hearing for HB 1004 following afternoon recess.
Chairman Pollert: The DOT is here to address questions we had this morning. We had some questions about $523,900 which is the amount that the DOT is not getting from federal for ambulance and statewide trauma.

Mark Nelson, Department of Transportation (DOT): in speaking to 408 funding, we use that for data collection. That fund has been at $500,000 and has remained constant for that past five years. Our demand for that pot of money has grown substantially and what that program funds is our TRACKS program (electronic reporting crash system that law enforcement officers use on the road). We have seen an increase in city, county, state and tribal police that are coming on board with our TRACKS program. It reduces the amount of money we have available in other areas within the 408 funds. We have 80-85% of law enforcement that are on the TRACKS program and that number continues to grow. We have to look at what we want to fund from a limited pool and we prioritize that program.

Representative Nelson: is that the source of funds for that, is that federal money? The participants you spoke of, do any of those entities participate in any funding for that?
Mark Nelson: they do not pay a portion. That is funded 100% by us without cost from the agencies.
Representative Nelson: do you get all of the information that you are requesting?
Mark Nelson: Yes

Chairman Pollert: so, basically it came down to a priority and the EMS and Trauma lost out?
Mark Nelson: It comes down to how you look at the funds and you have a limited funding pool. We made the decision that the need for the dollars at the scene of the crash and getting the crash data into us in a timely fashion took priority. It's not meant to minimize the program that EMS has in place.
Chairman Pollert: could have not the DOT ask for a general fund appropriation to further the TRACKS program and kept this in place?

Mark Nelson: Not that I am aware of.

Representative Wieland: you are referring to the 408 funds?
Mark Nelson: Yes

Representative Nelson: is 402 part of that mix then?
Mark Nelson: I will now talk about the 402 funds. 402 funds are that DOT has with NITSA funds and it's for planning and administration. In several communications we had with NITSA, those funds would no longer apply to that program so we haven't identified where those funds are going to be placed. Of course they will go to another safety program within DOT.

Chairman Pollert: in the 402 funds, they don't fit the criteria in federal regulations to go to EMS? They did fit 408, but it was determined not to do 408 funds because of basically TRACKS programs.
Mark Nelson: Yes, that's correct.

Representative Nelson: what's the breakdown of dollars that was put in 408 versus 402?
Mark Nelson: On the 402, in 2011, we funded $105,000. It typically ran 140,000 per year so it would have been $280,000 for the biennium for the 402 funds. For the 408 funds, back in 2008 we funded 408 funds at $106,500 and that fund had gone down because of this prioritization with TRACKS to last year, we funded about $62,000. That fund has been decreasing over the past few years.
Representative Nelson: when we are looking at the 524,000, the bulk of that was in the 402 funding?
Mark Nelson: That would be correct
Representative Nelson: was that a regional discussion or did that come from Washington and that's uniform across all states? I am inferring that no states are allowed to use 402 funds for the hospital preparedness grants or the EMS or the source of funds that the Health Dept was using it for.
Mark Nelson: I don't know I could say that. There could be some other programs that are funded. This came from the regional office of NITSA.
Representative Nelson: where is that?
Mark Nelson: Denver

Representative Wieland: I am not familiar with NITSA. Can you explain what this is?
Mark Nelson: National Highway Traffic Safety Administration

Chairman Pollert: did you say we were using 402 funds for Dept of Health; we just weren't using them for EMS?
Mark Nelson: We've used the funding for the disaster emergency management system and trauma (DEMST) funding as a counterpart to the Dept of Health.
Chairman Pollert: but yet we can't use the 402 funds for this particular portion of the 523,900?
Mark Nelson: I'm not sure that 523,000 is broke down into, but we cannot.

Chairman Pollert: what is the $70,000 for?

L. David Glatt: we were seeing some impact in the air quality area with oil field development there's a lot of new sources coming online that we are needing to permit. We had some major decisions on our SIP and FIP, the BAC, the BART. We saw that our engineers and scientists were not at par with other state agencies as well as these professionals being asked to complicated and difficult work. Thus the $70,000 was to address the inequities we had with the positions.
Chairman Pollert: is there any federal dollars that is involved with that $70,000 that would couple together?
L. David Glatt: Not that I'm aware of
Chairman Pollert: how many FTEs are you looking at for the $70,000?
L. David Glatt: We are going to have to look at a few things before giving that information.
Chairman Pollert: how did you come up with the $70,000 figure?
L. David Glatt: When I saw the budget and the $70,000, I thought "oh what a surprise." I had not anticipated the $70,000, but I'm not going to turn it down.
Chairman Pollert: the last biennium on equity payments, you were down as compared to other agencies?
L. David Glatt: that's correct. We lost ground after the last biennium.
Arvy Smith: we were surprised this money went to environmental health. We had an optional request that covered all the positions that weren't seen as equitable.
Chairman Pollert: this is compared to other ND state agencies?
Arvy Smith: Yes.
L. David Glatt: we were looking closer to home, how other state agencies are paying their engineers and scientists and how we compare. when you look at the private sector, I don't anticipate we will compete with them, especially when we get into the oil industry.

Chairman Pollert: what is your turn over rate as an agency goes?
Arvy Smith: that is one of the general schedules we were going to get back to you on. Let's wait on that.

Chairman Pollert: do we have a vacant FTE report?
Legislative Council: we have handed those out and I will get that to you.

Representative Metcalf: that's 10% and that's your whole department. How does work with the people you have a shortage with?
L. David Glatt: I don't think we broke that down by section as far as the turn over rate.

Representative Nelson: the engineers, you didn't lose any in this last biennium?
L. David Glatt We had a turnover in engineers.
Representative Nelson: I don't think Mr. Glatt's answer should not be used against him as he was very honest.

Vice Chairman Bellew: Do we have the list of OARs that was put into the governor's budget? I would like a list of that.
Arvy Smith: Do you want to see that all in one document versus section by section?
Vice Chairman Bellew: all in one document.

Chairman Pollert: HB 1004, section four, can you explain this?

Arvy Smith: that language has been in our appropriation bill for a long time. When we process our federal grants, we charge the federal govt for the portion that funds our overhead so we have a pool of our indirect costs and the federal govt has to improve our indirect cost plan. We collect and fund all of that out of all the different federal grants that come in. We deposit that in our operating fund and use that to fund our admin section.

Chairman Pollert: how many engineers do you have?
L. David Glatt: About 30 but we are looking at trying to reduce the number.
Chairman Pollert: did I ask for a list of all the equity payment suggestions in the state budget?
Office of Management and Budget: you did not ask. I can get you a copy (attachment **TWO**).

L. David Glatt: In regards to the $70,000, that did have an emergency clause on that as we are looking at getting into litigation.
Chairman Pollert: in speaking with Chairman Delzer, I inquired is there such a thing as a lignite research fund? I asked Legislative Council to get us something compatible to that.
L. David Glatt: we like to keep that at arms lengths as we have state issues that can be industry issues but we are making the decision as a state without having that appearance that we are being funded by industry and I believe that gives us more credibility when we move forward in challenging EPA.
Chairman Pollert: are Minkota or Basin going to be part of the court challenge?
L. David Glatt: I would expect that they would and there will likely be representatives from those industries on Wednesday.

Chairman Pollert: we need to have some dates on the amendments as far as ending at the end of the biennium. You would have to come forward again.
L. David Glatt: we can do that.

Chairman Pollert stated **Arvy Smith** can continue her testimony on attachment **ONE**.

Representative Wieland requested salary budget with the FTEs listed that DOCR provided. Office of Management and Budget stated she would provide this (attachment **FOUR**).

Representative Wieland inquired about grant line items. I want to track everything that's EMS related.
Chairman Pollert: Arvy, would you be able to have a flow chart that shows what EMS was getting, total of everything? Some of these grants were already here 2-3 bienniums and we just didn't notice them. It would be beneficial to look at the total EMS grants for past 3 bienniums. Can you do that?
Arvy Smith: Anything related to grants is on this grant schedule here. The 940,000 (the EMS training) general fund has been around for a long time. The 300,000 that was added to that, which came out of the community health trust fund, bumped up in 07-09. The quick response has been around for a long time. The new one is the rural law enforcement that has been pulled back out.
Chairman Pollert: I think we need to see a schedule of everything that's going to EMS.

Representative Wieland: I'm interested in this coming biennium, but to see a history is good too.

Chairman Pollert: would that be the same with IT software equipment too?
Arvy Smith: Yes.

Chairman Pollert confirmed due to no further questions, **Arvy Smith** would go onto next section. Information distributed, labeled as attachment **THREE**

Chairman Pollert: the 2 life safety support FTEs, can you enlighten us about these FTEs?
Arvy Smith: We've had a history of issues with hiring and individuals leaving due to health issues, but now I believe we are back to being fully staffed so we are hoping to get caught up again. We were authorized to provide a third of it through fees. A lot of the work took place before the fees came in.
Chairman Pollert: are the 2 FTEs going to hospitals too? I know Representative Keiser will be in here on Wednesday so I don't know if he has talked to you yet.
Arvy Smith: we have gotten talked to about that. I do not know if it was Representative Keiser. I'll have Darleen talk about what they do as far as hospitals.

Darleen Bartz, NDDOH: the way the bill was written last session was that we would use this process for anything that was licensed by the division of health facilities. That means we go for construction inspections for skill nursing facilities, nursing facilities, basic care facilities, and hospitals or critical access hospitals. Those are entities we cover through the process. This last biennium we have looked at over $16M worth of construction throughout state.
Chairman Pollert: you were already doing life safety code inspections but these were 2 additional FTE?
Darleen Bartz: There are two different processes that go on. One is a life safety code which is covered through Medicare and Medicaid and that's a maintenance type survey that's after the effect. We have never had funding until last session to do construction visits during construction so this is completely under licensure and other fund activity that we would not be able to do without these people and the appropriation funding.
Representative Kreidt: could you give us a breakdown of the projects that are being looked at.
Darleen Bartz: We can do that. We currently have ten projects awaiting review and four projects that have been reviewed but we are still getting information from the providers before we can approve them. It's on an ongoing basis. There's a significant amount of construction that's going to be coming in, in the next couple years.

Chairman Pollert: besides food and lodging, what else is in here?
Arvy Smith: the health facilities surveys and the life safety code

Chairman Pollert: in the other two sections, your travel was less, but in here, your travel is more.
Arvy Smith: earlier, we have not been fully staffed and lately, we've been just about fully staffed so that's going to bump our travel back up. We were spending less other times due to more vacancies. Some of that is inflation.

Representative Kreidt: in regards to your Medicare and Medicaid licensures, how are you there for surveyors? Is there still a lot of turnover there? Is that pretty constant now? Are you up to date on surveying?
Darleen Bartz: we are down two positions. We are doing better than in last bienniums and we have been fully staffed at times. Because of the turnover, we haven't been able to do all of the work requested by CMS. They have it broken down into tiers and we have four different tiers of work (some are mandatory and some we have more leeway) but we've only been able to do up to tier three work so we need to get those positions filled so we can accomplish what they are requesting of us.

Representative Wieland: IT software is up substantially. Have you instituted some new software in this dept? Processing is up 40% as well. Can you discuss these two items?
Arvy Smith: There's purchase of new software for $15,800.
Darleen Bartz: a lot of our work we do is with computers and we have a new system that will be coming into our state which is a QIS system which requires the surveyors to actually take laptops out on site while they are going the survey process. Additionally, we need to encrypt all of our processes. We're moving through a program that had been given to us by CMS to actually one that's being provided by ITD which we think will be much more effective to do our work. We're having some of those things coming our way and we do have laptops basically for all the surveyors that are going out.
Representative Wieland: we didn't talk about equipment there. We spoke about the software and the processing itself. Is that the reason there is a 40% increase in the data processing?
Darleen Bartz: we've been working to update our nurse aide registry and we've been working with ITD to start posting the deficiencies and the plans of correction for our skilled nursing facilities online. As a result of those two programs, we are getting monthly fees that we didn't have before. Those are just costs that we have and some of the new requirements through CMS.

Chairman Pollert: what is the microfiche about?
Darleen Bartz: The conversion of the microfiche has to do with the plans that we've gotten in from facilities and the microfiche is old technology and we need to convert them to digital.

Vice Chairman Bellew: what type of funds? General? Special?
Darleen Bartz: the conversion of the microfiche would end up being general because that has to do with construction which is a state program versus having to do with the life safety code.

Representative Nelson: in your administrative hearings, what types of hearings do you end up hearing?
Darleen Bartz: Most of the hearings have to do with the nurse aide findings of abuse.

Vice Chairman Bellew: what's the source of funds in the contractual assistance?
Darleen Bartz: the portion we are dealing with is funded by general funds. The portion that would be handled with federal funds, would be for federal purposes. The new and additional basic care beds, when we reviewed that, that's basically done consistent with state statues so we would need to fund that with general fund dollars. Anything we can do

with federal, we do. For instance if we contract with anyone to review a case that would be for a federal deficiency cited, we would pay that with federal funds.

Chairman Pollert: isn't there a bill dealing with registries and the board of nursing? Is that through this section?
Darleen Bartz: There is no appropriation in this bill for that provision.
Representative Kreidt: it came out of my committee and that's to bring the UPA over and with the department of health. We had some problems there in the past. It's about 14-1500 people on the UPA registry that would come over. The CAN registry is under federal guidelines so the feds pay for that and the UPA is not so there was an amount listed ($260,000) that did show up in the bill. The human services policy committee pulled the funding out, correct?
Darleen Bartz: the funding wasn't in the bill as an appropriation. It's attached as a fiscal note.
Representative Kreidt: I would assume that there will be some amendments coming forward regarding that.
Darleen Bartz: I believe it's HB 1041.
Representative Kreidt: the amendment was to send the registry to Dept of Human Services versus Dept of Health.

Representative Wieland: in any of the other sections that you have, do you have any additional things such as software coming up?
Arvy Smith: you'll see some software in medical services but I know that there is a major system we're in the middle of now and I don't know if we are finishing that up this biennium or not. As far as software systems, I don't think there's a major one. I don't have those schedules on me either.
Representative Wieland: we'll see how they are and if there are more than a few, I'll be asking for prioritization.

Chairman Pollert: when we hear HB 1041, someone from your department will be here?
Arvy Smith: we can be here to explain what the bill does.

Chairman Pollert adjourned hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 1, 2011
13784

☐ Conference Committee

Committee Clerk Signature Julia Haigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing for HB 1004. North Dakota Department of Health (NDDOH) distributed Community Health Section of budget, labeled as attachment **ONE.**

Chairman Pollert: what divisions are included in the community health section?
Arvy Smith: it includes cancer, injury prevention and control, chronic diseases (includes tobacco), nutrition and physical activity, and family health. Much of the funds are Maternal and Child health and $1M is for suicide prevention initiative.
Chairman Pollert: it shows from 47.8 to 48.8, is that for that one FTE?
Arvy Smith: It is for the one FTE, however there will be another half FTE reduction somewhere else in the budget, as well as the half FTE reduction I spoke of yesterday.
Chairman Pollert: would the expense of the dept of health budget be neutral as well?
Arvy Smith: As in general fund? Total?
Chairman Pollert: all of the above
Arvy Smith: In the salaries line item, it is not neutral due to the salary increase
Chairman Pollert: besides the benefit enhancements, the 3 and 3 and the 5% which is across the board
Arvy Smith: There are other salaries adjustments that occur along the way and additions from temporary salaries. General fund total is increased as adjusted due to loss of federal funding in other areas.
Chairman Pollert: in looking at the green sheets, domestic violence grants dropped $1M?
Arvy Smith: They did, but the governor recommended them in the executive budget so they did hold at the $1M. The drop you see is ARRA funding as we had gotten a significant ARRA grant in domestic violence and that will be coming to a close.
Chairman Pollert: you turned around and put a general fund in for that million?
Arvy Smith: Last session there was a one million dollar general fund appropriation for domestic violence added to our budget, viewed as a onetime item, and we weren't able to fund it else wise so it got backed out. We requested it in our optional package as a very high priority and the governor funded it.
Chairman Pollert: it's strange that we put in $1M for ARRA funds knowing that they were going to be a onetime thing?

Arvy Smith: there was the ARRA million and the general fund million. ARRA was actually $812,000. Under grants special line items, that's where the federal stimulus is located and in the current biennium, we have $1.9M and next biennium, only $113,000.

Chairman Pollert: on the community health section that is separate from the tobacco special line?
Arvy Smith: It's inclusive of; tobacco prevention and control awhile ago all of the tobacco was put into that one special line item so that total there equals the total on the next pg. On the next pg, we show you the detail.
Chairman Pollert: it's included on your first page?
Arvy Smith: yes it is.

Chairman Pollert: can we talk about the temporary salaries?
Arvy Smith utilized attachment **ONE** and explained where temporary salaries have been added versus FTEs.

Representative Wieland: so you have used temporary staff and not OT. Is it possible to be handled by existing staff and have overtime versus hiring temporary employees?
Arvy Smith: It's not. We have a lot of federal programs coming and going in that area. If we have a five year grant, well ask for another FTE however if it's a shorter grant than we need to look at hiring temp. staff.

Chairman Pollert: The tobacco advisory committee stated they are doing 51 grants and going to go up to 70 some that were transferred from DOH which resulted in requesting 3-4 FTEs and they give them as part time in the governor's budget. Thus a question came up if the same amount of FTEs (like 3.5) went down in DOH and the answer was basically no. Shouldn't you have had a reduction of 3.5 FTEs since some of your grants are going over to the tobacco group?
Arvy Smith: With the tobacco program, it was a matter of juggling who was doing what. We when we started this there was a lot of struggles because the DOH had grant programs with the locals and the center had grant programs with the locals with a set of rules and local public health was frustrated because they didn't know whose rules were being followed. Due to this, DOH's role was carved out and the granting was left with the center. We did not reduce our staff, but we are able to do more in dealing with Native Americans and other disparate populations and also can look at chewing tobacco.
Karalee Harper, NDDOH: we have expanded in the cessation program i.e. quit line, quit net, NDpers, and Baby and Me Tobacco Free
Representative Nelson: there's a net increase of 4 FTE in this area across state govt. the increase in what you are doing has to be justified more than what you just said as 4 FTEs is significant.
Karalee Harper: Are you asking for more information on other things we are working on?
Representative Nelson: there is nothing being reinvented. You aren't having an additional department here.
Arvy Smith: I do not know what 4 FTE they asked for. We shifted the grant programs over there. It could be an accountant they are asking for. You are not comparing apples to apples.
Representative Nelson: what are you continuing to do for them that they either don't need the total they've asked for? There needs to be some offsets. The increased workload

doesn't justify 4 FTEs. If they have an accountant and you are doing the accounting for them?

Arvy Smith: We had one half of two different people doing that activity. Instead of doing those grants, they're doing the additional work on Native American, pregnant women, and also on federal regulations (making sure the federal regulations are being followed).
Chairman Pollert: has your total amount of grants improved for the other populations you are working with? You are looking for an FTE for a grant that lasts at least 5 years?
Arvy Smith: if it's a 5 year grant we want to get a permanent FTE. If it's a shorter grant, we'd like to look at getting a temporary because if the grant only lasted a couple years and we hired FTEs, we'd have to look at laying someone off.
Chairman Pollert: are the grants for the tobacco group, 5 year grants? I'm asking so we can do a correlation. How big has your grant program grown since you gave the 51 grants? I'm assuming if you've had an increase in grants, it would show up in your grant line item.
Karalee Harper: prior to the passage of measure 3, the DOH was funding all of the local public health units to some extent. When measure 3 passed, those dollars "went away" and the center took over that, however the DOH still did have some dollars go to local public health through our federal funding. It was more of a shift of the funding to the center than the grants.

Representative Wieland: the 4 new positions they are asking for (Representative Nelson) are a half time accountant, community intervention coordinator, evaluation coordinator, and grants manager (in addition to what they have).
Arvy Smith: In our budget, the only portion of that, that was moved over to them from us is that grants thing which is about the equivalent of one FTE (a half of two of our people and we shifted their duties too).

Representative Kaldor: in your dept narrative, it speaks of tobacco prevention and control activities targeted to 11 local public health units for Indian reservations and one service area. Is that what you are talking about in terms of the exchange, that's what you took over and how would you describe that?
Karalee Harper: since I took the position in 2006, we do fund local public health units and the tribes. Our cycle for federal funding ends the end of March.

Arvy Smith provided two documents which are grants schedules to answer previous questions. One is labeled as attachment **TWO**, Tobacco Prevention and Control Cessation Programs, and the other is labeled as attachment **THREE**, Tobacco Prevention and Control Funding to Tribal Health.

Representative Nelson: in the grants line, there is the $1.3M that's remaining in your grants line. I'm assuming that's the outreach you are doing to the tribes. Is that the federal money that's coming into the state in the tobacco special line budget?
Karalee Harper: we have the community health trust fund and the federal combined in there. It is different with our federal funding because we have a March to March cycle so we have a 3 month period where we don't have contracts yet written, but we do have it earmarked through our application process to the feds.
Representative Nelson: I thought the $2.9M that is no longer there is the grant money that's been switched to the tobacco committee.

Arvy Smith: in the current biennium, the vision was that they give us the money and we grant out the money and that's where we were having all these troubles and we said it was a lot cleaner for them to directly grant so we removed that authority. They are not giving us any money.
Representative Nelson: the $1.3M, is the restrictive that you have to grant that and administer them from your office? Why don't we let the committee do all the granting whether than have each group doing some?
Arvy Smith: $1.098M is our CDC funding and that comes to us. We're the applicant for that and it's bundled with another grant so that comes to us. And $225,000 is from the community health trust fund and that's the cessation programs where we give grants to cities and NDpers to do tobacco programs. We shifted all the grants to the locals.
Karalee Harper: with the CDC funding, we are looking at doing a pilot project to address low socioeconomic folks with quitting tobacco as well as a pilot program working with the youth.
Representative Nelson: is the Tobacco group doing any of the same work you are doing?
Karalee Harper: No, we have divided out the responsibilities so the DOH is the sole person for cessation, including quit line, quit net, etc. We do all of the surveillance (surveying). We have streamlined since last session as to who is doing what.
Representative Nelson: how many FTE will you use for the administration of the CDC grants and the $1.32M remaining?
Karalee Harper: we have about 6.5 FTE that work within our tobacco program. 2 of us, myself and the data analyst, also work among other programs such as the heart disease and stroke program, so some of the staff aren't 100%.
Representative Nelson: current biennium, when you also had the nearly $3M in addition to that, you had the same staff for that?
Karalee Harper: correct

Chairman Pollert: when I look on the community health section, your total grant item has dropped $2.7M?
Karalee Harper: No, that was spending authority that the legislature had given us to be doing the grant program with the center, however we did not accept that grant program. In reality, our funding has remained stable.
Chairman Pollert: why does it show the drop in grant items?
Arvy Smith: we had the authority, but we didn't use it and so we are now removing that spending authority.

Representative Kaldor: the authority that you did not use, was it transferred to the center?
Arvy Smith: they already had it and are spending it direct versus funneling it through us.
Representative Kaldor: we don't want to see duplication of effort and there is coordination going on.
Arvy Smith: we have worked hard at coordination and it is currently occurring.

Chairman Pollert: could it be said that now because the grants are more over, that they have to provide the FTE infrastructure to do what you are doing i.e. accountant
Arvy Smith: it is in our budget to do their administrative functions (payroll functions, contracting, accounting). If they get funded an FTE to do those kinds of things, it can be pulled out of our budget. They pay us some funding to do that. As far as a grants manager, they already had grants program, and we shifted over more money and that's going mostly

to the same people. I don't know how they are increasing the number of grants that they're dong.

Representative Wieland: you are doing their accounting work for them and you have a position in your dept for that?
Arvy Smith: it's little bits of lots of people because we have a purchasing person, a contracting expert, accountants, but that forces us to adds some temps so we have about $40,000 of temporary in our budget that is helping us juggle the workload.
Representative Wieland: are you using special funds for those positions?
Arvy Smith: we are using special funds. The center does give us money for that, but that's the only thing. They could use our expertise spread over multiple individuals.
Representative Wieland: if they got the grants manager there, are you doing that for them?
Arvy Smith: we are doing the contracting process, but the actual tracking and oversight is done by them.
Representative Wieland: the coordinator item?
Karalee Harper: that person would be working with the local public health units and any other grantees that they may have to provide training, technical assistance related to their grant.
Representative Wieland: you are doing that now?
Karalee Harper: we are doing that with our grantees, not theirs.

Representative Wieland: I'm struggling figuring out who is doing what and there seems to be some duplication. I am interested in the quit line as it has been effective. I don't think advertising does that. How much money, during the 2011-13 budget, is being requested for the quit line and how many people in your dept are involved in that?
Karalee Harper: answered Representative Wieland's question by referring committee members to attachment **TWO.** With our quit net, we are reaching a different population than quit line. In regards to our CDC dollars, that pays for the oversight and advertising i.e. print material that goes out to clinics, hospitals, etc.
Representative Wieland: we are going to get the number of the FTEs involved and the dollar amount that is being expended for what you are doing in that area?
Arvy Smith: in your packet, there are schedules that show exactly what we are doing. She referred to attachment **ONE.**

Representative Metcalf: when we first started this discussion, you mentioned that you gained FTEs by transferring grants; you are using these individuals for other duties. Is that true?
Arvy Smith: We quit dong the grants to the locals and are beefing up our efforts in other areas (youth, Native Americans, pregnant women).
Chairman Pollert: did the grant items increase or stay the same?
Arvy Smith: There is a decrease in numbers but there is more work in those grants. We thought it evened out.

Representative Nelson: you mentioned the coordinated effort in the outreach area i.e. stroke registry person working in tobacco cessation. Is there other programs (the Women's Way) that the dept administers in those outreach areas? Is there a bigger circle we are able to draw from?

Karalee Harper: we do have a coordinated effort such as working with Women's Way and they have the same questions as ask, advise, refer for all of the Women's Way clientele as well as working with the Cancer Coalition to review grants that come in. The difference that I spoke about with for instance the stroke registry, is we are able to share the funding with that because it is more a distinct role and is simpler to charge it to tobacco grant.
Representative Nelson: is there any way of measuring the outcome in those you are reaching and the effectiveness of the programs?
Karalee Harper: yes, we do have a way of measuring with them, especially our quit line and quit net. A physician can do a direct fax referral of a Women's Way client to our quit line and once that person is enrolled, that fax is sent back to the provider so the provider knows that the client did follow through. Another measure is when a client or citizen calls in, they are asked how they heard about the quit line. We also have, now, an evaluation of the quit line and have an independent outside evaluator looking at our quit line.
Representative Nelson: where did that funding come from?
Karalee Harper: the community health trust fund and federal dollars
Arvy Smith: that's the measure but we have seen results from actual outcomes. For instance people accessing the quit line has doubled and that is due to our efforts working with other programs to do this ask, advise, and refer and also the center's grants that are going out and they are required to ask, advise, refer whenever they see a client.

Chairman Pollert: if you want to increase an FTE at some point due to increased individuals accessing the quit line, can you get a grant from the tobacco group to fund that because it shouldn't be a general fund; it should be something from the tobacco dollars.
Arvy Smith: we would take a look at our priorities (we would have to quit doing the pregnant women, Native American population) or ask the center. We have not thought about going to general fund for anything. There's plenty of money in tobacco.
Chairman Pollert: let's look at the spend down report.

Chairman Pollert: When you look at the supplies and material professional, what is $153,000 increase? You showed us a 33%. What's in that?
Arvy Smith: $100,000 is for Cribs for Kids. That is special funds. We are hoping to find a partner to help us fund this. We got a little bit of money this biennium, like $10,000 a year to do this, and it seems to be a good program so we were going to ask for general funds, but we decided to look for partners. We have high number of SIDS in certain areas where the children are not in a sleep safe environment. This money gives them cribs to properly put them to bed.
Representative Kaldor: you actually purchase cribs for people?
Kim Mertz: It's a crib kit. It's an innovative program and about 46 states have implemented this program. It gives parents and other care givers a safe sleep environment. It's an approved sleep and play area endorsed by the American Academy of Pediatrics and we are finding in our SIDS data, 90% do not have safe sleep environments. These families can't afford cribs or playpens. We are able to offer education i.e. second hand smoke, overheating talking about safe sleep that goes beyond the crib. The clients need to demonstrate they are able to use the package (portable Greco pack and play)

Representative Nelson: how many SID deaths do we have in the state per year?
Kim Mertz, NDDOH: it depends on the year, but 6 to 10 is average. Last year we had 10 SIDS deaths. We are average when compared to other states in the nation.

Representative Wieland: was the $100,000 part of the increase? What do you mean by partner?
Kim Mertz: we worked with the Ronald McDonald House charities and they have given us money to start pilot programs and we have had great interest as a result. The crib kits cost about $70 a piece. We are hoping to use that $100,000 to find other grants whether it be federal or more local partners.
Representative Wieland: it's a match?
Kim Mertz: not so much a match, but this would be more than acceptable to us if it were possible.

Representative Kreidt: how do you know how to give these kits out?
Kim Mertz: we are working through local public health and tribal areas, but want to work with hospitals. Parents are asked certain key questions and depending on the results, they are deemed to need the crib or perhaps simply need education.

Chairman Pollert: what about the other $50,000 in there?
Arvy Smith: $27,000 of it is Women's Way care coordination and the just a couple of other minor increases.
Mary Ann Foss, NDDOH: The care coordination fund is a grant we applied for last summer. It's a special project that would have been added to our current federal funds, had we been approved. We were approved, but not funded, actually. Anything in reference to the Women's Way care coordination will not happen due to not being funded.

Representative Wieland: I see there are $290,000 general funds. Out of those line items, it's difficult for us to determine which are federal, general, etc. I would be interested in getting that break down.
Arvy Smith: part of that is for the stroke registry, funded out of the community health trust fund. We set priorities of what we could spend and we kept 222 in community health trust fund and from general fund to get us back to the 477

Chairman Pollert: how much of that was general?
Arvy Smith: $78,000 was part of it and the $172,000 of is suicide prevention. A lot of that is in professional services (referenced committee members to that portion of attachment **ONE**). Mary, can you talk about what's intended for that?

Mary Dasovich: for our suicide program, we are interested in doing public awareness (continuing that from our federal grant that we had) and providing smaller competitive grants to communities for suicide prevention activities across all age ranges. In our federal grant, we were only able to reach the 10-24 yr old group, but are finding that the 25-54 yr old group has a higher suicide rate in our state so we wanted to use our funds to look across the lifespan. We do partner with the suicide coalition to use some of the funds with their projects. They have recently become independent, so we are just partnering with them. We want to increase our data collection, working with health care facilities. We also want to work with healthcare providers to educate them on what questions to ask and signs to be aware of re: suicide and how to refer for early intervention services.

Chairman Pollert: on a simple format, is there a breakdown of how much money that we have to fund with general funds that are not being covered by the community health trust fund this biennium.
Arvy Smith: we can get that (attachment **FIVE**).

Arvy Smith provided a document (Organizational Chart), labeled as attachment **FOUR.** She went over attachment **FIVE.**

Representative Kreidt: what ever happened to the mobile dental?
Kim Mertz: they are making process and have a set date (November) when the wheels will start turning. The $196,000 was money to help them purchase equipment which they are currently in the process of doing right now.

Representative Wieland: regarding the community health trust fund, will there be anything transferred into that fund in 2011-13?
Arvy Smith: there's nothing in the budget doing that. That's entirely gone.

Chairman Pollert: WIC and EBT, is that the electronic... is this similar to what's being doing in DHS?
Arvy Smith: You are thinking of food stamps in human services.
Chairman Pollert: What does this deal with?
Arvy Smith: WIC has not been EBT previously and are in the process of WIC transferring to EBT. We are getting federal funding for that effort.

Arvy Smith went through IT Contractual Services in attachment **ONE.**

Chairman Pollert: Are the following programs (home visiting CVR, SPSS, and family planning) new? Is this general funds?
Arvy Smith: federal dollars
Chairman Pollert: How about family planning and spss?
Arvy Smith: all federal.
Chairman Pollert: are these software programs? What is it?
Kim Mertz: the home visiting is new federal money that you see in our budget. There is accountability and evaluation with that grant. We recognized that we'll have to do some data collection so CVR (client visit record) has the intent to ensure data is being collected uniformly across all the sites as all the family planning sites across the state were gathering their data differently. We have proposed, if we do get approval for the home visiting money we've decided that we are going to grant that money so developing evaluation monitoring program would be a requirement of the grantee.
Chairman Pollert: is it all federal dollars? What is it doing? How is this program different than the $.5M general fund that we put into DHS last biennium through Healthy Families?
Kim Mertz: it is money that we got from the federal govt that came to the state. We did go to the emergency commission and due to it not being granted, it was put in our budget for full legislative body to look at. That home visiting is 100% federally funded with no match requirement. It's targeted at evidence based home visiting programs. There are many entities throughout the state that are doing home visits where they go in after a parent delivers and they go in for 1-2 visits and make sure the home is set up. This is different in that has 30 years of research. It is intensive in that visits start when the woman is pregnant

and continues until the child is age 3-5. The outcomes show academic improvement, less juvenile crime, etc. Healthy Families in Human Services (strong partner with us) would be a program we would look to utilize as it is evidence based and are set up in Bismarck and Grand Forks. The federal requirements for this home visiting money are doing a needs assessment to identify where high risk populations are in the state. We have done that assessment with the results being to target Benson and Rolette County.
Chairman Pollert: it seems like Healthy Families wasn't here until last session so we only funded partial. So in order to fund it all the way, we are going through another avenue. What communities are you targeting?
Kim Mertz: Rolette and Benson counties, looking at indicators such as substance abuse, high school dropouts, domestic violence, unemployment rates, poverty, etc.
Chairman Pollert: are you looking at Native American populations? Why Rolette and Benson?
Kim Mertz: We are looking at total populations. It is evident that Rolette and Benson are heavily populated with Native American but when we look at disparate issues; our American Indian populations seem to rise to the top. We will target the entire populations of these counties, however.
Chairman Pollert: do you have FTEs in this program?
Kim Mertz: We do not. We looked at various options and in the end we feel that we have close partners out in the community that could manage this. We propose that the money come into DOH because only DOH can receive this money (federal requirement), but we have a process where we would grant this money out to an entity that would work with the communities to implement the home visiting program.
Chairman Pollert: what type of entities do you mean?
Kim Mertz: that would have to go out on a proposal process, but an example could be Prevent Child Abuse ND as they are heavily involved in Healthy Families; decreasing domestic violence is a good outcome of home visiting programs.
Chairman Pollert: We anticipate public testimony tomorrow requesting an increase in funding for domestic violence, but you stated this could also be looking at Domestic Violence as well. Are they going to overlap?
Kim Mertz: It's not a double up. This money is targeted to home visiting at that early intervention. It's two very different interventions that will help reduce domestic violence rates.

Representative Nelson: I am familiar with both districts. There are so many areas where additional resources are needed. Do you ever work interdepartmentally with DHS to provide services?
Kim Mertz: One of the objectives of this home visiting grant is to look at what you just said. We work with DHS very closely, but we could do a better job of on the ground services.
Representative Nelson: is there a measuring device regarding outcome of collaboration?
Kim Mertz: Yes, there's going to be a large accountability factor with this grant.

Representative Wieland: I heard you mention a Bambi program. What's this? We have all of these programs and each one of them does something different. Has there ever been any discussion amongst all of these groups to form one organization that can take care of all of it?
Kim Mertz: I don't know the details of the Bambi program. There is a healthy ND early childhood alliance that meets. They're making efforts and strides to try to integrate and

bring all of those partners together in addition to the governor's council on early education (ECEC). What's happened is there isn't one entity that's been charged with bringing entities together. What some of the other states that have had home visitation grants in the past are reporting is home visitation grant is the avenue to bring the partners together which was Prevent Child Abuse ND was to do last fall was to start those dialogues.

Representative Kaldor: the special fund column is that what is coming out the community health trust fund for stroke registry? How about domestic violence?
Arvy Smith: Yes, you are right about stroke registry. The domestic violence is coming out of the domestic violence prevention fund.

Chairman Pollert: can you talk to me about the domestic violence again?
Arvy Smith: in the current biennium, a million dollars was added of general funds for domestic violence. The $710,000 has been around for quite some time (3 sessions) thus this number has been constant as well as the $340,000 from marriage license fees. The million was added in this current biennium.
Chairman Pollert: this biennium, you're replacing the million dollars because that was one time funding so now you are going to the general fund with ongoing?
Arvy Smith: Yes
Chairman Pollert: It would keep our domestic violence...of the $2.05M than it was at the previous biennium. That's what you're doing?
Arvy Smith: It would keep it at the 09-11 level.

Chairman Pollert: prenatal alcohol, is that new?
Arvy Smith: that was approved in the 09 session and it was a grant we passed through to UND to do that study. That was viewed as onetime but then was pulled out but then was funded and recommended by the governor. That is in the current biennium, but I am guessing it is up in the operating line item in the current biennium.
Chairman Pollert: this is going to go out to some local units as a grant line item, but it was one time funding last biennium from federal funds? Was it meant to be a onetime funding for a study at that time?
Arvy Smith: it all goes to UND (general funds). I don't have the details with what they do with it. Kim can provide more insight.
Kim Mertz: it's not a study, but rather a project. Last session Dr. Byrd asked for the specific funding. He wanted to go to all the healthcare facilities in the state (hospitals and clinics), work with the practitioners to educate them on a protocol that has been found to be effective in working with women who are found to be drinking alcohol while pregnant which then will decrease the fetal alcohol syndrome rates in the state. It was considered one time funding. Dr. Byrd feels that the effort needs to be continued in order to continue to have effect as women who give birth and have been using alcohol, have a high rate of repeat. He gave a progress report to interim committee on the progress he's had on working with the facilities.
Kim Mertz clarified to Chairman Pollert that when DOH works with pregnant women in different programs, that these women are asked about alcohol use, tobacco use, drug use, but then they would refer. Dr. Bryd's approach is working with the medical community and educating them, once they get that referral or identify a high risk woman, on how to intervene.
Chairman Pollert: nowhere else in the budget we have

Chairman Pollert: wouldn't a doctor ask that question anyway?
Kim Mertz: I know Dr. Byrd would be able to answer that question more effectively.

Representative Nelson: are there some outcomes to show if the protocols are working or not? You referenced an interim report that was given.
Kim Mertz: As this point, Dr. Byrd reported on the number of facilities that they provided the training to. He did not provide any data as far as if they are seeing reduced numbers of fetal alcohol syndrome. That's a long term outcome of his.
Representative Nelson: was he able to have identity in every birthing hospital in ND?
Kim Mertz: He has hit almost every one of them. I can share results. He stated he has exceeded his expectations in reaching providers and having providers cooperate with the training.
Representative Nelson: Does it also include Indian Health Facilities?
Kim Mertz: I don't know, but I will find out for you.

Arvy Smith: to clarify, $369,000 (fetal alcohol program) and then prenatal alcohol screening is the same so those two belong in the same line.
Chairman Pollert: one was one time funding and now it's trying to go full time?
Arvy Smith: this was a pass through item to go to UND and UND would be able to respond to those things.

Chairman Pollert: on suicide prevention, there was money put in. was there $1M put into the governor's budget?
Arvy Smith: $250,000 was in our current budget (general funds) and the governor added $750,000
Chairman Pollert: in 09-11, suicide was originally $250,000?
Arvy Smith: $250,000 of general funds and $800,000 of federal funds.
Chairman Pollert: this biennium, is the $800,000 federal staying in there? (**Arvy Smith** stated it's gone). We are replacing federal funds with general funds?
Arvy Smith: Yes. We were really restricted by the federal funds so the general fund program has a lot of advantages. The federal funds could only go to youth and they were inflexible with the general funds. The program prevented us from helping middle aged individuals and veterans, so the general fund allowed us to deal with where our needs are versus where the federal govt is dictating.
Chairman Pollert: there's $100,000 in the dept of Indian Affairs and so there's $700,000 here so those won't overlap?
Arvy Smith: we are wanting to coordinator with them.
Chairman Pollert: I understand their suicide rates are higher than the general population. Out of this $1.5M from 09-11, were you targeting the native population at that time?
Arvy Smith: a lot of federal funding went towards Native American then.
Mary Dasovich: we will be partnering but I believe the Indian Affairs Commission is going to target the tribal programs. We did fund tribal programs in with our federal funds and state general funds in the current biennium, and we will be partnering with them. We also need to remember there are urban Native Americans living off the reservation that have high rates of suicide, so we will be wanting to work with that population as well.
Chairman Pollert: they didn't ask for an extra FTE to do the $100,000 I believe. If they did, it would make more sense to run it through the DOH.

Chairman Pollert: can you give me Women's Way?
Arvy Smith: that amount, a little bit higher than that was coming out of the community health trust fund. That should be marked. That was previously community health trust fund in the current biennium and that's just replacing that with general funds so that keeps them at the same level.
Chairman Pollert: for the $305,000?
Arvy Smith: Yes. We
Chairman Pollert: is your community health section the biggest?
Arvy Smith: FTE wise and dollar wise, no, but the amount of programs this section includes is huge. If you go back to the professional services line item, close to the top, Women's Way local public health units ($305,000 reduction), so we had to pull that out because we didn't have community health trust fund for it. When we requested it back, we were having discussion and asked for it under the grants line item, so that's where it was funded. It would work better up in contracts. Our intent is to contract that. Some of it will go to local health and some of it pays BCBC for the actual screenings and such.
Chairman Pollert: can you expand on the first few items on pg 3 of attachment **ONE?**

Mary Ann Foss, NDDOH: the Women's Way BCBC, at the state level, we contract with BCBS to reimburse the healthcare providers for the Women's Way clients that come in for their mammograms and pap tests. So that is to pay them directly for their costs at the Medicare part B maximum rate. With the Women's Way local public health unit, our structure is, we divide the state into ten regions which we call local coordinating units. Those units are housed in a local public health office and the local coordinator is a public health nurse that then on behalf of the Women's Way program at that local level, they are out there recruiting women, enrolling them in the program and doing case management type activities ensuring the women goes to get that screening and diagnostic types of services. The Women's Way recruitment campaign focuses on those hard to reach women (low income, medically uninsured, underserved) to educate, enroll them in Women's Way if eligible and to motivate those women to get their screening.

Representative Nelson: In the area of BCBS reimbursements, are the utilization numbers increasing?
Mary Ann Foss: Utilization numbers, yes. Every year the state sets a screening goal which is 3200 women to be screened. This year, we exceeded our screening goal and as a result, more claims at BCBS. Plus the costs change every year.
Representative Nelson: the Medicare rate did go up. Is the increase in this budget meant to meet the utilization increase and the increase reimbursements?
Mary Ann Foss: Yes. The federal funding only pays for mammograms for women ages 50-64 and with the state we added in that we can now pay for screening mammograms for women ages 40-49 also which has increased our participants.
Representative Nelson: in this particular area, the recruitment effort has been used in the colorectal screening as well.

Chairman Pollert: if I add up Women's Way. If I take what's in professional services in 09-11, it was $2.328M. If I add in 11-13 executive budget, on that pages it's $2.106M and add in what's on the grant line item. That comes out to $2.807M so we have an increase in Women's Way of almost $.5M. I want to make sure I am not doubling up.
Arvy Smith: we did not increase women's way $.5M and it's closer to holding even.

Mary Ann Foss: the increase you are getting is due to the care coordinator grant that we applied for, but didn't get the funding.
Chairman Pollert: in professional services line item in the executive budget that comes out to $2.1M so if I add that $2.1M and then I go to the grant line item, do I need to add in the $300,500 because you basically took it away from the local public health units from 09-11 to 11-13, but then you put it on the grant line item and also the $400,740, the Women's Way Care Coordinator.
Arvy Smith: that's the one you shouldn't add in.
Chairman Pollert: but it's added in
Arvy Smith: It's in there because we requested it in our budget because we didn't know at the time we put our budget together we requested the federal grant and subsequent too then we learned that we did not...well, we got approved but not funded. That means we wrote a good grant but they didn't have enough money for us.
Chairman Pollert: The authority is in here, but you aren't getting the money.
Arvy Smith: it's too late for us to pull it out. That is all federal.

Representative Nelson: that coordinator, that person would have overseen the total Women's Way program across the state? How would have that affected what you do now, MaryAnn?
Mary Ann Foss: the name of the funding was patient care coordination grant and it would have established patient navigation services at the local level. This would be someone that would work with those patients to get them through the system. This is a coming thing at the national level and assisting patients through the healthcare system. We were looking at establishing sites at a few areas in the state like Fort Berthold (18 month grant). We were looking at it like a pilot program. It was not an FTE.
Representative Nelson: do you keep track where it was funded and outcomes?
Mary Ann Foss: I do know 9 out of the 23 programs did get funded and I know my counterparts in each of those states.

Representative Wieland: I found that there were 8 different programs that deal with violence. I am just wondering, couldn't those 8 programs be combined into 1 program? 1 agency ought to be able to deal with any phase of these programs.
Arvy Smith: those are funding sources and each of those funding sources are from the federal govt. with specific rules. Yes, that's all in our domestic violence program and we have only1.5 FTE. Last time, we got another million dollars from the general fund to do more grants so that's why we need to put another FTE in here because they are handling all of this stuff.

Representative Kaldor: perhaps it would be useful for us to get information on how those programs are used and implemented.
Arvy Smith: Just for your information, Mary can describe some of those to you. One of them is going away. The Safe Haven program will not be funded. We did not get continuing funding that we applied for.
Representative Kaldor: how many of the line items in the federal fund column are not going to be expended?
Arvy Smith: those are the only two; Safe Haven and Women's Way Coordination.

Chairman Pollert reviewed afternoon schedule and adjourned hearing until fifteen minutes after the floor session this afternoon.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 1, 2011
13809

☐ Conference Committee

Committee Clerk Signature Julia Hyde

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert called meeting back to order. Chairman Pollert stated that committee will meet tomorrow afternoon from about 2:45-3:45 pm. He opened hearing for HB 1004 regarding community health section, labeled attachment **ONE.**

Susan Mormon, NDDOH, went through professional services line item.

Chairman Pollert: what is BRFSS?
Arvy Smith: Behavioral Risk Factor Surveillance System and is all federal funded. It's a telephone survey to residents of ND and increased funding is due to capturing those who do not have landlines to get a more representative sample. We ask questions related to health.
Chairman Pollert: what does MCH Evaluation/Communication Consultant do?
Arvy Smith: Maternal and Child health block grant with a state match.
Kim Mertz: the maternal and child health block grant has requirements for statewide needs assessment that has to be conducted every five years and part of what we use is an evaluation consultant to help us with that extensive statewide survey to collect and analyze our data. The line items below that talk about new parenting scoliosis and those are zeroed out and what we did is roll all of that into evaluation communication consultant. We have needs for communication consultant to develop things like annual reports and fact sheets. MCH covers number programs, from newborn screening to SIDS to nutrition to oral health. It's services to help us with evaluation and looking at statistics
Chairman Pollert: is the home visiting the same as what we talked about under the grants line item?
Kim Mertz: that's correct.
Arvy Smith: our goal is to contract that out so it will go to the operating line item
Chairman Pollert: is it federal?
Arvy Smith: it is completely federal.

Chairman Pollert: I had a question re: total tobacco funds of some sort

Representative Wieland: according to this page, there was $5.924M that's going into tobacco, including professional services for the personnel. The total budget is $6.162M. Is that the amount of money going into tobacco cessation?
Arvy Smith: It is.
Chairman Pollert: the 2.651 is the CDC funds and the 3.51 is the community health trust fund?
Arvy Smith: Yes. There is a separate tobacco professional services line item sheet, three pages later
Chairman Pollert: under quit line you have an increase of $770,000, quit line vendor for $70,180; have you gotten more CDC? You have a bunch of increases in there but yet when I look in your grants line item you show a reduction in CDC grants.
Arvy Smith: professional services quit line is mainly the community health trust fund.
Chairman Pollert: we can't spend as much money in the community health trust fund, but yet we can increase the amount of money going into quit line, it looks like to me.
Arvy Smith: because we quit doing the grant program as they are coming from the center tobacco groups funding. We are able to increase the quit line.
Chairman Pollert: we are having to spend more general funds for the dental loan programs, all the other programs that you are asking us which we got on another form here, but you are increasing the spending back up to the $3.5M in the community health trust fund.
Arvy Smith: By law, we have to spend 80% of our 10%, on tobacco so we have to spend the $3.5M on tobacco. So we could only spend 20% on non tobacco. We had a $2.5M beginning balance.
Representative Wieland: can you give me that formula one more time?
Arvy Smith: 10% of the tobacco settlement dollars come to the community health trust fund and of that 80% has to be on tobacco programs and 20% goes to public health programs.

Vice Chairman Bellew: do you have a figure on what CDC recommends for tobacco cessation?
Chairman Pollert: was there not a low, mid and high point on the recommendation?
Karalee Harper: yes, overall the recommended funding is $9.3M per year for ND. There are levels to include, lower of $7.2M and upper of $14.5M and that encompasses all the tobacco program, not just the cessation.
Chairman Pollert: statutorily, the tobacco group is at $12M, that's in the biennium. So they're putting in $6M and the rest is going into reserves. I was under the impression that they were in the mid range.
Karalee Harper: we are at the recommended level of the CDC funding. What has happened is they have the $12M and in addition to the DOH's $6M, would equal the $18.6M per biennium that is recommended by CDC.

Vice Chairman Bellew: would we still be in statue according to measure 3 if we told the tobacco people that they would have to do the full $18M?
Chairman Pollert: That is a question we'll have to ask Jeanne when we do the detailing for HB 1025. Does that mean, Legislative Council, that to be in the recommended, they could actually have the $7.2M which is $14.4M per biennium and still be in the recommended ranges? Let's say we recommended the CDC lower end of the range which would be

$14.4M, does that mean we could do anything out of the community health trust fund? You would have to do at least the 80%?
Representative Kaldor: if we were to do that, the 80% stays the same, but if you were to reduce the other side, the other funds that would be coming in would be going into the Tobacco Control Trust fund which would be the reserve fund. Of the $6.162M, how much is general fund?
Arvy Smith: none.

Arvy Smith provided NDDOH 2011-13 Executive Budget Funded Optionals, labeled as attachment **TWO**, due to committee's request and went over this document.

Chairman Pollert: what happens now that the veterans loan repayment program, the medical loan repayment program, the dental loan repayment program, do those funds dry up? Are they onetime funds?
Arvy Smith: Long term funds
Chairman Pollert: if you continued to fund all these loan repayments and it was cut off, how long would you have to fund these programs?
Arvy Smith: what we included in the community health trust fund was to finish anything that we are committed to as of the end of this current biennium. If you didn't want to aware any new loan repayment grants next biennium, you would discontinue all the general funding.
Chairman Pollert: there are certain loans out there that would have to be continued to be paid. What I am hearing from certain legislators is since it can't be paid through the community health trust fund, it's going to general fund and we're not going to fund it. This is why I am asking you so I have an answer. So you are going to give up on the vets, the dental, and the doctors loan program so I'm saying what would you have to do to continue to pay the ones you are paying now and not put any more money into it.
Arvy Smith: the ones we are committed to, we funded all those out of the community health trust fund so we didn't add any new ones. The general funds are for new ones that would be awarded next biennium. If you wanted to quit, the general fund amounts would go away.

Representative Kreidt: are these on a year by year? How far out do we go on these commitments?
Arvy Smith: varies by program, but typically we are in contracts of 2 – 4 years. We do have a clause, stating if the funds aren't there, we will discontinue the program. We do not state this ahead of time to protect our credibility. We can break those contracts, but we would choose not to.
Representative Kreidt: if we stopped accepting any applications, we would still have to go out 4 years?
Arvy Smith: yes. They are funded by the community health trust fund. She clarified that the colorectal and EMS are general funds.

Chairman Pollert: Women's Way is all general funds?
Arvy Smith: yes

Arvy Smith provided two documents at the committee's request. One was the employee turnover for DOH, labeled as attachment **THREE.** The other is DOH Current Rental Contracts, labeled as attachment **FOUR.** Arvy Smith went over these documents.

Chairman Pollert: out of the 9 to work for the energy companies, that's not necessarily...they weren't engineers looking to go to mineral resources?
Arvy Smith: they might have been scientists (environmental scientists as opposed to engineers) but I don't know for sure.
Chairman Pollert: on the $70,000, are you earmarking that towards anybody or more towards this particular segment.
Arvy Smith: that was intended for employees involved in the energy development issues and that can be air quality or water quality or waste management. It could be a variety of employees in environmental health. it will be geared towards the engineers and scientists in that area

Arvy Smith provided document, labeled as attachment **FIVE**, which is interim report on the status of study to improve detection of prenatal alcohol exposure and decrease the prevalence of fetal alcohol spectrum disorders in ND.
Kim Mertz informed committee that Dr. Bryd would be coming to hearing tomorrow to testify and would be available to answer more detailed questions at that time.

Representative Kreidt: on the leases and rentals, the gold seal building, we pay almost $.5M a year. Is that building for sale?
Arvy Smith: not that we have heard and we haven't had recent conversations when we first got into this endeavor, we thought it would be nice to purchase it. I think they would have been willing to talk about it at the time. I don't know where they are at now.
Representative Kreidt: that's a good sized payment. I don't know if we want to own any buildings, but at least you'd have something at some point.

Arvy Smith reviewed schedule for the remainder of the week with committee.

Chairman Pollert adjourned hearing on HB 1004

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 1, 2011
13883
13877

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert called committee back to order. He distributed written testimony which he received from Cancer Action Network in support of HB 1004 and is labeled as attachment **ONE**. The testimony is for the committee's information as Cancer Action Network did not testify this morning due to not being present.
Chairman Pollert stated committee would continue the detailing of the NDDOH budget (HB 1004).

Arvy Smith distributed the budget detail on the Special Populations Section of NDDOH, labeled as attachment **TWO**. She went over this information.

Representative Nelson: what makes up the other funds category?
Arvy Smith: Some of it's going to be the community health trust fund, part of the loan repayments. 260 is the dental repayment, 10 is dental new practice, 310 is veterinary repayment and 75 is medical repayment.

Chairman Pollert: Would each section be different if I took the total grant dollars and divided by 10.7 FTE and did that to every section of the budget? Would that tell me your workloads or would that not be a good way to do it.
Arvy Smith: It would depend on the area. Environmental health is more regulatory
Chairman Pollert: I see a good sized temporary increase which seems like a lot for a smaller section
Arvy Smith: It was in lieu of an FTE.
Tammy Gallup-Milner: we are seeing requirements from the federal MCH block grant side of systems development activities around the populations for children with special health care needs in their families. This is work like supporting initiatives around medical home, healthy transitions for youth; some of those population based activities. We are also seeing from our state law aspect, a more direct service part where we are doing direct service programs for kids and families and it takes different skill sets and different kinds of work efforts to do systems development versus some of the direct service programs we also

have to do. We are having difficulty in our division thus there's quite a bit of overtime for my staff.
Chairman Pollert: when you say direct service, do you mean direct visitations? Could you elaborate on that?
Tammy Gallup-Milner: We have staff that are actually managing some of our multidisciplinary clinics where they go out and do the service with the teams as well as clinics.

Chairman Pollert: can you expand on repairs as this number jumps out at me?
Arvy Smith: maintenance contract on a new for a copier and these numbers are due to maintenance contracts

Representative Wieland: that increase is for one copier?
Arvy Smith: We'd have to get more information on that. Some of it is going to be general increase, inflation of 5% but then what's triggering it beyond 5% is the addition of that maintenance contract.
Chairman Pollert: no, that is fine.

Vice Chairman Bellew: did you account for the 5% inflation increase for every section?
Arvy Smith: It varied on which item it was and we looked at the activity and if expenditures were running lower or higher, then anticipated and made those adjustments and applied inflation factors in certain areas. We used 5% per biennium.

Representative Nelson: in the grants line, the Russell Silver grant is taken out, so I'm assuming there is nobody left to use it. Was there ever more than one child that utilized that grant? As there's no funding for it does it continue into the next biennium?
Arvy Smith: we changed what it's called to catastrophic relief. We were provided funding for Russell Silver and by law we have to cover that Russell Silver if there is request. The activity is very low because the people who have had it have good insurance. It was $150,000 when it started and now it's down to $50,000 as it wasn't being used. There are a couple other laws on the books that if someone walks in with certain diseases, we have to cover it. Thus we would have no funding source so what we want to do was make that money more generic instead of saying we can't cover you because we don't have a budget and yet we're sitting here on $50,000 for Russell Silver. Certainly if we spend this money on another disease and someone came in with Russell Silver, we would have to provide it. However, the same goes if this was only budgeted for Russell Silver and someone came in with that other disease we would have to find the money for it. All of this is triggering a bill for a study that Senator Lee is putting in to look at this issue and see where we need to be on it.

Representative Wieland: the delivery system?
Arvy Smith: study would include what we should do with different catastrophic diseases; how should we define them; why would you fund this disease and not the next. We are looking at efficacy of things as some procedures are more effective than others.
Representative Wieland: to use it for anything other than Russell Silver would require other legislation?
Arvy Smith: The law requires us to cover Russell Silver with the budget we are given every biennium so our request is to adjust that budget, but not change the law. We are

requesting that we can change that and use that to fund, not only Russell Silver but other diseases that we are required by law to cover.
Representative Wieland: that was an ongoing appropriation when that billed was passed?
Arvy Smith: We were given an appropriation for Russell Silver and every 2 years, you set a new appropriation for an agency and we are requesting that, that be changed.

Representative Kaldor: what are the other diseases that we are required to cover by law?
Arvy Smith: Hemoglobin, some rare blood disease
Representative Kaldor: I would like to see the list of diseases. You mentioned that Senator Lee has a bill. It's a study resolution.
Arvy Smith: It is to study it; however I am unsure if it is a bill or resolution. Some of what's triggering this is she's had a constituent come to her with a rare disease and there's a whole list of diseases we could be covering that are no different that Russell Silver so why are we covering Russell Silver and not these other ones. We started looking at efficacy and decided this would be best to study so currently we feel we need to respond to law what we are required to do.
Representative Kaldor: I ask this as Russell Silver was the only one that showed up as a line item, but the other one; we still required the funding for it or is it in here?
Arvy Smith: It has not been a special line item for awhile. It's within our grants.
Representative Kaldor: would that be under the grants to individuals line item?
Arvy Smith: Yes.

Chairman Pollert: in addition to the list of diseases, will you provide the amount of funds that were being appropriated to them others as well?
Arvy Smith: we haven't had a request or appropriation or a request. That is likely because people don't know that, that law is out there. Senator Lee was faced with individual constituents coming to her with these different diseases and why are we covering this one and not the next when they are all similar types of diseases?

Representative Nelson: if we agree with this, Russell Silver will be covered under the catastrophic relief?
Arvy Smith: Yes. It isn't actually a line item, but rather a listing of what's in the grants line item. On intent is to cover only those required by law right now.

Chairman Pollert: when we passed Russell Silver (that was for the specific disease), at some point it was put to the grant line item. Could it be said that legislative intent for Russell Silver was replaced with putting it as a grant line time? If it was put into the budget as a grant line item, was legislative intent changed?

Representative Nelson: that appropriation was to an individual and administer through the dept of human services and there were some problems with that. In the next biennium, it got switched to DOH. Whether or not the appropriation was in the form of a grant, there were clinical visits as well as nutrition and at the time, the individual was 3 yrs old. The reason there was $200,000 because there was some other instances of Russell Silvers at the time.
Tammy Gallup-Milner: There are 2 children enrolled. One has been where all the claims payment has occurred and $25,000 has been billed. The claims are high for that condition. State paid $5000 due to family insurance paying well. For the second individual, the family

has two sources of health coverage so their needs are being well met and their care is not managed so far away from home.

Representative Kaldor: we passed that legislation in 2005 (SB 2395). It was for $50,000 directed for those particular services for Russell Silver syndrome. They were exempt from the 185% poverty level eligibility.
Representative Wieland: did it indicate that it was a continued appropriation or that it only went to 2007?
Representative Kaldor: The appropriation was for the 2005-07 biennium so we must have done something in 2007.
Chairman Pollert: I would suspect with a lot of legislation that once you fund it the first time and then it comes in and then it just goes into the budget for the next cycle. Thus it becomes part of that budget's continuing cost.
Legislative Council: typically, unless they are identified as one time, they end up in the base budget. That might be what happed here and I can do some checking.

Vice Chairman Bellew: regarding the grants for specialty care diagnostic treat, you haven't spent any of it and you are requesting the same amount again.
Tammy Gallup-Milner: That had been carried over and probably lumped into the grants to individuals that we do for our diagnostic and treatment program. Last session there was the provider increases through the MMAS system and because we use that system to pay our claims for the providers, we also had some increases for those provider adjustments. That was carried over from last biennium.
Chairman Pollert: could you further explain down into subsection A and B?
Tammy Gallup-Milner: those provider increases that happen through MMAS often hadn't been addressed through children's special health services and we pay like Medicaid does for most of our services.
Chairman Pollert: you are talking the 6 and 6 in the inflators?
Tammy Gallup-Milner: Correct. We weren't sure what the adjustments would be for this biennium and some of that carries over to make sure we can absorb some of those provider increases which I believe are being talked about at 3 and 3.

Chairman Pollert: SSDI grants. What is that for?
Tammy Gallup-Milner: our SSDI grant supports Data infrastructure to support some of the reporting requirements and needs assessment activities that we are required to fulfill for the MCH block grant application process. On this one, we devoted some dollars that would support our part of the MMAS project costs that DOH, through the CSHS division is responsible for, for the new system because we use that system to pay our claims.
Chairman Pollert: do you pay an IT data charge for MMAS?
Tammy Gallup-Milner: It's for the new project development. It's our portion of the cost and because that project got carried out longer, we are going to utilize some federal funds through that grant to support the costs that we would need to absorb for the rest of the project.

Representative Kaldor: I am curious about the federal fund portions. I will use grants to multidisciplinary clinics as an example. In the current biennium, our budget is $369, 243 and our executive budget is $400,000. Is the general fund portion of that, growing and the

federal proportion going down? The recommendation is more than requested in federal funds.
Arvy Smith: the grants to multidisciplinary clinics is all the MCH block so that's that percentage, 57/43 split (Medical home, care coordinator, family support contracts); grants to individuals would be the same thing; grants to counties is the counties have to provide the match on that; and then we get into the repayment programs.

Chairman Pollert: regarding repayment programs, it would appear that the dental new practice grant, you are expending $10,000 in 09-11 but yet we are going to do $30,000 so has there been new applications on that? The medical loan repayment, you've expended $90,000 out of $347,000, and 2/3s of the budget is already done for that year so it looks like there is too much money in the medical loan repayment.
Arvy Smith: The best way to look at those would be to go to those repayment schedules.
Arvy Smith went over the Loan Repayment Program schedules, labeled as attachment **THREE.**

Chairman Pollert: it looks like we appropriated $350,000 for veterinarian. Because of the program, you have to ask for another $90,000 over and above the 350,000 to continue on with what grants have been done. Could it be said that we wanted to do only $350,000?
Arvy Smith: the law allows three per year. The budget ends up fluctuating because it depends on whether you are in the first year or second year and when you started (you might only have one payment in a biennium). This one gets more interesting as the first two years are at $15,000 and the next two are at $25,000, so it depends on how many you have at the $25,000 versus the $15,000. That's the reason we lay them out in these detailed type schedules showing each loan and what status it's all to calculate. This is where we get to the $310,000 that we funded out of the community health trust fund, is to honor those contracts we entered into this biennium or the previous biennium. And the $135,000 down below is the new ones we add next biennium. The first year of the biennium there is $15,000 each and the second year, we've got the second $15,000 on those three and then add three more at $15,000 each.

Vice Chairman Bellew: Legislative Council, would you look up 43-7-2 and see what our obligation is? Arvy, do you have any records of the veterinaries? Do they come back to the state?
Gary Garland, administer the loan repayment programs within NDDOH: two individuals who were improved, left. The state board of animal health reviews the applications then they make a recommendation to the state health council. The dept of agriculture and the state veterinarian are seriously considering giving additional weight to ND based applicants rather than to applicants that are coming out of state. The two that left: one was from Canada and the other one from Washington, and they are both back in their respective areas. Thus in the far left column, everything should add up to 80. 15 the first year, 15 the second year, 25 the third year, and 25 the fourth year, but these figures don't all add up to 80. Here you have cases where individuals have left and one individual applied for the minimum amount (2 yrs of service). The Veterinary loan repayment law says at a minimum, a veterinarian can apply for two years of service and receive that $30,000. This individual did just that and that's why you see 30 over in the right hand column versus 80. In terms of a total expenditure, this program allows 3 new individuals in per year. The program will be totally full when 12 individuals participate in the program. Of those 12, 6 will be receiving

$15,000 and 6 will be receiving the $25,000 ($480,000). We aren't at a full program yet, due to these individuals I just mentioned. At the present time, we have 6 in. I received 9 applications for 2011 awards, 3 will be selected out of that, so in 2011, we will have 9 veterinarians in and hopefully all will stay.

Representative Kaldor: in the case of students who participated in this program from out of state, when they applied, were they going to one of our institutions in state at the time?
Gary Garland: they did accept employment in ND, but they just didn't finish the program.
Representative Kaldor: when these applications come in, did we have other eligible applicants who were from ND at the same time.
Gary Garland: SB 2341 amends the veterinary loan repayment statue and gives the health council the ability to give as many awards as the budget will allow. If we have cases like this, that's where the extra money comes from to fund those other applicants. I've had 9 applicants this year. The decision was made to market this program mainly in the Midwest; most of our applicants come from Iowa, Kansas and Minnesota.

Chairman Pollert: was the intent of the bill to be at $350,000?
Gary Garland: No, it has followed the pattern of applicants allowed by the law. The original appropriation was $180,000 (3 at $15,000 over the biennium). The next year, we had all of those that came in the first term and then 3 more each year past that and that's where we keep growing to get to the $480,000.
Chairman Pollert: by statue, we have to follow the up to the $480,000 because it's not a dollar amount, it's a participant amount.
Gary Garland: Correct

Legislative Council: regarding Vice Chairman Bellew's request, it is actually 43-29.1 and no more than three veterinarians can be selected.
Vice Chairman Bellew: does the state require that we fund at a specific level or for certain number of years?
Legislative Council: the payment schedule is included in the code section. do you want me to go through this?
Vice Chairman Bellew: You can just send me a copy.

Chairman Pollert: we are going to have to stop for the day. We are at the loan programs part. Chairman Pollert stated that NDDOH will come back tomorrow to continue budget detailing and the committee will switch gears and hear presentation from Legislative Council.

Job Recorder Number 13877

Shaun Rau, fiscal intern, presented a survey of agency alcohol, drug, tobacco, and risk-associated behavior prevention programs, labeled as attachment **FOUR.** The survey was put together by Legislative Council.

Chairman Pollert: would that amount that you spoke of on page 8 for the Dept of Public Instruction, does that carry over to the bottom of page 10?
Shaun Rau: That does not and is just the total based on (inaudible couple of words due to Chairman Pollert speaking at the same time)

Chairman Pollert: hose numbers wouldn't all add up to get to that bottom page.
Shaun Rau: this is just for your information to let you know that there is a bill out there to provide funding for the state schools.

Chairman Pollert: all the departments on the last pg (pg 10), there's $49,000 of general funds being spent on risk associated behavior. There's $6M increase for all those agencies you are listing for this biennium.
That is correct

Representative Wieland: if that bill passes (SB 2314) how much money is that for?
Shaun Rau: That would be for a total of $2M from the general fund.
Representative Wieland: that would increase that fund from $130.6M to $132.6?
Shaun Rau: Yes.
Chairman Pollert: so it would be an $8M general fund increase if the bill passes?
Representative Wieland: yes

Shaun Rau went over the Department of Corrections and Rehabilitation more specifically at the request of **Representative Kaldor**

Due to no further questions, **Chairman Pollert** adjourned the meeting and hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 2, 2011
13853

☐ Conference Committee

Committee Clerk Signature Julia Hziza

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing for HB 1004. Clerk took role and quorum declared. Chairman Pollert stated the committee was taking public testimony on HB 1004 this morning. He informed the audience that those with hearings would need to go first. Chairman Pollert opened up for testimony in support of HB 1004.

Representative Mark Sanford gave testimony in support of amendment to HB 1004, with written testimony labeled as attachment **ONE.**
Representative Sanford spoke about the budget. I will start with a brief budget outline in Grand Forks. From the state, county, and city we get grants that provide about $250,000. We raise funds from donors to match that amount. ¾ of the budget comes from grants from the federal govt, corporations, companies, and foundations and is all unpredictable. The thing about those grants, when you write a grant, you don't get to choose what specifically will get funded through the grant. The grant will tell what it will do for you. One of the things that is consistently missing is the core funding that is needed just to operate. It's difficult to find (heat and lights) that first level of service, the immediate response. Those are not available out there in the quantity we need in the grant structure. What we are talking about there here is something that would be core operations, the ability to be able to seek these other opportunities to serve through the grants and programs that we have.

Representative Kaldor: do you have an idea in mind of what we should be doing in terms of dollars or growth in that particular area?
Representative Sanford: As a comparator in states that surround us, if ND were supporting on a per capita basis, for example in a state like MN; MN on a per capita basis would fund at about $5M and ND funds at about $1.7M. ND, 2 years ago made an effort to increase it by 1 million dollars and it has been a lifesaver for these agencies. We see a tremendous expansion in the western part of the state. The needs are very serious there. I am not sure how much would return to Grand Forks. The basis thing is, is the needs are there and they have to be met. This is fundamental stuff. We have folks that have nowhere to turn, very vulnerable. This investment saves all of us a lot of resources.

Chairman Pollert: on the $1.7M, was the million onetime funding last biennium? The current budget they are proposing includes the million dollars as being continuous funding. Are you aware the million will be ongoing if approved?
Representative Sanford: Yes.

Vice Chairman Bellew: you state that the western part of the state has seen an increase in domestic violence. Do you feel instead of funding all the infrastructure projects out there, we should use some of the oil money to fund social services?
Representative Sanford: I participated in an east meets west exchange this summer. I got to meet the economic development director from Williston and he gave us the needs. He stated, in spite of everything I've said, our quality of life is suffering and we want that back. We need to deal with the quality of life. In that whole long list of things he gave us, he said this is the prime thing.

Chairman Pollert: how would it be if we took a million away from the western county oil roads? How popular would that be?

Representative Nelson: this should be discussed in the total picture of oil development. You mentioned 3 communities that are meeting the state standards, what are those, that are on par...?
Representative Sanford: Bismarck, Grand Forks and Dickinson
Representative Nelson: the money that we are talking that has been discussed this morning as far as a hold even budget, is that a true statement from your facility's standpoint? What's the status of the 75% of the federal funding and grants that you received and you used to operate? Is it a stable number or is it growing or dropping?
Representative Sanford: I was talking about the budget in Grand Forks and it would be fairly typical in other centers across the state. The opportunities for grants at the fed level at best are going to be even. If the freeze is put in or it there are cuts in domestic programs, this will have some effect. There's a potential for less involvement there. A lot of that ¾ comes from corporate groups and foundations.

Dale Nieswaag, Basin Electric Power Cooperative, gave testimony in support of HB 1004, specifically the amendment to appropriate $750,000 to the NDDOH for costs associated with litigation and other administrative proceedings involving the United States of America under federal environment laws. Testimony is labeled as attachment **ONEA**.

Representative Nelson: During that discussion for funding sources for this, lignite research fund came up and I did notice there's a $300,000 litigation fund that is drawn out of from that fund. Are you aware of what that money is being used for now?
Dale Nieswaag: There were also funds set aside last session for MN. MN had set up a law called the Next Generation Energy Act. Referred to testimony.
Representative Nelson: I was remembering that as well. From a historical standpoint, was any of that money utilized for that particular issue?
Dale Nieswaag: I don't have the answer to that.

Chairman Pollert: we would not want Basin Electric as far as a partner in the lawsuit, but would you guys be friends of the court and providing your own litigation coming forward or funding? What are your thoughts about that?

Dale Nieswaag: Where we can, we will. There have been cases before where we have been able to. If there's a special expert to be brought in or expert testimony, where we can shared in the cost of that, we have done that. There's a fine line for what we can do in association with the state and what we can't do. Where we can, we will be involved in the lawsuits and in providing support wherever we can.
Chairman Pollert: do you have any idea of what that monetary value might be?
Dale Nieswaag: In the hundreds of thousands of dollars.

Al Christianson, Great River Energy, testified verbally in support of HB 1004 amendment. It is very necessary as Mr. Nieswaag testified, we do go in as friends of the court; we do bring in subject matter experts, but there are certain things only the state health dept can do for us.

Tim Hathaway, Executive Director of Prevent Child Abuse ND, provided written testimony, labeled as attachment **TWO**. He spoke in support of the amendment of HB 1004.

LeDora Wohler, Nurse Supervisor for the Nurse-Family Partnership Program at Fargo Cass Public Health, provided written testimony, labeled as attachment **THREE.**

Representative Wieland: in attachment THREE, when you talk about the 83% increase in mother's labor force, could you explain what you mean by increase in mother's labor force?
LeDora Wohler: The trials with NFP clients and the control group that did not have home visitation coming in so they saw increase in workforce in the families having a nurse coming into the program. The woman herself was able to find employment.

Jody Bettger Huber, Program Director for Healthy Families of Lutheran Social Services of ND, provided testimony in support of HB 1004. The written testimony she provided is labeled as attachment **FOUR.**

Representative Metcalf: Regarding Lutheran Social Services, how large of an area does the agency cover?
Jody Bettger Huber: Presently Lutheran Social Services, with the Healthy Families Program is serving families in Grand Forks County and Nelson County (started in 2000). In 2008 we expanded it to cover Burleigh County and Morton County.

Chairman Pollert: your funding through Healthy Families is through the DHS?
Jody Bettger Huber: Part of the funding is through DHS and we also get local funding through donors, and grants we write for.
Chairman Pollert: you speak of 80% of parents are single. If they're single mothers, would they be getting funding from TANF and would TANF dollars be used for this purpose as well? When they say come to visit, would they come on home visitation or would they be going into social services?
Jody Bettger Huber: our program is not funded through TANF dollars
Chairman Pollert: would the single parent have funding from TANF as well? Would there be programs available through TANF or social services?
Shari Doe, Director of Burleigh County Social Services: TANF is a grant program for adult caretakers of their children. They wouldn't be able to access home visiting services through TANF. It's a small grant. The home visiting programs that we have in Bismarck, the staff go

into the homes and work with the families. They do not come into the social service office to access family based services.
Chairman Pollert: TANF provides financial assistance, but not necessarily programs?
Shari Doe: Right. There are some TANF funds that are used in different areas, but for single, pregnant women or single women with children, it's usually just a small grant they get each month.

Jody Betterger Huber provided two letters from clients of Healthy Families. These letters are included in attachment **FOUR.**

Chairman Pollert: in looking at the grants line item, there is money appropriated in the executive budget for previous RPE, domestic violence, family violence, sexual violence, sexual violence RPE, sexual assault services, and STOP violence so I'm going to want a breakdown of what that is. Is it all different? Are they all through the same dept with the same FTEs? I'm going to be asking that question to you later.
Arvy Smith: There are two more on that schedule. The one is Community Designed Solutions and Violence (grant that we had, we reapplied and we won't hear until October), and the other is the Preventive Health Block Grant ($13,000 goes to rape violence)
Chairman Pollert: we'll discuss that later today

June Herman, Vice President of Advocacy for the American Heart Association of ND, provided testimony in support of HB 1004 with written testimony labeled as attachment **FIVE.** She also provided written testimony from **Jody Ward,** coordinator of the ND Critical Access Hospital (CAH) Quality Network, in support of HB 1004 and this is included in attachment **FIVE.**

Representative Kaldor: on the ND map, the referrals on the stroke registry, what other things are these hospitals doing in terms of the stroke registry? Is it only the recording of data or are they participating in intervention activities at the hospital?
June Herman: We are working with the critical access hospital quality network. They are learning what is being done in one quadrant that's working as far as systems and protocols and sharing it with other areas. They are convening by region. They identified that it's not just a matter of having the web base data tool out there for inputting the data, but that computers could go down. If you have a link saved as a favorite, what do you do to make sure you can go back and retrieve that data? They are going great work to help the small facilities to be active participants.

Chairman Pollert: you have your last pg of funding and is that last pg over and above what you show on your 3rd pg of the testimony?
June Herman: It is separate from the other requests that we moved through optional appropriation requests. My testimony references what you see as the optional appropriation items that we spoke with DOH about and did some pilots to show the viability of those projects.
Chairman Pollert: priority wise, pg 3 is higher priority than the last pg?
June Herman: I can't choose between deaths and damage due to stroke and those due to a heart event.

Representative Nelson: the $4M from the private foundation, what is the length of time that the money would be available for the stemi project?
June Herman: to come up with the one third match, we need more than 60 days to confirm that because we are in the process of having a letter of intent and authorization that if you can find a match, we will have a document that shows that legal commitment of the foundation to the project. We identified that this legislative process will take some time. We are going out to other foundations and funders so we don't know how long we are going to have.
Representative Nelson: the answer to that is an important part of the discussion that'll we'll have here so if you could get any kind of a sense even, that would be beneficial.
June Herman: Based on this foundation's timing process, if we are successful in achieving a formal commitment from somewhere, they will initiate releasing the money and doing an announcement as soon as April. That announcement will be held off if we don't find the match later. We have found that some foundations will not accept funding requests until as late as the fall

Representative Wieland: in looking at this last pg, I'm assuming these are onetime dollars that are you seeking for this one third match. In this biennium, we would have to come up with the whole one third?
June Herman: If you look at the EMS year 1 and 2, it would be $1.238M, that figure is what we would be looking for, for additional support
Representative Wieland: you are looking under other revenue source. How about under hospital, clinical, and program evaluation? Aren't those numbers involved in that?
June Herman: We would see other players stepping up to support those pieces. The key element in the whole process is having those devices out there with our ambulance services. We are still continuing to crunch the numbers of what is the need of the devices out there in the field. We do know there are some out there, some are aging and may not be able to be upgraded to the communications capabilities so we are trying to hone in on what the numbers show.

June Herman provided committee with hundreds of sheets, ND citizens signed to support state funding to improve ND's stroke system of care. It was decided by Chairman Pollert that these would be left with the clerk in the Roughrider room for committee members to reference.

Joan Enderle, Director of the American Heart Association's Go Red ND Initiative, provided testimony in support of the optional appropriations request within HB 1004. The written testimony is labeled as attachment **SIX.**

Chairman Pollert: is your funding request similar to June's testimony on pg 3?
Joan Enderle: Yes. Go Red ND would be one component of the optional budget request. There are different levels. Initially, Go Red ND funded 20 communities and this year we were only about the fund 10 communities. Those communities are required to provide 25% of their funding locally. While they get a community action grant of up to $4,000, they much come up with 25% of that funding locally which gives a lot of buy in to each community so the program has been set up to provide buy in. In switching gears, one of our pilot projects is a project with Dickinson. The American Heart Association received a request and Dickinson identified that many individuals in their community were unable to afford getting

their heart health numbers. To illustrate the partnerships AHA has with the communities, **Leah Madler,** nurse coordinator, is here to provide more information.
Chairman Pollert: we'll have Leah come up later as Representative Keiser has testimony to give now.

Representative George Keiser provided testimony, labeled as attachment **SEVEN.**

Representative Keiser: I am here as a public member. I am a board member at MedCenter One and share their total quality management committee and am the president of their long term care operation. The problem that we are encountering in health care is a significant one. As a state, we have enacted policies which are designed to protect the consumer. We do require the health dept to do inspections on various programs and equipment installations, etc. but that may not be working as well as we would like it to. If we were to go out and purchase a new MRI system, for instance, and it's $2M. Negotiations with companies take place regarding price and following this is the purchase. Each purchase is unique, but frequently, as with any piece of equipment, there is down payment and time to install. Once this occurs, we, as a medical facility wait and cannot use the equipment until the inspection occurs. That not only applies to a piece of equipment, but also to programs and other elements. If you look at the first page of the handout (attachment **SEVEN**), the number of projects submitted does not include the projects addenda, change order, proposal requests and for the last 6 months of 2009, there were 30, the first 6 months of 2010 there were 22, and the last 6 months of 2010 there was significant activity in trying to upgrade that facility and were 40 projects submitted to be reviewed and have the stamp of approval given to. **Representative Keiser** continued to go through the remainder of pg one of attachment **SEVEN**. This gives you a very quick overview for one healthcare facility in our state what is happening in the short term, but it has been continuing to happen long term. Last legislative session, you did approve 1.5 or 2 additional FTEs for the health dept to improve this process. Whatever was done has not been adequate and has not addressed the process. We can talk about the federal healthcare legislation and I have yet to find it where we are going to reduce costs. This is an area, as a state, we have the opportunity to address an issue that is costing these healthcare facilities a significant amount of money without remedy at the current. On the third pg, the budget for one additional FTE for plans review and onsite construction visits for the health dept. We need to find a solution to this. I have two suggestions for you. The obvious one is to create another FTE and dedicate them to going out and getting on these sites and approving these projects. Based on what we do in so many other arenas, I feel a better approach would be to somehow come up with a process where you have a preliminary approval. If the equipment is installed and is certified by the vendor and is an established vendor, you should be able to submit a letter saying we have done this level of due diligence, can we have an approval to start application until the inspector gets here. We cannot continue to wait 6 and 8 and 12 months to get these approvals done simply because we don't have the appropriate manpower. We either create the manpower or I hope we can come up with a solution that doesn't cost so much money. We do this in a lot of arenas already. Many states (for insurance products) have gone to a process where the product is approved but the insurance commissioner can review it and if they don't like it, can request changes in it. The vendors the healthcare facilities use are well recognized vendors. There needs to be some way to allow them to implement these programs and get the payment stream going sooner. I am here as a legislator representing my constituents

as well as representing MedCenter One. We have a chance to improve or reduce the costs of healthcare by allowing these implementations, programs or equipments, to happen faster and you have to find the answer.

Representative Kaldor: when I look at number 5 in this e-mail from Dr. Bartz, it relates to changes to an improved project. 35% of the total time is dedicated to changes to an improved project. I'm assuming those are things that would be like a change order in a construction project, but is there any way that, that can be dealt with in a different way? I'm assuming we don't want our hospitals to be required to be held to a rule that once it's approved they can't make changes, but that may be a significant factor. How do we address that?
Representative Keiser: That's the easy one to address. I believe that DOH could develop an application forum that these healthcare facilities could complete, submit (electronically or in paper form) an addenda to an existing project and DOH would have 10 business days to respond a denial or it becomes effective, with the provision it could be reversed upon personal inspection. I don't know which companies make MRI systems (there are Semens and others) and they are well established companies. If they have a defective product they put in, they are liable. I im not certain what all of our inspection is doing on all of these pieces of equipment, but It seems to me that they should be able to submit a form saying we have installed a new machine, we want to start operating it, we have 10 business day and if you have a problem with it (recognized concerns), let us know, we'll hold it but otherwise we are going to operate it and it will be a provisional permit until you actually get here and inspect it. The DOH may feel differently about this, but I would encourage this committee to ask and document how many times they have found a problem.

Representative Kreidt: in the project reviews and life safety dept, is Monte the only individual that's reviewing plans? With the additional people that we hired last time, are there other people now reviewing or is he strictly the plan reviewer?
Arvy Smith: there is Monte and the 2 staff, but some of that is reviewing the changes and then some of it is the office review of plans versus getting out on site and doing the onsite review. Thinking of Rep. Keiser's testimony about trying to go to a preliminary approval type of process, we certainly look at the process really closer and we could consider looking at something like but I think that's one of the things that got us to where we are, is if we approve to go ahead and then the project goes too far, walls have to be torn out or things have to be undone and that's where all the costs are.
Representative Kreidt: what do you mean by being fully staffed? Do we have 5 individuals or 4?
Arvy Smith: Just Monte and the two doing the construction aspect of it.
Representative Kreidt: we also have two surveyors besides that in the dept?
Arvy Smith: I would have to double check on that with Dr. Bartz, but I believe that's correct.

Chairman Pollert: we'll bring that section of the budget back up again.

Representative Wieland: I assume there are city inspectors in the larger cities that are doing a review on these things, so it would only be in the smaller communities where they would not have an inspector where you would have to go inside walls to look at some

things. I'm not following the reason why it would be necessary in some of the major projects or major cities.
Arvy Smith: I would have to get Monte to talk about a specific situation. I do know it does happen. They are not as familiar with the federal and the state regulations related to these types of buildings and mistakes are made and it was happening. Part of our efforts has been to do additional training of the other builders so they are familiar with our work.

Chairman Pollert: On Friday morning, we'll bring someone from that department down and get our questions answered.

Doug Johanson, Director of Facilities at St. Alexius Medical Center, provided testimony and referenced a document, labeled as attachment **EIGHT** (review of 5 of our projects that have been affected the most by DOH's new program that we have for review). If you look at these, anywhere for 3 to 6 to 8 months delay for construction projects that were currently underway. Mr. Johanson went over attachment **EIGHT.** We would support the FTE if that's going to solve the time issue for us. If it's not going to, I don't know what the answer is.

Representative Metcalf: if you could come back later, so we to discuss these areas of waiting periods, because to me this is absolutely ridiculous. I would like to know the cause and the reason we give you regarding these waiting periods.

Chairman Pollert: Mr. Johanson, we will invite you back this week (most likely Friday) to discuss this further.

Leah Madler, RN who works with the Pathways to Healthy Lives Program and Women's Way and is the nurse coordinator of the My Heart, My Health pilot project, provided testimony in support of HB 1004. Her written testimony is labeled as attachment **NINE.**

Chairman Pollert clarified funding requests indicated on the last page of attachment **NINE.**

Eric Volk, Executive Director of the ND Rural Water Systems Association (NDRWSA), provided and went over written testimony, labeled as attachment **TEN.**

Representative Wieland: when was this first funded? Do you remember the original amount?
Eric Volk: Wayne Kern would have the exact figures so I'll yield to him.

Chairman Pollert: this was onetime funding. You had to have people trained before this particular funding went into effect, so how was it paid for in the past?
Eric Volk: It was not paid for. They training at minimal but they had to foot the bill themselves.

Wayne Kern, NDDOH, Division of Municipal Facilities: the first portion of the grant came in 2002. Over a couple of grant amendments, we were able to apply for the full amount that was allocated to the state and that was $680,000. From 2002-present we will be able to continue on until this spring with some train events. We have used that onetime funding to reimburse operators for training expenses. When that runs out, there won't be any of those funds to assist in that effort. What happened before this, is there was still the obligation to

have communities to have their operators be certified, but the communities themselves would have to pay that cost with no reimbursement. This ended up being an inconvenience and certainly disincentive. A lot of the communities could give their operators the time to go, but what was difficult was the cost for travel, lodging, training materials, exam fees, etc. From feedback we've received it's been a popular program to the communities because it helps deferring some of the costs they do see in this area.
Chairman Pollert: was this a federal grant?
Wayne Kern: Yes

Representative Nelson: has the requirements for certification increased since the inception of that grant in 2002?
Wayne Kern: Yes, the EPA, during this time period, passed additional requirements for states to certify and train operators. We had an active and good program in place before these new requirements so we were able to show that our program met, but over time the safe drinking water act regulations have required more and more operators to be certified so we used our existing process to offer that and get them certified. If we have a new rule, the rule itself may have said, in order for a water system to be in compliance they have to utilize operators that are trained and certified. The only way we could address that as a state was to make sure our program was there to be able to certify and train those operators.
Representative Nelson: do you track the number of certified operators in the state and what is the status of the workforce in certified water treatment people?
Wayne Kern: We do track that; I do not have figures in front of me. I believe we have 1200 operators that are certified in water treatment. This could be for distribution or it could be for treatment for both. We have probably an equal number that are certified on the waste water side.
Representative Nelson: could you compile that?
Wayne Kern: Yes

Representative Wieland: do they have to be recertified and if so, how often?
Wayne Kern: Yes, they have to keep that certification active through renewals which take place annually. There's an initial exam with annual renewal. Every 3 years, an operator requires continuing education.
Representative Wieland: is there an opportunity for online continuing ed?
Wayne Kern: Not at this point through the DOH, but that might be available through other entities. We do allow continuing ed to count if it's taken online.

Chairman Pollert: federal or state requirement for certifications?
Wayne Kern: State

Eric Volk: I have members here from South Central Regional Water, Walsh Real Water and the city of Mayville, who have used these programs in the past and showing support.

Alice Pekarski, Auditor and Water Operator for the city of Montpelier, ND: The law says that we must be certified in order to treat, test and distribute our city water. She reviewed the process of certification and renewal that Wayne Kern just went over.
For a city of the size of Montpelier (100 or less), we do not have the revenue to send our operators to get the training and what they need for certification. The expense of one

person to do the training and certification is more than what we would take in for that fund in a year. We have been grateful that DOH has helped reimbursed us for our operators to attend conferences, training sessions, etc. for certification, however this funding is running on. On behalf of the small cities of ND, we are recommending the committee to pass the amendment for the funding through DOH for this training and certification.

Representative Nelson: in a town of 100, and you have a water treatment plant, what's the possibility of another operator being hired in Montpelier?
Alice Pekarski: We do have another one on staff who is certified. If something would happen and she would quit, I would have to rely on myself to do the work again, but I am also the auditor. We do just distribute water. We buy our water from Stuttsman county rural which does help, but we still have to do all of the testing and maintain our water system because we have our own water system. They just fill our take. A lot of the old operators had to quit because they couldn't pass the test due to not getting the unaffordable training.
Representative Nelson: the flexibility that this training has allowed this is a perfect situation where a person that lives in the city is able to get the certification that's necessary and then they're able to make this work without that training. Given your situation, Stuttsman rural would take ownership of your city system, correct?
Alice Pekarski: I don't know what we would do if we weren't able to maintain our training. Eric, do you know what would happen?
Eric Volk: if a system would not have a certified operator, you see the dominos fall; non certified, non properly trained operators, your system is susceptible to violations of bacteria in the water which could be very bad and other violations, so it's just a trickledown effect we see.
Chairman Pollert: In a town of Carrington with 2500 people with their water treatment plant, is it possible for a fee to be put in people's water bill to pay for the training for the city? I realize that's not possible in the small towns. How is a middle sized town in ND? Or are they still part of this training?
Eric Volk: 3300 of less was the limit set by EPA. They would be eligible to take part in that if they wish to. Many medium sized and larger sized towns have the revenue to send their operators to training. We see the stress on the small systems (fixed incomes, older generation) where their budgets are bare bones minimum.
Chairman Pollert: is that a biennium request or onetime funding; the $200,000 for Drinking Water and $180,000 for Wastewater?
Eric Volk: that funding is for the biennium.

Janelle Moos, Executive Director of the ND Council on Abused Women's Services, provided written testimony, labeled as attachment **ELEVEN.** She went through multiple documents part of this attachment.

Representative Kaldor: the amendment request is for $1.5M and that covers the domestic violence offender treatment and the supervised parenting sections as well?
Janelle Moos: that is correct. 40% of the $1.5M increase would be for $600,000 to get those programs up to those base level services so crisis lines, shelters, emergency homes. 20% or $300,000 would be to provide additional therapies, counseling. The 40% or $600,000 would be for the offender treatment and the supervised parenting time.

Kristi Hall-Jiran, Executive Director of the Community Violence Intervention Center (CVIC), provided testimony, labeled as attachment **TWELVE**. Included as a part of the attachment, which Ms. Hall-Jiran did not read through, is testimony from Grand Forks Chief of Police, **John Packett.** Mr. Packett was not present.

Shari Doe, Director of Burleigh County Social Services, provided testimony, labeled as attachment **THIRTEEN,** in support of HB 1004, specifically the Domestic Violence/Sexual Assault Funding Amendment.

Keith Witt, Chief of the Bismarck Police Department, provided testimony (labeled as attachment **FOURTEEN)**, in support of HB 1004, specifically the Domestic Violence/Sexual Assault funding amendment.

Chairman Pollert: Grand Forks has a program going on that Kristi mentioned (see attachment **TWELVE**). Do you have something going on in Bismarck?
Keith Witt: We do have something very similar. In Bismarck we work through the Abuse Adult Resource Center that provides most of these services.

Representative Nelson: on the potential loss of the Safe Haven grant, how long has the facility been in operation in Bismarck? Have you seen positive impact when it was instituted from these situations where child exchanges took place? Does the dept have any fallback position if the money isn't restored? How do you plan to address this issue without the Safe Haven?
Keith Witt: We don't have the resources to deal with this. If they were eliminated, I am not sure what we as a community would do. I can speak to the custodial exchanges as I mentioned, prior to the implementation of the visitation center and that we had a lot more of these exchanges taking place at the police dept. Basically, it was to the point where judges were just ordering them to be done and people out of the blue would just show up in our lobby and say I'm here to do an exchange. We don't have police officers in our lobby standing around, waiting to do things like that. There is no way to effectively deal with that. We would have our shift commander seated behind a glass window just trying to watch what was going on and if things went bad, then he would have to leave his other duties to deal with it, so it would be an overwhelming burden for us.

Bon Wikenheiser, Board Chair of the Abused Adult Resource Center, provided testimony in support of HB 1004, with written testimony labeled as attachment **FIFTEEN.**

Karen Ehrens, Registered Dietitian for 19 years and 17 years of experience in public health settings, provided testimony (labeled as attachment **SIXTEEN**) in support of HB 1004.

Representative Nelson: what are you asking for in your OAR?
Karen Ehrens: The OAR was for about $942,000 over four years. That's about $1.50 per resident or 45 cents per resident per year.
Representative Nelson: are there some upfront costs or would it be exactly half of that for the two year period that we are budgeting for?
Karen Ehrens: I would defer to NDDOH.

Chairman Pollert clarified this question by referring committee to the NDDOH 2011-13 Executive Budget Funded Optionals (attachment **SIXTEEN A**). In that it showed Healthy Eating and Physical Activity, $653,365.
Karen Ehrens: perhaps I had the wrong figures

Dr. Larry Burd, professor of Pediatrics in the School of Medicine, provided testimony, labeled as attachment **SEVENTEEN** in support of HB 1004.

Representative Nelson: do you have a presence in all the birthing hospitals in the state, including the Indian Health facilities?
Dr. Larry Burd: We've made a special emphasis on the Indian health service. Dr. Petell is pediatrician from Belcourt has been very helpful in getting changes made up there. We have been conducting fetal alcohol syndrome research at Spirit Lake and Turtle Mountain for the past 22 years.

Chairman Pollert: is your approach is different from what the general physician does?
Dr. Larry Burd: We received funding and looked at 10,000 prenatal care charts in ND, SD, MN, and MT. We found that only 60% of women are even asked about alcohol use during pregnancy documented in the chart. Many of those questions are asked in a way that's almost guaranteed to produce a bad result i.e. you don't drink, do you? We had a recommendation to implement a 12 item screening tool which screens for depression, diabetes, smoking, abuse, on and on. There's no possibility you are going to get the 12 item tool. Thus, we have a one item question. We've studied this for several years. We've actually tested it in ND communities and against other tools. The question is: when was your last drink? If a woman is drinking after she knows she's pregnant, then that prenatal care provider needs to sit down with her, decide whether or not the two of them can get her to quit or she needs to go to treatment It's a straight forward, economical program. It's difficult to misinterpret and the data in the chart is very straight forward.

James Pfeifer, Licensed Professional Clinical Counselor, Chief Clinical Officer of Prairie St. John's in Fargo, ND, and Advocacy and Policy Sub-Committee Chair for the ND Suicide prevention Coalition, provided testimony in support of HB 1004. Written testimony is labeled as attachment **EIGHTEEN.**

Sheyna Strommen, ND Stockmen's Association, testified in support of HB 1004, specifically the $50,000 Environmental and Rangeland Protection Fund appropriation. Written testimony is labeled as attachment **NINETEEN.**

Nancy Kopp, representative from the ND Veterinary and Medical Association, testified in support of HB 1004, specifically the portion that provides an appropriation for the Veterinary Loan Forgiveness Program. I understand that the $310,000 appropriation comes from community health trust fund to carry out the commitment to the 12 veterinarians currently in the program and are practicing in underserved areas. In addition, a request of $135,000 in general funds to accommodate the next biennium's applicants. The NDVMA does support the continuance of a worthwhile program as it has made great strides toward relieving the shortage of large animal veterinarians in ND. As a side note, a bill as been introduced in the Senate that will slightly amend veterinary loan repayment programs to address some of the administrative issues that will be heard before the Senate Ag committee on Friday. The

major revision in that SB asks to allow DOH to select the number of applicants based only on the moneys available in this program. Current language allows the department to select no more than three. Thus far the department has provided loan repayments to veterinarians agreeing to serve in communities such as Ellendale, Hettinger, Steele, New Salem, McClusky, Park River, and Ashley. The program is working and I thank you for the support of implementing the program and ask for your favorable consideration of continued support at current levels.

Beverly Voller, Emmons County Public Health, provided testimony in support of HB 1004 with testimony labeled as attachment **TWENTY.**

Chairman Pollert: with the change in immunizations, did you get increased funding?
Beverly Voller: We did and it is reflected in attachment **TWENTY.** The funding was used to purchase vaccines and additional supplies.
Chairman Pollert: those were set up on individual bills and onetime funding.

Tami Dillman, on behalf of Robin Iszler (Unit Administrator of Central Valley Health District), provided testimony, labeled as attachment **TWENTY ONE**, and testimony was in support of HB 1004.

Chairman Pollert: are you considered county employees?
Tami Dillman: We are not. Central Valley health District is its own entity; we are a political subdivision so we are not employees of the county.
Chairman Pollert: you still take part in NDPERS and so where is the health insurance provided through?
Tami Dillman: We are eligible to participate in that program through PERS even though we are not state employees.
Chairman Pollert: has all the $275,000 that was done for regionalization been used up?
Tami Dillman: That project is ongoing through June 30, 2011. This project was for Central Valley, Wells County District Health Unit, Lamore County Public Health Department and City County Health District.

Chairman Pollert: is there money in the budget for more of that or is there a separate bill out there?
Arvy Smith: It's included in the governor's budget to do another project next biennium.
Chairman Pollert: do you know where that is for, for whom?
Arvy Smith: We will go through an application process again.

Chairman Pollert: during the 2009 flood, did you get any FEMA money? Did you help move the human services?
Tami Dillman: Our main function was to staff the emergency operation center and call center. That involved our preparedness program staff which serves our eight county region. Some of our staff was in Barnes County, helping with the call center there as well. Due to applying for FEMA funding, we received about $2,000 of FEMA reimbursement.

Chairman Pollert clarified no further testimony, for or against HB 1004 and closed hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 3, 2011
13928

☐ Conference Committee

Committee Clerk Signature Julia Heigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened meeting. Clerk took role and quorum declared. Chairman Pollert stated the American Heart Association left multiple documents signed by supporters from ND to improve the ND's stroke system of care, including state funding. He stated this stack of petitions would be kept with the clerk in the Roughrider room for committee members to reference.
Chairman Pollert opened the hearing for HB 1004. **Arvy Smith** went over the loan repayment programs (attachment **ONE**).

Vice Chairman Bellew: this is about the veterinary loan. When you sign these contracts and vets leave before contract is done, do we collect money back?
Arvy Smith: No, we do not. The payment is made based on the time the person contributed to the program. There's no penalty for leaving the contract early, we just quit paying.
Vice Chairman Bellew: don't they have to sign for a minimum for 2 years?
Arvy Smith: They do, but the payment would be prorated.

Representative Nelson: In the physician loan program the grant was paid out to that individual when they went to the ND facility and if they left there was a buyout. Thus it probably nets out as most other programs at the end of the day.
Vice Chairman Bellew: we'll debate this another time.
Chairman Pollert: if you don't like that particular section, you can introduce a bill to a policy committee next session.

Chairman Pollert: let's go through attachment **ONE** and have discussion on the last two pages. Does anyone have questions on these pages?

Vice Chairman Bellew: are these programs working for ND citizens? I am asking as it's all taxpayer dollars.
Arvy Smith: Gary Garland has information that shows how many of them have stayed after the loan program.

Vice Chairman Bellew: I would appreciate if he could get that for us for all of these loan programs.

Representative Kreidt: these are loans after they've gone through their time of education and are serving the public, they start paying it back? Is it actually a loan?
Arvy Smith: We are giving them money to repay their loans.

Chairman Pollert: is the vet, dental, and medical, the same way? Where it's based off of the number of participants or is it based off of a dollar number?
Arvy Smith: They all have different nuances to them
Gary Garland: yes, there is not a budget set for these programs and based on number of participants. Vets are expected to serve 4 yrs in ND, same for the dentists. For the physicians, the state health council may approve any number of applicants as long as there is funding. We put the budget together assuming there will be 3 new physicians each year. For the midlevel practitioners, the same logic holds. We take those that are already in and assume we are going to have 3 more applications each year.
Chairman Pollert: Can physicians from rural *or* urban areas apply?
Gary Garland: It can be either however preference is given to rural communities.

Representative Nelson: does number of applicants exceed the funding?
Gary Garland: For vets, it does. In 2008 there were 12 applicants, 7 applicants in 2009, 8 in 2010, and 9 in 2011. Out of the applicants, we can only approve 3.
Representative Nelson: How about physician and midlevel applicants?
Gary Garland: We do not receive many applications for physicians and midlevels. It's difficult to attract physicians to work in rural ND.
Representative Nelson: is that new hires, like newly graduating?
Gary Garland: Either way. We do get a few from UND medical school for instance, but we would absolutely consider physicians coming from another area who still has loans.
Representative Nelson: are you saying that in the midlevel area last year, we had 3 slots and only filled 2?
Gary Garland: Yes
Representative Nelson: did we fill all three with physicians?
Gary Garland: Yes

Chairman Pollert: do give certain populations preferences? Are the dentists the same?
Gary Garland: Yes, preference goes to smaller communities.
Chairman Pollert: is this last pg just for our information?
Gary Garland: give that we have 12 applications and can only make 3 awards, that means that urban places, that have primary care dentistry don't enter into the picture for loan repayment. So that's why this was introduced (the 2358 from last biennium) and that's the reason for this bill. It was for Bridging the Dental Gap Bismarck clinic, the federally qualified health centers in Fargo and Grand forks that serve almost exclusively low income people that need dental care. They were compensated this past year. We did put one practitioner in Fargo, Grand Forks and Bismarck and the total amount was $180,000 for the biennium. That was a onetime piece of legislation. The ND Oral Health Coalition has supported it and the Fargo, Grand Forks and Bismarck programs are going to be expanding due to increase in population so they could use more help attracting dentists to serve these types of clients.

My understanding is that something similar to this has been introduced this session. It's a matter of carrying this forward to serve loan income individuals in urban areas.
Vice Chairman Bellew: is preference given to ND residents?
Gary Garland: That is not in the wording of the law, but most applicants are ND.

Chairman Pollert: is preference given to those practicing in ND?
Gary Garland: Yes. ND's educational system does not provide advanced degrees in some fields i.e. optometry, dentistry, veterinarian. These programs are in attempt to attract those ND people who go to Kansas to get a veterinarian degree and come back to ND. All these loan repayment programs are incentive based. To answer your other question, the new practice grants were introduced in last session as well. That provides for 2 dentists to receive up to $50,000 if they will serve a community of less than 7,500 people. Half of the money will be paid by the state and half of the money will be paid by the community, both over a 5 year period. We had one applicant and there's one person. There's an amendment to this law, introduced by Senator Judy Lee, to change the language for the community to provide hard dollars. Since there's only one applicant, there might be clerical services provided by the local hospitals that would constitute an in kind match. The dentist would have to agree that what the community is giving him is worth $25,000 over the period of five years. I am working with a dentist in Valley City who may be the next applicant and Valley City has dropped below 7,500 people.

Vice Chairman Bellew: we are ready to continue, Arvy.
Arvy Smith: we are going to move into Medical Services Section of NDDOH.
The Medical Services Section distributed and labeled as attachment **TWO. Arvy Smith** went through the section with committee members interjecting with questions and questions and answers as follows.

Vice Chairman Bellew: would the increases be all federal funds? That would be a doubling of increase in the temp and OT line item
Arvy Smith: The temp is all federal. The salary package, about $125,000 of that is general fund.
Vice Chairman Bellew: the full $139,000 increase is federal funds.
Arvy Smith: Yes. There is a little bit of temporary increase for the forensic examiners as well.

Representative Nelson: in this dept, the temp/OT has increased significantly. Is there any way we can track this? You've explained that in many cases, you do it in temps rather than increase FTE count. Is there a breakdown of duties as far as temp positions go and funding sources? We would want it for all of the departments.
Arvy Smith: we can provide that. I am not recalling the others being as high as this one. The current grant is a 22 month grant.
Representative Nelson: in special pops, it's an increase and I'm assuming that is a grant, but it would be helpful to get a narrative of what that grant is being used for, a start and stop date, so we can track that.

Representative Wieland: on the increase under medical, dental and optical, explain this.
Arvy Smith: What's triggering this is the appropriation for us to purchase vaccines. That concept has been discussed for awhile now and was built into our budget, but we never

had the money to do it. In the current biennium, it didn't happen. That's authority there that won't be used. We were considering whether to remove it or not, but then the opportunity to go universal came up again and that's the whole discussion with the vaccines, collecting an assessment from insurers to purchase vaccines off of the federal contract so we needed to leave that authority in there and that complements SB 2276. The spending related to SB 2276 is already in here.

Representative Wieland: that's mostly federal?
Arvy Smith: It's $19.4M and it is special funds as it is coming from insurers.

Representative Nelson: if SB 2276 is defeated, are you saying that line item can be removed or decreased?
Arvy Smith: Yes, unless we can find another way to do it.

Vice Chairman Bellew: the $1.2M reduction in general funds down below that was what we gave to local public health units last time?
Arvy Smith: that's correct
Vice Chairman Bellew: do you know of any bills out there that have that in there?
Arvy Smith: If SB 2276 fails, I have heard that the local health units will request $1.5M to cover their losses again. There is no existing language for that legislation yet.

Representative Wieland: under professional services line item, what is the Ryan White?
Arvy Smith: That's related to HIV/AIDS, but I can have the staff give you a little bit more than that.
Kirby Kruger, Medical Services NDDOH: it's a federal program named after a young man who died in Florida from HIV infection. It was established to assist HIV infected individuals without patient care and for medications that they need to take. Each state is given an award. We administer that award. We work with the local public health departments. Everybody who is enrolled in Ryan White in ND is assigned a case worker with the local health dept and he/she manages medication and coordinates care for that HIV infected individual.

(recorder inaudible for about a minute)
Vice Chairman Bellew: professional services, not grants
Arvy Smith: that is related to immunization and is 100% federal funded.
Molly Sander, Immunization Program Manager: that $100,000 is an estimate over the next couple of years. It's anticipated that the immunization grant, at the federal level, may increase slightly and that's money we would put towards statewide media campaigns to get the word out about the safety of vaccines and increasing immunization rights.

Chairman Pollert: can you explain how the SB2276 relates to this bill? The funding for going back to universal is in this section of the budget.
Arvy Smith: Under operating expenses, the funding sources, there's $19.4M other funds. Under operating medical, dental and optical, there's $20.6M and $19.4 of that is related to SB 2276 and that is under other funds. The insurance companies are assessed and as estimate based on the estimated activity for that insurance company, that money goes into a special fund and the dept of health uses that money to purchase the vaccines off the federal contract at a 25% savings.

Vice Chairman Bellew: how is SB2276 going to help the local public health units?
Arvy Smith: The local public health units are administratively complicated and SB 2276 would eradicate some of that. Currently, the units have to separately track their federal VFC (vaccines for children - Medicaid and underinsured get) and make sure only those eligible kids get that vaccine. There is 317 vaccines (federal allotment) and privately purchased vaccine and they have to keep all those straight and make sure they don't give a federal vaccine to a noneligible kid. It's increasing their administrative workload. If we go back to universal they don't have to track all that anymore. The feds say here's your estimate allotment for VFC and as long as we know you are covering the rest, you go forth, get the vaccines. The vaccine ordering all comes from one distributor (McCasson). It alleviates the purchasing issues as well. They don't need general funds to cover losses from administering. Those savings also relate to the private providers as well. The providers on the border are still going to have an instate, out of state issue, but they have that anyway.

Chairman Pollert: are you going to have the amount of dollars that are going to put to the local public health units over the previous 3 bienniums?
Arvy Smith: Yes, I have those schedules.

Representative Nelson: Our immunization rates across the state are very high and they have improved going away from universal. Is that correct?
Molly Sander: Yes, ND rates are high for childhood vaccines. It depends what vaccines what you are looking at, whether there's been an increase or not. For routinely recommended vaccines, ND is third in the nation and those rates have increased, but I don't think we can say it's due to us moving to VFC only state. It's more because, a lot of the vaccines became required for childcare in school.
Representative Nelson: the argument from the SB is the companies would not offer the discounts that they did if we remained a universal state. It wasn't meant for general population, it was meant for special needs. If we were to go back to universal, how long is the contract that is currently in place for a number of these vaccines that are purchased on a discounted rate good for and would that change if we go back to universal coverage.
Molly Sander: the contract is at a federal level so it's with the CDC and the various vaccine manufacturers. It is negotiated on a yearly basis. There are a number of states that have been doing this insurance assessment for many years such as New Hampshire, Massachusetts, Maine, Idaho, Rhode Island and Washington and nothing has changed so far at the federal level. We have permission from CDC to do this.

Chairman Pollert: what would the other $1.2M be for?
Arvy Smith: Most of that is in the forensic examiners shop and is used for supplies related to autopsy. A large portion is for Ryan White medications and another is TB and STD medications. By and large it's federal.

Chairman Pollert: what's in medical services besides immunizations?
Arvy Smith: Forensic examiners (general funded) and disease control (STD, AIDS, TB)

Chairman Pollert: could you hand out the schedules on the local public health units now?

This information was distributed and labeled as attachment **THREE. Arvy Smith** went through attachment **THREE.**

Chairman Pollert: The 4.1 and the 3.986; that is emergency preparedness?
Arvy Smith: it's our general emergency preparedness grant that we get consistency as opposed to the H1N1 is more of a response grant. This is to make sure they have plans in place and are exercising those plans and we are meeting regularly to coordinate with state and local level activities.

Chairman Pollert: On this form does it show any of the dollars for the VFC immunization program?
Arvy Smith: They are on the first pg (attachment **THREE**), below admin, so they are getting that funding (million 60)
Chairman Pollert: Didn't we allocate a million general funds to administer the VFC for the last couple of bienniums?
Arvy Smith: that's Protect ND Kids
Chairman Pollert: we've only done $1.2?
Arvy Smith: We did more in 07-09. It was in the professional services line item then, the million 87 and we decided it belonged better in the grants line item. The million 60 immunization is to help them work with providers. Molly can explain that better. With the VFC, they do not get money to purchase the VFC and the 317. That is all an allotment of vaccines so there is no money on the budget for the actual vaccines. When they administer when it's VFC, they bill Medicaid and if it's not VFC, there are billing insurance for the admin. This isn't for them to give the shots; this is for them to do the promotion and the working with schools and providers and such.
Molly Sander: we are required by the CDC to visit 50% of our providers that receive vaccines from us per year and we contract with the health units to go out and do site visits at provider offices and make sure their storage and handling is appropriate they are giving the vaccines appropriately so they get money for that also.
Chairman Pollert: did the $1.2M all get used up?
Arvy Smith: we expect that it will be
Chairman Pollert: are they are target for roughly 70%?
Arvy Smith referenced grants line item in attachment **TWO** to answer this question. That gets spent oddly. We ended up holding up the contracts for the second year for awhile because we were trying to figure out what we were doing and I think that is what is triggering the slow spending. It is anticipated that all of that will be spent.

Chairman Pollert: if we look at this form, general funds, 1.9 general funds in 07-09, 3.9 in 09-11, and that was the immunization but actually what went to the local public health units. The units are asking for 1.2 without the VFC.
Arvy Smith: In our optional request was another million 275 for home health services and to cover their increases in health insurance premiums and environmental health.
Chairman Pollert: did we do $.5 by amendment or was it in the budget?
Arvy Smith: That was amendment.

Vice Chairman Bellew: they want 1.2 on top of the 2.4?
Arvy Smith: Yes, and 1.5 if SB fails.

Chairman Pollert: give me an overview of vaccinations again and what we are trying to do because I am struggling with what we need to do with this budget when we are currently under the VFC program and there's a bill on the senate side, so we are not fighting.
Arvy Smith: back in 2006 and 2005, we were able to vaccinate all the children in ND with the federal VFC and 317 vaccine, so we didn't have general funds in there. Around that time, they started coming in with some new expensive vaccines. There were a few that a CIP was recommending that all children would get. We saw that we were no longer going to have enough vaccines for all the children. In additional, we were told that our 317 allocation was going to be dramatically increased. At the time, we were told it was going to drop down to $300,000 a year. It hasn't gone that low, but that was a real threat at the time that we needed to deal with. It has dropped significantly, but not that low. In 2006, it was $2.2M and now in 2010 we got $1.5M and in 2011, we are going to get $1.3M, thus it did decrease but not to that $300,000 level. Thus we had this big gap. At the time we weren't in session and BCBS agreed to give us money to cover that gap. They knew they covered most of the children and they would still win through that because they believed in vaccinating children and preventing diseases. They said they would not do that permanently, because they felt that all insurers should pay us to but vaccines, not just them. We were trying to figure out a way to do this last session, but at the time, we were told by the feds we could not do this; we couldn't buy off the federal contract by collecting from insurers. Since that time, other states have legally challenged that and there was no basis to prevent that from happening. We started pursuing that again. In backing up, last session, BCBS was no longer going to just give us that so we had to switch where you are either VFC eligible (Medicaid, Native American, underinsured, uninsured) or else you are an insured kid. This is where we had to work with local public health units to develop a billing mechanism to bill insurers. The providers starting billing insurers for the admin, all related to vaccines. This summer we found out that if we collected from insurers and bought off the federal contract, we save about 25% of the cost. BCBS is estimating that is about $2M a year for their portion. We put together the legislation and we kept our budget to reflect as if it does pass so we had this discussion before you were here, but we have the 19.4M in our budget to purchase those vaccines using money that the insurers pay into a special fund and use that to purchase vaccines. The providers would bill the admin to insurance companies only because all the vaccines would be free, at a savings. That reduces the admin for the providers because, with the federal govt, if you are a universal vaccine status state, they estimate here's your VFC population and they provide that amount of vaccine and as long as we are covering all the rest of them, they don't require us to separately account for and track all of the vaccines. We can make that purchase and it's pooled together and go forth and vaccinate kids and the providers don't have all this business of which vaccine I am using for which kid. Vaccines come in viles of 10 doses. So they can actually be sitting there with this partially used vile of federal vaccine, but if it's not a federal kid coming in, they can't finish off that vile, they have to start their private one and there's a higher risk of spoilage of vaccine and they end up throwing away vaccine. These are multiple factors we struggle with when we are not universal. One other piece to this, over the interim there was a legislatively required study of the whole immunization process and the health and human services interim committee followed that study. There too, looking at some of the admin issues in local public health and the opportunity to go back to universal, it was their recommendation that we pursue that as well.

Chairman Pollert: going back to universal; we struggle with the UND setup. Is all that still going to stay in place with universal?
Arvy Smith: Yes, it does. However we can't get out of this billing because they have to use it to bill administration. That's partially a good thing because if, for some reason, down the road the feds would put a stop to this, we still have that billing system in place for the locals and they'll be continuing to use it to bill for the admin. That system will be able to stay in place. It won't be a dramatic change if we ended up reversing back.
Chairman Pollert: the only change is the inventories of the vaccinations and the simplicity of it?
Arvy Smith: Yes and the purchasing. We end up doing the purchasing. They tell us how many doses they need and we funnel it through and it all goes to McCesson and it's directly distributed to the providers with the cost savings.
Chairman Pollert: there is no savings to you, manpower wise, going back to universal?
Arvy Smith: No. In SB 2276, we included a board that would oversee this and figure out what the assessment should be and that's made up of insurers and providers, local health, a couple of dept people so we've got make sure this is all working. We can do that with our existing staff.
Chairman Pollert: is there any threat of the federal govt saying we are going to put this to the end as far as the federal rates on drugs being put out to private population?
Arvy Smith: we haven't seen that happen yet. That seems to be more of a long term possibility. I doubt that would happen as ND got engaged; we are pretty small in the big pictures. But down the road, it's hard to say what the federal govt will do.
Molly Sander: CDC hasn't communicated that to us to all. Previously, when they had said that we couldn't do this, they did allow some states to do it and said that they were grandfathered states so there is a possibility they may grandfather us. This may happen if they stop allowing states to do this, they may grandfather certain states that already are.
Chairman Pollert: is there anybody from representing the CDC? We hear about CMS and CDC frequently, but there has been no testimony from these entities.
Molly Sander: No, there isn't anyone as far as immunization program goes, however I do have an e-mail saying it's okay that we used insurance funds to purchase off the federal contract. We do have CDC employees at NDDOH, but not related to the immunization program.

Representative Nelson: did you or your division testify in favor or opposition to SB 2276?
Molly Sander: NDDOH testified in support of SB 2276 and it's still in the human services committee.
Representative Nelson: You make a strong case as far as administrative efficiencies. However, looking at it from the other standpoint, ND isn't going to change, but if a number of states do, that would change the landscape in heavily population states. As more states do this, will it have an effect on new immunizations coming onto the market? Pharmaceutical industry states the cost that third party insurers pay for many of those products is what funds the RND in that industry. What's your perspective on that?
Molly Sander: the vaccines for children program provides more than 40% of child vaccines in the United States of America, so it's a large contract and has been around since 1994. It is a federal entitlement program so it would take an act of congress to do away with that contract. There are many vaccines coming down the pipeline and I obviously don't want to see that end. I would think that the federal govt, if something like that were to happen, they would stop allowing states to use the federal contract if that was a major concern in the

future, but that would be more between the vaccine manufacturers and the CDC. Currently on the federal contract, all brands are available so it does encourage all brands to be purchased and there's choice.
Representative Nelson: for the current vaccines, that's obviously true. Do you see that being effected with the number of states continuing to buy off the federal contract? Does that concern you as far as new vaccines?
Molly Sander: I don't know how many states are going to want to do this. I think ND's a little different as ND use to be universal so they remember what it was like and they want that back. For example, Montana has never been universal and has always been a VFC only state, so I don't know if they would ever choose to move to universal because they never have been so their providers don't know what that's like. Their providers are use to keeping separate inventories of vaccine. It depends on the insurance structure of states so to do an assessment is easier as BCBS covers majority of its citizens.
Representative Nelson: do you talk to your counterparts in Montana? Did they experience the administrative challenges that we did with UND? How do they administer their billing?
Molly Sander: ND was one of the first states to have their local public health unit bill insurance. ND and Oregon, as of a couple years ago, were the only states doing it. CDC did have a ARRA grant that they awarded to 14 states to plan for billing, that ND wasn't eligible for because we were already doing it. All states experience difficulties, however states do it differently. ND is the only state using the state immunization registry which tracks all the immunizations in the state to bill and then forward that information to UND and BCBS. In other states, the health units already have their own billing system and so are using their own billing system and billing the companies directly and not going through a third party. It really varies in all states as far as how the states are doing the billing.

Chairman Pollert: to have a discussion on what Representative Keiser's concerns were, Arvy, can you have Monte come in tomorrow at about 10:15 am?
Arvy Smith: yes.

Chairman Pollert: due to no further questions, we will move to the Administrative Support Section.
This information was distributed and labeled as attachment **FOUR. Arvy Smith** went through the section with committee members interjecting with questions and questions and answers are illustrated as follows.

Chairman Pollert: what's included in this section?
Arvy Smith: the executive office, accounting, local public health, human resources, IT coordinator, vital records, and public information officer

Representative Nelson: I am trying to get a handle on the request for additional staff and the lack of offsets. There would be no duplication. The 3.5 positions that they are requesting wouldn't enter into this case?
Arvy Smith: If they are asking for general administration (contracting, payroll) it would be duplicative
Office of Management and Budget: of the 3.5 FTEs that the tobacco group is asking for, the .5 FTE is for accounting
Chairman Pollert: so it either comes out of tobacco group or DOH?

Office of Management and Budget: of the 3.5 FTE that the tobacco group is asking for, the half FTE is for accounting which would be the services that the DOH is providing.
Chairman Pollert: so it either comes out of DOH or tobacco?
Office of Management and Budget: I didn't fund an FTE in the tobacco. The .5 FTE is not funded in the tobacco budget. Their budget is unique as it is set at the $12.8M (that's what meets their benchmarks) and so whether they spend it as temp or grants or professional services is their discretion. When they asked for the FTE, it just got left in temp dollars in the governor's recommendation.
Representative Kaldor: right now, do you they pay the DOH for that service?
Arvy Smith: They are paying us $20,000 a year and that's $40,000 in special funds. If you choose to fund it over there, you can pull it out of here.

Chairman Pollert: did we overstate the amount that we needed for postage last session?
Arvy Smith: Yes, so we are backing that out of here.
Chairman Pollert: do you know why?
Kathy Albin: the reason we backed that down is because we were tracking how many birth and death certificates we were issuing and we went to a system where if you requested online and wanted it sent by Fed Ex, you would pay the Fed Ex fee. We received a lot of requests with all the passport activity. Now that the activity has all gone back to normal, we had to reduce it back down.

Chairman Pollert: isn't there a bill coming about CNAs, Board of Nursing?
Arvy Smith: That's HB 1041. We talked about it under the Health Resources Section when Darleen Bartz was here. There's a fiscal note on the bill but not an appropriation. We are not able to absorb that work if that bill were to pass.

Representative Kaldor: what is certificate of public advantage?
Arvy Smith: A couple of bienniums ago, we had to put some money in this authority. There is a law that requires us to study the economic effects on medical providers or nursing homes, like if something were to happen (I will have to look at the law). We can charge for the study, but we've never had an appropriation. We haven't had to use it, so that's $100,000 of special fund appropriation. If that situation were to occur, someone would pay us and we would contract to have that work done.
Representative Kaldor: where do the special funds come from?
Arvy Smith: For that situation, the special funds would come from whoever was requesting the change that was triggering the study.

Chairman Pollert: what is Healthy ND?
Arvy Smith: That has been our effort to improve the health of North Dakotans through collaborating with all the various groups across the state that is supporting nutrition, physical activities, and cancer screenings, for instance. It is federally funded using our preventative health service block grant. One of the major focuses has been workplace wellness. We are doing this with very little govt funds (Preventive Health block is $28,000 a year) by working with the private community and businesses. Dakota Medical Foundation and PERS are funding a worksite wellness person that's working with the business.
Chairman Pollert: can you touch on audit?
Kathy Albin: the state auditor's office bills us on just the federal portion that they audit and as you can see, our federal funds have been going up. It's federal dollars.

Vice Chairman Bellew: can you explain strategic planning?
Arvy Smith: We are doing most of it internally, but once in awhile we do have a consultant come it. The funding source is a split (60/40).

Representative Nelson: on the grant line item, can you tell us what's happening with the pilot project? There has been a lot of money that hasn't been expended.
Chairman Pollert: isn't there a bill out there about this?
Arvy Smith: No. there is an application process to go through again and we would likely go through this process next biennium
Kelly Nagel, Local Public Health, NDDOH: they have been doing their pilot project the last 6 months so that's a 6 month expenditure. They are halfway through their project. The majority of their funding (77%) is personnel, fringe benefits and the other percent (23%) is through the equipment purchases software equipment. Because they are currently focusing on their administrative funding, they're now working on providing public health services and that is getting a little challenging for them because it is requiring extra staff time at the network health units, so some of the smaller health units. It's going to be more personnel costs so they are expecting about $30,000 will not be spent.

Vice Chairman Bellew: this is supposed to be one time funding last biennium?
Legislative Council: Yes, that's correct. It was backed out, but the governor put it back in.

Representative Nelson: when the governor put that back in, that is to create another unit?
Kelly Nagel: For a new pilot project
Representative Nelson: where will that be placed?
Kelly Nagel: We had an RFP for regions or units that were interested in participating for them to apply for the funding. Central Valley has quite a few small health units in their region so we are hoping that we will get a different jurisdiction or formation to apply. Bismarck and Grand Forks would be good applicants.
Representative Nelson: you are looking at a rural and urban health unit.
Kelly Nagel: Correct. This is different funding too because city health depts are funded largely by the local dollars.

Chairman Pollert: last biennium, was this talked about providing efficiencies and savings for the health units and if it is, could it be tracked? If we asked where the savings are at, would we be able to get that information?
Kelly Nagel: They are doing evaluations right now that can determine some efficiency in the administrative functions, shared policy and procedure development, software implementation and training at the Central Valley. They have shown savings. In addition to that, because of some of their administration functions that they have shared, the smaller health units are capturing additional funding by billing so there are some efficiencies and even revenue.
Chairman Pollert: should there be a question mark as far as how much money to aide? They are asking for $1.5M local aide.
Kelly Nagel: The revenues will actually help them lower the gaps and service. It provides additional capacity. For example, Lamore County who is actually billing Medicaid and may be receiving $6,000 a quarter in Medicaid reimbursements, will now have additional capacity to enter into agreements with Central Valley to provide more of environmental

health services, public health nursing services, chronic disease management. As far as the other special or emergent needs, they won't have the funding for that.
Representative Nelson: are you looking for those same types of aspects from the second pilot?
Kelly Nagel: We would like to explore how we could increase the capacity for rural facilities for service delivery.
Representative Nelson: why are there still single county health units? Does this fit into this realm of thinking?
Kelly Nagel: Yes, it's about forming a network voluntarily. One of the greatest benefits is sharing the administrative functions.
Representative Nelson: at some point, the state would require multicounty health units?
Kelly Nagel: Yes

Chairman Pollert: Foster County has kept their independence, but aren't they working with Central Valley?
Kelly Nagel: that is correct. They weren't part of the original network and they are looking at forming a JPA because they have seen the benefits that Lamore, Wells and the other counties have received.
Chairman Pollert: why would we fund a second pilot project when the first one isn't completed yet? I haven't seen support for this one.
Kelly Nagel: the local public health units have identified the regional network funding as a priority to them so they are supportive of this funding and they may not think that it's at the chopping block so they haven't fought for. They have seen some great efficiencies in this one pilot, even though it's just been the administrative functions, they efficiencies are demonstrated all local public health and even Foster County, that they were missing out by not being a part of it in the beginning.

Chairman Pollert confirmed there are no further questions on the Administrative Support Section. He opened it up to general questions.

Chairman Pollert: In looking at the vacant FTE schedule, there were 8 vacancies such as an environmental scientist that has been open for 40 months.
Arvy Smith: that is a clerical position we were able to downsize. In the end we have converted it into a scientist. We are in the process of hiring it. We got it reclassified into a scientist.
Chairman Pollert: there was another vacant FTE that had been on there for 8 months for a healthcare facilities surveyor? Is that dealing with Representative Kreidt's section?
Arvy Smith: Yes.
Chairman Pollert: the reason I am asking is because we are having this discussion with Representative Keiser. Representative Kreidt's bill seems to be working from last session. Is this FTE related to that?
Arvy Smith: this would be a regular health facilities surveyor rather than a life safety. They do have trouble filling and we permanently advertise.

Representative Kreidt: is that usually a nurse or what is the position that's usually open?
Arvy Smith: some are nurses, but there are others that are qualified as well; therapists, nutritionists, social workers.

Chairman Pollert: we have a bill out there on EMS grants. That bill is going to change. If it stays as staffing grants, does that mean that the funding has to come out of the DOH and so we have to look at it in this budget? Does that funding source have to go through DOH?
Arvy Smith: It has to go through some state agency and we are the logical one since we do the EMS services.
Chairman Pollert: I think the $12M was through the insurance tax distribution funding source, general fund three.

Arvy Smith provided and went through information on the EMS DOT funding issue, labeled as attachment **FIVE.** You can compare what went on in the EMS division from biennium to biennium.

Vice Chairman Bellew: if the 1.25M comes out of the insurance premium trust fund, which means it's not listed as general funds? Our budget stabilization fund would not get that extra 125,000? The budget stabilization fund gets 10% of general funds, correct?
Office of Management and Budget: I would have to go back and look at the transfer dates from the insurance tax distribution fund is into general fund. You are correct, though; the budget stabilization is based on appropriation amount and so it is revenue to the general fund (transfer). It wouldn't be part of the general fund appropriation.

Information on funding in DOH budget for Health Reform was distributed which resulted from committee's request and labeled as attachment **SIX. Arvy Smith** explained this attachment.

Chairman Pollert: when you say Health Reform programs, are you talking about the Universal Health Care?
Arvy Smith: It's in the act, HAVOCA (the health reform bill)
Chairman Pollert: if it doesn't get implemented, then these items can't get funded?
Arvy Smith: Yes, that's correct if it gets repealed.
Chairman Pollert: they changed the funding of the $30 some M and basically, they've got a million dollars to start it, but they're going to wait until the special session and then see how things go to start implementing. How does this work into that?
Arvy Smith: The whole health reform bill does many things, but it provided many pockets of funding for preventive health services. We are actively looking at those and considering them for the state. However, cautiously, not certain of what the future is doing, but they did a good job identifying preventive health needs.
Chairman Pollert: you would try to get this funding August 1?
Arvy Smith: Yes and some of this is available to us right now. We are already doing the abstinence and we could do the public health infrastructure. We've advertised for the position, but I am cautious on what to do with that right now. We can do the home visiting now (it was awarded this summer). Because we couldn't get emergency commission authority, we had to not start anything. We were mandated to do an assessment and the federal money would have paid for that, but we didn't have authority to except it. If we did not do that assessment we would lose our MCH block grant to the tune of $1.8M a year, so we used whatever funding sources we could find to do the assessment that cost about $30,000.

Representative Kaldor: are you able to go back to seek that reimbursement for assessment?
Arvy Smith: if it happens this biennium, as soon as we get authority, we could JV that back and pay for that out of the grant (the $30,000).

Representative Wieland: in public health infrastructure, you've got showing 1 FTE. Is that somewhere in your budget shown as an increase in budget?
Arvy Smith: It did not show on the forms because it was in the same division. Its' in administrative support section. I had mentioned the major increases and then there were pluses and minuses and this was one we converted a position. We had an admin to do this. It was a net negative positive. Initially we budgeted for two people to do Protect ND immunization stuff and we've been able to manage with only one. We eliminated the general funds related to that and then put in the federal funds related to this position.
Representative Wieland: you said that the funding for the large grant was approved but not funded. What does that mean?
Arvy Smith: That is related to number 1. They had appropriation for states to improve public health infrastructure. There were two components to that grant. Component 1 was to hire a performance improvement manager and component 2 was you could put in a plan and do all kinds of things and in order to be eligible for component 2 (you could get up to $2M for), we had to do component 1. We submitted component 1 and then we submitted component 2 for over $2M and did a variety of things. For the bigger grant, we were approved, but not funded which means we wrote a good grant, but they ran out of money and prioritized other states above us. All states got the performance improvement manager portion. The big states got more. The smaller states got $100,000 a year.
Representative Wieland: does that mean that when they get additional money they are going to fund it? Or do you have to reapply?
Arvy Smith: Yes, but it's not very common that they will get more money. We pulled all of component 2 out as we had in it our budget.

Representative Kreidt: do those federal grants come out of CMS?
Arvy Smith: CMS is nursing home, in other areas it's CDC, and in environment it's EPA. These were all CDC funding.
Representative Kreidt: this was an appropriation from the federal govt. I have a difficult time understanding that as the federal govt doesn't have a budget, so it is a continuing resolution…I don't understand how they can do these things in ObamaCare. This is part of what's in effect now because most of the bill doesn't go into effect until 2014.
Arvy Smith: There are big schedules showing what happens in 2010, 11, 12, etc. There were parts of the bill that were actually appropriated funding and that's what these things are. There were many other parts of funding that were just authorized and not in the appropriation realm yet. We haven't reflected any of those here.
Representative Kreidt: I would anticipate going forward, that congress is going to look at a budget and there is a lot of discussion that a lot of that funding is going to go away.
Arvy Smith: We are anticipating the stuff that was authorized. We've kind of written that off. Regarding what's been appropriated, I don't know the federal process to unappropriate. The appropriations were for 5 years for all of these.

Representative Nelson: the individual that you are hiring as an FTE, does that go away after 5 years?

Arvy Smith: Yes, they will be informed of that.
Representative Nelson: do we have benchmarks as far as timelines when we will start seeing results of that accreditation for public health and how long will it take to make the whole state accredited?
Kelly Nagel: The national accreditation process states we are going to be able to start taking applications in April of this year. They just closed their beta test sites. They are going to be releasing info regarding those beta test sites. There are 3 requisites in order to be prepares to apply and those are community assessments (strategic plan) and a community health improvement plan. Right now, Central Valley is actually in their pilot and including a template for a community assessment. That's going to help all the locals. The smaller health units will have more difficulty with the other pieces required before the units can apply. The regional network pilot will be important to see if there is something we can do to help them prepare by sharing services. I don't see, other than Central Valley, units applying for at least 2 years and then the rest of us will be down the road in 2-5 years.
Representative Nelson: in the 5 year period of this program, will we be able to complete the accreditation process for all public health?
Kelly Nagel: The DOH can because we have a lot of those prerequisites in place and we have a good start as far as providing templates for the other health units.

Representative Kaldor: on attachment SIX, which line items did these fall under?
Arvy Smith: Administrative section (Public Infrastructure) and Community Health (Abstinence and Home Visiting)

Chairman Pollert confirmed that either Monty or Darlene will be here tomorrow.
Arvy Smith stated that tomorrow DOH will provide more information from David Glatt regarding legal costs, temporary employee analysis, and more information on the different domestic violence programs.

Chairman Pollert adjourned meeting until fifteen minutes after the floor session this afternoon.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 4, 2011
14035

☐ Conference Committee

Committee Clerk Signature Julia Myhre

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing for HB 1004. Informed committee that they would be hearing different information as requested by committee regarding HB 1004.

Darleen Bartz provided and went over information, labeled as attachment **ONE** (New Construction and Remodeling Plan Reviews July 1, 2009 – December 31, 2010).

Vice Chairman Bellew: how do the change orders come about?
Darleen Bartz: They'll come in as a variety of things such as addenda, change orders, proposal requests, architect supplemental instructions. We ended up having 12 from one long term facility but that ended up being a stack of papers that were approximately 6 inches high that needed additional approval. We've had 50 change orders for the hospital that is currently under construction. Another long term facility submitted over 30 and another long term facility submitted over 50. We were doing some of the final walkthroughs this week in the latter hospital to complete that.
Vice Chairman Bellew: are the change orders coming in because of the initial inspection? I am wondering the reason for all the change orders.
Darleen Bartz: It's changes that they've identified that they want.
Monte Engel: changes that we are talking about are typically done after the bids have been received and approved; basically after that contract for construction has been signed. Changes after that come in, in various fashions. These are implemented by designed, architect. Some of them may be addressing issues that we've identified but typically it's something worked out with the contractor or there may be the owners, administrators that want changes

Representative Kreidt: are most of them results of remodeling? Or are we seeing them a lot in new construction?
Monte Engel: I am not seeing any difference in the volume of changes whether it's remodeling or new construction.
Representative Kreidt: if I would build in a new building and all of the sudden they were looking at 50 change orders, I would start looking for a new architect because change

orders are dollars and especially if you are building a new building, I would hope that there would be enough time and effort at the beginning, planning this project so I would hope that minimal change orders would be involved. I could see change orders resulting from remodeling and some from new construction, but 50 is a huge number and I am just perplexed about this. Under the process that we are operating under now, what was the change after we went into inspection process that is different than before? A change order can slow the project down. What was developed in the past two years and why we are slowing down these projects because of change orders?
Monte Engel: as far as the rules and requirements, nothing has changed thus it's always been a requirement in administrative code to submit any change to our office for review and approval. What has changed is that we've emphasized that we need to see these changes and prior to this time we didn't have the staff to handled this volume of changes even if we had received them. We have not made it an emphasis to require approval prior to the implementation of the change orders because we don't want to be an implement in slowing down the project construction.

Chairman Pollert: 4 years ago, we didn't hear a thing and all of the sudden Representative Kreidt brings this bill and we add 2 FTEs, which we think is a good thing. Then we have more problems. How did we ever build a building before we hired the 2 other people?
Darleen Bartz: a few years back, we weren't hearing the delay in plans review, but rather the amount of things we found wrong when we were doing those initial inspections for life safety code. After the construction had been completed, they had to go back and pull down walls and they'd actually finished a lot of times with their contractors so then who was accountable for that? The whole intent was to identify concerns and get them handled during the construction process so by the time we were doing that survey there were just minimal things left to find. That has been a great success.
Monte Engel: we hear nothing but positive comments from the industry in regards to the construction inspection program since it's been implemented.

Representative Kreidt: the situation we are in is mostly due to the number of projects that are happening now because most of these facilities are older facilities. The trend in nursing facilities is private rooms so you will see most of the long term care facilities building new or adding where the majority of rooms will be private rooms. How extreme are we going into these change orders? For instance, changing a door knob shouldn't have to be reviewed. Facilities need to take risk too and do some of these things.
Monte Engel: at this point, we are not seeing all of the changes that do happen in the project, but rather the ones the designers feel we have some involvement in and they are seeking our approval on that. In addition to that, a lot of times they leave the decision up to us and are thinking they aren't sure if DOH needs to see this or not, but I'll send it to them anyway. If we receive it, obviously we have to look at it because we don't know if it's applicable until we've reviewed it.

Representative Nelson: if I were a contractor, how would I know what should go before your review and what shouldn't? Is there a dollar figure?
Monte Engel: There is no dollar amount. These are changes to the project initiated by the designer, primarily the architect, mechanical or electrical engineer. What this actually does is it's a method that the designer says to the contractor, we want you to make these changes. Then it's the responsibility of the contractor to say these changes will cost this

much extra or this much will be savings. It's basically an amendment to the contract between the contractor and the owner. We are involved because the changes may affect standards that we have for that facility. Whether that be a life safety code concern, a construction standard or whatever.
Representative Nelson: do you see a level of sophistication as far as life safety code that you are comfortable with in the building projects that are going up across the state? Do you grade different construction firms and architects based on your past exposure with them?
Monte Engel: We don't have any grading system for designers, but I am sure that there has been a project that has come in that we have not had any problems with or required changes. I cannot tell you when that last occurred. Inevitably there are issues where it's not in compliance.
Representative Nelson: do you begin to act on that first change order when there is a huge stack? How soon do you act on a particular change order? Do you anticipate others before you make that visit (if it involves travel)?
Monte Engel: Review of change orders is an office function, not something subject to construction inspection. It is one of our high priorities.
Representative Nelson: with new equipment added to a hospital facility, implementing a new piece of equipment that could ultimately save lives is being delayed in some cases, do you have a problem with his suggestion that there is approval based on subsequent review so they can get it online and start to use it. When you review that proposal, that decision can take place at that time?
Monte Engel: I do have some concerns with that proposal. It probably will result in more review time on our respect because administrative code reviews us to review and approve prior to the start of construction. In order to allow construction to occur, we would have to do at least some minimal type of review to give some provisional approval which would ultimately add more to our time. Also, allowing construction to occur that may not be correct and having to go there after the fact and require changes that cost the owner could be significant dollars.

Representative Kreidt: we put in 1.5 FTEs in this process. Now, yourself and a half time person are reviewing plans?
Monte Engel: The proposal that was put through last session was the 1.5 FTE is do construction inspection with a half FTE doing plans review. In looking at the way it's actually operating at this point in time, that person who is suppose to be 50% plans review/50% construction is primarily spending 90% of her time in plans review.
Representative Kreidt: if we are getting behind, is it a possibility there to have individuals (those doing inspections) help out? Are the individuals out doing inspection capable of doing plan review? Could they be trained to do that?
Monte Engel: That's certainly a possibility. That would mean less construction inspections than what we are doing right now and for a short time mean no construction inspections. I'd have to look more into that.
Darleen Bartz: for construction and onsite review, we have the 2 FTEs and part of Monte's FTE. The remainder of the staff are paid through by federal fund for certification visits and if we don't complete those certification visits, there is a high likelihood that the facilities will lose their Medicare/Medicaid funding. We can't take that group of people to do that work.
Representative Kreidt: We are talking 3 in the dept inspection reviews/plans?
Darleen Bartz: The 1.5 onsite construction inspector and the .5 plans review and then up to half of Monte's salary. Half of Monte's FTE is going to plans review so the only thing

would be to bring that 1.5 FTE that's going to onsite inspections and having him trained to also be looking at some of the plans review.
Representative Kreidt: we had problems with sick leave. Thus if others were trained we could shift that person over when needed. You are on site quite a bit but a couple of days to catch up might be a possibility to do that and take some of that pressure off.
Darleen Bartz: right now, we just went through the medical leave at the end of Dec, so we don't have that stabilized yet but right now we do have that individual focused on plans review at a .9 of her salary so we were able to move that over. In time, we will be stabilizing but I think some of your comments as far as training the other individual, that has potential too.

Chairman Pollert: how many did you have before doing these particular inspections and are the number of construction projects up or down as compared to the past?
Darleen Bartz: We didn't have anybody doing the inspections. That was completely new. All that we had for plans review was .5 of Monty's FTE. Volume has stayed fairly consistent.

Representative Wieland: if there's a change order that they can't start making those changes without prior approval, knowing it will be at their expense to change it.
Monte Engel: No, that's not right. We require prior review and approval for the project. Recognizing the time sensitivity of changes during construction, we have not made it a point to approve all changes prior to their implementation.

Chairman Pollert: what happens if we just say, we have the old system and you may have to come in at the end and change. Now we have the new system, which we created more regulation and if they go on a provisional type and they go on at their own risk, then that's their problem. They are going to take a gamble that you are either going to approve what they are done or haven't done. That's just a personal observation.

Representative Wieland: I realize in the smaller communities, local building inspectors are too plentiful and you may not have any at all. In the larger cities, they do have inspectors. Do you work together with them? If you've signed off on it, they don't come so there's no need for cooperation?
Monte Engel: Unfortunately, there is overlapping in codes and standards. The local building officials, by state law, are required to enforce the international building code which is a state adopted building code. The standards that we have for licensure and for Medicare/Medicaid certification are different set of standards. Even though they may be looking at the same building, they are looking at it for compliance with a different set of standards. So it makes it difficult for us and for them to coordinate...basically, we are working in a parallel system with them.
Representative Wieland: in some cases, how different can it be? With plumbing, water runs downhill. I can't see there would be a lot of changes in either supply or waste.
Monte Engel: We do not do plumbing and electrical inspections in competition with the state boards. We are doing building construction which is a different code and we are also doing construction inspections for construction standards we have that the local authorizes do not have such as size of the patient room, the requirements for the nurses stations, etc.
Representative Wieland: I understand that. In the case you've had 50 changes, they weren't minor changes?

Monte Engel: I don't want to give you the impression that some were minor or major. Any change may be significant. Changes to room sizes do occur, but we are seeing more changes in the ventilation system, where the fire raided barriers are located, different details in how they are going to finish a particular wall joint.

Chairman Pollert: have we, by either statutory or administrative code, tied the hands of construction people so they don't dare move unless they have you come in and inspect and if that is the case, we need to find middle ground where they will be liable if they move forward knowing full well that if they basically screw, that that'll be to their disadvantage which I know the reason why the 2 FTEs were put because they basically didn't adhere to the standards and didn't have an understanding. Somewhere between the administrative code and reality, something's has to happen. This is another observation I have.

Representative Nelson: if a local building inspector is working in conjunction with a project and I understand your standards are different from the local building requirement, couldn't that education take place with the local inspector as well. Do you have the flexibility in your job to have that inspector become more educated on the standards that you live with and have then sign off on that so it could be done in a faster manner?
Monte Engel: That is a possibility. We would need some kind of contract with every local entity, in the state to do something like that.
Darleen Bartz: all of the people we have working with construction and plans review, we have sent through CMS training and the same certification process that our life safety code folks are. We would not be able to do that with any of those other people. There would always be the risk that when we went down on survey that it wouldn't be in compliance. Even though you could, I don't see that as a good option because they wouldn't have the same background knowledge and skills and ability.
Representative Nelson: how many hours of training are required to become life safety certified for CMS?
Darleen Bartz: they go through an intensive in house process, but then they go to federal certification training. They have implemented additional training through NFPA and then training for every kind of occupancy (healthcare, residential board and care) and those are specific to what CMS requires. That's all information that none of the other individuals would have. Their ability to look at it through the same eyes is questionable.
Representative Nelson: there isn't a manual that is associated with that?
Monte Engel: Attendees at CMS training typically receive a manual, but as with any training, the most value is being there, hearing the discussion, hearing the explanation of the teachers at those trainings.
Representative Nelson: wouldn't that manual be a good piece of information for a building inspection in Grand Forks, if there is a facility being built, for instance, to utilize. We aren't reinventing the wheel here.
Monte Engel: we have the codes and standards in front of us every day and a day a week does not go by where we are trying to interrupt how a situation we run into, either meshes or does not mesh with those standards. It's an ongoing process and I will never have all of the knowledge that can be attained in all of these standards. To turn around and try to pass on this knowledge to every building official in the state on an ongoing basis would require another FTE.

Chairman Pollert: I have a feeling you are doing a good job at that. Before we hired the 2 FTEs and after we did the appropriation to do it, did we have administrative code put in place that put hospitals, nursing homes, etc. in a problem of where they don't dare move forward until either the change order or the work order is approved by the DOH so things kind of stop and if they did, we need to give them the option of moving forward with their own liability. Somewhere there needs to be a middle ground. Did you set up an administrative code making things tougher for them to keep moving forward?
Monte Engel: Administrative code for hospitals and nursing homes has not changed since 1994. The only thing that has changed in our process is the receipt of the change orders and addenda.

Representative Kreidt: We've operated under the scenario that if facilities want to take a chance through a remodeling project, do the construction and not have change orders going to Monte, they can still do that. That's their prerogative. The prerogative that we have solved and saved is by having these inspections on a timely basis during construction. We save not only the facilities a lot of the money but the state of ND. When we have the final inspection and we have to meet the life safety code requirements and Medicare/Medicaid certification, we're talking then about a license and with having building inspectors in the community doing that might be fine, but still, it's the dept that grants us that final license for us to be able to receive our funding without their inspection and approval in a facility that meets compliance, we'll not get that license. Prior we've seen delays in license being granted for facilities. I don't think that's happening now and when you invest $8, 10, 12 M in a facility and you plan on opening it and all of the sudden you find you are out of compliance, you can't make the mortgage payment, that's when you got real problems. I think we have alleviated those problems now with the process that we're in.

Representative Metcalf: Monte, you have been doing a terrific job. One thing we all need to remember that as human beings, we make mistakes. When you have your final inspection and say this is all ready to go, and then later, another thing pops up which was actually wrong at your time of inspection but you didn't observe it, is it really necessary that the facility be penalized because of that. We need to maintain that mutual respect between our administrators out there and our dept in here that's doing the checking. This FTE that was gone for four months, I could see where that would put you behind, but probably not as far behind that I think you have put yourself.

Representative Kaldor: when I look at the 2009 legislation, the statements in that law seem to me to have some clarity issues perhaps. Is the life safety survey process defined by the Medicare certification? There is no room for deviation from that in the process. I am clear on that.
Monte Engel: yes

Representative Wieland: I assume you get directives from the feds that require changes often. How often do they come?
Monte Engel: They could be daily, weekly, or monthly. It could be program emphasis changes, changes in interpretations, etc.
Representative Wieland: our big problem here is we heard there was 90-180 days delay and as a result of that there was a request for an additional FTE to try to pick that up (on a separate bill). It seems to me that there would be some other way to do that and this might

be a temporary situation. (Chairman Pollert clarified to Representative Wieland that there wasn't a bill out there with this request). That would seem to me too drastic. I'm just trying to figure out some way that we can get through this crisis of delaying contractors so they can at least get their work done, knowing full well if they don't pass they are going to make changes and it's going to cost their clients and it'll be rough on their reputation as either contractors or architects.
Darleen Bartz: we are almost giving an entire FTE to it having Carla's focus be 90% with plan review and getting caught up with that workload.

Chairman Pollert: we gave DHS the authorization to float from section to section with money. Does DOH have that flexibility?
Arvy Smith: yes, we do and I know that I have encouraged us to look at pulling someone in from Montana who knows how to do this to catch us up. It's difficult to find someone that has the knowledge to do this. Staff is checking in that currently to use rollup from whatever section to try and do that to catch us up. We have trouble hiring those positions as well.

Representative Nelson: when an interpretation from CMS comes down, is there a clearing house where those regulatory changes are open to so people, whether they are construction people or architects, have some knowledge of the new interpretation or the new regulation?
Monte Engel: Some of that information is available on CMS website. It depends on how they are giving out the information. If it's informal method, they typically have that information on their website and in a letter or e-mail, that's information that's a little more difficult to disseminate. In addition to the CMS website, we have a lot of good information on our website on these types of issues.

Chairman Pollert: Mr. Johanson, you've heard the conversations this morning and we are hoping to find some common ground here. We need to get through this initial stage. Can you comment?
Doug Johanson, Director of Facilities at St. Alexius Medical Center: I agree with everything you've been talking about. You've hit the keys points on everything that we've been having issues with at St. Alexius. Regarding change orders, we can accumulate up to 100 change orders on a project, depending on the size (could be up to $8M project). A lot of it can be discovery if it's a renovation project. Discovery gets me for 30-40% of our change orders. We weren't aware it was there. Monte wouldn't have seen it in the plans because our prints didn't show it. Another one can be changes by management. We're on a schedule to get these projects done, up to 2-3 years. Regulations change, govt programs change, reimbursement changes; we'll be half way through a project and get a change order that says we need 3 more offices in this area because we need to hire more review people. So we'll turn back around, make the changes before it's done and have to go through the review process again. What different between 2 years ago and now is that we aren't sending a lot of our changes up to the state. We sent the original prints up. Monte does a wonderful job on plan review. There is a need on a state level for that. Because the city does not face the same challenges he has and doesn't have the experience he has. The problem is with the additional time we are taking to do a thorough review and the stages in between. For instance, I have a psychiatry project going right now. It's 8 phases and we are doing it around the patients. It's over 3 years in length. We are treating each phase as a different project, so they come in for a final review on each phase which can

take 1-2 months; an additional 2 years of time to get this psych project done. It's going to hurt us for cost over runs, increases in prices on everything, and the time. With the bill passed 2 years ago, we weren't the intended benefactors, because we have the staff versus long term facilities. I'd support it if it didn't hurt me, but it does. The thought of having a preliminary approval on a plan that we sent up so we can get started, has some merit. We are not sending our field orders up and I know I'm going to have to now. If I do that, the 6 inch stack is going to grow to a 3-4 foot stack. I'm wondering if there can't be a degree of field order where, if it's a life safety issue in our opinion, we'll send it out; not holding up construction and it's my money and job I'm risking. Local inspections, he's right. I would support getting the locals doing inspectors, but I know they are in two different books. We live under IBC and NFPA. I'm paying for the permit from Bismarck to do the construction we are doing and paying for their inspectors to come through and do the inspections and we are turning around and paying the state now to do inspections too. I see that as duplication of efforts. I would like to work something out where we can train the locals or do something that gets us out of that because that is hurting us. City doesn't have quite as much construction going on. They get to our projects pretty quickly, like in a week. However, we've had delays from the state up to 2 months. The way we are reading the amendment is we cannot go ahead with the next step until it's approved by the state so there's some area for work that we need to do something about. Change order is the same way. If I submit them all and follow the letter of the law, it's going to overwhelm Monte and his staff. Can I send just the ones I feel are life safety related and take our lumps later; if I'm incorrect it's on my head (my dollars, my facility), like we have in the past.

Representative Kreidt: I was under the prerogative that if you wanted to go ahead and do what you wanted to do, you could still do that. I need clarification from the dept on this. When we started, it was an option.

Darleen Bartz: the inspections and the plans review are part of the regulatory process. The frequency is on an as needs basis. The feedback that we got from the meetings we had with the representatives on the projects we've been involved with is that they requested that we get onsite more. They said come as often as you can; more often that during the phase. We are hearing a couple different answers. When we first looked at it, we talked about going out once or twice for a smaller project, 3-4 for a medium, 6 for a large; we hadn't expected the volume of request since we started that program.
Representative Kreidt: if I go into a building project, I'm required to have the inspections or do I have the option to do this project and see what happens in the end and if I screw up, I will pay the consequences.
Darleen Bartz: We would go out if we feel the need to go out. They are announced and let them know we are coming. It becomes more of a consultative guidance.
Representative Kreidt: if I start a project, do I have to have the interim inspections under the law? Did we change that?
Darleen Bartz: If we feel that there's a need to go out on that inspection, we can do so. It's no longer on a request basis. It's basically on where the need is identified.
Representative Kreidt: what if I would start a project and say the only want to see you when I open the door.
Darleen Bartz: We would comply with that. That's exactly what was happening. We would approve the plans and wouldn't go out until the end and in some cases there was hundreds of thousands of dollars of change and an extreme delay in the amount of time because

then instead of correcting things before the walls are up and the ceilings are up, they'd have to rip it all out. I would say another piece of it that drove the bill, 4 yrs ago, was the fact that because we were doing plans review, we weren't getting the change orders and then when we surveyed it for CMS and licensure purposes before they would go into that building, what would happen is that what we would be seeing was totally different than what we had approved.
Representative Kreidt: we can still have you come out when it's time to turn the key and that's the only part of the plan we have to participate in. Really nothing has changed, but it's to the facilities' advantage to participate very much so.

Chairman Pollert: could I get volunteers such as Representative Kreidt, Representative Wieland, and Representative Metcalf to form a subcommittee and look at whether you want an amendment to the DOH bill.
Representative Metcalf: do you have a timeframe in mind?
Chairman Pollert: you may not have any recommendations. But if so, have the amendments ready for further discussion with the full committee (HR section).

Representative Kreidt, Representative Wieland and Representative Metcalf confirmed they will be a part of this and Representative Wieland: will be the chairman of the subcommittee.

Arvy Smith: we can do the schedules on Monday; however the person for domestic violence cannot be here on Monday.
Chairman Pollert: we will do it today
Mary Dasovich provided and went over two documents. Attachment **TWO** illustrates the NDDOH Domestic Violence/Rape Crisis Federal Grants and attachment **THREE** illustrates breakdown of State Funds and what they are used for.

Chairman Pollert: is this intervention or prevention or could it be both?
Mary Dasovich: Under the family violence, it can be both of domestic violence only
Chairman Pollert: the one up above?
Mary Dasovich: that's sexual assault and domestic violence intervention only. Those are mandates of the federal law.

Chairman Pollert: do you have the amount of money that was for grants to encourage arrest?
Mary Dasovich: It's on the attachment. They changed the name last year to Community Defined Solutions

Chairman Pollert: can you have sexual violence that's domestic violence?
Mary Dasovich: You can have sexual violence within a domestic violence relationship.

Representative Nelson: the reason we asked for this was the proposed federal grant totals for the upcoming biennium and the grants to encourage arrest as well as the safe haven, they were only two that were eliminated. Where there funding decrease in other areas? Where are we at from a federal grant standpoint now compared to this next biennium?
Mary Dasovich: We do not have those grants. Statewide it is important for us to have comprehensive policies and a working relationship between law enforcement, prosecutors,

the court system and advocates in order to assist the victim through the process once the crime has occurred and also to hold our offenders accountable. It's really important for us to have that grant and we are applying for that this year, but it very competitive. The supervised visitation was devastating to the three programs (Grand Forks, Wahpeton, and Bismarck). That is a significant loss of money.
Representative Nelson: do those two grants total about $900,000?
Mary Dasovich: The visitation is $500,000 (that's max we can receive) and the other was $949,000.

Representative Metcalf: what has been the success of these grants?
Mary Dasovich: All of our grants require data collection. Overall, there are a decrease in assaults, however in some areas there is an increase that this is likely due to individuals becoming aware of these types of services thus more individuals report the crime.
Representative Metcalf: the purpose of my question was to ensure that outcomes are being looked at.
Mary Dasovich: Yes, we are required to do data collection and report to the feds on that. Our STOP advisory committee is the committee that looks at how these funds are being expended. I do site visits to a significant amount of agencies and all of the domestic violence programs, we see site visits. I also go to law enforcement and prosecution agencies too.

Mary Dasovich utilized attachment **FOUR** (community health section) to clarify amounts as far as grants and where they are located on that section. ...Chairman Pollert: what is rape prevention grants to encourage arrest was not funded.

Chairman Pollert: where is the building comprehensive?
Mary Dasovich: Those are the two grants I no longer manage. It's either the sexual violence prevention or the sexual violence RPE and I'd have to check the amounts. I'll e-mail you those amounts.

Chairman Pollert: would any of the domestic violence from the general fund or state fund and the marriage license, would that go for similar programs that would be on the federal grants that you handed out? Would they be going into there as well?
Mary Dasovich: They could supplement them because they are never fully funded with our federal grants.

Chairman Pollert informed **Arvy Smith** to come in on Monday Feb 7 to go over schedules. Chairman Pollert adjourned hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 7, 2011
14091

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing on HB 1004. Chairman Pollert informed **Arvy Smith** that the committee will be asking for soft amendments on Monday February 14 for HB 1004 and the next day the committee will vote the bill out. Chairman Pollert asked for committee to have hard amendments ready for February 10 at 10 am for Indian Affairs Commission, Office of Administrative Hearings, and ND Council on the Arts and for February 11 at 8 am for ND Veterans' Home, Department of Veterans' Affairs, and the Tobacco group.

Chairman Pollert stated that the committee would be hearing different information (three items) as requested by committee regarding HB 1004.

Arvy Smith provided and went through a narrative and schedule for consulting fees and legal fees, labeled attachment **ONE**

Representative Nelson: I'd like to report to you that I contacted the Attorney General's office about the use of the legal contingency for litigation with MN regarding a suit they were going to file. It's the Attorney General's opinion that they may need all that money to defend that situation. At present time, they've expended $200,000 of the $500,000 that was appropriation. There is a bill in the MN legislature to drop that case and in the opinion of the Attorney Generals, the bill has a good chance of passing, but has a good chance of being vetoed by the governor. The strategy would be to file that countersuit if the bill was vetoed. They don't think that there's any additional funding flexibility within that account.

Representative Nelson: In the conversation I had this morning with Tom Trenbeth, he voiced concerns that they are going to be scrambling to find the funding that you need. He believes sooner rather than later in some of these suits. Can you give us a summary of the meeting you had with the Department of Justice? What is the timeline that you feel you need some funding to begin that process you laid out to us?
L. David Glatt: We had dispute resolution talks with the Department of Justice (DOJ), EPA and Industry. I can't go into much detail as they are confidential talks. The 3 sides haven't budged too much. We did lay out a path forward that would protect the state's interests, but

also give EPA an opportunity to get out of this. That puts us on a tight timeline. In the past I've talked about a best available control technology. That's what the DOJ is challenging us on. There's also an issue with best available retrofit technology that EPA region is challenging us on. Because retrofit technology has to be approved by EPA by June of this year, we are combining the back and bark, we don't feel their separate so therefore we're probably going to start incurring some legal expenses in the next month as relates to that challenge from EPA.
Representative Nelson: do you have funding available to use for those costs that are going to be incurred? What are the options you have currently?
L. David Glatt: We have less than $50,000, but that would be enough to get things going. If it gets hot and heavy, we could spend that money quickly.
Arvy Smith: we have an emergency clause on that amendment so that we could start spending that sooner if it went through.

Chairman Pollert: when we bring the DOH budget forward and it doesn't get the number of votes needed, then the emergency clause would not carry?
Legislative Council: Yes.

Vice Chairman Bellew: would there be another avenue that you could pursue in case the emergency clause doesn't pass?
L. David Glatt: I don't know. If the emergency clause doesn't pass, we'd have to wait until July. I would look at every avenue of funding to get us to that July. Because of the short timelines with EPA wanting to make a decision by June, we have to get into this game quickly or we'll miss opportunities. If we miss those opportunities, we can't circle back. We need to sit down with our attorneys to find out exactly how much they need to get involved and how much it will cost to get us to July. I'd be really concerned about missing this opportunity. We don't want to go to court and are trying to work out alternatives resolutions.

Vice Chairman Bellew: Are there any other avenues the DOH can pursue if the emergency clause doesn't pass, Office of Management and Budget?
Office of Management and Budget: the emergency commission could be an option, however we have a demand with funds and priority would be given with flooding likely occurring. The contingency fund has a $500,000 (balance)

Representative Nelson: I believe the budget would likely pass.
Chairman Pollert: we do have a difference of opinion on the Community Trust fund.
Chairman Pollert confirmed that nobody talked of a delayed bill.

Arvy Smith provided and went through attachment **TWO** which includes descriptions of state mandated diseases that DOH has to provide care for and are proposing opening up the Russell Silver money to be available for all three of the diseases.

Representative Kreidt: on Hemophilia, the medication is quite expensive?
Arvy Smith: Yes it is. We haven't had a request. We haven't done public awareness on this issue.
Representative Kreidt: Under most circumstances, wouldn't they be able to be covered under medical assistance?

Arvy Smith: Yes, but some of these things aren't allowed under medical assistance. With Russell Silver, MA is the last payer.

Representative Kaldor: as I read the 23-07.2 Hemophilia Assistance, is that entirely discretionary in terms of the amount of the assistance? Is there some kind of criteria?
Arvy Smith: I believe we have administrative rules addressing this. I could get those down here too if you wanted.
Representative Kaldor: I'm assuming that would be the case. It would be helpful to know where we are providing assistance, if we have any inconsistencies in the way we do it between these various diseases and that's probably something that should be part of a study at some point. I don't necessarily need that information now.
Arvy Smith: Senator Lee has a bill to look at this very thing. I can't speak to inconsistencies between these, but there are other diseases that are no different than Russell Silver so then why are we covering Russell Silver and not these other diseases? Senator Lee had a constituent concern. There are various diseases and some of them are more effective than others and we need to look at all that kind of stuff, so that's the study she's proposed.

Representative Nelson: in this particular case where a child has cancer, the family does have a health insurance policy and we hear so much of the bad aspects of the healthcare reform act that was passed. One of the positive things from the act is the elimination of a lifetime benefit. In cases that are covered by a third party payer, it would be troublesome if this act is overturned, as these situations are very expensive and there's a number of young people that by the time they're of school age, they're reached their lifetime maximum as far as insurance goes. Does the DOH track any of that? Is there a mechanism in state govt that tracks how many of these cases are reaching a maximum health benefit limit before they're of adulthood.
Arvy Smith: I don't know that we do have any mechanism to track that with the general population. A person could look at it in PERS. Regarding the study, we discussed whether the study should include cancer in catastrophic. Do we want to treat cancer different than Russell Silver or some of these other rare diseases? The study will look at all of that and figure out where to logically draw some lines.
Representative Nelson: it takes us off the hook if a third party payer is involved in the solution to this from a legislative standpoint, but that does create some challenges with the families that are either afford insurance or are responsible enough to have coverage, that it does create issues for them as time goes on. The problems don't go away.

Arvy Smith provided and went through NDDOH Temporary/ Overtime Salaries for the 2011-13 Executive Budget and is labeled as attachment **THREE.**

Representative Nelson: we will be having issues with the 3.5 FTEs the tobacco group is requesting. They are asking for an accounting position and you are providing these services to them now. Does the money for the temporary salary that you are utilizing for this position come from the master settlement dollars?
Arvy Smith: that is correct

Representative Kreidt: Are the salaries for health council members, that $100 per day that you mentioned?

Arvy Smith: yes, that's the per diem that needs to be reflected in the budget.
Representative Kreidt: How many members are part of the State Health Council?
Arvy Smith: I believe it's nine

Representative Nelson: in the emergency preparedness and environmental division, most of this is federal money. Are those federal funding sources fairly stable? What happens when they go away?
Arvy Smith: When they go away, the duties go away as well and that's another reason we are keeping them temp instead of permanent, particularly in emergency preparedness. Emergency preparedness funding is starting to drop. They are looking for some match but so are we are getting that covered through in kind or local entities. We don't have any general fund match. We are starting to see the EPR start to tighten up. Environmental has been holding pretty steady for awhile. We are starting to hear the possibility of decreases coming there too.
Representative Nelson: who provides the match for emergency preparedness, other than your dept? Counties? Public health?
Arvy Smith: The local public health units are the main ones. The tribes are a part of that as well. They do have other costs that we aren't covering that are eligible for match so that's working out.
Representative Nelson: when local public health provides that, is that part of their mission or does that take time away from what they are commissioned to do in their normal workload?
Arvy Smith: The system is built on having local ability to plan and respond and we believe it's a part of their mission. We are providing them a lot of funding for it. We expect that to be part of their duties.

Chairman Pollert: I have two different handouts dealing with the health reform and I have two different figures. You had handed out a sheet that showed $1.795M, which was $200,000 in public health infrastructure, $182,000 in abstinence and $1.413 for home visiting for $1.795M. However, I have a sheet from Legislative Council (Jan 2011) that shows them dollar figures plus $488,454 in epidemiology and laboratory capacity. Are you using the health reform dollars for that as well?
Arvy Smith: We had sent a revised scheduled to Legislative Council subsequent to that. The first time we thought the epi and lab was all health reform, but the more we dug into it, we do have a small amount that is health reform and that ends in July. The new money next time is iffy, whether it is health reform money or whether it's going to be part of our regular eip lab capacity appropriation. Because it was iffy as to whether that was health reform or not, we sent in the amended schedule.
Chairman Pollert: are you attempting to get that appropriation for the lab or not?
Arvy Smith: Yes we are submitting for the grant, but it's up in the air whether that's technically classified as health reform funding or not.
Chairman Pollert: we are being asked to get schedules, but we are going to be doing a lot of this stuff in the redistricting in a year. Is this going to be a year from now or going to be now that you are trying to do this funding? Or July 1?
Arvy Smith: We'll be applying for the funding soon, but by the fall, we'll know if that's classified as health reform dollars or regular funding as a part of our regular epi and lab capacity appropriation.

Chairman Pollert: there's a senate bill dealing with the immunizations with the policy part of it, but you got the funding in the health dept budget?
Arvy Smith: Yes
Chairman Pollert: Do you know the cost of running that program?
Arvy Smith: We have $19.4M in the budget to purchase the vaccines and do some admin work. That's special funding in the medical services section. There would be small amounts of a few people in our administrative support section that would be affected, more so at first, but once the bugs are worked out, less.
Chairman Pollert: no matter which way the immunization settles out, you are going to need those costs to run the program?
Arvy Smith: Yes, the ones in administrative support. If SB 2276 is defeated, the $19.4M is not needed.
Chairman Pollert: you are still going to need the immunizations to run it on the old program?
Arvy Smith: We won't be purchasing the vaccines. The providers will be purchasing them direct. SB 2276 proposes collecting money from health insurers, puts it in a fund and the DOH uses that fund to buy vaccines. If that fails, the current process is that all providers are purchasing vaccines directly and it doesn't through our budget at all. It's in our budget because we've been trying to get here for awhile and it didn't happen so we were considering removing it. We kept it in the budget with this opportunity. It's under medical services section.

Representative Nelson: if we don't go there, like the VFC, the dept doesn't purchase that under the federal contract?
Arvy Smith: All the federal that we get (VFC and 317); we don't get money to buy it. We get an allocation of vaccine so that's all off the budget and so then the providers tell us what they need and we place the order and it's direct shipped to them and that's all off budget for the federal stuff.

Vice Chairman Bellew: could you tell me what qualifies as a chronic disease under the CDC guidelines? I'm interested in the smoking related diseases that are considered chronic diseases.
Arvy Smith: Chronic as opposed to catastrophic is like an injury or a onetime event. Chronic disease is going to be things like heart and lung disease, obesity, cancer, diabetes, asthma. As far as our dept organizational structure, you have a cancer program that does a lot of things with cancer, but cancer is also a chronic disease so we're working harder to have them all worked together so we aren't duplicating efforts. We do a lot to coordinate efforts because there is so much overlap in the grants.

Chairman Pollert closed hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 15, 2011
14536

☐ Conference Committee

Committee Clerk Signature Julia Lyczewska

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing. Clerk took role and quorum declared. Chairman Pollert informed committee to prepare hard amendments for HB 1025 to hear at later date and the committee would not be hearing HB 1025 today. **Chairman Pollert** opened hearing on HB 1004 and called for soft amendments from the committee.

Vice Chairman Bellew proposed amendment to remove number 3 on green sheet in its entirety which is regional health network incentive grant
Chairman Pollert: proposed that legislative management to have a study of the regional health network efficiencies to include what districts are involved. I look at this as similar to what's going on with EMS. I would like this study to be added to Vice Chairman Bellew's proposed amendment.

Chairman Pollert referenced previous handout from NDDOH titled Health Reform Programs (2011-13 executive budget) to include public health infrastructure, abstinence, and home visiting. The total is $1,795,112 and I am asking that those be pulled. It's part of the health reform. I know there is legislation coming out of IBL and everything is being backed up for a year or pulled forward for a year.

Representative Kaldor: those are federal funds?
Chairman Pollert: yes

Chairman Pollert: I am also requesting to pull the equity funds of $70,000.

Chairman Pollert: We are currently under provider choice for immunizations. I believe the grant line item showed $19.4. If we switch the program (currently we are not switching the program), I would ask for that line item to be removed.

Representative Kreidt: In regards to the EPA lawsuit that is on the horizon, my amendment would read that we would appropriate $500,000 out of the general fund, $500,000 line of credit with the bank of ND, we would have the emergency on that and the

department would have a quarterly report to the budget section, if and when the lawsuit moves forward.
Legislative Council: do you want the appropriation contingent on anything. I know when they talked about it earlier; they talked about approval of any moneys expended by the Attorney General. Did you want that in there as well?
Representative Kreidt: Yes.

Representative Nelson proposed amendment to add an additional $400,000 for local public unit to their operating line.
Chairman Pollert: there was request for the local public health for immunizations. This isn't dealing with that?
Representative Nelson: the reasoning I am brining this forward is for the additional need for health insurance and employee benefits. It has nothing to do with the immunization.

Representative Kreidt proposed amendment to remove number 23 on the green sheet (funding for prenatal alcohol screening and intervention grants) which is $388,458.

Vice Chairman Bellew proposed amendment to remove number 28 (suicide prevention and early intervention) on the green sheet, but keeping the grants, thus removing temporary salaries and wages and operating costs for a total removal of $291,493.

Representative Nelson: in that same line, we've had the Indian Affairs Commission budget and they had some suicide prevention money in that budget as way. I believe the state government works in a comprehensive fashion and works together with interagencies, given the fact that suicides on the reservations have been a real concern. Thus, I would like to add language to the suicide prevention programs that would require DOH to work with Indian Affairs Commission in the development of suicide prevention programs.

Representative Kaldor proposed amendment to have priority 24 funded on the optional request healthy eating and physical activity, $653,365 as this was not funded. It's in the change package. It was the first one not funded on the priority list.

Representative Nelson: I am proposed an amendment to add $420,000 for the Safe Haven Program in the domestic violence category which are the 3 sites in ND that had received federal funding, but aren't any longer. I am also proposing an amendment to add $889,528 in the grants area for loss federal grants in the domestic violence area. This would be for a total of $1.309528.

Chairman Pollert: that is in addition to the money that governor put in the recommended budget?
Representative Nelson: yes, that would be in addition

Vice Chairman Bellew: I am proposing an amendment to remove number 38 on the green sheet which is for another FTE for injury prevention, to include both the position and the operating costs for a total of $135,517.

Vice Chairman Bellew proposed another amendment to remove number 59 on the green sheet which would be $523,900, the entire amount dealing with the DOT funds which is the 402 or 408 funds that are no longer received from DOT.

Vice Chairman Bellew: Legislative Council, if you would be able to word this legally, I am proposing an amendment that prohibits NDDOH from accepting any title ten funding.

Representative Kreidt: in regards to FTEs with the DOH, I am requesting that we would remove 3.5 FTEs.
Chairman Pollert: what are the 3.5 FTEs you are talking about in regards to?
Representative Kreidt: that would be in regards to HB 1025 as there would be a shift in the grants over to the DOH.
Legislative Council will meet with Representative Kreidt to obtain clarification on this proposed amendment.

Chairman Pollert: under 32 on the green sheet, it says provide federals fund for Woman's Way care coordination, including operating expenses and grant. When we go through the grants page, under community health, it shows that it was not funded on the $400,740. If it wasn't funded, was the $99,260 taken off as well?
Legislative Council: I believe they didn't get that grant so the entire $500,000 authority would not be needed.
Chairman Pollert: the grants line item page mentions the $400,740, but would the operating expense of that be somewhere else in the budget?
Arvy Smith, NDDOH: Yes.

Chairman Pollert: will you have them done by tomorrow?
Legislative Council: I can get this done in summary format by later today or tonight and send it via e-mail.
Chairman Pollert: we won't be acting on it until tomorrow thus you can e-mail it to the committee.
Legislative Council confirmed that she will e-mail the amendments as well as provide a hard copy.

Chairman Pollert reminded the committee that there might be further amendments coming forward.

Due to there being no further amendments brought forward, **Chairman Pollert** closed the hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
February 17, 2011
14720

☐ Conference Committee

Committee Clerk Signature Julia Heiser

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Pollert opened hearing. Clerk took role and quorum declared. Chairman Pollert opened hearing on HB 1004 to discuss and vote on proposed amendments. Attachment **ONE** was provided listing all of the amendments proposed by committee members.

Vice Chairman Bellew went over item 4 under other proposed changes on attachment **ONE,** stating that federal family planning funds includes money that goes to clinics and even subsidizes abortions. He states: the local public health units can use this money to give out birth control pills to women under the age of 18 without parental consent which is concerning.

Representative Kaldor: does this amendment go further than what Vice Chairman Bellew is describing to us? Are there title ten funds that are received and expended that we would be forsaking that go to other purposes than the two that you described?
Vice Chairman Bellew: title ten goes to family planning
Chairman Pollert: speaking to the local public health units alleviated my concerns.
Representative Kaldor: I haven't heard from any of the units. Can you share with me the information you received?
Chairman Pollert: can someone come forward and explain what title ten funds are used for?

Kim Mertz, NDDOH: the family planning provides contraceptive services, however it provides much more than that such as STD/HIV testing, breast and cervical exams, PAP smears, and other services to men and women so that they can choose when they want to plan their pregnancies. ND receives about $1M a year and we have about 9 clinics throughout the state that provide those services. Family planning does NOT pay for abortions nor do we advocate for them. We are about reproductive services for men and women.
Representative Kaldor: The $1M is the federal title ten money. Are there other dollars you receive other than the federal dollars?

Kim Mertz: We do NOT receive any other money. It is a federal grant with no match. We give this money to the locals to do the direct family planning work. There are local public health units and two other entities, the community action agency and a nonprofit entity in Grand Forks. In addition to the local funding to help support their efforts, there are client fees and insurance reimbursement. Per federal regulation we provide contraceptive services to those under the age of 18 however parents/caregivers are required to be with them. Clients under the age of 15 is less than 1% of the population served with family planning and clients under the age of 18 make up 10%. The large majority is clients from the age of 18 – 24.

Due to no further discussion, roll call vote taken on item 4 under other proposed changes on attachment **ONE**, resulting in 2 yes, 5 no, 0 absent, thus motion failed.

Representative Nelson went over attachment **TWO,** amendment .01002. The reasoning behind this amendment is one of the issues that we have run into since the passage of measure 3 is the elimination of the community health trust fund and the programs that were funded out of there. This is an attempt to restore some of those chronic health programs that were funded in the past. Those programs that are included in the amendments fit the definition of chronic disease in renewed funding. In subsequent discussion, the $3.5M that would be dedicated toward tobacco cessation programs is fully funded in 1025 to the midlevel of the CDC requirement so that budget will be funded at that level when we get there. It's just to eliminate that 80% requirement because there has been talk of other sources for the community health trust fund as well as this and to do that, it really is difficult with this requirement. With that, I'd move the amendment.
Representative Kreidt: second

Representative Kaldor: you speak of changes to 1025 that would accommodate this or simply that the expectation is that everything from 1025 will come from the bump up money?
Representative Nelson: the appropriation that was asked for would not be changed because of this amendment. 1353 proposed to change the funding level for the cessation programs. We stay at the mid level of CDC funding.
Chairman Pollert: the 12.88 is in 1025, however there are amendments, but at this time the money is intact. According to Rep. Kelsch (chairperson of House Education where 1353 was discussed), the language in 1353 will change.
Representative Kaldor: this element was in 1353 in the first iteration. For the record, this is a part of measure 3 so this amendment will trigger the 2/3s requirement.
Representative Nelson: that's my understanding as well and this is a significant change.
Chairman Pollert: the $110M that was the UND medical school has not been voted out yet. We are not going after the reserves.
Representative Kaldor: we've got a long history with this particular portion of the lawsuit settlement funds and there are a lot of other things coming that I don't know about and we'll learn about. In 1997, when the settlement dollars were divided, the portion that became the community health trust fund was hoped to be for prevention efforts in tobacco and obviously the trust fund has been attractive funding source. They are all worthy programs. The concern I have is dilution and being back where we started. I believe the emphasis should be for prevention. For the record I oppose it.

Chairman Pollert: several members have asked about chronic disease and that is what we are bringing forward. We aren't bringing the dental loan repayment program or the physician loan to come out of the community health trust fund.
Representative Nelson: one of the considerations with this is with the growth in oil and the amount of money that is available for some of the projects (water, common schools trust fund); there may be a different appetite for a fund that can deal with some of the health issues. There are a number of programs and it is difficult to fund some of those programs out of the general fund and this has been that step leader that has been the basis for a number of very good programs. I would take a stab at a larger share of funding for the community health trust fund, but with this 80% requirement, it's an effort in futility.

Due to no further discussion, roll call vote taken on amendment .01002 which is attachment **TWO**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert read item 1 and item 17 on attachment **ONE** and following discussion with Legislative Council, the decision was made for simplicity purposes that the amendment is a proposal is to change the funding source of that particular program from federal to funding it from the community health trust fund and then vote on that proposal. Federal did not fund it.

Representative Kaldor: in the budget, the Women's Way program from the state side was funded out of the general fund. We are talking about which was originally federal.
Representative Nelson: Yes, this is on the grant page, on the community health section, this $500,000 was applied for but it didn't come through.

Representative Kaldor: Legislative Council, what is the level of funding available in the community health trust fund?
Legislative Council: $4.6M is the projected revenue for 11-13.
Representative Kaldor: under the current law, $3.2M would be dedicated to prevention
Legislative Council: in the executive recommendation, they have $3.5M going to the tobacco prevention and control, which leaves about $1,070,000.

Due to no further discussion, roll call vote taken on item 17 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 15 on attachment **ONE** and asked for discussion.
Representative Nelson: the stroke registry had partial funding source in community health trust fund. The total is $473,324. $222,000 is funded and the additional money for that is $250,700 to get it fully funded.

Due to no further discussion, roll call vote taken on item 15 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 16 on attachment **ONE** and asked for discussion.
Representative Nelson: this program was removed from the community health trust fund this session and the governor funded it from the general fund in the executive budget. .This would remove it from the general fund and fund it from the community health trust fund.

Due to no further discussion, roll call vote taken on item 16 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 18 on attachment **ONE** and asked for discussion.
Representative Nelson: this program was brought to us by the American Heart Association in an optional request and the $453,000 to fund this program does reflect their baseline funding proposal. There were three proposals.
Representative Kaldor: was this funded in the original budget?
Representative Nelson: No, this was not

Due to no further discussion, roll call vote taken on item 18 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 19 on attachment **ONE** and asked for discussion.
Representative Nelson: This is a program from the American Heart Association that they were made aware of after the budget request was due (Dec) where they would be able to purchase 12 units that would be equipped in ambulances for stroke and heart attack victims. This is a onetime funding source. This is a two for one match. There is a private foundation that indicated they would support that match. It would be a $4M total so we would be leveraging another $2.666.
Representative Kaldor: this came in after the budget was done?
Representative Nelson: they were made aware of this grant possibility in December and this was after the DOH budget was due and it's taking advantage of a situation that may not get funded in two years.
Chairman Pollert: I am going to allow someone come forward to describe what this is.
June Herman, American Heart Association: the stemi will place 12 league devices with over 135 ambulance services out there. The devices cost about $25,000 each. The foundation is willing to match for some of the devices, helping to work on protocols across the state to place receiving capabilities with the hospitals so they can receive the ECGs when they are transmitted from the 12 league devices and some of the other aspects from the program. The piece we asked for the match from (state funds) was for the 12 league devices, but when you look at the total amount there are more than 12 devices. There is going to be 135 placed out there.
Representative Wieland: what is the device?
June Herman: they can diagnose if you have a particular type of heart attack where you are completely blocked and need to get into emergency angioplasty so you have to get to the cath lab as quickly as possible. They have started this project in SD. The rural rigs are saying it's more valuable than their actual ambulance is because it's like having a cardiologist in the field. It sends the ECG to a facility where somewhere can read it and say it's a complete blockage for instance and the individual either needs to get to a close hospital for a drug intervention or be transported to the cath lab and the cath lab is ready to go by the time the patient arrives.
Representative Nelson: in June's testimony, ND and SD are both classified states meaning it's the highest level of need. Given rural healthcare, this could very easily save a number of lives.
Representative Kaldor: I move that we fund the $1.33M with the general fund (substitute motion)
Representative Metcalf: second

Roll call vote taken on substitute motion for item 19 on attachment ONE, resulting in 2 yes, 5 no, and 0 absent thus substitute motion failed.
Vice Chairman Bellew: I make a motion to add language to this funding a onetime funding source.
Voice vote taken and passed

Due to no further discussion, roll call vote taken on item 19 on attachment **ONE**, resulting in 6 yes, 1 no, 0 absent, thus motion failed.

Chairman Pollert: went over item 2 on attachment **ONE** and asked for discussion.
Vice Chairman Bellew: they did this last biennium with onetime funding and we were suppose to get a report and it may have been a success but I don't remember seeing a report which is the reason for this amendment.
Representative Kaldor: Arvy, has there a report been done?
Arvy Smith, NDDOH: we provided a report to the interim committee (health and human services) which was a brief paragraph of what was done in our opening testimony for the budget
Representative Kaldor: was the report productive?
Arvy Smith: there were a lot of positives that we did get from that. They were required to merge 3 administrative activities and certain types of services and this was accomplished.
Representative Kaldor: I believe in the long run this will provide efficiencies in the long run. I hope we would not be removing something that would have some future long term.

Due to no further discussion, roll call vote taken on item 2 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 15 on attachment **ONE** and asked for discussion.
Chairman Pollert: I think the state needs to be prepared. I want to know exactly what happened at Central Valley, taking into account that it's a work in progress so that's why I have the study in there.

Due to no further discussion, roll call vote taken on item 3 under other proposed changes on attachment **ONE**, resulting in 7 yes, 0 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 3 on attachment **ONE** and asked for discussion.
Chairman Pollert: the reason for this depends on the outcome in Washington, so it looks like we will be addressing this in the re-districting.
Representative Kaldor: the grant fund dollars expended on this would be helpful to our healthcare system in ND, regardless of how you feel about the rest of the healthcare plan. I believe this would be beneficial in the areas of prevention as well as other areas. If these dollars are made available, it's worthwhile for our dept to take advantage of them.

Due to no further discussion, roll call vote taken on item 3 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 4 on attachment **ONE** and asked for discussion.

Chairman Pollert: there are four items statewide on equity and we were asked by leadership to pull them all.
Representative Kaldor: will that be in another budget?
Office of Management and Budget: it's in the Senate

Due to no further discussion, roll call vote taken on item 4 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 5 on attachment **ONE** and asked for discussion.
Chairman Pollert: we are currently under provider choice (Arvy Smith informed committee it's called Protect ND Kids). There is a bill that has passed the senate and is coming over to the house. I know it will be debated in the house. If the bill passes in the house, the money would have to go back in. If it doesn't pass in the house, the conference committee will be called to meet and we are back to the provider choice. Whoever is on the conference committee would have to make sure that funding goes back in and look at funding for the local public health units to continue as is.
Representative Kaldor: it troubles me that we would not fund this. These are special funds. I am hoping that this isn't an effort to show the house perspective on that particular legislation because it sends a negative signal. What we've got here is an accurate portrayal of what is needed and is most appropriate. I would resist this amendment.
Chairman Pollert: it was not my intention of giving the house direction on what they do. I understand that this will end up in conference committee.

Due to no further discussion, roll call vote taken on item 5 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 6 on attachment **ONE** and asked for discussion.
Representative Nelson: this is an effort to meet some of the increased operating costs that the local public health units have for salaries and fringe benefits.
Chairman Pollert: this is not part of the immunizations

Due to no further discussion, roll call vote taken on item 6 on attachment **ONE**, resulting in 7 yes, 0 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 7 on attachment **ONE** and asked for discussion.
Representative Kreidt: this was OAR priority list 37 for the prenatal alcohol screenings and intervention and I asked that it be removed.
Representative Kaldor: For the record, I oppose this amendment and believe we need to fund this under the circumstances that prenatal alcohol problems and are significant, especially in cost and we bear that cost in the dept of corrections, hospitalizations, lost productivity and ruined lives. It seems to me that, this is a very small amount to put into a very important effort and I hope that we would resist the amendment.

Due to no further discussion, roll call vote taken on item 6 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 8 on attachment **ONE** and asked for discussion.
Vice Chairman Bellew: the department already has the individuals in place for this.

Representative Kaldor: where in the department are they going to draw from to operate and oversee these grants? This is an absolute necessity when you're providing the level of grants that we are providing and I haven't been satisfied in knowing where that is going to come from.
Representative Wieland: this is option number 1 in their request and was approved by the governor. It's one that I think is important. We did expect the Native Americans to work with the health dept in connection with this.
Representative Metcalf: in every session we are trying to figure out how to prevent suicides in our Native Americans and anytime we start cutting that funding, we aren't going to make any progress.
Representative Wieland: I am assuming this is for everybody.
Chairman Pollert: that's correct.

Due to no further discussion, roll call vote taken on item 8 on attachment **ONE**, resulting in 3 yes, 4 no, 0 absent, thus motion failed.

Chairman Pollert: went over item 9 on attachment **ONE** and asked for discussion.
Representative Kaldor: this was also in the optional request and just fell off the bottom and was one away from the governor's budget. This is a small investment to make considering the cost as treating is always more expensive than preventing. In regards to the testimony, $2.1 billion is lost in economic cost in ND because of obesity. 1 in 3 Americans has diabetes.
Representative Nelson: how does this differ from HB 1202 which is more of a school based program and we nearly considered that today. Do these two programs mesh? The funding level is similar as well.
Representative Kaldor: although they focus on very similar issues, I am not entirely sure how they are different. 1202 is a healthy schools initiative.
Arvy Smith: these grants would go to communities versus schools as in HB 1202

Due to no further discussion, roll call vote taken on item 9 on attachment **ONE**, resulting in 4 yes, 3 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 15 on attachment **ONE** and asked for discussion.
Representative Nelson: this is one of two programs in domestic violence (federally funded) where the federal funding went away. I believe there are three Safe Havens in ND (Wahpeton, Grand Forks, Bismarck). These are a safe haven for child exchange and a program that law enforcement is involved in, in the protection of some of these exchanges. This would be to fund those 3 Safe Havens through state funds with the lack of federal funding.
Chairman Pollert: this is to replace the federal funds with general funds?
Representative Nelson: yes. In the budget they had asked for $642,000 which would have funded two more sites and this would be to fund the sites that are existing.

Due to no further discussion, roll call vote taken on item 10 on attachment **ONE**, resulting in 7 yes, 0 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 15 on attachment **ONE** and asked for discussion.

Representative Nelson: this is in the domestic violence category, in the grant areas where there is a number of federal grants that were decreased or eliminated. The $889,528 that's asked for in this request only funds that federal short fall as well. With the increase in workers coming from out of state, the need is greater today. This will get us back to a funding level as two years ago and replace the federal dollars that were lost in about 6 programs.
Chairman Pollert: wasn't there $1M added to the governor's budget for the loss in the domestic violence grant line item?
Legislative Council: item 21 on green sheets was an increase which was in the executive recommendation of $1M to provide a total of $1.7M.
Chairman Pollert: add on to that the $340,000 from the marriage license fees for $2.05 which basically got them on the domestic violence grants line item back to where they were at last year.

Due to no further discussion, roll call vote taken on item 17 on attachment **ONE**, resulting in 3 yes, 4 no, 0 absent, thus motion failed.

Chairman Pollert: went over item 12 on attachment **ONE** and asked for discussion.
Representative Kaldor: this particular position is the one responsible for managing the domestic violence grants so who is that person going to be replaced by or how is it going to be covered? it seems like we are going to run the domestic violence grants program we need that person.

Due to no further discussion, roll call vote taken on item 12 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 15 on attachment **ONE** and asked for discussion.
Vice Chairman Bellew: this was previously funded by federal funds
Chairman Pollert: I am having frustrations between the DOT and NDDOH
Representative Nelson: Were there any conversations that took place with DOT?
Chairman Pollert: I was expecting something and never got it.
Representative Nelson: it's unfortunate that this was funded out of 402 and 408 safety funds and there were questions as to whether that funding could fund salaries in DOH and I thought if we got an answer to that, that we would be willing to fund the general fund and restore that grant line. How do we go forward?
Chairman Pollert: I'm going to support this part for now, knowing full well we are going to get some resolution in the next two months.
Representative Kaldor: these are salaries and wages in operating expenses, however doesn't this go to assist EMS out in the field?
Chairman Pollert: due to discussions with DOT, they said the federal funds were pulled because the intent of the federal funds was being directly to the salaries of the EMS division when they thought they should have been (inaudible two words).
Representative Nelson: they used these grants for hospital preparedness grants. I think it was an H1N1 program that is now finished that is part of this as well as for EMS curriculum and testing.
Arvy Smith: this has nothing to do with H1N1
Representative Kaldor: Arvy, the concern I have here is that we are going to be extending grants to local EMS. What would be losing because of this?

Arvy Smith: the 402 funding is related to funding for training of the volunteers. Originally there were the general funds of $940,000 to pay stipends to the volunteers to cover their expenses to get training and that was all general funds. We had a position that was the DOT money that managed all of that as well as the certification and licensure and developed the training programs for those volunteers to attend. The feds said only 17% of the ambulance runs are crash related so we only want to pay 17% of the position. We said you should pay 17% of the whole cost, including the 940 and that's where the feds said they would be supplanting because that was general fund. There's dispute about whether that's supplanting between feds and us. Without the 402 money, we don't have anyone to develop the training programs and do the certification of the volunteers. The 408 funding relates to data that DOT asked us to provide. They have a new system called Tracks and they want to use it for that. We are not able to get our own ambulance data to use for quality improvement on what kind of runs, what was the time responses, did they get quality service. It guts the program.
Chairman Pollert: We could say the funding in 1044 has to come to help you with that. I want to know if DOT is going to ask if they are going to ask you for data. If they are going o ask you for data, then we should tell them no.
Arvy Smith: 80% of their data comes from their new Tracks program. It doesn't allow us to have our ambulance run data to evaluate how that whole EMS is working.

Due to no further discussion, roll call vote taken on item 13 on attachment **ONE**, resulting in 5 yes, 2 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 14 on attachment **ONE** and asked for discussion.
Representative Kreidt: it's related to the tobacco prevention and control program. Due to the tobacco group asking for 3.5 FTEs, we should reduce the NDDOH by the same number.
Representative Kaldor: the 1025 is a different request from those that are working DOH on this initiative. They are doing different things.
Representative Kreidt: in order to do compromising, I would change that number to 2.5 FTEs, in the form of a motion
Chairman Pollert: I obtained the information from Legislative Council where as the positions cost: $65,707, $88592, $126562, and $123101. What positions are most critical?
Representative Kreidt: I will withdraw my first motion and add a substitute motion and give back 1.5 FTEs.
Vice Chairman Bellew: second
Arvy Smith: we would be keeping $126562 and $65707. Those are federal funds so are we not spending those federal funds or can we use them for other tobacco related activities?
Chairman Pollert: what are your thoughts?
Arvy Smith: we get $2.2M a year from CDC which is funding all of our positions, including the 2 that are being removed. We can either turn the funds back (the federal funds will go unspent) or we can reuse them for tobacco in coordinating with the Center.
Chairman Pollert: instead of the $403,962, is that figure going to be $192269?
Legislative Council: due to removing 2 FTEs and I come up with $211,693
Representative Kreidt: due to simplifying matters, I will withdraw my proposed amendment labeled as item 14 thus the 3.5 FTEs will be kept in.

Legislative Council confirmed that a roll call vote will not need to take place as nothing was changed with Representative Kreidt's withdrawal.

Vice Chairman Bellew stated he is going to reconsider item 9 on attachment **ONE** as he was on the prevailing side and made a motion to do such.
Representative Wieland: second the motion
Representative Nelson: I don't think we are going to be doing both of them. It will be one or the other. We need to think about which one is going be more effective, in the communities or schools. The majority thought the communities was the place to go and I'm assuming that is why Representative Kaldor brought this forward.

Roll call vote taken to allow for Vice Chairman Bellew to reconsider his vote on item 9 on attachment **ONE**, resulting in 4 yes, 3 no, and 0 absent, thus motion carried.

Chairman Pollert: we are back on item 9 for a revote
Representative Kaldor: this has merit and I continue to support it.
Legislative Council: read HB 1202: A BILL for an Act to provide an appropriation for a healthy school program grant and summarized bill.

Due to no further discussion, roll call vote taken on item 9 (re-vote) on attachment **ONE**, resulting in 4 yes, 3 no, 0 absent, thus motion carried.

Chairman Pollert had Representative Kreidt go over item 1 under other proposed changes on attachment **ONE** and asked for discussion.

Due to no further discussion, roll call vote taken on item 1 under other proposed changes on attachment **ONE**, resulting in 7 yes, 0 no, 0 absent, thus motion carried.

Chairman Pollert: went over item 2 under other proposed changes on attachment **ONE** and asked for discussion.
Representative Wieland: this is a duplication of legislative intent that we placed in the Indian Affairs Budget that says they'll work together on suicide.

Due to no further discussion, roll call vote taken on item 2 under other proposed changes on attachment **ONE**, resulting in 7 yes, 0 no, 0 absent, thus motion carried.

Chairman Pollert confirmed that there were no other proposed amendments to HB 1004.

Legislative Council: I will prepare one amendment that incorporates all the amendments

Representative Nelson: I move for a do pass as amended for HB 1004
Representative Kreidt: second

Due to no further discussion, roll call vote taken on HB 1004 do pass as amended, resulting in 4 yes, 3 no, and 0 absent, thus motion carried. Representative Nelson was assigned to be carrier of bill to full committee.

Chairman Pollert adjourned hearing on HB 1004.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1004
2/21/11
14760

☐ Conference Committee

Committee Clerk Signature Julia Higgins

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to provide a contingent appropriation; to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund; to provide legislative intent; to provide for reports; and to provide for a legislative management study.

Minutes:

Chairman Delzer: Opened discussion on HB 1004

Representative Nelson: I move for the adoption of amendment .01003 (attachment **ONE**)

Representative Pollert: Second.

Representative Nelson explained amendment (see attachment **ONE**), starting with informing the committee (on top of pg 2 of attachment **ONE**) that $500,000 was added in general fund money and the ability for North Dakota Department of Health (NDDHOH) to borrow an additional $500,000 for potential litigation that the dept is considering with EPA over issues regarding their clean air standards in the coal generation plants. Additionally, NDDOH thought they needed a portion of that money to defend their action on water quality in the case of Devils Lake in downstream interest as far as the TDS standards that they've allowing changes with. He proceeded to discuss section 5, section 7, and section 8 having to do with intent and language changes. Following this he discussed changes House Appropriations Human Resources Division recommended to the NDDOH budget, starting at the top of pg 4 of attachment **ONE.** Indicated was several programs' funding would be removed and the programs would be funded out of the community health trust fund. He explained that funding for universal vaccines was removed as decision has not been made about how vaccine program is going to be funded. A bill in the Senate passed that would restore that, however the House has to weigh in and this will be a conference committee issue. He went through each budget change and concluded with: the net effect is an FTE count is lowered by 1 and with the transfers of the $19.4M that is not general fund money, the change in general fund is - $65,710.

Representative Williams: on the removed funding for prenatal screening and prevention (388), were those special funds before or general?

Chairman Delzer: The amendment says they were general, under 11.

Representative Nelson: Yes, that was general fund expenditures.

Representative Williams: why the removal of that particular item?

Representative Nelson: The way we conduct our budget discussions in the Human Resource Section is we accept amendments from each members and discuss them. This was Vice Chairman Bellew's amendment.

Representative Bellew: On OARs, it was number 37 of 38 and it's a brand new program. We felt that it wasn't needed at this time.

Chairman Delzer: Further discussion?

Representative Kaldor: I will explain the several areas in this amendment that I am going to oppose. I oppose the language change in section 5, which is the portion that eliminates the minimum 80% requirement in the community healthcare trust fund for tobacco prevention and control. This crosses the line on Measure 3, voted on by the people in 2008. It enables a whole set of changes that affect the community health care trust fund. It speaks to the very issue that got us into the measure 3 in the first place which was going on up until 2007. We continue to use the community healthcare trust fund for a variety of purposes, all of them good, but none the less, many of them not dedicated at all to prevention and control. The lawsuit settlement will bring about $571.6M (this first time) to ND; $204M is going to the common schools trust fund, $204M is going to water development trust fund and $45.3M is going to the community health trust fund. After we refused to change the funding components for community healthcare trust in 2007, the people brought forth measure 3 which insisted that the settlement dollars be used for prevention and control (tobacco) purposes. Thus we are doing what we said would happen if the language wasn't strong enough about what the people want with this money. We're diluting the impact on prevention and control. I support all these measures independently and most of the measures the governor did as he had them in his budget. Thus he respected the people's vote and found general fund dollars to fund these important issues. There are federally funded programs, such as the Women's Way Care Coordination, that the federal govt dropped and in our committee, decided to not support these as well. It's not consistent for us to continue something that the federal govt has dropped, so we are inconsistent if we are going to take that approach. Other problematic areas of the amendment is item 14 (removal of the injury prevention funding, $135,000 out of the general fund), but that particular fund money is used to manage the domestic violence grants and here again, we are saying the grants should be able to manage themselves. Pumping the money out with no oversight is irresponsible and will eliminate accountability. The statewide trauma amendment which removes $523,900 is the funding that provides the NDDOH the ability to train the EMS volunteers and personnel in the state. We are going to fund their training but we are not going to fund the NDDOH to establish the program to train them. The reduction for prenatal alcohol is problematic as prenatal alcohol exposure is a serious and statewide issue which the governor funded from the general fund. These

amendments are being used to build a fence between prevention and control and other good health programs. I would hope that the committee would resist these amendments.

Representative Hawken: I look at the use of that money for some of these types of programming as extremely appropriate. I was a very good smoker, and tried all the cessation programs there are. TV ads and that kind of thing are not very effective for most people, but I will tell you what is. I became involved with Women in Government and what made a difference to me was hearing about the chronic diseases and the effect of smoking is what made a difference to me. Also, with this funding we need to be providing more than just samples and provide the needed pills, patches or gum for at least 6 months. I applaud the idea, but the creativity is lacking and that amount of money on TV or billboard ads just doesn't do it.

Representative Pollert: One of the discussions from earlier was that we reduced 1 FTE with domestic violence. During our section discussion, we found there were reduced federal funds, which should mean reduced workload, but yet they want to increase an FTE. Thus the majority of the section felt the extra FTE was not necessary.

Chairman Delzer: further discussion?

Representative Glassheim: Could I have an explanation of removal of funding for health care reform? This is federal money. Even with the uncertainty, why would we take away authority to spend federal money?

Representative Nelson: I think it was the consensus of the committee that this issue would be put on hold at this time until the state decides in which direction we're going to move forward with. We're buying time to make a better decision.

Representative Glassheim: Buying time in terms of years, or months, until the end of the session?

Representative Pollert: We had a joint hearing with the IBL policy committee, and we figured things will be delayed about 1 year depending on how things go with the federal appeals on federal healthcare. During the special section on redistricting, this is going to come up as well. Our section got a handout with 3 items ($1.795M) that is specifically addressed through the health reform act.

Representative Martinson: I don't support changing the things applying to measure number 3; can we divide that out to vote on it separately?

Chairman Delzer: If we divide that out and it fails, it affects a number of the other changes.

Representative Kaldor: One methodology might be to consider if we voted on the 80% rule relating to measure number 3, then the stroke registry...

Chairman Delzer: They would still be part of the amendment; they would have to be addressed afterwards.

Representative Kaldor: The way to reverse them would be to return to the governor's proposed budget as they are funded. The ones that aren't funded would be the Go Red and Women's Care Coordination.

Representative Pollert: If the minority report passes, the other items (stroke registry and Women's Way) would go back, but everything else we put in, would just not exist.

Chairman Delzer: there wouldn't be any money to fund them, but they'd still be in the amendment, right?

Sheila Sandness, Legislative Council: The Go Red and Woman's Care Coordination were not funded in the governor's budget from general funds, so those items wouldn't have a funding source. The other two items (Women's Way program and stroke registry) were funded in the governor's budget from general funds.

Chairman Delzer: Rep. Martinson is asking to divide section 5 out.

Representative Martinson: Yes, but I didn't realize there was a minority report.

Chairman Delzer: There is NOT. If section 5 failed, the rest of the amendment would still be there.

Representative Martinson: for the record, I will vote NO on the amendment due to section 5, but then I will vote yes on the final passage.

Representative Nelson: I will respond to the questions about that issue. There was a portion in the stroke registry that was funded in the community health trust fund. I want to respond to the issue of the 80% rule. Representative Kaldor is correct; there were programs that were funded form the community fund in the past that weren't related to smoking prevention, but were important programs that if they weren't funded from there, likely wouldn't have received state funding. These programs came in as pilots and were able to prove their beneficial value. Also, this does not take way from smoking cessation programs. HB 1025 is fully funded. The amendment is not meant to be an indictment on the work of the committee; they've done some good things, and they'll continue to do that. They'll be able to continue until 2017 session when the 2/3s majority is no longer required. They will have every dollar to do the work that they are doing, along with a trust fund, as long as the legislature feels their work is necessary. There is nothing in this particular amendment that should derail any of the proposals that they're doing. These programs do meet CDC requirements. The current 80% rule would inhibit any chance of providing additional resources to do the work that we're considering today.

Representative Pollert: In our section we had considerable talk about chronic disease and CDC practices, so we were very careful in funding what we considered CDC recommended off of the information given to us.

Representative Glassheim: My understanding is, if you get a 2/3 vote to change anything in a constitutional measure, it is no longer protected. Even though your intention may be to

fund it at the level they want it funded, any future legislature, by a majority vote, could change anything at all, either the structure or the dollars.

Chairman Delzer: I don't believe that's true.

Representative Nelson: First of all, it's not a constitutional measure, it's an initiated measure. There is no question that this amendment change does need a 2/3s vote to make that happen.

Chairman Delzer: Wasn't there a change to measure 3 last time?

Representative Nelson: There was; we changed the funding from the water development dollars.

Representative Martinson: If you pass the bill, and it doesn't get 2/3 vote, only the part that requires 2/3s does not pass; the rest of the bill stands.

Chairman Delzer: I think we want a roll call vote on this

Representative Kaldor: I want to add one thing. The 3 items that were funded from healthcare reform act was public health infrastructure, abstinence education, and home visitation. Those dollars are available. They were made available prior to the legislative session and the emergency commission decided not to allow their usage. In addition, I do want to correct one thing. I think there is some confusion about CDC recommendations. CDC makes recommendations on a whole host of things i.e. chronic disease management, prevention and control of tobacco. They are distinctly separate.

Roll call vote done on .01003, resulting in 14 yes, 6 no, and 1 absent roll, thus motion passed and amendment .01003 was adopted.

Representative Hawken: introduced and explained amendment .01001(see attachment **TWO**). I move to adopt amendment .01001.

Representative Kroeber: second

Chairman Delzer: was this in the governor's proposal?

Representative Hawken: I don't believe it was in the governor's proposal

Representative Kaldor: I want to draw your attention to the analysis of the community healthcare trust fund because I believe the governor has the dentist loan program funded at $260,000.

Representative Hawken: I believe that is the rural program and this is separate as it wouldn't interfere with the rural. The dental access clinics program is a fabulous program; this is just a program to try to get our ND dentists to stay here.

Representative Nelson: I believe all the repayment programs are in this budget. The community health trust fund funds only the existing obligations of those students that are enrolled and only that because of the lack of funding in the community health trust fund.

Chairman Delzer: discussion?

Voice vote taken on adopting amendment .01001 resulting in motion failing.

Representative Bellew: introduced and explained amendment .01004 (see attachment **THREE**). This amendment removes #12 out of .01003 which is Healthy Eating and Physical Activity Program. This is a brand new program for communities and does a very similar thing to HB 1202, which we'll discuss later, and I don't think it's needed as there a multiple ads on TV about taking care of oneself. I move to adopt amendment .01004.

Representative Kreidt: second

Chairman Delzer: further discussion on the motion to amend?

Representative Hawken: This is not the same money that is in HB 1202?

Representative Bellew: Representative Kelsch's bill (1202) is for schools; this is for communities

Representative Hawken: My other amendment would replace some of the money for domestic violence which has increased tremendously over the last few years and it certainly would make a healthier community if we did not have domestic violence.

Representative Kaldor: We dealt with this in subcommittee; Representative Bellew is correct that HB 1202 does a similar thing through the schools versus the communities. I'm not positive that it has had the same planning as this one has had. This was priority 24 on the health department's list (top 23 was funded), and relates specifically to chronic diseases like obesity and diabetes.

Representative Monson: This would remove off of .01003, item 12?

Representative Bellew: Correct, $653,365 of general funds

Representative Monson: And one FTE?

Representative Bellew: It takes the whole program away

Representative Nelson: There is no FTE in that program; the FTE in the amendment is from previous action. When we looked at this in our division, HB 1202 had not had action by the full committee, and we all looked at this as a very important aspect of healthy living. HB 1202 is not funded at the level this is. I think it's an appropriate place for this to take place in the schools so I will support this.

Representative Pollert: We had some considerable debate on this in committee; however, I stood consistent in not supporting this. Budgets can go so far and it did not make the governor's budget, so I will vote for this.

Chairman Delzer: further discussion?

Voice vote carried thus amendment .01004 was adopted.

Representative Hawken: (voice amendment) The amount that is budgeted for domestic violence is $889,500 less than last year. The number of occurrences has increased dramatically, so I move that we add back in this amount to domestic abuse to reach the funding levels of 2009. This will go in grants line item.

Representative Kaldor: second

Representative Pollert: $7.22M is still there for domestic violence. In 09-11, it was $2.05M of domestic violence, however the governor put in grants. The federal funds backed away. We have this continuing argument of whether we do general funds when federal funds fall away. It was the agreement of the section to fund the safe haven, but the majority of us did not support this amendment. $1M was put into general funds in the governor's budget to keep the domestic grants the same as they were in 09-11.

Voice vote failed (ruled by Chairman Delzer) thus voice amendment was not adopted

Representative Hawken requested roll call vote, resulting in 9 yes, 11 no, and 1 absent, thus amendment was not adopted.

Chairman Delzer: further discussion?

Representative Nelson: the changes on the health dept bill would be a reduction from the general fund of $719,075 and we would continue with 1 less FTE, thus I move for a Do Pass for HB 1004 as amended.

Chairman Pollert: second

Roll call vote taken, resulting in 15 yes, 5 no and 1 absent, resulting in a Do Pass as amended for HB 1004. Representative Nelson was assigned to be the carrier of the bill to the floor. Hearing closed on HB 1004.

Prepared by the Legislative Council staff
for House Appropriations - Human Resources
February 17, 2011

LISTING OF PROPOSED CHANGES TO HOUSE BILL NO. 1004

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Funding is remove from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740)			($500,000)	($500,000)
2	**One-time funding** is removed for a regional health network incentive grant		($275,000)		(275,000)
3	Federal funding is removed for health care reform programs including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000)			(1,795,112)	(1,795,112)
4	Salary equity funding for air quality and environmental engineers is removed		(70,000)		(70,000)
5	Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed			(19,400,000)	(19,400,000)
6	Grants to local public health units are increased to provide a total of $2,800,000		400,000		400,000
7	Funding for prenatal alcohol screening and intervention grants is removed		(388,458)		(388,458)
8	Funding is removed for suicide prevention and early intervention, including temporary salaries and wages ($118,751) and operating expense ($172,742). Total funding of $700,000 from the general fund remains for grants		(291,493)		(291,493)
9	Funding is provided for a helathy eating and physical activity program, including salaries and wages ($205,255), operating expenses ($88,110), and grants ($360,000)		653,365		653,365
10	This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program		425,000		425,000
11	Funding for domestic violence grants is increased to provide $2,939,528, of which $2,599,528 is from the general fund		889,528		889,528
12	Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed	(1.00)	(135,517)		(135,517)
13	Funding from the general fund to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466) is removed		(523,900)		(523,900)
14	This amendment removes 3.5 FTE in the tobacco prevention and control program and the related federal funding from the tobacco prevention line item	(3.50)		(403,962)	(403,962)

- Attachment ONE
- HB 1004
- Feb 17, 2011
- LC

Prepared by the Legislative Council staff
for House Appropriations - Human Resources
February 17, 2011

LISTING OF PROPOSED CHANGES TO HOUSE BILL NO. 1004

Department - State Department of Health

Proposed funding changes:

Description	FTE	General Fund	Special Funds	Total
15 The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund		(250,700)	250,700	0
16 The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund		(400,500)	400,500	0
17 Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740)			500,000	500,000
18 Funding is provided from the community health trust fund to implement the Go Red North Dakota Risk Awareness and Action Grants program			453,000	453,000
19 Funding is provided from the community health trust fund for a grant to provide matching funds for a ST-elevated myocardial infarction (STEMI) response program in the state			1,333,000	1,333,000
Total proposed funding changes		$32,325	($19,161,874)	($19,129,549)

Other proposed changes:

1 Add a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administratiave proceedings involving the United States Environmental Protection Agency. The department may spend the general fund moneys and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings. (Representative Kreidt)

2 Legislative Intent - Suicide Prevention Program. It is the intent of the Legislative Assembly that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activites.

Prepared by the Legislative Council staff
for House Appropriations - Human Resources
February 17, 2011

LISTING OF PROPOSED CHANGES TO HOUSE BILL NO. 1004

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
3	Provide for a Legislative Management study of a regional public health network pilot project conducted during the 2009-10 biennium; including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost savings to state and local governments, and possible improvements to the program.				
4	Federal Family Planning Funds - Prohibited - The State Department of Health may not accept or expend any federal title X funding relating to family planning services during the biennium beginning July 1, 2011, and ending June 30, 2013.				

Date: 2/17/11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number Item 4 under other proposed changes

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt		✓			
Rep. Jon Nelson		✓			
Rep. Alon Wiedland	✓				

Total (Yes) 2 No 5

Absent _____

Floor Assignment _____

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

Attachment ONE: item 4 under Other Proposed Changes

- Attachment TWO
- Feb 17, 2011

11.8135.01002
Title.

Prepared by the Legislative Council staff for
Representative J. Nelson
February 16, 2011

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after the semicolon insert "to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 2, after line 25, insert:

"**SECTION 5. AMENDMENT.** Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco

prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state."

Renumber accordingly

Date: 2/17/11
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number .01002

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew			Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment

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

Attachment TWO

Date: 2/17/11
Roll Call Vote # 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 17

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: change funding for Woman's way Care coordination (including operating expenses and grants) from federal to community trust fund

Date: 2/17/11
Roll Call Vote # 4

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 15

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 15

Date: 2/17/11
Roll Call Vote # 5

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 16

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 16

Date: 2/17/11
Roll Call Vote # 6

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number Item 18

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: Item 18

Date: 2/17/11
Roll Call Vote # 7

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number substitute motion Re: item 19

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kaldor Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew		✓	Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt		✓			
Rep. Jon Nelson		✓			
Rep. Alon Wiedland		✓			

Total (Yes) 2 No 5

Absent 0

Floor Assignment

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

Amendment One, Item 19: fund stem with general funds (substitute)

Date: 2/17/11
Roll Call Vote # 8

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 19

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew		✓	Rep. Ralph Metcalf		✓
Rep. Gary Kreidt		✓			
Rep. Jon Nelson	✓				
Rep. Alon Wiedland		✓			

Total (Yes) 1 No 6

Absent 0

Floor Assignment _____

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

Attachment ONE: item 19 including language added identifying funding as one time funding

Motion failed

Date: 2/17/11
Roll Call Vote # 9

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 2

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 2

Date: 2/17/11
Roll Call Vote # 10

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 3 under other proposed changes

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Attachment ONE: item 3 under other proposed changes

Date: 2/7/11
Roll Call Vote # 11

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 3

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 3

Date: 2/17/11
Roll Call Vote # 12

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 4

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 4

Date: 2/17/11
Roll Call Vote # 13

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 5

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 5

Date: 2/17/11
Roll Call Vote # 14

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 6

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Attachment ONE: Item 6

Date: 2/17/11
Roll Call Vote # 15

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 7

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 7

Date: 2/17/11
Roll Call Vote # 16

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 8

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson		✓			
Rep. Alon Wiedland		✓			

Total (Yes) 3 No 4

Absent 0

Floor Assignment _____

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

Attachment ONE: item 8

Motion failed

Date: 2/17/11
Roll Call Vote # 17

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 9

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt		✓			
Rep. Jon Nelson		✓			
Rep. Alon Wiedland	✓				

Total (Yes) 4 No 3

Absent 0

Floor Assignment _____

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

Attachment ONE: item 9

Date: 2/17/11
Roll Call Vote # 18

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 10

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Attachment ONE: item 10

Date: 2/17/11
Roll Call Vote # 19

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 11

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew		✓	Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt		✓			
Rep. Jon Nelson	✓				
Rep. Alon Wiedland		✓			

Total (Yes) 3 No 4

Absent 0

Floor Assignment _____

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

Attachment ONE: item 11

Date: 2/17/11
Roll Call Vote # 20

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 12

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment ONE: item 12

Date: 2/17/11
Roll Call Vote # 21

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 13

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 5 No 2

Absent 0

Floor Assignment _____

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

Attachment one: item 13

Date: 2/17/11
Roll Call Vote # 22

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 9 (reconsider item 9)

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson		✓			
Rep. Alon Wiedland	✓				

Total (Yes) 4 No 3

Absent 0

Floor Assignment _____

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

Attachment ONE: item 9 (reconsider)

Date: 2/17/11
Roll Call Vote # 23

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 9

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert		✓	Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew		✓	Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt		✓			
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 4 No 3

Absent 0

Floor Assignment _____

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

Attachment ONE: item 9

Date: 2/17/11
Roll Call Vote # 24

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House **Appropriations Human Resources Division** **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 1 - other proposed changes

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Attachment ONE: item 1 (other proposed changes)

Date: 2/17/11
Roll Call Vote # 25

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number item 2 - other proposed changes)

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor	✓	
Vice Chairman Larry Bellew	✓		Rep. Ralph Metcalf	✓	
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Attachment ONE: item 2 (other proposed changes)

Date: 2/17/11
Roll Call Vote # 26

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Human Resources Division **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Chet Pollert	✓		Rep. Lee Kaldor		✓
Vice Chairman Larry Bellew		✓	Rep. Ralph Metcalf		✓
Rep. Gary Kreidt	✓				
Rep. Jon Nelson	✓				
Rep. Alon Wiedland	✓				

Total (Yes) 4 No 3

Absent 0

Floor Assignment Rep. Nelson to Full Committee

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

- Attachment ONE

11.8135.01003
Title.
Fiscal No. 2

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
February 18, 2011
- Feb 21, 2011

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004 - Rep. J. Nelson

Page 1, line 2, replace "and" with "to provide a contingent appropriation; to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 2, after "intent" insert "; to provide for reports; and to provide for a legislative management study"

Page 1, replace line 12 with:

"Salaries and wages $44,861,868 $4,250,919 $49,112,787"

Page 1, replace line 13 with:

"Operating expenses 44,635,794 (19,532,584) 25,103,210"

Page 1, replace line 15 with:

"Grants 62,160,510 (6,307,190) 55,853,320"

Page 1, replace line 19 with:

"Total all funds $187,614,500 ($21,734,377) $165,880,123"

Page 1, replace line 20 with:

"Less estimated income 164,609,206 (26,243,929) 138,365,277"

Page 1, replace line 21 with:

"Total general fund $23,005,294 $4,509,552 $27,514,846"

Page 1, replace line 22, with:

"Full-time equivalent positions 343.50 (1.00) 342.50"

Page 2, line 8, replace "13,247,325" with "13,247,325"

Page 2, line 8, replace "3,492,228" with "3,492,228"

Page 2, remove line 9

Page 2, replace line 10 with:

"Total all funds $17,323,696 $3,492,228"

Page 2, replace line 12 with:

"Total general fund $4,076,371 $0"

Page 2, after line 22, insert:

"SECTION 4. CONTINGENT APPROPRIATION AND BANK OF NORTH DAKOTA LINE OF CREDIT - LITIGATION AND ADMINISTRATIVE PROCEEDINGS

COSTS - REPORT TO BUDGET SECTION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, to the state department of health for the purpose of defraying expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. In addition, the state department of health, contingent on litigation and administrative proceedings, may borrow the sum of $500,000, or so much of the sum as may be necessary, from the Bank of North Dakota, the proceeds of which is appropriated to the state department of health for the purpose of defraying the expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. The department may spend the general fund moneys and access the line of credit only upon approval by the attorney general. The department must report quarterly to the budget section during the 2011-12 interim regarding the status of any litigation and other administrative proceedings.

SECTION 5. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by

the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state."

Page 2, after line 25, insert:

"SECTION 7. LEGISLATIVE INTENT - SUICIDE PREVENTION PROGRAM. It is the intent of the Legislative Assembly that the state department of health work in conjunction with the Indian affairs commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities for the biennium beginning July 1, 2011, and ending June 30, 2013.

SECTION 8. LEGISLATIVE MANAGEMENT STUDY - REGIONAL PUBLIC HEALTH NETWORK PILOT PROJECT. During the 2011-12 interim, the legislative management shall consider studying the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($501,607)	$49,112,787
Operating expenses	45,223,767	(20,120,557)	25,103,210
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(34,458)	55,853,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($19,656,622)	$166,880,123
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($65,710)	$28,014,846
FTE	343.50	(1.00)	342.50

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

	Removes	Adds Funding	Changes	Changes	Adds Funding	Removes One-

	Funding for Women's Way Care Coordination[1]	for Women's Way Care Coordination[2]	Funding Source for State Stroke Registry[3]	Funding Source for Women's Way Program[4]	for Go Red North Dakota Program[5]	Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for a Healthy Eating and Physical Activity Program[12]
Salaries and wages	($398,871)	($70,000)				$205,255
Operating expenses	(387,241)		(19,400,000)			88,110
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	360,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$653,365
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$653,365
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Safe Havens Program[13]	Removes Funding for Injury Prevention[14]	Removes Funding for Statewide Trauma Program[15]	Adds Contingent Funding for Litigation and Administrative Proceedings[16]	Total House Changes
Salaries and wages		($125,557)	($112,434)		($501,607)
Operating expenses		(9,960)	(411,466)		(20,120,557)
Capital assets					
Grants	425,000				(34,458)
Tobacco prevention					
WIC food payments					
Federal stimulus funds					
Contingency				1,000,000	1,000,000
Total all funds	$425,000	($135,517)	($523,900)	$1,000,000	($19,656,622)
Less estimated income	0	0	0	500,000	(19,590,912)
General fund	$425,000	($135,517)	($523,900)	$500,000	($65,710)
FTE	0.00	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including

operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[6] One-time funding is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

[11] Funding for prenatal alcohol screening and intervention grants is removed.

[12] Funding is provided for a healthy eating and physical activity program, including salaries and wages ($205,255), operating expenses ($88,110), and grants ($360,000).

[13] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[14] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[15] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466), is removed.

[16] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

Date: 2/21
Roll Call Vote #: 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Legislative Council Amendment Number 01003

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Nelson Seconded By Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Representative Nelson	X	
Vice Chairman Kempenich			Representative Wieland	X	
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson	X		Representative Glassheim		X
Representative Bellew	X		Representative Kaldor		X
Representative Brandenburg	X		Representative Kroeber		X
Representative Dahl	X		Representative Metcalf		X
Representative Dosch	X		Representative Williams		X
Representative Hawken	X				
Representative Klein	X				
Representative Kreidt	X				
Representative Martinson		X			
Representative Monson	X				

Total (Yes) 14 No 6

Absent 1

Floor Assignment

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

11.8135.01001
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Representative Hawken
February 10, 2011 - Feb 21, 2011
- Attachment TWO

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, replace line 15 with:

"Grants 62,160,510 (6,092,732) 56,067,778"

Page 1, replace line 19 with:

"Total all funds $187,614,500 ($897,755) $186,716,745"

Page 1, replace line 21 with:

"Total general fund $23,005,294 $5,255,262 $28,260,556"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394		$49,614,394
Operating expenses	45,223,767		45,223,767
Capital assets	1,998,073		1,998,073
Grants	55,887,778	180,000	56,067,778
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Total all funds	$186,536,745	$180,000	$186,716,745
Less estimated income	158,456,189	0	158,456,189
General fund	$28,080,556	$180,000	$28,260,556
FTE	343.50	0.00	343.50

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

	Adds Funding for Dental Loan Repayment Grants[1]	Total House Changes
Salaries and wages		
Operating expenses		
Capital assets		
Grants	180,000	180,000
Tobacco prevention		
WIC food payments		
Federal stimulus funds		
Total all funds	$180,000	$180,000
Less estimated income	0	0
General fund	$180,000	$180,000
FTE	0.00	0.00

[1] This amendment adds funding for loan repayment grants to dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients under North Dakota Century Code Section 43-28.1-01.1.

Date: 2/21
Roll Call Vote #: 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Legislative Council Amendment Number 01001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Hawken Seconded By Rep. Kroeber

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

voice vote fails

11.8135.01004
Title.
Fiscal No. 3

Prepared by the Legislative Council staff for
Representative Bellew
February 18, 2011

- Feb 21, 2011
- Attachment THREE

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, replace "and" with "to provide a contingent appropriation; to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 2, after "intent" insert "; to provide for reports; and to provide for a legislative management study"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$44,861,868	$4,045,664	$48,907,532
Operating expenses	44,635,794	(19,620,694)	25,015,100"

Page 1, replace line 15 with:

"Grants	62,160,510	(6,667,190)	55,493,320"

Page 1, replace lines 19 through 22 with:

"Total all funds	$187,614,500	($22,387,742)	$165,226,758
Less estimated income	164,609,206	(26,243,929)	138,365,277
Total general fund	$23,005,294	$3,856,187	$26,861,481
Full-time equivalent positions	343.50	(1.00)	342.50"

Page 2, line 8, replace "13,247,325" with "13,247,325"

Page 2, line 8, replace "3,492,228" with "3,492,228"

Page 2, replace lines 9 and 10 with:

"Total all funds	$17,323,696	$3,492,228"

Page 2, replace line 12 with:

"Total general fund	$4,076,371	$0"

Page 2, after line 22, insert:

"**SECTION 4. CONTINGENT APPROPRIATION AND BANK OF NORTH DAKOTA LINE OF CREDIT - LITIGATION AND ADMINISTRATIVE PROCEEDINGS COSTS - REPORT TO BUDGET SECTION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, to the state department of health for the purpose of defraying expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. In addition, the state department of health, contingent on litigation and administrative proceedings, may borrow the sum of $500,000, or so much of the sum as may be necessary, from the Bank of North Dakota, the proceeds of which is

appropriated to the state department of health for the purpose of defraying the expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. The department may spend the general fund moneys and access the line of credit only upon approval by the attorney general. The department must report quarterly to the budget section during the 2011-12 interim regarding the status of any litigation and other administrative proceedings.

SECTION 5. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water

development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state."

Page 2, after line 25, insert:

"SECTION 7. LEGISLATIVE INTENT - SUICIDE PREVENTION PROGRAM. It is the intent of the Legislative Assembly that the state department of health work in conjunction with the Indian affairs commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities for the biennium beginning July 1, 2011, and ending June 30, 2013.

SECTION 8. LEGISLATIVE MANAGEMENT STUDY - REGIONAL PUBLIC HEALTH NETWORK PILOT PROJECT. During the 2011-12 interim, the legislative management shall consider studying the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

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

	Removes Funding for Women's Way Care Coordination[1]	Adds Funding for Women's Way Care Coordination[2]	Changes Funding Source for State Stroke Registry[3]	Changes Funding Source for Women's Way Program[4]	Adds Funding for Go Red North Dakota Program[5]	Removes One-Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						

Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for Safe Havens Program[12]
Salaries and wages	($398,871)	($70,000)				
Operating expenses	(387,241)		(19,400,000)			
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	425,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$425,000
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$425,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention[13]	Removes Funding for Statewide Trauma Program[14]	Adds Contingent Funding for Litigation and Administrative Proceedings[15]	Total House Changes
Salaries and wages	($125,557)	($112,434)		($706,862)
Operating expenses	(9,960)	(411,466)		(20,208,667)
Capital assets				
Grants				(394,458)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($523,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($523,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North

Dakota risk awareness and action grants program.

[6] **One-time funding** is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

[11] Funding for prenatal alcohol screening and intervention grants is removed.

[12] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[13] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[14] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466) is removed.

[15] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

Date: 2/21
Roll Call Vote #: 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Legislative Council Amendment Number 01004

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Bellew Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

(removes #12 out of 01003)

voice vote carries

Date: 2/21
Roll Call Vote #: 4

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Hawken Seconded By Rep. Kaldor

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Representative Nelson	X	
Vice Chairman Kempenich			Representative Wieland		X
Representative Pollert		X			
Representative Skarphol		X			
Representative Thoreson		X	Representative Glassheim	X	
Representative Bellew		X	Representative Kaldor	X	
Representative Brandenburg		X	Representative Kroeber	X	
Representative Dahl	X		Representative Metcalf	X	
Representative Dosch	X	X	Representative Williams	X	
Representative Hawken	X				
Representative Klein		X			
Representative Kreidt		X			
Representative Martinson	X				
Representative Monson		X			

Total (Yes) 9 No 11

Absent 1

Floor Assignment _____

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

add back in $889,500 for domestic violence (grants line) to return to 2009 levels

voice vote fails

motion fails

11.8135.01004
Title.02000
Fiscal No. 3

Prepared by the Legislative Council staff for
Representative Bellew
February 18, 2011

2/21/11
5
10

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, replace "and" with "to provide a contingent appropriation; to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 2, after "intent" insert "; to provide for reports; and to provide for a legislative management study"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$44,861,868	$4,045,664	$48,907,532
Operating expenses	44,635,794	(19,620,694)	25,015,100"

Page 1, replace line 15 with:

"Grants	62,160,510	(6,667,190)	55,493,320"

Page 1, replace lines 19 through 22 with:

"Total all funds	$187,614,500	($22,387,742)	$165,226,758
Less estimated income	164,609,206	(26,243,929)	138,365,277
Total general fund	$23,005,294	$3,856,187	$26,861,481
Full-time equivalent positions	343.50	(1.00)	342.50"

Page 2, line 8, replace "13,247,325" with "13,247,325"

Page 2, line 8, replace "3,492,228" with "3,492,228"

Page 2, replace lines 9 and 10 with:

"Total all funds	$17,323,696	$3,492,228"

Page 2, replace line 12 with:

"Total general fund	$4,076,371	$0"

Page 2, after line 22, insert:

"SECTION 4. CONTINGENT APPROPRIATION AND BANK OF NORTH DAKOTA LINE OF CREDIT - LITIGATION AND ADMINISTRATIVE PROCEEDINGS COSTS - REPORT TO BUDGET SECTION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, to the state department of health for the purpose of defraying expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. In addition, the state department of health, contingent on litigation and administrative proceedings, may borrow the sum of $500,000, or so much of the sum as may be necessary, from the Bank of North Dakota, the proceeds of which is

appropriated to the state department of health for the purpose of defraying the expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. The department may spend the general fund moneys and access the line of credit only upon approval by the attorney general. The department must report quarterly to the budget section during the 2011-12 interim regarding the status of any litigation and other administrative proceedings.

SECTION 5. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water

development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state."

Page 2, after line 25, insert:

"SECTION 7. LEGISLATIVE INTENT - SUICIDE PREVENTION PROGRAM. It is the intent of the legislative assembly that the state department of health work in conjunction with the Indian affairs commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities for the biennium beginning July 1, 2011, and ending June 30, 2013.

SECTION 8. LEGISLATIVE MANAGEMENT STUDY - REGIONAL PUBLIC HEALTH NETWORK PILOT PROJECT. During the 2011-12 interim, the legislative management shall consider studying the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-third legislative assembly. "

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

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

	Removes Funding for Women's Way Care Coordination[1]	Adds Funding for Women's Way Care Coordination[2]	Changes Funding Source for State Stroke Registry[3]	Changes Funding Source for Women's Way Program[4]	Adds Funding for Go Red North Dakota Program[5]	Removes One-Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						

WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for Safe Havens Program[12]
Salaries and wages	($398,871)	($70,000)				
Operating expenses	(387,241)		(19,400,000)			
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	425,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$425,000
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$425,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention[13]	Removes Funding for Statewide Trauma Program[14]	Adds Contingent Funding for Litigation and Administrative Proceedings[15]	Total House Changes
Salaries and wages	($125,557)	($112,434)		($706,862)
Operating expenses	(9,960)	(411,466)		(20,208,667)
Capital assets				
Grants				(394,458)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($523,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($523,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and

grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[6] **One-time funding** is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

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[15] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

Date: 4/21
Roll Call Vote #: 5

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House Appropriations Committee

Legislative Council Amendment Number 01004

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Representative Nelson	X	
Vice Chairman Kempenich			Representative Wieland	X	
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson	X		Representative Glassheim		X
Representative Bellew	X		Representative Kaldor		X
Representative Brandenburg	X		Representative Kroeber		X
Representative Dahl	X		Representative Metcalf		X
Representative Dosch	X		Representative Williams		X
Representative Hawken	X				
Representative Klein	X				
Representative Kreidt	X				
Representative Martinson	X				
Representative Monson	X				

Total (Yes) 15 No 5

Absent 1

Floor Assignment Rep. Nelson

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

REPORT OF STANDING COMMITTEE

HB 1004: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (15 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "and" with "to provide a contingent appropriation; to amend and reenact section 54-27-25 of the North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 2, after "intent" insert "; to provide for reports; and to provide for a legislative management study"

Page 1, replace lines 12 and 13 with:

"Salaries and wages	$44,861,868	$4,045,664	$48,907,532
Operating expenses	44,635,794	(19,620,694)	25,015,100"

Page 1, replace line 15 with:

"Grants	62,160,510	(6,667,190)	55,493,320"

Page 1, replace lines 19 through 22 with:

"Total all funds	$187,614,500	($22,387,742)	$165,226,758
Less estimated income	164,609,206	(26,243,929)	138,365,277
Total general fund	$23,005,294	$3,856,187	$26,861,481
Full-time equivalent positions	343.50	(1.00)	342.50"

Page 2, line 8, replace "13,247,325" with "13,247,325"

Page 2, line 8, replace "3,492,228" with "3,492,228"

Page 2, replace lines 9 and 10 with:

"Total all funds	$17,323,696	$3,492,228"

Page 2, replace line 12 with:

"Total general fund	$4,076,371	$0"

Page 2, after line 22, insert:

"SECTION 4. CONTINGENT APPROPRIATION AND BANK OF NORTH DAKOTA LINE OF CREDIT - LITIGATION AND ADMINISTRATIVE PROCEEDINGS COSTS - REPORT TO BUDGET SECTION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, to the state department of health for the purpose of defraying expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning with the effective date of this Act and ending June 30, 2013. In addition, the state department of health, contingent on litigation and administrative proceedings, may borrow the sum of $500,000, or so much of the sum as may be necessary, from the Bank of North Dakota, the proceeds of which is appropriated to the state department of health for the purpose of defraying the expenses associated with possible litigation and other administrative proceedings involving the United States environmental protection agency for the period beginning

with the effective date of this Act and ending June 30, 2013. The department may spend the general fund moneys and access the line of credit only upon approval by the attorney general. The department must report quarterly to the budget section during the 2011-12 interim regarding the status of any litigation and other administrative proceedings.

SECTION 5. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:

   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund ~~of which a minimum of eighty percent must be used for tobacco prevention and control~~.

   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.

   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.

2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.

3. Transfers to the funds under this section must be made within thirty days of receipt by the state."

Page 2, after line 25, insert:

"SECTION 7. LEGISLATIVE INTENT - SUICIDE PREVENTION PROGRAM. It is the intent of the legislative assembly that the state department of health work in conjunction with the Indian affairs commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities for the biennium beginning July 1, 2011, and ending June 30, 2013.

SECTION 8. LEGISLATIVE MANAGEMENT STUDY - REGIONAL PUBLIC HEALTH NETWORK PILOT PROJECT. During the 2011-12 interim, the legislative management shall consider studying the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-third legislative assembly. "

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
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Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

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

	Removes Funding for Women's Way Care Coordination[1]	Adds Funding for Women's Way Care Coordination[2]	Changes Funding Source for State Stroke Registry[3]	Changes Funding Source for Women's Way Program[4]	Adds Funding for Go Red North Dakota Program[5]	Removes One-Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						

Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for Safe Havens Program[12]
Salaries and wages	($398,871)	($70,000)				
Operating expenses	(387,241)		(19,400,000)			
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	425,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$425,000
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$425,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention[13]	Removes Funding for Statewide Trauma Program[14]	Adds Contingent Funding for Litigation and Administrative Proceedings[15]	Total House Changes
Salaries and wages	($125,557)	($112,434)		($706,862)
Operating expenses	(9,960)	(411,466)		(20,208,667)
Capital assets				
Grants				(394,458)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($523,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($523,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

FTE

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[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[6] **One-time funding** is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

[11] Funding for prenatal alcohol screening and intervention grants is removed.

[12] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[13] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[14] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466) is removed.

[15] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

2011 SENATE APPROPRIATIONS

HB 1004

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004
March 3, 2011
Job # 14903

☐ Conference Committee

Committee Clerk Signature Rose Senior

Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation for defraying the expenses of the state department of health.

Minutes: See attached testimony # 1-15.

Chairman Holmberg called the committee hearing to order on HB 1004. Roll call was taken. **Sheila M. Sandness** - Legislative Council; **Lori Laschkewitsch** - OMB.

Chairman Holmberg asked for a show of hands of those in support, neutral and in opposition to the bill. He said the committee knows the budget so he asked them to tell the committee about the changes that occurred in the House – and what concerns they may have.

Terry Dwelle, State Health Officer, ND Department of Health
Testimony attached - # 1 – written testimony
Testimony attached - # 2 – Ten Great Public Health Achievements – United States, 1900-1999

Reading from testimony –

Senator Robinson: On page 4 of testimony, the 33% 12 month quit rate for the Tobacco Quitline, how does that compare with other efforts across the region? Do we keep an on-going tabulation or accounting of folks who go through this program, quit and where are they 24 months later.

Terry Dwelle: When we look at changes of risky behavior, we realize that if a person changes a risky behavior for a period of 6 months or more, there is much less recidivism of that behavior, whether it be with tobacco usage or other things. We use 6 months in public health as being kind of a cure for many behaviors. This is 12 months that we have listed here.

Michelle Walker, Cessation Program Director, Dept. of Health gave Quitline percentages. At six months, our Quitrate is about 37% and benchmark is about 20%. When we compared ourselves to other Quitlines, the CDC is working on developing benchmark data so we can compare across the United States of every state but in our region, we do have a high quitrate.

Senator Robinson: And you attribute that success rate to how aggressive we are? What's the reasoning?

Michelle Walker said that in ND, we have our counselors located at UND. They are ND residents that do the counseling.

Terry Dwelle: When we initially looked at that quitline, one of the weaknesses of other programs was the counseling. They strongly suggested, from other states that I contacted, that we develop and utilize local counselors.

Continuing with testimony -
Senator Robinson – The committee heard disturbing testimony from the Indian Affairs Commission on the rate of suicide on our reservation communities across the state. Is there anything in your budget that would provide some support for their efforts and their trying to seek funding for $100,000 to enhance programming in the area of suicide prevention awareness? Anything here to complement their efforts?

Terry Dwelle: We have been working very closely with the Indian Affairs Commission and with the reservations to do anything we can to support through various programs. The causes of suicide are not related to just one factor. It has to do with some of the socio – economic challenges, depression, anxiety, factors associated with drug abuse and drug usage. All of those factors, and many more are part of that formula that seems to push a person towards suicide. We need to deal with all of those things to get a handle on suicide. We've heard about bullying and that's just one small factor. We need to get to those families and give them the kind of support so they have that emotional and social support, not just dealing with the physical disease aspects.

Senator Robinson commented on the Indian Commissioner's comments and the urgency of the problem. An aggressive response is needed.

Senator Bowman said that the federal government is in trouble financially. The more of these programs that we try to do for the overall health of people, is also part of the cause of our indebtedness. It all comes out of the same pool of money. As they start to make some really tough cuts, how is that going to affect the budget and who makes the decisions as to what you have to slow down with and yet still provide the necessary things for the health of the ND people.

Terry Dwelle: Obviously we look to the Governor's budget and have worked very closely with them and say this is what the State of ND needs at this time. But then we look to this body to give us direction. We do work for you.

Chairman Holmberg: Wouldn't you agree that one of the challenges you have and had in House was in areas like statewide trauma program where it's viewed as taking over a program that the federal program was supporting in the past. And that's not our role as a state to take over federal programs. Was that a challenge you had in the House?

Terry Dwelle: Yes, there are many challenges from the House handling of our budget. Once again, we're looking for the dialogue with this body and hopefully the conference committee afterwards.

Senator Grindberg asked about his agencies involvement and support of the 2-1-1 services.

Terry Dwelle: We have been involved in some dialogue in the past and given support and funding. We are supportive of that concept.

Senator Grindberg: We defeated a bill here in the first half on 211 services, so would it be fair to assume that the subcommittee and you could find some funding in your operating budget to work with that group. If the Dept. of Human services and Emergency Management and any other relative.....

Senator Wardner: Avian flu was big issue for awhile. Would you be prepared to take it on if it would show its ugly head again?

Terry Dwelle: Influenza is an interesting thing. I've looked at Avian flu in the past and there were several infectious disease experts across the nation that felt that Avian flu was too pathologic to pandemic. Where it was becoming less pathologic, some people were saying that's good. That makes me a little more nervous because it can spread a little more rapidly. That's one of the reasons that SARS probably did not spread as rapidly even though it was across the world. Yes, we're worried about Avian flu. We are prepared for influenza. It's a difficult problem to deal with, but that's why we have strategic national stockpile and why we've been working on emergency preparedness and response for years.

Arvy Smith, Deputy State Health Officer, North Dakota Department of Health
Continuing on page 9 of Testimony #1.

Chairman Holmberg: One of things that has skewed small agencies is the equity money that was given out last biennium. Did you get a lot of additional salary money last biennium under the equity appropriation for the Department of Health?

Arvy Smith: We did get a portion of that. I don't think it skewed anything. As we analyzed the results of that, we fell behind other agencies. We, particularly in Environmental Health, our engineers and environmental scientists, when we compare them to our companion state agencies, our salaries are low. As we analyzed that, we fell further behind. We were awarded by the Governor $70,000 in equity funding because right now we are struggling in the energy industry area. The House did remove that.

Continuing on page 15 –

Senator Robinson asked about the Community Health Trust Fund (CHTF) and the House's rationale of transferring additional responsibility to CHTF. Did it get to the issue of their distaste of tobacco settlement money? They added a program that's not even part of the Governor's budget. Is that correct, the Go-Red?

Arvy Smith: There were two of them, the Go-Red, and the Women's Way Care Coordination – we had in our base budget as a federal grant and we did not receive the federal grant. We were just going to let it go, but they chose to fund that out of the Community Health Trust Fund. I don't know the logic behind it. I know they were focusing on providing funding for chronic disease. We were not involved in a lot of discussion on this. I assumed that when they budgeted items out of the trust fund that they were then going to decrease the tobacco spending, but they did not do that. Instead the fund is deficit spent to the tune of about $1.5M. Some choices are going to have to be made there one way or another. We set priorities and reduced what we didn't have room for when we prepared the governor's budget and then we put those items out in the optional package. The Governor did fund those with general funding to bring us back to a hold even service levels.

Chairman Holmberg said we'll discuss the motivations when we do battle on the field. The subcommittee would be: **Senators Kilzer, Fischer and O'Connell .**

Arvy Smith – (talking from Appendix C on page 21)

Chairman Holmberg (speaking of the prenatal alcohol screening) reminded the committee that the fetal alcohol syndrome bill was an initiative that came through this committee and was attached two years ago to the budget as a pass through. It originally started as a separate bill, but this committee took the lead in funding that last session.

Senator Grindberg: The House kills SB 2276, then what? Then it goes to the private sector?
Arvy Smith: If the House kills SB 2276, then we continue under the current situation where all the uninsured Medicaid are covered with federal entitlements and then the providers continue ordering vaccine. They have to do separate tracking whether they are using federal vaccine or state vaccine. It's a more cumbersome process. If we move back to universal, it removes a lot of the administrative things and removes a lot of obstacles so that we can do a better job of vaccinating kids. The local public health units will be looking for general funding if SB 2276 doesn't stay in place.

Senator Grindberg: So the admin is with the local public health units as present & private providers. They don't have the admin burden, you do.

Arvy Smith: It simplifies their administrative burdens. We only end up with the ordering of vaccine burden which we do to some extent. When you're not a universal state, you have to separately track your federal vaccine versus your non-federal. You can't use federal vaccine for a non-eligible kid. You don't want to use your private vaccine for a kid who could get free vaccine from the federal government. You have to do a lot of tracking. There's more spoilage because they can't borrow back and forth. When you go to universal, the federal government says here's your estimate of your share or allotment. You cover the rest, you don't have to do all this admin and tracking - just vaccinate all the children. The only costs are the admin fees but all the vaccine then is free.

Continuing on Page 25.
Arvy Smith concluded her testimony –

Senator Robinson would be interested if subcommittee could get more information on the Go-Red program. Is it evidence based? Just a little background. Question 2- The budget that came of the House, where does that leave Quitline?

Arvy Smith: The fund will need to be balanced so there's $1.6M here that we can't spend. If we're directed to spend it on those four items, it's not available for tobacco so we'd have to cut tobacco. We think that we could cut everything else we're doing and save the Quitline, however, right now we are able to provide two months of nicotine replacement therapy with that program for free. We'd have to cut down to one month.

Chairman Holmberg asked everyone to try and focus on areas of cuts in the particular budget.

Howard Anderson,Jr, R.Ph., State Health Council member, ND State Health Council
Testified in favor of HB 1004
Testimony attached - # 3

Chairman Holmberg: One of semantics we get into legislatively, is when someone is discussing at one level talking about budget cuts that were made, and someone on the other side says, 'No, it is a reduction in the increases that were in the Governor's budget so when you look at these items that you're talking to us today, for example, you mentioned the fetal alcohol issues. That was a cut because it went from $388,000 to $0. When you talk about these other items, would you talk about not only reductions made in the House, but if there was a total increase from last time because when you listen to talk radio, all they're talking about is two totally different levels. One is talking about cuts and the other one is talking about 'No, it was really an increase.' And it confuses the average person.

Howard Anderson continuing –

Chairman Holmberg said subcommittee will look at this.

Howard Anderson: I agree with you that it's not your job just to take over federal programs. I wouldn't recommend that. They need to be good for the State of ND. Just because they are a federal program doesn't mean we should fund them, but sometimes we take the money if they give us 90 cents on the dollar because in that respect it's good, but in this case, I think it's good for ND and if we don't have the federal funds we need to figure out how to fund all or most of it.
The one person that they talked about, and we don't add many FTEs, but that one individual is needed to manage those grants within the Health Dept. It has come up several times in our strategic planning meetings where grant management is one of the difficulties we have within the department where it's not always funded through the grants, but we need enough people to take care of that. The department found the money in the budget previously and took care of it, but then the House took it out again, so we don't have that individual right now.

Robin Iszler, Unit Administrator, Central Valley Public Health Unit, Jamestown, ND
Testified in favor of HB 1004.
Testimony attached - # 4

Sherry Adams, Executive Officer, Southwestern District Health Unit, Dickinson, ND
Testified in favor of HB 1004.
Testimony attached - # 5

Tim Hathaway, Executive Director, Prevent Child Abuse, North Dakota
Testified in favor of HB 1004.
Testimony attached - # 6

Karen Ehrens, Registered Dietitian
Testified in favor of HB 1004
Testimony attached - # 7

Jody Bettger Huber, Program Director, Health Families, Lutheran Social Services of ND
Testified in favor of HB 1004
Testimony attached - # 8

Eric Volk, Executive Director, ND Rural Water Systems Association
Testified in favor of HB 1004
Testimony attached - # 9

He also handed out testimony from:
Alice Pekarski, Auditor & Water Operator, Montpelier, ND
Written testimony # 10 in favor of HB 1004.

June Herman, Vice President, Advocacy for the American Heart Association, ND
Testified in favor of HB 1004
Testimony attached - # 11

She also handed out testimony from:
Carrie McLeod, Volunteer Chair, American Heart Association's State Advocacy Committee
Written testimony # 12 in favor of HB 1004.

Opposition Testimony -
Jeanne Prom, Executive Director, Center for Tobacco Prevention & Control Policy
Testified in opposition to sections of HB 1004
Testimony attached - # 13
Testimony attached - # 14 – Proposed Amendments to Engrossed HB 1004.

Neutral Testimony -
Kathleen Mangskau, Tobacco Control
She read testimony from:
Terry Pechacek, PhD, Office on Smoking and Health
Testimony attached - # 15

Chairman Holmberg closed the hearing on HB 1004.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004
03-08-2011
Job # 15112

☐ Conference Committee

Committee Clerk Signature Alicia Delzer

Explanation or reason for introduction of bill/resolution:

SUBCOMMITTEE HEARING ON DEPARTMENT OF HEALTH.

Minutes:

See attached testimony A,B, C, Testimony 1A (Green Sheet)

Senator Kilzer opened the subcommittee hearing at 2:15 pm on Tuesday, March 8, 2011 in reference to HB 1004. Senators Fischer and Robinson were also present. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council were also present.

Chairman Kilzer: I would like Dr Burd to come down to this end and speak into a microphone so the clerk can record the testimony. In addition to his regular testimony I would like him to address the fiscal part of it which is on page 3 of the green sheet # 22. Green Sheet is Testimony attached # 1A. I don't know if you have seen that or not but you can tell us the appropriation history being included or not included in the executive budget and what happened over in the House.

Dr. Larry Burd, University of North Dakota School of Medicine: I am here today to report on efforts to improve detection of alcohol use during pregnancy and to decrease the prevalence of Fetal Alcohol Spectrum Disorders (FASD) in North Dakota. Testimony attached # A.

Judy Noyes, Grand Forks Testimony attached # B. This was read by Dr. Burd which talks about her adopted son Lance, who was diagnosed with Fetal Alcohol Syndrome at the age of 10. Mrs. Noyes was going to come down, but was up all night as Lance left the group home and did not return to his group home and they have not been able to find him.

Rodell Ottum, from Buxton, ND testified in favor of HB 1004 and provided written Testimony attached # C. My wife and I are the adoptive parents of 3 children. With him is his son, Sterling, who has Fetal Alcohol Syndrome (FAS) . His testimony shares about Sterling and the effect that this disease has had on this young boy's life. He states that Dr. Burd has been a tremendous help with Sterling.

Chairman Kilzer: I'd like to ask Dr. Burd a couple of questions. In your years in dealing with FASD are we making any headway in reducing the incidence?

Dr. Burd: We've been collecting data on FAS for the last 30 years. We have been doing tests and have screened children going into kindergarten for the last 20 years. We haven't made much progress on preventing the number of new cases in those settings. The most success is finding moms that have already had a child with FAS and trying to get them to quit drinking. The reason I am here for funding today is we have to identify women who are drinking and getting them to quit especially before or during pregnancy. Our goal is to screen every woman. It's a 1 question screen, when was your last drink? This doesn't sound like much, but in past years only 20% of the women have been screened, so many, many drinking women have been missed. We are training every prenatal care provider in North Dakota to ask these questions to identify women who are drinking and help them quit. We won't be successful with every woman. We only have to prevent one or two cases per year to completely recoup all the costs of the funding we are asking for.

Chairman Kilzer: Are you aware of any connection with the possible lipid syndrome, I know that is more common in mothers that drink. Is there any cause and effect relationship between the two syndromes?

Dr. Burd: The mechanism of alcohol and pregnancy is that it directly causes some problems. In a large number of women, it lowers your susceptibility to other problems, so problems you might not have had if you didn't drink, you now have. The 3rd mechanism is that it increases the severity of many problems. Two organ systems are greatly affected, one is the brain and the other is the heart. It is an extremely common cause of many heart defects. It's likely that the metabolic process of alcohol can increase your susceptibility to another metabolic disorder like this. I don't have a specific set of cases where we have observed this interaction.

Senator Robinson: I appreciate your comments. You've been at this for 30 years. What have you been able to do for funding up until this time?

Dr. Burd: The project I am proposing has been studied extensively using money from the National Institutes of Health where we apply for grant money. We study these ideas first to see if it is feasible then second to see if we can actually implement it in ND. We use National Institutes of Health funding to study each one of these things. We end up discarding 5 out of 6 or so. But this is one strategy that has emerged and has been successful. It is an inexpensive, easy way for prenatal care providers to identify these women.

Senator Robinson: Will that amount of money serve to provide you with resources to grow significantly the percentage of pregnant women to be screened? Is it a question of resources?

Dr. Burd: The issue is prior to implementation of this standardized screening program, some places in North Dakota screen some women. Some places hardly ever screen. We know that because we reviewed 10,000 medical charts to see how many were screened. It is an astonishing low percentage that was done. We had to figure out a way the prenatal care providers would use. It had to be short, 10-15 items would be too long, we developed a one item screening tool - when was your last drink? If you drank at all during your pregnancy, all of those women need treatment. In one sense it is very simple; in the other sense it has taken many years to get to this point.

Senator Robinson: Will those dollars complement or supplement other funds you have?

Dr. Burd: When you get funding from federal, that is for research. When you prove something works, then you need to find the funding to implement the program. We are not using the money to increase money from other sources.

Senator Robinson: What type of staff do you have?

Dr. Burd: We have a part time secretary and two other people that go out and visit all the clinics, review the medical records. It is very difficult to change practice patterns in the clinics.

Chairman Kilzer: Thank you for coming down.

Arvy Smith, ND Dept of Health, referred to page 5 of testimony #1. It talks about the leading cause of death. And move to page 6 there is a colorful chart that shows how the different causes of death by age group. Suicide is the second highest cause in the middle aged group. We've been keying off these charts. Then page 7 covers the real causes of death, which are the behaviors, tobacco, diet/physical activity. Now turn to page 15 to our major budget challenges. We are heavily dependent on federal funding. We get about 80 different grants, but those are starting to be strained. That has put pressure on us and people in local health, but now we are flipping into a new era where when we are looking at the federal budget and the proposed cuts we are seeing a lot of our grants being targeted. We are concerned about that. One thing, some of the federal grants that are being targeted, they plan to use federal health care reform funding to replenish the holes in those grants. We've seen our health reform funding being pulled out in the House, so we are not sure where that will end up. If we are not able to accept federal health reform funding that is going to hurt all these other grants as well as when that funding is used to fill the holes in some of those other federal grants.

Senator Robinson: When you refer to the House, you are talking Congress?

Arvy: I am talking about our state House of Representatives that cut the health reform funding out of our budget. The three are 100% funded for 5 years. One of them is abstinence, one is performance improvement, the third one is intensive home visiting for high risk families of newborns. A big part of the health reform bill was $500 M for preventive health programs. They are using that to replenish some of the grants. It is our job to alert you to these things. We don't have money in our budget that we can automatically pull in general funds and fix these things. We lost our suicide grant and we lost federal funding for EMS services, and the governor did fix those in the governor's budget. And the House removed funding for the EMS but did maintain general funds for the suicide.

Chairman Kilzer: How much was the EMS affected? He was told $523,900 for EMS.

Chairman Kilzer: How much was suicide affected?

Arvy: When we lost the federal grant, we requested about $240,000 to replace it. The governor did include that, so we now have just about $1M for suicide.

Senator Robinson: The federal grant was how much last session?

Arvy: It was around 400 a year or 600 a year.

Senator Robinson: The total money last session for suicide prevention programs was how much? He was told around $1M.

Senator Robinson: We have that now. We are asked to make a special effort on the reservations this time around, is that right?

Arvy: I didn't see that it was specifically targeting the Native American but that is certainly an area of concern. But we are also concerned with the non-native folks, youth, veterans, middle aged, the groups reflected on the brightly colored sheets. (Page 6 of Testimony #1.)

Senator Robinson: I disagree with you. It seems on the testimony there was special reference to an extra effort with the Health Dept in that area given the crisis they are going through on all the reservations. There are 3 or 4 times the number of suicides as the rest of the state. My concern was even though our funding was what we had for the current biennium and I think the Indian Affairs had 50,000, they wanted 100. They were reduced to 50. They were looking at more help from your department, and the question was whether that is possible given your budgetary situation.

Arvy: A large portion of the last grant went to the tribes. The general funding gives us the flexibility to target where the needs are greatest. We have been working very closely with the tribes.

Chairman Kilzer: Senator Robinson, are you referring to the testimony on the Indian Affairs Commission bill?

Senator Robinson: There was reference made in one of the testimonies about additional help anticipated or expected from the health department. And then I have another comment regarding the veterans.

Sheila M. Sandness: Maybe you are referring to the legislative intent added into the House version of the bill. The engrossed bill includes section 7 that has legislative intent language regarding the Health Department working in conjunction with the Indian Affairs Commission to develop, implement and coordinate a suicide prevention program.

Senator Robinson: That is it. I have one other question. Are there any resources with the Veterans Administration that they could come to play with post traumatic stress in terms of partnership? With the veterans coming home the challenges will be greater. Is there more they can do? I don't know what they have.

Arvy: We try to look for federal grants. We haven't seen anything yet.

Chairman Kilzer: Was the $400,000 per year or biennially?
Arvy: It was per year.

Senator Fischer: What was done in the budget the federal transportation money was replaced with general funds, and the House took it out. (referring to #59 on the green sheet)

Arvy: Those are the two big immediate concerns; we are expecting more down the road.

Senator Fischer: You are operating on a federal budget, from October to October?

Arvy: They are staggered at all different times. Some end at different times.

There was discussion about the end dates of different grants. There is a lot of uncertainty about the availability of the federal grants.

Senator Robinson: Are all of these grants referenced in your presentation? He was told not all of them. There are 80 of them.

Senator Robinson: Do you have a list of them? He was told they will provide that.

Senator Robinson: I worry about this with the federal deficit, the ramifications we don't fully understand yet and how agencies adjust in the middle of the stream. Is there any precedent we have to provide for those reductions in the middle of a biennium? We meet every other year. It puts this agency and others in a precarious position.

Lori Laschkewitsch: If their federal funds would be reduced, they would have to eliminate the program, eliminate the positions.

Arvy: An example that comes to mind is in HCR 2011 they wiped out the whole family planning grant. In the president's budget it is restored but in the president's budget we lose our preventive health block grant which is our whole Healthy North Dakota and Worksite Wellness Initiative. We just don't know where anything will land. One more point I would like to address is the community health trust fund.

Chairman Kilzer: I think I have a lot of questions and comments about that, so we will hold off until next time.

Senator Fischer: Lori, you are saying with the uncertainty of federal funding, how do you budget the department? If there is a program that is totally federally funded, how do you know if that is going to be there?

Lori Laschkewitsch: That is correct. There are more federal cuts. If a program gets cut out from the presidents' budget, and it's during the interim, that program is gone.

Arvy: In the last 9 years, our federal funds have gone up. In the last few they have leveled off. We have never been in this situation before. So we were able to go to the emergency commission to accommodate the increases. We have not had to deal with programs coming to an end.

There was discussion about the forecasted cuts and the concern over this.

Chairman Kilzer: Thank you for coming. We are adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004
March 17, 2011
Job # 15593

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This was a subcommittee hearing on the Department of Health.

Minutes: See attached testimony # A.

Senator Kilzer called the hearing to order. Other committee members present were: **Senator Fischer, and Senator Robinson.**
Dept. of Health: Arvy Smith, Deputy State Health Officer and **Kathy Albin, Director of Accounting**
Sandi Tabor, Lignite Energy Council (Lobbyist #058)

Sheila M. Sandness - Legislative Council; **Lori Laschkewitsch** – OMB

Sandi Tabor, Lignite Energy Council: We're here in support of a line item in the bill that deals with litigation. It started out at $500,000 and the House bumped it up to $1M. The litigation in particular deals with a lawsuit that the State of ND has filed against the EPA challenging a part of a rule that was finalized either the end of December or early January dealing with lowering the standard for emissions for sulphur dioxide. ND probably won't have any issues with meeting the new criteria, and in fact, when the proposed rule was published, they had arranged, and we actually said that as long as you stick to the higher end of the range, we'll probably be OK. The problem came, that unpublished in the proposed rule and not discussed during any of the public hearings that the EPA held on the proposed rule, when they issued the final rule, in the preamble, they basically stated that we're picking this standard and "oh, by the way, the way that we will determine whether your monitored counties are in attainment" which is a word of art in the clean air act., "we're going to use modeling". Now that's a big issue for ND in part because if we aren't the state with the most actual air monitors, we're close to being #1 in having a lot of air monitoring. So we have actual data that we base whether we are in attainment or not.

Without any public notice or anything else, they threw out the ability for us to use our monitoring data to determine whether we are going to be in attainment or not. The issue for us in using modeling is that because we've got so many monitors, we've been able to compare the monitored results with the modeling results and what we've found is that modeling overestimates emissions. Because of that, we are pretty concerned that we will now, even though our monitoring says we are in compliance with the new standard, the modeling will

show we're not. The attorney general, in consultation with the Health Dept., filed a lawsuit. As you all know, because you've all had an opportunity to work with the attorney general's office on their budget, they don't have a litigation pot of gold. Basically, when Mr. Stenehjem has to file lawsuits, he either signs on where other states are paying most of the money for the lawsuit and doing most of the work, and he signs on as a friend of the court or intervenes with other states. Or he has to come to you and get money for litigation. The most recent example of that was in 2007 when we knew that Minnesota was going to pass the Next Generation Act which prohibits the importation of new electricity from new plants or new power purchase agreements. You allocated for him, a half million dollars to sue the State of ND. That's the way it works. In this case, the money will be in the Dept. of Health's budget because it is the State of ND and the Health Dept because it is a rule that affects them. That's why they decided to put it into the Health Dept. budget. The issue is that they need money for that litigation.

In addition to that, we have a slight reprieve, but there's another existing law called regional haze. That law has to do with visibility. It was established awhile ago because of the problems that other states were having around their national parks. The Grand Canyon was the one that was probably most published, along with the Shenandoah and some of the other parks in the Appalachians. They had terrible visibility due to a number of different pollutants that formed together to form ozone or smog. In other words, they were impacting the visibility around those parks. The regional haze rule applies to all national parks, all class one areas. Theodore Roosevelt is our class one area along with Lost Wood game refuge. The state has been working on putting together our state implementation plan to implement the regional haze rule. We have been in a debate with the EPA about where we were going with those regional haze rules, especially as it applies to the Milton R. Young Station and the Leland Olds Station and perhaps the Antelope Valley Station. The long and short of it is that EPA has issued a letter in February suggesting that they are seriously considering issuing a federal implementation plan as it pertained to those plants. What that means is that they will take over the states program regarding the implementation of Regional Haze for those three plants. They were supposed to issue the federal implementation plan letter yesterday, but apparently they worked out some kind of stipulation with the Wild Earth Guardians, I think is the name of the environmental group that sued them on Regional Haze and they are not now going to do anything until May 15. However, if they do issue this federal implementation plan to the state, and I believe they probably will, we will need to take court action on that because it will have serious repercussions with the state. Those are the two lawsuits that we know of. Any of you who have heard our briefings about the other rules that the EPA is doing including coal combustion by-products which we are still waiting for that shoe to fall. The ozone rule which if they take the lowest end of the proposed ozone rule, 96% of the monitored counties in the United States will be in non-attainment.

There are many things that the EPA is doing right now where it will perhaps be in the best interest of the state to look at, if not filing suit against EPA, at least joining actions to support other states in their lawsuits against EPA.

In the budget, as I understand it, there's $500,000 from the general fund and then $500,000 as a line of credit from the Bank of ND. The bank would give the money to help us with the costs and then in the next session, you would come back and get general fund money to pay back the line of credit.

Senator Kilzer: That's two separate $500,000 availability.

Sandi Tabor: I think it's all in one line item for a million dollars. That's the detailed background.

Arvy Smith: We have to have the Attorney General's approval to spend that money. It is protected in a special line so we can't divert it to any other departmental expenses. Also we have to report quarterly to the budget section. One thing that got missed is when we presented the amendment, it had an emergency clause on it and somehow that didn't make it on the amendment. Nobody noticed this until it went through the House. It went through the House with enough votes for the clause to carry but when people looked back, somehow that emergency clause was not there. These lawsuits are happening now and we're needing to start spending as soon as possible so there is language for an emergency clause only on that particular section.

Senator Kilzer: Have other states filed some of these suits against the EPA?

Sandi Tabor: With regard to the SO2, Texas filed a larger lawsuit challenging the entire rule. Several states have joined on with Texas. I think we've had states join on with ND, although I can't tell you how many. With regard to regional haze, we have not filed that yet. There are 13 states in the west who are all going through this same process on regional haze where EPA is trying to force them to do some things that are going to be difficult for them. In ND, part of our problem is that we have transport of some pollution from some of the Canadian facilities that impacts our levels. In addition to that, we just have plain background levels. A lot of regional haze is about dust to be very frank and we have dust in ND. A lot of western states have dust. Rather than trying to look at this from a more regional or even smaller aggregation of state perspective, EPA is looking at this from a blanket level.

Senator Kilzer: On the SO2, is the EPA concerns about having that in the air or is it the resulting sulfuric acid and sodium sulphate, you know, the salts, what is the concern?

Sandi Tabor: The concern is that the standards were changed during the Bush administration. It would be safe to say that there were groups that did not believe they went far enough. From a ND perspective, if it weren't for this modeling – monitoring issue, I'm not sure we'd be engaged in that because it's my understanding that we'd probably be OK with the standard that they set. When you look at only being able to determine attainment with clean air by modeling, I mean, modeling is not as good as monitoring when you know the actual numbers. We were pretty stunned when we saw that they were basically saying "you're going to determine non-attainment by modeling and really kind of ignoring the fact that we have lots of monitoring data in this state. We all think it's more accurate.

Senator Robinson: Part of issue – the fact that the monitoring equipment that we have is ours and they're questioning the independence about equipment?

Sandi Tabor: I don't think so, but I don't know what they were talking about when they decided this. This is in their final rule and I don't think they were just thinking "Oh, let's get ND". This is a broader decision. I've been talking to some people about the whole issue of monitoring and modeling because to me, it just doesn't make any sense why you would ever

think that models were better than monitoring. In some states they don't have the air monitoring equipment that we do. They really do rely on modeling and I don't know why they determined that they would just use modeling. I think because it is a way to take a standard and then ratchet it up even a little bit more because you know the models are going to overestimate emissions.

Senator Kilzer: Could you describe the models a little bit?

Senator Fischer: How can they, with the regional hazing, apply it equally with states that are, for instance, if you are using regional hazing and you analyze ND versus PA, what you are really saying is that they're going to allow plants built in PA with new technology and we've already done that here, so how do you improve on the air in ND compared to a dirty state?

Sandi Tabor: They do look at what your standard are and they look at what you're coming up with. In the end, what they are really looking at is how can we control more of the emissions from the plants. They always focus on the emissions of the electric generating units first because we're the easiest to control.

Senator Fischer: It would seem to me that those states that have more difficulty with their air quality would not be able to do anything in replacement, maintenance or ....

Sandi Tabor: Regional haze is different than criteria pollutant regulations. Under criteria pollutant regulations, when you're in non–attainment, that's when you can't do anything new unless you offset emissions somewhere else. With regional haze, it's more of a "you have to show us how you're going to start implementing what they call the glide path". There is a certain amount of percentage reduction that you have to have by 2050 and I don't remember the percent. Then they say, you start out here and all these state implementation plans were supposed to be filed a couple years ago and almost every state has been late in filing it. You're supposed to show them how you're going to get here in reductions. So you do the implementation plan and then by 2018, you're supposed to show your reasonable progress in getting to here. By 2018, we're not sure we're going to be able to show any regional progress, in part because of background and transport from other states. Sometimes what they do defies logic.

Senator Kilzer: Does the Attorney General have any idea of what the chances are that he'll have to pursue this or not?

Sandi Tabor: I don't know, I'm not privy to the discussions between the Health Dept. and the AGs office. We occasionally ask for updates but that is something that I'm sure he would not want to share with many people about it. The point is that we have a really solid record. I don't want to get into a lot of details, but part of this goes back to when Wayne was first elected. There was an issue with best available control technology at Minnkota and was an issue that was resolved. They are now taking that issue with Minnkota and trying to roll it into the overall picture. Under regional haze, what you have to show is the best available retro-fit technology and what technology and what technology you're going to use on Leland Olds and on perhaps Antelope Valley in order to try and control some of these emissions to try and meet the regional haze glidepath. The heart of the issue here is that EPA says we want you to use this technology and the acronym is SCR. North Dakota, through the Health Dept. and through

industry, has been trying to find vendors who will actually say that SCR will work with lignite and they can't find anybody. The bottom line is that the vendors are saying that we cannot guarantee that this is going to work. The installation of this technology that may very well not work, in fact, it's my understanding that it was tried. One of the SCR vendors tried to do this technology and after two months, said to forget it, it's not working. EPA is kind of drawing a line in the sand and said we want you to require them to put SCR on their stacks and we're saying it doesn't work. I think that the Health Dept. thinks they have a very strong record on everything that they've done.

When you do a state implementation plan, you have lots of public input process, you have lots of analysis, modeling and looking at how things will work or how they can be done. They think they have a pretty strong record.

Senator Robinson: If **Dave (Glatt)** could get us something on modeling vs. monitoring (SO2) issue, I'd like a little more information on that.

Al Christianson, GRE: The one thing it all comes down to is that the people of ND are going to end up paying for something that doesn't work. Our rates are going to go up because we have to put these things on that don't work. We have what we call continuous emission monitors at our power plants which monitor all our exit gases, and we have to have those certified independently every year. We have to report them every year, not only to the Health Dept. but to the EPA and Region 8 and everybody else. They are fine with them when we report them, and now they're saying that modeling is better. It just doesn't' make sense, but on the bottom line, people of ND and the rest of the country are going to pay for something that doesn't make any sense. What you've seen in electric rates now, one of the utilities in MN raised their rates 39% and that has in part with what they had to do with EPA standards. You cannot continue to do that on the backs of the people in this economy, even in ND. We hope we don't have to do the lawsuit, but we need to be prepared. Great River stands in support of this.

Senator Kilzer: On the monitors, how are they standardized to be sure that the readings are correct? Is there something like a metrology lab from the PSC that used to function doing this?

Al Christianson: You have standards that are purchased that you run through your monitors as your base standard and they are purchased and accredited by an independent lab. That is what you calibrate your monitors to and then when the independent company comes out and does the full blown SIMS test. They are independent. They report separately and they also use a different certification than where we got our standards from. They have to run 24/7 and 365 days a year or you have to report why they are down and then you have a possibility of facing the wrath.

Senator Fischer: I remember years ago when they were talking about regional haze and testing, there was discussion or requirement how you take the readings with the monitors either in the stack or an ambient. Are those still issues that the EPA is requiring? At one time they wanted stacks monitored and the state did ambient air in the area.

Al Christianson: Both, we are required to have continuous emission monitors on our stacks but there are also monitors that are located downwind, upwind, side wind and off the site that they continue to sample from.

Senator Fischer: Complicated issue – the federal government again and the EPA in particular doesn't have same rules for everybody.

Senator Kilzer: (to **Sheila M. Sandness**) Did you get that for putting together an amendment of some kind?

Sheila M. Sandness: The language is already in the bill, but we need to amend it to add the emergency clause.

Arvy Smith expanded on previous testimony and starting on page 15 talking about their budget challenges and the federal funding situation.

Regarding to federal funding – There were a couple grants they lost and the Governor's Executive Budget included general funds to pick those item up. They were the suicide and emergency medical services pieces. The House removed the emergency medical services piece, but the suicide funding stayed intact.

She was at a grant meeting where they were told to submit a budget back at the 2003 level so they need to make cuts. The House removed all of their Health Reform funding which covered the abstinence program, the intensive home visiting program, and the performance improvement manager. If the concept in state is for them not to spend Health Reform dollars, now they are seeing tons of federal grants, and particularly with CDC, that makes their grants partially federally funded with Health Reform dollars.

Senator Kilzer asked for a written summary on the federal grants.

Arvy Smith said about 2/3 of their budget was federally funded and handed out NDDOH Summary of Federal Programs 2011-13 Biennial Budget – see attached A.

Senator Fischer: On the Nonpoint Source Implementation Grants – remember years ago it got into the Water Commission and you had to come over and get the money from them is that still an issue?

Arvy Smith: The $200,000, we do have it built into our budget. We used to have language specific to that, but somebody decided we no longer need that language so that $200,000 will occur and we will get that.

Arvy Smith: On the 3rd page, we list our ARRA funding – we have about $25M in that and next biennium, a few of them are carrying over to be complete. There are some pass through programs that we are receiving by another state agency.

Senator Robinson asked in regard to the federal funding if they were experiencing reductions across the board or targeted to any specific category.

Arvy Smith said there was a little bit of both. In the President's budget, the Preventive Health Block grant for $200,000/year was eliminated. This grant helps with work site wellness. In the House Concurrent Resolution - the whole family planning program was eliminated. Some grants have been cut back to 2003 levels.

Senator Kilzer clarified that with the stimulus funds, that there is still a $3M carryover and those are all projects that are still going on.

Arvy Smith answered yes, that they will finish out in the first year of the next biennium.

Senator Kilzer asked if any of those projects would leave people in distress.

Arvy Smith: No, not in our department. We may have had some in temporary and occasionally we shifted an employee from working on one project over to work on another project. I don't believe we'll have any employment issues because we knew they were temporary.

Senator Kilzer asked if there was anything else of add-ons or changes since her previous testimony.

Arvy Smith: That was it as far as federal. You wanted to talk about Community Health Trust Fund and the changes that the House made to their budget.

Community Health Trust Fund – page 16 and 20. The department had previously had 10% of the settlement fund and then the bump payments started in April 2008 and we had that additional revenue until Measure 3 kicked in and at that time, all the bump payments go to the new Tobacco agency. So now we're back to 10% of the payments without the bump payment.

Senator Kilzer: You're talking about the 45% school lands, 45% water, and 10% community trust fund. Answer - Correct.

Arvy Smith: On page 20, you can see the revenue fluctuations. In 07-09 it was $6,149,540 so that had the bump payments in it. Then in 09-11, it went back to the 10% level of revenue. In 2009 -11, we had expenditures totaling $6,793,000 appropriated and our revenue was only $4,388,000. The legislature in 2009 gave a contingency of $2,405,000 to make the fund whole.

In the current biennium, we're only needing to spend $671,000 of the contingency, however because of the way it's set up, we end up with a $0 balance at the end of the biennium because all the contingency that's not spent reverts back to the general fund. We didn't get an appropriation of all of the $2.4M to go into the fund, we only got as much as we needed of the $2.4M.

We start the 11-13 biennium with a $0 beginning balance and all we have is the $4.5M revenue of 10% and yet in the current biennium we're spending at the $6M level, so we had a big hole in this budget. So we had to make cuts in order to balance this budget. We are required of that $4,583,000 to spend 80% on tobacco so that pulls out about $3.5M of that. The remainder then is funding Emergency Medical Services grant and Stroke Registry,

Women's Way and the medical and veterinarian loan repayment programs were all funded out of here as well. There wasn't enough money to cover all those things, so what we did was – we had to do the $3.5M of tobacco and of the remainder, we prioritized the loan repayment program that we already would have commitments to. Even though our contracts allow us to break them if we don't have enough money, we did not think that was a good thing to do with people we had already recruited into the state. Our priority was to honor those existing contracts. In order to add new ones, next biennium we put all of those in the optional packages general fund and the Governor included those in his budget and so did the House. The loan programs are all ok with the exception of the nonprofit dental loan program. That was the one for bridging the dental gap and some others. It was a one-time and was not added in by the Governor or the House.

We funded part of the heart disease and stroke out of this fund and then to hold it even, the remainder was requested in our optional packages general fund and the Governor supported that as well as the House.

What happened in the House was that they decided to spend additional items out of this fund and they did have an amendment to remove the 80% requirement to be spent on tobacco. So they added a bunch of programs to be funded out of here, but they did not reduce our spending on tobacco so in effect they spent the fund into the hole about $1.4M. Something there will need to be fixed. At the bottom, they pulled state stroke registry was general fund and they moved it into here. The Women's Way there were some general funds to the tune of $400,000. They moved them into this fund instead. Women's Way Care Coordination is a federal grant we had applied for, was in our budget and we did not receive that grant. It's a new program so we were just going to let that appropriation set idle. They decided to fund it out of this fund for $500,000. Go Red is a heart and stroke program that they funded here as well – that was about $1.6M. Those four items.

Senator Kilzer: Is the Women's Way program a state program with a total operating budget of a certain amount of money because they also receive money from the DHS.

Arvy Smith: That's mainly a federal program. It was entirely federally funded for many years until a couple biennia ago; we started putting a little bit of general fund into it. There is a relationship with Human Services in the screening. As women are screened,....

Senator Kilzer: The Health Department does the screening and the Human Services picks up the treatment fairly often.

Arvy Smith: The Medicaid eligible women. The match for that was coming out of this fund as well and that has been eliminated. In 11-13, there wasn't room for any of that either, so that has been eliminated in the Governor's budget even.

Senator Fischer: On the $500,000, they took that funding out, was that funding put in by the Governor or is it in lieu of a federal grant.

Arvy Smith: It was in lieu of the federal grant that they added to come out of this funding. The Governor had it in as federal funding. We had applied for it and thought we would get it, but I don't think there's a chance that we'll get it.

Senator Fischer: So we're back to general funds and that would be the only way to fund this?

Arvy Smith: Yes, and it's a new program and we certainly have many other priorities than that one. We had applied for the federal grant for the Women's Way Care Coordination. What that did was help women navigate all of the insurance and medical systems. It's a complicated piece to work through that system.

Senator Kilzer: Any other areas?

Arvy Smith: Not with the Community Health Trust Fund, but the $1.4M has to be fixed because they are spending well beyond the revenue.

The $250,700 for State Stroke in the Governor's budget was general funds and the Women's Way $400,500 was also general funds in the Governor's budget and we would ask that they be restored in general funds. The Women's Way Care Coordination – that could be let go, I guess. We had other priorities. The Go Red was a new item that was presented by the Heart and Lung group.

They planned to go through the amendments from House, but Senator Robinson has another subcommittee hearing, so hearing adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004
March 18, 2011
Job # 15688

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the department of health.

Minutes: Attachments: #B, #C, #D

Subcommittee Chairman Kilzer: Meeting called to order for the subcommittee hearing on HB 1004. Other subcommittee members present were:
Senator Fischer and Senator Robinson.

Legislative Council: Sheila M. Sandness
OMB: Sheila Peterson
Health Committee: **Arvy Smith**, Deputy State Health Officer; **Kathy Albin**, Director of Accounting

Continuation with Arvy's previous testimony and updates and will conclude all for HB 1004 and this subcommittee has been assigned HB 1266 & 1025 .....which we will take up next week.

Chairman Kilzer: One bill was the added $50,000 for suicide prevention that was put in the Indian Affairs budget, so there is money that goes to the senate floor.

Senator Fischer: Another Arvy put together amendments that dealt with 80% that are in that bill. Question if you want to deal with it today or later?

Chairman Kilzer: Hold off for now.

Arvy: Hand out for information on the health reform funding. (Attachment #B) Questions monitoring the law suit and some paragraphs if you have additional questions. (Attachment #C) Page 21 is schedule that shows the House amendments and each amendment should be numbered and number corresponds with the narrative on the following pages. Line 2,113 House amendments, House reduction are the 1st step of the seven. They removed the Regional Public Health Network in the current budget as a one time item. The governor did fund it; included in his recommendations and House chose to green move at this time. The current study was done in Central Valley, Jamestown, Valley City, Lamoure, and Wells County District Health Unit District. Good results....keeping it in would allow us to study a different organization of that group. We are modeling it after a regional education association, the REA.

They have put together an organization like that. There is another page if you want more information.

2.) Salary Equity: Governor approved $70,000 in salary for the Health Dept. They were from the 4 agencies. Information 45% of costs are lower than the state average..... $70,000 was to deal with the energy industry positions and environmental health.

Senator Robinson: How many FTE's are we looking for in those positions?

Arvy: Approximately 150 employees (Includes all types of jobs working in the energy area.)

3.) Prenatal Alcohol Screening: House.....information from Dr. Bryd.

Senator Kilzer: How many bienniums have passed in the past?

Arvy: One

4.) Emergency Medical Services: We were receiving federal funding from DOT from two separate areas....section 402 & 408. We were informed we would no longer be receiving that funding. DOT has different priorities.....they have a system to track traffic accidents information and want to focus on that. Our system looks at ambulance runs and if vehicle accidents.

Senator Robinson: If we don't reinstate this, those providers are in a box?

Arvy: There are two different pots. DOT goes with the one system and the other goes with the training and we used it to fund the position that does the certification, testing, and training material. We have all the funding and stipends to pay the volunteers to go for training, but our own people funding is lost. This was included in the governor's budget and general fund. We disagreed with the federal gov on how we can spend this.... it gets wrapped up in supplanting. It doesn't look like we will win. It would be very costly to pursue.

5.) Domestic Violence Grants Manager: We have gotten increased of funding to deal with domestic violence.....last session provided a million dollars in the state general funds and at that time we indicated we needed a person to manage that funding.....short in that area and were not successful in getting that. Putting the budget together, we were able to find other places in our budget and re-prioritize and for an FTE. The general funds, we were able to build that position to manage those programs.....the injury prevention division was very short staffed. We re-allocated that in our budget and the House chose to cut it. We would like that position back. You have seen our listing on Federal Grants and also sources in that particular division has to manage 12 different federal grants that we received and follow all the requirements and reporting. There would be only 5 people who handle the 12 different fed grants. They will allow 10 different programs that have all kinds of rules.

Senator Robinson: Are we seeing a significant increase in this area?

Arvy: One of the advocates will talk on that. I don't have any current data.

Janelle Moos: I don't have data with me, but we increase not only in the country but oil across the state.

6.) Protect ND Kids: Special fund for purchasing vaccine the Senate did approve in SB 2276. Where we will do the group purchasing of the vaccine? We collect funding from the insurers and use that to purchase off the federal contract which saves 25% or 3 million a year. (Federal vaccines and the others for private vaccines that are insured.) They have to separately track and use separate vaccines depending upon whether the child is eligible for fed allotment or insured child. More difficult to go into the schools and do clinics and there is costs to add to do that. If HB 2276 does not succeed in the House, local public health units will be requesting about one and a half million relating to vaccinating children. The past bienniums, they have gotten about 1.2 million dollars to cover that.

Senator Kilzer: Where will they seek funds? We will be out of session.

Arvy: We're trying to educate the House. The bill will be heard the House on Wed.

Arvy: Probably 1.5 million looking at requesting for the HB 2276. The 19.4 million is a special fund that is the insurers give us to buy the vaccine. There is a committee made up of insurers of providers who will make the decision on how it is administered.

Senator Fischer: What would that be without a federal contract?

Arvy: This would be with and a bit admin....around 11 million to vaccinate all the children without the federal contract and about 8 million with federal contract. (Per year)

7.) Health Reform: a.)Funding was removed: Public Health Infrastructure. All three are 5 year 100% Federal funding with not state match. They are appropriated .....some items are authorized, but not appropriated....these are 5 years. The first on Public Health a performance improvement that allow us to work on quality control and feel we will see accreditation in the near future. b.) Abstinence program....we have had several funding years, and in current year the federal funding was discontinued, but when (?) passed they helped reform the funding program to start it up again. We are currently using health reform funding for the abstinence program. This would force us to stop doing that and abstinence funding goes entirely to Northern Lights Youth Services and make a choice as to who managed that. One is in Fargo.
c.) Insensitive Home Visits for High Risk Children: PPACA required us to do an assessment of our families who might be at risk for families at risk child abuse or neglect, serious childhood issues, If we had to do that to continue receiving our maternal and child health block grant (about 3.6 million a biennium). We need to continue in or we will not get our grant. We could not get PPACA funding; we used general funds roll-ups to do the assessment in or to save our maternal self help block grant. The assessment showed it gave us the background for the Home Insensitive Visiting Program and highlighted areas in the state that have the most significant problems. Looked at risk factors as family violence, developmental disabilities, risk resulting in mortalities, social life isolation, etc. We were going to charge for the home visiting....now not able to do that. Is different from home visiting ....maybe go to visit a couple time after birth of child and go as long as 2 years and has proven it has reduced the child abuse by 50%. The PPACA funding was removed for the other sheet given.....all these programs will come into jeopardy if they are not allowed to get that funding.

Senator Kilzer: 5 year federal grant.

Arvy: It is a 5 year federal grant starting in the current year and we haven't been able to get the emergency, so we haven't been able to start any of them other than abstinence was already in our budget. We have done for about 10 years.....the other two are new.

Arvy: We have not started to do them.

8.) Governor restores to current level. House wants to fund out of the Community Health Trust Fund (not enough money) Women's Way Coordination is federally grant we had requested and did not get. This could be removed from our budget they chose to fund it out of the special funds. New programs ....we have many other problems before we use that kind of money....other priorities.

Senator Kilzer: Governor did have the 500,000 in the coordination?

Arvy: Only as federal funds and we did not get the fed funds. More about each of those programs in the narrative and what they provide. It is mainly federally funded, but the general funds we asked would allow us to provide digital mammography and allow us to extend where the age is 40 – 50.....right now the federal only allows us to do over 50 years of age.

Senator Fischer: How many years has that program been around?

Arvy: Perhaps 12 years.

Senator Fischer: Rosemary Myrdahl championed that?

11.) Governor is supporting the EPA lawsuit for a million.

12.) Local Public Health...package, we requested 1.275 million ....the governor didn't include this in his budget. We currently have 2.4 million of state aid for Public Health Units....general fund in our budget. We are with a federal grant leveling off the ending to cover our own inflation cost, so enables us to all providers including public health. They are trying to deal with salary and health insurance and inflation issues.

Senator Robinson: Are you requesting OAR 1.2, based on the best knowledge, what you had available at the time?

13.) Safe Havens. Safe visitation for children, divorced and domestic violence families. We found we were not going to receive the grant after the governor's budget was put together. It is included in the governor's budget as federal funding .....since then lost the federal grant on that. The House was to reinstate it general fund dollars 425,000.

Senator Robinson: How long for program?

Arvy: Since 2002

Senator Robinson: What type case loads .....what numbers of children are we helping?

Janelle Moos: About 12 sites .....(Could not hear the answer to this question??) (Page 29 referred to.)

14.) Go Red Added by the House to come out of the Community Health Trust Fund that cannot afford that item. That allows them to do more programs for Heart disease and Stroke, risk factors including men.

Arvy: Bottom of page 21. Discussion on eliminating 80% requirement for Tobacco
EPA lawsuit language puts the million dollars the only place where it can be used for that purpose approved by the Attorney General. Report quarterly to budget section. Require to work with Native American suicide issues. Legislative management study on regional public health network. House wanted to study more thoroughly.

Senator Robinson: The Community Health Trust fund shows a negative balance if we don't make changes.

Arvy: Schedule, see 3 million, and page 20 that is the 80% of the estimated revenue ...they pulled out the requirement that 80% had to be spent on tobacco and funded other programs that didn't go and reduce the 80%. We would have to make a change if the tobacco would be reduces to cover the other programs. Our priority would be the barely able to keep it alive and have to reduce our tobacco.

Senator Kilzer: Appendix B we will need to study (Attachment #D) In the Community Trust Fund, there is no revenue coming in outside the tobacco money?

Arvy: In the current biennium there was the contingency provided because we knew we could only spend what we needed ....rest reverted back to the general fund. Given 2.4 from the general fund and only spending around 670.000. The balance will revert back to the general fund. Only source is the 10%.

Senator Kilzer: the only income for Healthcare Trust Fund for that was the IGT.

Senator Robinson: We took money out of the Health Trust Fund ....we are one biennium off...the current biennium is currently in the Dept of Human Services as a grant.....$100,000 which is still there. The House is not going to fund that. We lost 3 million in BPI Drug Free Schools. Federally funded....so we are dropping that effort and what we have left is $100,000 which is a concern with the challenges we have ..... that will leave us seriously under funded.

Senator Kilzer; Talking more about HB 1025This fund will be in more trouble if the smoking does go down, tax go down, ...if anti smoking is successful.

Senator Robinson: Meeting in Appropriations ..... Nursing Home registry bill, Rep Kreidt Human Services taking out of the Healthcare Trust Fund..... are we talking different funds?

Sheila: Community Trust Fund and Healthcare Trust Fund are two different things. Nursing homes payments that exceeded their costs.

Started out at 63 million.

Senator Robinson: What have we not talked about in our subcommittee? We have gone through amendments and we need to cover HB 1025.

Arvy: Bill 2276 is huge, 1041, 1044 came out of the House; 1202 was killed, SB 2354 eating disorder no appropriation....wanted to be studied and the cost is $81,000.....no way to pay for this outside entity. SB 2276

Dave Glatt: Emergency clause needs to be put back on

Senator Kilzer: Close hearing on HB 1004

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004 Subcommittee
March 23, 2011
Job # 15882

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Department of Health

Minutes: See attached testimony - # E

Subcommittee Chairman Kilzer called the committee hearing to order on HB 1025. Subcommittee members **Senators Fischer and Robinson** present.

Sheila M. Sandness: Legislative Council; **Lori Laschkewitsch** – OMB

Arvy Smith: Deputy State Health Officer: ND Dept of Health Summary of Federal Programs 2011-13 Executive Budget (Attachment #E)

Senator Robinson: Fetal alcohol and critical access – we need to discuss and bring us up to date.

Senator Kilzer: Plan to bring up those next week. HB 1266 –trauma coordinator is not coming to our committee. I don't know if there are others. Three additional House bills – stand alone that came in testimony.

Arvy: HB 1044 is still in Senate Human services

Senator Kilzer: We haven't heard EMS

Senator Robinson: SB 2226..... Immunization?

Keith Johnson: Administrator, Custer District Health Unit. It's done. They are reconvening at 11:15.

Arvy: HB 1041 the one on the nursing home registry, CNA moved to Heatlh Dept. It's right now at general fund, but Rep. Kreidt was going to switch to Health Care Trust fund. HB 1152 no longer affects (critical access) .... it was health dept and then got switched

Senator Fischer: EMS – (on green sheet – item 54) On the funding... are we tied to that?

Arvy: That is #54 is amount – 940,000 from General Fund for EMS and EMT training and then they added 300,000 from community Health Trust fund. The community Health trust fund was in Governor's Executive Budget and House did not remove that. That is a funding source.

Senator Kilzer: Like to bring up HB 1025 relating to the tobacco grants. They are increasing by 51 grants which you have managed in the past and they are asking for 3.5 FTEs to manage that. That may be different in how you managed the grants. Can you give up FTEs since you won't be doing that anymore and people associated with grants?

Arvy: Prior to switching over to the tobacco agency, we had a full FTE working on those grants. Theoretically, to keep neutral, that could be a shift over to other agency. We were working with Native Americans, pregnant women. We're still doing tobacco, other tobacco activities as chewing tobacco.

Senator Kilzer: They are asking to gain 3.5 FTE's and you would only be reducing 1 FTE?

Arvy: Yes, but working on other.

Senator Kilzer: Doing grants to do the evaluation. Check on the things, particularity finance areas. Who did work for you?

Arvy: Two separate things. One is general contracting, and paper shuffling. That would be part of administration services, but was not the heavy duty what the center is talking about where you are really looking at managing the money of the grant and what did they spend it for. We have individual that has worked in tobacco to doing that, but also use that individual – actually to the federal funding source. The Federal Force wants us to work with other chronic diseases. (Coordinate the efforts.) One person can do several things – feds want them to do that with multiple programs in dept.

Senator Kilzer: Looking at it from government, looking at 3.5 and only giving up 1? Do we really need 3.5 or is 1 cutting it too slim?

Arvy: One of the 3.5 is the administrative that we are providing of payroll, checks, purchasing

Senator Kilzer: Finance person?

Arvy: Yes

Senator Kilzer: Jeanne went over part of it , evaluation of people in field.

Arvy: That's different. The person doing that is doing that for several.

Kathy Albin: He's doing several and punches time card.

Arvy: There can be made an argument. That's a valid thought. We've used it to help us address the harder populations.

Senator Robinson: HB 1025, you're saying that if everything is on the table, what they're not being unreasonable? A whole list of additional grants, they're not being unreasonable? They are in the ballpark?

Arvy: Yes, with the exception to accounting admin.

Senator Robinson: I have the understanding, there was a contract. They had to look at other structure? I'm confused on that part.

Arvy: It's still in our budget. We have no intention of discontinuing. It's spread over many different people, so we rely on temporary so we upped temporary to $20,000 per year to cover that.

Senator Kilzer: How are other federal grants and anti-smoking issues going in dept?

Arvy: The quit line and web-based to help smokers quit. We have the highest rates in the country 33-35% for quit rate is very good. We've got contracts with Native Americans.

Senator Kilzer: We have cooperative agreement with committee. Do they do recruiting and treatment and you do other things? How do you define what they do and what you do?

Arvy: We handle the contract for the quit line. My tobacco person couldn't come and other one left. I believe we do promotion, handle the contract, but it's not a simple contract. Its phone support with UND (supply medical support....reason so high). The center we see our numbers jump. That's because of the grants they are providing to the local for Ask, Advise, Refer ....the provider and get more in the quit line to quit smoking.

Senator Robinson: I had the issue of the Safe Havens. Folks in my community, could we have discussion on importance of program. Janelle would like to have that in Human Services. Need to move this bill forward.

Senator Kilzer: Is this relating to #8.....

Senator Robinson: If you would allow brief comments from Janelle? Others in the field would like to remove the amendment to Safe Havens in 1004 (#25 on green sheet) to Human Services and transfer to SB 2012. #8

Janelle Moos, Exec. Director, ND Council on Abused Women's Services (Lobbyist #238) Funded as a federal .. 2005 notified by that we could only fund three centers (Grand Forks, Wahpeton, Bismarck) Now (last 6 months) we lost federal grant altogether. All 7 centers have been cut dramatically. There are not providing services for domestic violence victims ...only providing services where they received county funds. Decreased services for Bismarck. There is no staff and no way to the parents who want to see their kids. Other cities are in more dire straits. (Difficult to understand and hear) Administrated a Federal grant for us $100,000 has agreed and gotten permission to administer available to all 7 centers. Funding would be available to all.....Human Resources?

Senator Fischer: In the Fargo, years ago it was in Moorhead and now back because lack of funding. What percentages in that particular is visitation are exchanges?.

Janelle: Overall served in that center?

Senator Fischer: Funded by Clay Wilton?

Janelle: Fargo has largest number of clients ...county funds with a sliding scale....piece meal budgets.

Senator Fischer: Percentages?

Janelle: Families who have received services in 7 centers?

Senator Robinson: This entity provides a valuable service. They are doing fund raisers, auctions, and everything to generate the dollars to keep things going at a reasonable level.

Senator Kilzer: There are 425,000 in the budget and the House turned down the additional 152,000 in the Executive budget?

Sheila M. Sandness: The amendment, the Health Dept. did their budget....they provided in their budget 642,000 .....budget not coming from federal funding. The 642,000 was anticipated when they did the budget, the House found out it wasn't available, they provided 425,000 from the General Fund

Sheila M. Sandness: They did not remove the $642,000

Senator Fischer: Most of these, almost 100% are court ordered visits.

Janelle: Yes, to visit families.

Senator Robinson: We are experiences state wide increases the west has been especially with the energy impact.

Janelle: 55% related to the oil field

Senator Kilzer: Do you have visitation centers?

Janelle: I'll mail it to you.

Senator Fischer: Our next meetings have amendments drafted to address some of these things. The issue of the bill itself Decide which to draft....what changes?

Sheila M. Sandness: For not you want me to put together schedule and you'll let me know what amendments?

_____**?**: Will you be addressing the 67 (on green sheet)

Sheila M. Sandness: No, addressing it by section of the bill. Anything the House changed, it will be in bold.

Arvy In our case, our document laid out the changes – only in another format.

Senator Kilzer: Closed the hearing on HB 1004.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004 subcommittee
March 28, 2011
Job # 16087

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing for the Dept. of Health

Minutes: See attached testimony # F - I.

Subcommittee Chairman Kilzer - Called the committee hearing to order on HB 1025. Subcommittee members **Senators Fischer and Robinson** were present.
Sheila M. Sandness – Legislative Council, **Lori Laschkewitsch** – OMB, **Kathy Albin**, Director of Accounting, **Arvy Smith** – Deputy State Health Officer

Senator Robinson: Handed out a summary sheet that **Sheila M. Sandness** put together. House Amendments to House Bill No. 1004 -11.9285.01000 – see attached #F.

Senator Kilzer - We need to talk about the $1.4M shortfall in the Community HealthTrust Fund. The Legislature has their hands tied behind their back by that measure, the way it was composed the money community health trust fund will be in the red. The people who put together measure three knew about this and the health department knew about it. The things I said at that time has come true, this is our day of reckoning. We are going to have to cut items out of the community health trust fund. We have to allow the tobacco prevention control people to stock pile money. The appropriation committee doesn't have control over that. The change that the House made to take out 80% is not a choice that we had and we have to go ahead and do it.

Community Health Trust Fund Status Statement – appendix B, attachment # G

Beginning balance $1.3 and ending balance of $1.4 in the red.

Estimated Master Settlement Funding and Expenditures Available for Tobacco Prevention and control form the 2009-11 Bienniums Through the 2023-25 Bienniums - 11.9284.01000 – see attachment # H

Senator Kilzer - We are looking for the $1.4 million to remove from the expenditures in order to allow us to not be in the red. Can we go over them one by one so we know what the future commitments are, for example starting with the dental loan program, I assume there are

students in that situation that are depending on this for their second, third and fourth years of their studies, is that correct?

Arvy Smith, Deputy State Health Officer: How we handled the loan repayment program it was funded out of the community health trust fund, are in fact the commitments that we have that we have entered into the current biennium, where we are allowed by law to add either two or three per year. What we have coming out of the community health fund is to honor the current contract. In order to add in the next biennium, that is in our general funds that the governor approved.

Senator Kilzer- Asked for her to describe the figures.

Arvy Smith – This is us repaying the students loans. We will pay their loan on behalf of them in order for them to serve in a community depending on the program.

Senator Kilzer – This is a grant to the individual?

Arvy Smith – We have a contract with them where they agree to serve in a community and exchange for that we repay their student loans.

Senator Kilzer - The amounts you have listed here?

Arvy Smith - Those are in the current biennium. We knew we could only afford this much out of the community health trust fund so we funded the two hundred and sixty out of the fund but the loans next biennium is funded through the general fund. She discussed the items on page 19.

Senator Kilzer - Without the four bottom ones it would be balanced? We need to go through these so we know how to prioritize them.

Arvy Smith – Are priorities are the top items and they were put included in the governor's budget, all the way down to heart disease and stroke were in governor's budget. She continues going over the handout.

Senator Robinson - Women's way.

Arvy Smith – We were not getting a grant and could not fund it, but the House decided to fund it out of this.

Senator Robinson – For women's way and the state stroke registry, they were in governor's executive budget and removed by House. Is there any funding left for those programs?

Arvy Smith - They were one hundred percent federally funded traditionally but a couple of biennium's ago a hundred thousand was added from the general fund and then three hundred thousand five hundred was coming from the community health trust fund. Since there wasn't room for that here, that was switched to general funds and then the House switched it back to Community Health Trust Fund, which can't afford it.

Senator Robinson – We have the same thing with the state stroke.

Arvy Smith - The state stroke registry, if you look at it in the current biennium that was at four hundred and seventy two thousand and seven hundred, all came out of the community health trust fund. She continues going over the handout and the amounts expended and where they came from. If we do need to make these cuts, I'd prefer to go back to Governor's Executive Budget and the women's care organization and the Go-Red.

Senator Kilzer - What's your third one?

Arvy Smith - I'd reverse those back to general funds like they were in the governor's budget.

Senator Kilzer - Is the DHS breast and cervical cancer separate or part of women's way?

Arvy Smith - What that is, a woman can be recruited through the women's way program but if they are a Medicaid eligible program.

Senator Kilzer - Screening is done through the health department and the anticipated need for treatment is this figure?

Arvy Smith – This is the general fund matching to the Medicaid cost.

Lori Laschkewitsch - It's the treatment and that is funded in the general funds in the department of human services.

Senator Kilzer - Is that funded at the same level as the present biennium.

Lori Laschkewitsch – That is correct. I would have to check the exact number to see if there were any changes.

Senator Kilzer - Said please to do that.

Senator Robinson -If the committee would follow Arvy's recommendation is there interest to consider additional dollars from the general fund or not here.

Senator Kilzer We're looking at another $450,000.

Senator Robinson – Is it your recommendation that we find the dollars in the budget?

Senator Kilzer - In the community health trust fund, yes. That is where the problem is. On the dental loan repayment program and also the veterinarians' loan repayment program what is the state's commitment there?

Arvy Smith – She goes over the numbers.

Senator Kilzer - If we stop those programs, does that give us the three hundred and forty five or are there some continuing commitments included in those figures? I think people need to

know what the affects are of the initiated measure. We're still one hundred thousand dollars short removing those three items.

Discussion on how to approach the numbers and what needs to be removed

Arvy Smith - You would rather remove medical loans rather than dental or veterinarians?

Senator Kilzer - I'm looking for places that have been reduced and there are a lot of reductions that have already been taken.

Arvy Smith – If we're going to do anything, I would say we need to honor the loan repayment programs because we have contracts for them and we have to do the tobacco.

Senator Kilzer – One of the amendments I will be asking for is to take out what the House did on the eighty percent. This should involve the community health trust funds and it shouldn't involve other trust funds.

Arvy Smith – The House did reduce our general fund by seven hundred and nineteen thousand.

Senator Kilzer – Instead of reducing it by a 1.4 million they chose to nullify the eighty percent.

Discussion

Arvy Smith - The women's way and stroke registry started coming out of this fund in this biennium and I can't make a decision by that either. We don't have a lot of money in heart disease and stroke. We have federally funding for women's way.

Senator Kilzer - Heart disease and stroke of $472,000 and what did the House do with that?

Arvy Smith – That had been in the governor's as general funds, the two hundred and fifty thousand and they switched into the community health trust.

Senator Kilzer - Heart disease and smoking are related and maybe tobacco fund would consider funding it. I think that should be considered. These are not easy things to do but we have been mandated by measure three to do it.

Arvy Smith – They were aware that there wasn't enough money in the fund currently to pay for everything so the contingency appropriation of 2.4 million was available

Senator Robinson - Brought up house amendments to HB 1004 (11.9285.01000) – before we meet again, can we look at it.

Senator Kilzer - So what kind of amendments do we want drawn up because we need a little bit of lead time for legislative council to prepare amendments.

Senator Fischer – What is the reason for the federal funding to be removed from the health care of this one program?

Arvy Smith – I don't know exactly, but I do believe it is because North Dakota is seeking repeal of the legislation. This funding comes out of the House reform funding.

Senator Fischer – The question about number nine, those monies are only in this budget?

Senator Robinson - 2276 was heard last week, but they took the money out, but the money is here.

Arvy Smith – The money was in the original 1004 but they took the money out because they hadn't heard the bill yet. Hopefully it will go to conference committee and it will be resolved.

Senator Kilzer- Do we need an amendment to restore the nineteen million?

Arvy Smith - The senate passed 2276 so to reflect that you would want to put it back in.

Senator Kilzer - That would be one amendment.

Senator Robinson - This document from Sheila won't address it all.

Senator Kilzer - Draw up an amendment to take out funding to get to our 1.4 million and that would include those bottom two items and also the strokes and heart disease.

Sheila M. Sandness - You want to remove what the House put in for Go-Red and the women's way care coordination.

Senator Fischer - What about the percent in the ND Legislative Council letter to Honorable Tom Fischer (dated 3-28-11) -11.9275.01000 – see attached # I

Senator Kilzer - Revert back to the measure number three language to eighty percent. All the money was supposed to be directed toward smoking cessation and prevention items and not for anything else in the master settlement agreement.

Sheila – You want me to see if there is language that restricts the use of the funds?

Senator Fisher – Adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004 subcommittee
March 31, 2011
Job # 16262

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the department of health budget.

Minutes: See attached testimony #1.

Subcommittee Chairman Kilzer called the committee hearing to order on HB 1004. Subcommittee members **Senators Fischer and Robinson** were present. **Roxanne Woeste** – Legislative Council; **Lori Laschkewitsch** – OMB.

Senator Kilzer handed out amendment 11.8135.02006 – see attached #1. This amendment contains the changes made from the House as it came over to the Senate Appropriations Committee.

The amendments were prepared by **Sheila M. Sandness** and **Roxanne Woeste** will walk through them with the subcommittee.

Roxanne Woeste: #1 - This restores funding for universal vaccines. The funding was included in the executive recommendation but removed in the House for operating expenses related to the purchase of vaccines under a universal immunization system that funding of $19.4M of special funds is restored in this amendment.

Senator Kilzer: This is the one, SB 2276, that sets up the program and this is the money for it?
Roxanne Woeste: #2 - Removes funding for the Women's Way care coordination. Funding was provided by the House from the community health trust fund for Women's Way Care Coordination and including operating expenses and grants and that funding is removed. The Executive Budget includes $ 500,000 from federal funds for Women's Way care coordination. The House did not remove the federal funding.

#3 – Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is removed - $222,624.

#4 – Funding from the community health trust fund provided by the House for a state stroke registry, including operating expenses and grants totaling $250,700 is removed. The executive budget had provided funding for the state stroke registry from the general fund.

#5 – Funding for Go Red North Dakota program – this amendment removes funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program. That funding totaled $253,000 from the community health trust fund. This program is not funded in the executive budget.

#6 – In regards to dollar changes, this restores funding for the prenatal alcohol screening and intervention grant program which was removed by the House.

There is also one other note. This amendment does remove section 5 of the bill which had amended section 54-27-25 relating to the tobacco settlement trust fund and the use of money in the community health trust fund.

Senator Fischer: Because this involves the community health trust fund and tobacco prevention, is this bill going to need 2/3 approval on the floor – the House action of removing tobacco money.

Roxanne Woeste: This amendment removes the changes, the statutory changes, I believe, to the tobacco settlement trust fund and the community health trust fund that were added by the House. So no, I do not believe you need a 2/3 majority.

Senator Kilzer: What does the community health trust fund look like now with these amendments? As we received it from the House, it was $1.4M in the red, and the cuts we did here was to bring that to $0 or very close to it and I was wondering how close we were.

Roxanne Woeste: I can have Sheila M. Sandness get you that information.

Senator Robinson: Do we have a total fiscal picture of House reductions to this budget. Part of what is requested from Roxanne will address the community health trust fund, but the rest of the reductions and the lawsuit will amount to a further reduction in this budget of $500,000. I've been getting several calls on EMS, domestic violence grants, aid to public health. If Arvy could give us an analysis of where we are with the rest of the budget outside the community health trust fund, I think we're balanced there or a little bit to the good.

Arvy Smith, Dept. of Health: I would refer back to the Appendix C document. The first line across the top talks about our current legislative appropriation, 343.5 FTEs, $204M. Then it shows our base budget – again we're at 343.5 FTEs, $175M and then our executive recommendation still at 343.5 FTEs and $186M. Then below is all the House adjustments. The first one was reduction for regional public health network that was in the Governor's Budget that the House removed. The salary equity was removed. The prenatal alcohol screening was removed and now **Senator Kilzer's** amendments add that one back. So that's taken care of in his amendments.

The next two are very concerning to us; the EMS reduction and the domestic violence grants manager reduction. Those were funded in the Governor's Budget. Our FTEs, we have come in with a hold even and we found money within to do the domestic violence grant's manager. That's the one talked about earlier where we had 5 people managing a dozen federal grants and awarding out 10 different grant programs, so we need the staff in there. We found it within our current budget and so we would like to have that restored. The EMS pretty much guts that

whole division. It no longer allows us to train, certify, test and register the ambulance workers – the EMTs. It also does not allow us to get the data we need to determine whether we're getting quality response from the EMS providers.

Senator Kilzer: How does HB 1044 go hand in hand with this?

Arvy Smith: HB 1044 does not include funding to resolve this. It includes, from the last version that I saw, mostly grant funding to the EMS providers, staffing grants and leadership training. Again, we've got to have this funding restored or we don't have staff to manage those programs. This was our core functioning. This is the one that has been provided by federal funding via DOT (Dept. of Transportation) and the one we're fighting with the federal government on how we can use it. The other one, DOT is wanting it to use it for a different system to obtain data that they're getting elsewhere. That is the basic core function of that division. Those are very critical. The Protect ND Kids – that was added back in **Senator Kilzer's** amendment, so that's OK. Next is the Health Reform funding that we have. This was in the Governor's budget and it's 100% federal funded. We did not add an FTE for it. We're doing it through contracts so we can hold the line on FTE. The Abstinence program has been a longstanding program they've had for quite awhile. It previously came out of other federal funding but that funding was gone, so they used Health Reform funding to fund the abstinence program. Home visiting is new and public health infrastructure are new but they are 5 year federal grants – no state match, no FTE. All three of them are 5 year. We've lost almost a year in the process of trying to get these approved. The emergency commission was reluctant to add funding to these and wanted them to go before the whole legislative body, so here they are.

Senator Robinson: The request was last fall? Answer yes.

Arvy Smith: This leaves the Women's Way coming out of community health trust, so then with **Senator Kilzer's** amendments, Women's Way would be OK. The stroke registry is a high priority for us as well. **Senator Kilzer's** amendment does remove the stroke funding and we would propose that the entire program be restored. The EPA law (on #11), we've had discussions about that earlier and it has been added in the House and we'd like that to stay. The other additions, the Go Red is now gone with **Senator Kilzer's** amendment. The other two are general fund additions that the House made.

Senator Robinson: Can you put a price tag on what you've talked about here? If those 6 or 7 items were restored, how much general fund money are we looking at?

Arvy Smith: It's somewhere in the neighborhood of a million in general funds. The House reduced our general fund by $719,000 from the Governor's budget. And that's even with the additions that they had proposed including the lawsuit. If you did the general fund things, they're around a million dollars. You would be around $300,000 higher than the Governor's budget, but that would include covering the lawsuit issue which was $500,000 right there and we've got everyone on board for it. It also adds money for local public health and covers the Safe Haven program.

Senator Kilzer: Isn't it basically the House changes it $719,000 and then the changes in the community health trust fund general fund of $1.4M. I know the House had some add-ons so that changes that.

Arvy Smith: But these add-ons are already in that. We have a $719,000 reduction even after adding $500,000 for the lawsuit and $400,000 for local public health and $425,000 for Safe Haven – all changes to the general fund.

Senator Fischer: **Senator Christmann** asked about one – having to do with operator reimbursement program for water that came from his constituent. Is that program under you?

Arvy Smith: Yes, it is and we had that in our optional package request. It was a lower priority and because we had all these other things to fix, the community health trust fund and some of the federal grants that we lost and we just weren't able to get to that low in our optional package request. I can't talk about a lot of the details, but they could come in here and speak to that if you have some questions.

Senator Fischer: The price tag is what I need. The operator training for the Southwest pipeline and things like that, I guess?

Dave Glatt, Environmental Health Section, ND Dept. of Health: All operators that operate drinking water systems or waste water systems have to get certified and have continuing education units or credits. We do the training and this helps to reimburse the cities for the time that the operator to come down and the expense. By doing this, we get a high rate of compliance, a high rate of knowledge of how to run the water systems and waste water systems. With the small communities, that is an expense. This helps the smaller communities defray that and we were able to give them money for the training.

Arvy Smith: Public water operators – we had asked for $200,000 from the general fund and the other was waste water operator expense reimbursement and that was for $180,000.

Dave Glatt: This goes directly to the small communities. The department doesn't take anything, they just reimburse the small communities for the cost of training.

Senator Kilzer: Let's take a roll call vote on the amendments that were proposed today and it will likely be going to conference committee.

Senator Robinson: Just so I'm clear, on the amendments you handed out – would it be your intent that these become the final amendments for the health department or will we be considering any of the issues that Arvy shared with us.

Senator Kilzer: I would hope that we could pass these amendments. There may be further amendments by the Appropriations Committee or floor amendments and we'll take it from there to conference committee.

Senator Robinson: I appreciate that, but my preference would be if we could get closer to the Governor's budget going into conference committee. I'm just concerned that we're leaving a significant amount of funding for important programs out of our package. We can restore

some of this in conference committee but to come from that far away from the Governor's budget would be difficult in the conference committee. I would be concerned that we wouldn't be able to get close.

Senator Fischer: I too have some concerns that are in this budget that are outside of these amendments, but we can deal with those at a different time. I think it's important that we have qualified people operating water systems, otherwise, I would ask for that to be put in because they're the people between the water supply and the kitchen faucet and I'd like people trained who are doing it. My question would be, and it could be in the conference committee, the health reform is all federal funding for 5 years, why was it taken out?

Arvy Smith: There seems to be a reluctance to spend health reform funding when the state in a lawsuit against to repeal it.

Senator Kilzer: I agree with Senator Fischer.

Senator Robinson: I can't support the amendments right now. I think we've done some good things in terms of balancing the community health trust fund. We needed to do that, but there was some cost in doing that and it would be my hope that we could get closer to the Governor's budget. I'm hearing from people about the domestic violence grants, the EMS people, the stroke registry and I'm concerned that we might make some progress in conference committee, but be far from where I think we should be with this budget.

Senator Kilzer: Do you have some other proposals because it's been a couple of days that we've known what the cuts were – and they can be changed, but I think we do want to move along. If you have another proposal for getting that Community Health Trust Fund in the black like we want it to be....

Senator Robinson: My proposal would be, and I don't have it in writing, would reflect very closely to what Arvy just recommended for restoration, but that's general fund money – a significant amount of general fund money, but it will put us very close to where the Governor's budget was in this area. We know the federal cuts are coming. The question is to what extent and when. We're going to put this agency in a real tough situation.

Senator Kilzer: Please call the roll on amendment 11.8135.02006.

A Roll Call vote was taken. Yea: 2 Nay: 1
Senator Kilzer: Yes
Senator Fischer: Yes
Senator Robinson: No

Senator Kilzer closed the subcommittee hearing on HB 1004.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

HB 1004
04-05-2011
Job # 16348

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

A ROLL CALL VOTE FOR A DO PASS AS AMENDED FOR THE HEALTH DEPARTMENT

Minutes: You may make reference to "attached testimony."

Chairman Holmberg called the committee to order on HB 1004. Sheila M. Sandness, Legislative Council and Lori Laschkewitsch, OMB were also present.

Senator Kilzer: We have multiple amendments. We will start with 11.8135.02010 asking for the emergency clause because of the EPA law suit. There is total funding for this to a total of $1M. **I move the amendment. Seconded by Senator Fischer.**

A roll call vote was taken on Amendment # 11.8135.2010; Yea: 13. Motion passed.

Senator Kilzer moved Amendment 11.8135.02006. Seconded by Senator O'Connell.

Senator Kilzer: As you see on the back page of this amendment there are 6 items that we made changes in from the House. Over all there are federal grants, and the Health Department receives 80 given over a period of time and some of those are being cut back and some are even being eliminated. There's a couple of other things and I'll just go through those 6 items which are the focus of what your subcommittee did on this bill. First of all, #1. You can see that appropriation for $19.4M is back in the budget. This was for the vaccines that the House took out. As you recall the federal government used to provide vaccines to the Health Department free of charge and the Health Department passed those out to private providers and to Medicaid and public health units.

We do have SB 2276 which is the administrative structure for all of this, but for the vaccines themselves the cost overall is $19.4M and this saves about $3M if the private providers had to buy it directly from the drug companies. A lot of this comes back as special funds. So we restored the $19.4M back into the Health Department budget. The next four items relate to measure 3. As you recall, one of the conditions of measure 3 is that 80% of all the funds in community health trust fund have to be spent on tobacco. And that was dealt with in another bill but The House had put in a provision that would overturn that 80% and thus they were able to fund more of the items because they didn't have to have the 80% condition. Your Senate subcommittee feels that we need to stay within the law, and so what we did was to

make necessary cuts in the community health trust fund beneficiaries to allow 80% to go to the tobacco prevention and control committee. Those areas we cut out of the community health trust fund are number 2,3,4,5 on the foot notes and it amounts to $1.4M for the biennium. That's how much the community health trust fund was in the red as it came over from the House. I understand there will be additional amendments that may address this. But I want to go through them briefly. #2, made a cut in the Women's Way Program, that program is to have early detection and treatment of breast cancer and cervical cancer and it's been a well received, popular and effective program. There's still about $500,000 left in the fund after this would take out $500,000. The 3rd item there is heart disease and stroke prevention grants, they are removed and that amounts to around $222,000. The 4th item is state stroke registry, is removed, and that had just gotten going a few years ago and was keeping pretty good track in advising early and effective GPA treatment for lessening the effects of stroke. The 5th one is the new program of Go Red ND, and that amounted to $450,00. Those all added up to $1.4M. The 6th item is the funding for fetal alcohol syndrome, mainly getting out communication and early screening especially in multi or women beyond their first child so it doesn't keep happening again. Your subcommittee heard testimony from Dr.Burd that this is saving money even though it's only been in existence for a few years, and that's a item of $388,000 so we put that back. Those are the things I can remember.

Chairman Holmberg: Are there questions on this amendment? I know you were handed a pretty stinky diaper from the stand point you had a bunch of underfunded programs that the money just wasn't there.

Senator Kilzer: I do have to commend Arvy Smith from the Health Department for clarifying something that really is quite muddy and these 4 items that we took out of the community health trust fund were the lower right hand corner of her appendix B, and those were the more recent and large ones. We had to leave several items in and there is about 20 different items in that community health trust fund, for example, some repayment of loans to dentists and things like that that are ongoing programs. We left those alone.

Senator Robinson: It was a challenging budget to work on. There's a lot of good in the amendments you have before you. The Health Department budget as it came from the House was reduced in total by about $1.7M. Tthe big chunk is the EPA law suit, $500,000 and part of the concern here is that this budget is 60% federally funded, we will see further reductions and they will be coming through-out the year, not at any one set time so we will have challenges in this area because of the large huge dependence on federal funding.

Senator Christmann: if we are done on those programs can I get more information on the first change. We passed the bill that the state would provide vaccines for children, apparently there was no money in that, so has the House passed that bill or do we need authorizing language besides putting the money in here and then secondly, that's a big chunk of money, but I see there's a lot of income related to this, so where does the almost $18M of income come from? It's in the box on the last page, total Senate changes, there's like $19M of operating expenses and the reduction of those grants, on the bottom it says less estimated income of $17.97M.

Chairman Holmberg: It is special fund money.

Lori Laschkewitsch: All it is is special fund authority so that providers can pay the department after they purchase the vaccines, excuse me, the insurers. So the department purchases the vaccines to provide to the insurers, and then the insurers pay the department back so it just passes through special fund authority so there is no cash that is provided by the state.

Senator Kilzer: SB 2276 does set up the administration because Indian health service children and Medicaid children receive the vaccine free, whereas all private payers and people who are insured would be assessed a fee, that money would come back to take care of some of the $19M purchase.

A roll call vote was taken on Amendment # 11.8135.02006. Yea: 10; Nay: 3; Absent: 0. Motion carried. (Meter 12.34)

Senator Wanzek presented Amendment # 11.8135.02009. The subcommittee had difficult work to do, operating in a deficit in the community health trust fund, in funding some of the additional programs and this amendment reinstates the stroke registry program, I understand it's been in existence and there's been great progress made and also it reinstates the heart disease and stroke prevention grants. Stroke is one of the leading causes of admission to long term care, we are having an aging population. I thought this was important enough to forward as well as $25,000 matching funds for STEMI program. What I understand of STEMI is it provides for a means, in a timely manner, to identify when someone is having a heart attack or an issue with the heart in providing additional information which can lead to a more timely response which can make a big difference, this is with general funds versus the community health trust fund.

Senator Wanzek moved Amendment 11.8135.02009. Seconded by Senator Erbele.

Senator Christmann: I am trying to compare how these levels compare, with the previous amendments took out and also this would end up getting us, we would have this budget at a level exceeding the governor's budget.

Sheila M. Sandness: I don't have the totals calculated between the two amendments but the amendment #. 2009 is changing the funding source for something that was removed in .02006 so when I combine the two would look a little bit different because in 2006 we are pulling it out of the individual line items and we would be putting it back as general fund with this amendment.

Chairman Holmberg: Would it be correct to state that these two amendments are not mutually exclusive, they will fit together if they both pass, that's number 1, and number 2 I think Senator Christmann might be right as far as the totals, but what we have is one of the bizarre situations where the House has said we love this program and we are going to put it in the budget and send it over to the Senate for our consideration, but the money they allocated to it didn't exist. So if this amendment passes the conference committee would have to work with the House and say what is it you want. If you want the programs you have to fund them, if you don't want the programs, that's part of the negotiations in conference committee but they are

the ones that passed it over saying they were good things but they didn't put money on it. Money that was available for use.

Senator Robinson: The other issue that confuses this budget to some extent, if we compare apples and apples, although the $500,000 additional money for the EPA lawsuit ins in the bill that really is off to the side of health related concerns. If you want to look at apples to apples two years ago to this particular budget, I know we are funding it but it grows the budget on a decision we made that is outside of 1004.

Senator Christmann: Could Sheila go through the grant (4) items that had to be reduced in the previous amendment and compare how much they would have been getting had we not had to reduce them compared to how much they would be getting if we pass this amendment.

Sheila M. Sandness: First item, the Women's Way Care Coordination, that $500,000 was in governor's budget as federal funds, it was federal grant the department applied for, but found out after the budget was done they were not going to get that money so it was extra federal authority that they had but they weren't going to be able to use. The House felt it was a good project so they decided to fund it out of the community Health trust fund. That was n governor's budget as federal funds. So if you pull this out they will still have the federal authority but they aren't able to use it. The heart disease and stroke prevention, **Senator Christmann:** is this the Wanzek amendment? **Sheila M. Sandness:** No, that item was not addressed in his amendment. The 3rd item, the $222,624 was in the governor's budget from community health trust fund, the House did not change that funding, so when it came over here, it was in there with a bunch of other items that with other items pushed it over the balance available. So this is removing the funding from the community health trust fund, if it's pulled out it is nowhere else in the budget. The $250,700 for the state stroke registry, that was in the governor's budget as general fund and the House changed it to community health trust fund, if you pull it out of the community health trust fund and do not put it back as general funds it will not be funded. The 4th item, the $453,000 was the Go Red ND program, that was not in governor's budget, that was put in by the House, and as being funded by the community health trust fund. If you pull that out, that is not funded anywhere else either.

Senator Christmann The Wanzek amendment restores the $222,000 for the heart disease and stroke prevention, it restores the state stroke registry, $250,000 and restores the STEMI.

Chairman Holmberg: We have a motion and second on the Wanzek amendment which is .2009. Would you call the roll, please?

A roll call vote was taken on amendment # .02009. Yea: 13. Motion carried.

Senator Robinson: the amendment I circulated is .2008. If we recall, and I'll maybe have Sheila explain them, she put them together.

Chairman Holmberg: To answer the question that everyone will have, if this passes or fails it makes no difference it will fit in the whole situation. (Meter 22.56)

Senator Robinson: Yes, this will fit in. These are federal funds authorized by the health care reform act. The department was notified last fall of the availability of these funds. They are

needed. It's a 5 year grant and they approached the emergency commission and Mr. Chairman as you explained a couple of weeks ago when we had this hearing, the commission elected to delay any decision until the legislature met because I think that meeting was in November. These are all federal funds and if we don't approve these they don't go back to the federal government, they go to another state.

Sheila M. Sandness: The House removed the federal authority for funding that was related to the health care reform bill and that federal funding was provided in executive recommendation and there were 3 programs that were funded: the abstinence program funding for $182,100; the public health infrastructure program funding for $200,000 and the home visiting program, was about $1.4M. Those items totaled the $1.7M that's being added back in.

V. Chair Bowman: Is there any obligation if we accept these federal funds?

Senator Robinson: No, when they run out, they will be gone, we are not locked in. We heard there is a real need for these funds. Please approve these federal funds. They've been sitting there for authorization for some time.

V. Chair Grindberg: So the intent would be to accept these and your intent would not be to have this sustain this when the funding runs out?

Senator Robinson: I think It's like all funds. We revisit it at that time, it's our decision up or down. We're going to see a lot of that in this department and others but in particular this department because of the tremendous dependence on the federal funds. Some of these programs are very popular and I would imagine down the road we'll have some tough decisions to make if we want to continue them or not. I think this is the tip of the iceberg. We're going to see a lot more and the department did indicate again throughout the course of the biennium there is concern because they're going to see significant reductions in their overall budget.

V. Chair Grindberg I plan on voting on the amendment but I want the record to show that it would be my desire, as one member, this is a one-time vote, not setting in motion general fund down the road because we are going to have a lot of this in years to come.

Senator Christmann: Two questions, especially regarding the second two things; I think we know what absentence, although based on program cancelled in Fargo awhile back I'm not so sure everyone knows; the 2nd Home health infrastructure program funding and then the big one, home visiting , I don't' know we would spend a million and a half dollars on home visiting, so that's one thing. What are these things, and secondly do we really believe the federal government that's $14T in the hole will give us this money and there are no strings attached.

Senator Robinson: Arvy or Sheila, could you explain the home visitation aspect, what they are used for?

Chairman Holmberg: it would be better if the Council did it at this point but Sheila can ask for a lifeline at any time.

Sheila M. Sandness: I don't have a lot of details, It is a home visiting program that is more intensive then the ones that exists, they follow the child from a younger age through an older age and beyond that, I need to use the lifeline.

Arvy Smith, Health Department: The intensive home visiting we had to do an assessment, and we had to identify three areas in the state where we have significant high-risk factors of parents in dealing with having children either drop outs of school, juvenile court issues, abuse victims, abuse themselves, so those areas are targeted for the intensive home visiting funding which shown to reduce child abuse in these kids by 50% and (inaudible) education outcomes significantly. The public health infrastructure provides us money for performance improvement manager to help us become ready for accreditation in the health department which is moving forward nationally, they're looking at both local and state and help both local and state prepare for accreditation.

Senator Robinson moved the amendment. Seconded by Senator O'Connell.

Senator Christmann: Clearly, these aren't the kind of programs we would drop. Say we are not stopping this in five years. We're going to do this on the fed's dime for 5 years and then think it over and still decide whether you really want to fund that.

Chairman Holmberg: Would you call the roll on amendment #. 02008.

A roll call vote was taken on amendment #.02008. Yea: 9; Nay: 4; Absent: 0. Motion carried.

Chairman Holmberg: Could we have a motion on the bill as amended 3 times?

Senator Kilzer moves a Do Pass as Amended. Seconded Senator Wardner.

Chairman Holmberg: Any further discussion. And this will definitely be in conference committee for awhile.

Senator Krebsbach: There is one area we have neglected and hopefully it can be included and discussed in conference committee and that is there is a shortage of about $1.275M for district health units in the state, I am taking the strong positive feeling that it will be addressed in the conference committee.

Chairman Holmberg: Would you call the roll. This is DO PASS AS AMENDED.

A ROLL CALL VOTE WAS TAKEN ON A DO PASS AS AMENDED ON HB 1004. YEA: 13; NAY: 0; ABSENT: 0. Senator Kilzer will carry the bill.

The hearing was closed on HB 1004.

11.8135.02010
Title.

Prepared by the Legislative Council staff for
Senator Kilzer
April 4, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; and to declare an emergency"

Page 5, after line 3, insert:

"**SECTION 9. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

Date: 4-5-11

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1004

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.8135.02010

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kilzer Seconded By Fischer

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		**Senator Warner**	✓	
Senator Bowman	✓		**Senator O'Connell**	✓	
Senator Grindberg	✓		**Senator Robinson**	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment

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

11.8135.02006
Title.
Fiscal No. 4

Prepared by the Legislative Council staff for
Senator Kilzer
March 31, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, replace line 15 with:

"Operating expenses	44,635,794	(398,454)	44,237,340"

Page 1, replace line 17 with:

"Grants	62,160,510	(7,527,296)	54,633,214"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	($4,025,608)	$183,588,892
Less estimated income	164,609,206	(8,270,253)	156,338,953
Total general fund	$23,005,294	$4,244,645	$27,249,939"

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Executive Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$49,614,394	$48,907,532		$48,907,532
Operating expenses	45,223,767	25,015,100	19,222,240	44,237,340
Capital assets	1,998,073	1,998,073		1,998,073
Grants	55,887,778	55,493,320	(860,106)	54,633,214
Tobacco prevention	6,162,396	6,162,396		6,162,396
WIC food payments	24,158,109	24,158,109		24,158,109
Federal stimulus funds	3,492,228	3,492,228		3,492,228
Contingency		1,000,000		1,000,000
Total all funds	$186,536,745	$166,226,758	$18,362,134	$184,588,892
Less estimated income	158,456,189	138,865,277	17,973,676	156,838,953
General fund	$28,080,556	$27,361,481	$388,458	$27,749,939
FTE	343.50	342.50	0.00	342.50

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

	Restores Funding for Universal Vaccines[1]	Removes Funding for Women's Way Care Coordination[2]	Removes Funding for Heart Disease & Stroke Prevention[3]	Removes Funding for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]

Salaries and wages						
Operating expenses	19,400,000	(99,260)		(78,500)		
Capital assets						
Grants		(400,740)	(222,624)	(172,200)	(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$19,400,000	($500,000)	($222,624)	($250,700)	($453,000)	$388,458
Less estimated income	19,400,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$0	$0	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	
Operating expenses	19,222,240
Capital assets	
Grants	(860,106)
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Contingency	
Total all funds	$18,362,134
Less estimated income	17,973,676
General fund	$388,458
FTE	0.00

[1] Funding included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a universal immunization system is restored.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed. The executive recommendation includes $500,000 from federal funds for Women's Way care coordination. The House did not remove the federal funding.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is removed. The House did not change this funding.

[4] Funding from the community health trust fund provided by the House for a state stroke registry, including operating expenses ($78,500) and grants ($172,200), is removed. The executive recommendation provided funding for the state stroke registry from the general fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor.

This amendment removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of money in the community health trust fund for tobacco prevention and control. This amendment was not included in the executive recommendation, but was added by the House.

Date: 4-5-11

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1004

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.8135.02006

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kilzer Seconded By O'Connell

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		**Senator Warner**	✓	
Senator Bowman	✓	✓	**Senator O'Connell**		✓
Senator Grindberg	✓		**Senator Robinson**	✓	✓
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 10 No 3

Absent 0

Floor Assignment

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

Prepared by the Legislative Council staff for
Senator Wanzek
April 4, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, replace line 17 with:

"Grants	62,160,510	(6,642,190)	55,518,320"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	($22,362,742)	$165,251,758
Less estimated income	164,609,206	(26,717,253)	137,891,953
Total general fund	$23,005,294	$4,354,511	$27,359,805"

Page 2, after line 9, insert:

"STEMI response program grant	0	25,000"

Page 2, replace line 11 with:

"Total all funds	$17,323,696	$3,517,228"

Page 2, replace line 13 with:

"Total general fund	$4,076,371	$25,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Executive Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$49,614,394	$48,907,532		$48,907,532
Operating expenses	45,223,767	25,015,100		25,015,100
Capital assets	1,998,073	1,998,073		1,998,073
Grants	55,887,778	55,493,320	25,000	55,518,320
Tobacco prevention	6,162,396	6,162,396		6,162,396
WIC food payments	24,158,109	24,158,109		24,158,109
Federal stimulus funds	3,492,228	3,492,228		3,492,228
Contingency		1,000,000		1,000,000
Total all funds	$186,536,745	$166,226,758	$25,000	$166,251,758
Less estimated income	158,456,189	138,865,277	(473,324)	138,391,953
General fund	$28,080,556	$27,361,481	$498,324	$27,859,805
FTE	343.50	342.50	0.00	342.50

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

	Changes Funding Source for State Stroke Registry[1]	Changes Funding Source for Heart Disease and Stroke Prevention[2]	Adds Matching Funding for STEMI Response Program[3]	Total Senate Changes
Salaries and wages				

Operating expenses				
Capital assets				
Grants			25,000	25,000
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency				
Total all funds	$0	$0	$25,000	$25,000
Less estimated income	(250,700)	(222,624)	0	(473,324)
General fund	$250,700	$222,624	$25,000	$498,324
FTE	0.00	0.00	0.00	0.00

[1] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the community health trust fund to the general fund. The executive recommendation provided funding for this program from the general fund, and the House changed the funding source to the community health trust fund.

[2] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is changed to the general fund. The House did not change this funding.

[3] This amendment adds funding to provide **one-time** funding from the general fund to the State Department of Health to provide matching funds for an ST-elevated myocardial infarction (STEMI) response program.

Date: 4-5-11

Roll Call Vote # 3

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1004

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.8135.02009 Wanzek

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Wanzek Seconded By Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner	✓	
Senator Bowman	✓		Senator O'Connell	✓	
Senator Grindberg	✓		Senator Robinson	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment

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

11.8135.02008
Title.
Fiscal No. 8

Prepared by the Legislative Council staff for
Senator Robinson
April 4, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,444,535	$49,306,403
Operating expenses	44,635,794	(19,233,453)	25,402,341"

Page 1, replace line 17 with:

"Grants	62,160,510	(5,658,190)	56,502,320"

Page 1, replace lines 21 and 22 with:

"Total all funds	$187,614,500	($20,592,630)	$167,021,870
Less estimated income	164,609,206	(24,448,817)	140,160,389"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Executive Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$49,614,394	$48,907,532	$398,871	$49,306,403
Operating expenses	45,223,767	25,015,100	387,241	25,402,341
Capital assets	1,998,073	1,998,073		1,998,073
Grants	55,887,778	55,493,320	1,009,000	56,502,320
Tobacco prevention	6,162,396	6,162,396		6,162,396
WIC food payments	24,158,109	24,158,109		24,158,109
Federal stimulus funds	3,492,228	3,492,228		3,492,228
Contingency		1,000,000		1,000,000
Total all funds	$186,536,745	$166,226,758	$1,795,112	$168,021,870
Less estimated income	158,456,189	138,865,277	1,795,112	140,660,389
General fund	$28,080,556	$27,361,481	$0	$27,361,481
FTE	343.50	342.50	0.00	342.50

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

	Restores Funding for Health Care Reform[1]	Total Senate Changes
Salaries and wages	$398,871	$398,871
Operating expenses	387,241	387,241
Capital assets		
Grants	1,009,000	1,009,000
Tobacco prevention		
WIC food payments		
Federal stimulus funds		
Contingency		
Total all funds	$1,795,112	$1,795,112
Less estimated income	1,795,112	1,795,112
General fund	$0	$0

FTE	0.00	0.00

[1] Federal funding, provided in the executive recommendation and removed by the House, is restored for the following health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000):

- Abstinence program funding - $182,100.
- Public health infrastructure program funding - $200,000.
- Home visiting program funding - $1,413,012.

Date: 4-5-11

Roll Call Vote # 4

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1004

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.8135.02008

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Robinson Seconded By O'Connell

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner	✓	
Senator Bowman		✓	Senator O'Connell	✓	
Senator Grindberg	✓		Senator Robinson	✓	
Senator Christmann		✓			
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele		✓			
Senator Wanzek		✓			

Total (Yes) 9 No 4

Absent 0

Floor Assignment

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

Date: 4-5-11

Roll Call Vote # 5

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1004

Senate APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Kilzer Seconded By Wardner

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		**Senator Warner**	✓	
Senator Bowman	✓		**Senator O'Connell**	✓	
Senator Grindberg	✓		**Senator Robinson**	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Kilzer

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

REPORT OF STANDING COMMITTEE

HB 1004, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; and to declare an emergency"

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,444,535	$49,306,403
Operating expenses	44,635,794	67,287	44,703,081"

Page 1, replace line 17 with:

"Grants	62,160,510	(6,098,472)	56,062,038"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	($1,732,172)	$185,882,328
Less estimated income	164,609,206	(6,475,141)	158,134,065
Total general fund	$23,005,294	$4,742,969	$27,748,263"

Page 2, after line 9, insert:

"STEMI response program grant	0	25,000"

Page 2, replace line 11 with:

"Total all funds	$17,323,696	$3,517,228"

Page 2, replace line 13 with:

"Total general fund	$4,076,371	$25,000"

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Page 5, after line 3, insert:

"**SECTION 8. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

Executive	House	Senate	Senate

	Budget	Version	Changes	Version
Salaries and wages	$49,614,394	$48,907,532	$398,871	$49,306,403
Operating expenses	45,223,767	25,015,100	19,687,981	44,703,081
Capital assets	1,998,073	1,998,073		1,998,073
Grants	55,887,778	55,493,320	568,718	56,062,038
Tobacco prevention	6,162,396	6,162,396		6,162,396
WIC food payments	24,158,109	24,158,109		24,158,109
Federal stimulus funds	3,492,228	3,492,228		3,492,228
Contingency		1,000,000		1,000,000
Total all funds	$186,536,745	$166,226,758	$20,655,570	$186,882,328
Less estimated income	158,456,189	138,865,277	19,768,788	158,634,065
General fund	$28,080,556	$27,361,481	$886,782	$28,248,263
FTE	343.50	342.50	0.00	342.50

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

	Restores Funding for Universal Vaccines[1]	Removes Funding for Women's Way Care Coordination[2]	Changes Funding Source for Heart Disease and Stroke Prevention[3]	Changes Funding Source for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]
Salaries and wages						
Operating expenses	19,400,000	(99,260)				
Capital assets						
Grants		(400,740)			(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$19,400,000	($500,000)	$0	$0	($453,000)	$388,458
Less estimated income	19,400,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$222,624	$250,700	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Matching Funding for STEMI Response Program[7]	Restores Funding for Health Care Reform[8]	Total Senate Changes
Salaries and wages		$398,871	$398,871
Operating expenses		387,241	19,687,981
Capital assets			
Grants	25,000	1,009,000	568,718
Tobacco prevention			
WIC food payments			
Federal stimulus funds			
Contingency			
Total all funds	$25,000	$1,795,112	$20,655,570
Less estimated income	0	1,795,112	19,768,788
General fund	$25,000	$0	$886,782
FTE	0.00	0.00	0.00

[1] Funding included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a universal immunization system is restored.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed. The executive recommendation includes $500,000 from federal funds for Women's Way care coordination. The House did not remove the federal funding.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is changed to the general fund. The House did not change this funding.

[4] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the community health trust fund to the general fund, the same as the executive budget. The House changed the funding source for this program to the community health trust fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor.

[7] This amendment adds funding to provide **one-time** funding from the general fund to the State Department of Health to provide matching funds for an ST-elevated myocardial infarction (STEMI) response program.

[8] Federal funding, provided in the executive recommendation and removed by the House, is restored for the following health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000):

- Abstinence program funding - $182,100.
- Public health infrastructure program funding - $200,000.
- Home visiting program funding - $1,413,012.

In addition, this amendment:

- Removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of moneys in the community health trust fund for tobacco prevention and control. This amendment was not included in the executive recommendation, but was added by the House.
- Adds a section to declare the contingent appropriation and Bank of North Dakota line of credit provided for litigation and administrative proceedings costs in Section 4 of the bill is an emergency measure.

2011 HOUSE APPROPRIATIONS

CONFERENCE COMMITTEE

HB 1004

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 13, 2011
16559

☒ Conference Committee

Committee Clerk Signature Julia Geigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Bellew called conference committee to order and informed clerk to note that all members are present. Chairman Bellew opened hearing on HB 1004 and instructed Senate members to explain their amendment.

Chairman Kilzer: as we received the bill, there were a couple of things that were distressing to the Senate. The number one thing was that the bill violated measure 3 in that the 80% of the community health trust funds no longer had to go toward tobacco programs. The second thing was that if the items in the community health trust fund were spent the way that was being proposed, the fund would be $1.4M in the red at the biennium. We took out 3-4 of the larger and more recent items that were funded with general funds in order to put the community health trust fund in the black.

Senator Robinson: the dept approached the emergency commission in November to seek authorization to accept Federal funds and the emergency commission, given the time of the year, elected not to act on that request and advised them to come back due to being close to the session. As a result, those moneys are sitting there. They will not go back to the federal general fund and will go to some other state. I believe that is in bullet no. 8, pg 25; the 3 items listed there are federally funded. They are multiyear grants and we elected to amend the bill to provide the dept with authorization to accept those dollars, thinking it would be in our best interest. They are good programs. That amendment was attached to the bill as well.

Chairman Bellew: Regarding measure 3, we did have a 2/3 vote in the House to send it over that way, so we didn't violate it. We understand that and that's not going to be a point of discussion.

Representative Nelson: I think it should be a point of discussion. The House position on the cessation committee funding, to be clear, didn't change the level of funding for the committee work. The only change that was made in measure 3 was to remove that 80% rule of tobacco spending in the community health trust fund. We were very careful in the

house to make sure that those programs that we funded did meet CDC best practice equivalent. That included the Women's Way coordinator and the Go Red program. It's important that we realize and remember what the community health trust fund has been used for in the past and the programs that have been funded out of there which started with that money and wouldn't be here today if it weren't for that funding level and source. It's going to affect a number of health related issues in the future with not being able to access that money. The tobacco cessation programs are fully funded with the changes that the House made. They have a building balance in their fund for the future.

Senator Robinson: Even though you had 2/3s on your side, you need 2/3s vote in the Senate and we wouldn't come anywhere close to that in the Senate. Given that, we decided to move forward. We couldn't leave the community healthcare trust fund in a deficient situation. That's why we elected to move in the direction we did and felt that that is what we had to do to balance this thing out. The changes we made were precipitated by the lack of support in the Senate.

Representative Nelson: Was that the position on the Senate appropriations? Or full Senate? Was there a vote taken?

Senator Robinson: We clearly believe, without any doubt, that the vote will not be anywhere as close to 2/3s and I heard that from many colleagues in our body.

Representative Nelson: Are you comfortable with the exclusion of funding the Woman's Way coordinator and the Go Red program?

Senator Robinson: The budget before us is still lacking. We made significant improvements in balancing the community healthcare trust fund and then adding back the federal funds. There are issues in the abuse women's services, aid to local health units, that I think are still short. But the bill is in better condition than when we received it.

Chairman Bellew: Legislative Council, could you provide us with a copy of what's in the community healthcare trust fund, comparing what we did to what the Senate did?

Legislative Council: I can give you a number, but we haven't redone the trust fund.

Chairman Kilzer: the programs that we cut were either new programs or programs that were not totally destroyed. In Woman's Way, we took out the coordinator. There is still money in there. The Go Red program is a new program. It was not easy, but we wanted to be within the law.

Representative Nelson: Everything we did was within the law. That shouldn't be in question.

Chairman Kilzer: you have heard what our members have said previously about the 2/3s majority in the Senate.

Chairman Bellew: Is there any way that the Senate would give 2/3s?

Senator Robinson: I know we have 12 votes in the majority that are solid as a rock and when I hear the Senate appropriations chair, who has a hand on the pulse of the majority tell me there is NO support in the majority, I take that as factual. There was no challenge on that issue on the Senate floor.

Representative Kaldor: There was a difference of opinion in the House. My colleague said that Woman's Way and Go Red met CDC best practices; however that particular issue is questionable. There are CDC best practices for a whole host of programs, but that was one of the areas of disagreement in the House. I think that it was flushed out completely; we would find that they do not meet best practices for tobacco prevention and control. They are important. I appreciate the Senators for your forbearance. I'd like to have a discussion about the universal vaccines and immunization section as the Senate added the dollars for the universal vaccine. We are dealing with another SB (SB 2276) dealing with this as well. What are your prospective on that?

Senator Fischer: SB 2276 doesn't have any funding in it and this is the funding for that bill.

Chairman Bellew: On pg 26 of CDC best practices, we felt that those CDC practices fell within the guidelines of that page, that those are smoking caused diseases. The House felt that the smoking committee should help fund some of those things. We were just trying to get the community health trust fund back to the way it was used before measure 3.

Chairman Kilzer: It didn't exist before measure 3.

Chairman Bellew: Yes it did.

Chairman Kilzer: Measure 3 created an independent committee that handles this now. I do have a copy of the best practices, including the update in 2007. I have not measured it against the Go Red or the Woman's Way program, but the focus on the new committee is tobacco control and cessation. The focus of Women's Way is to discover, early on, breast cancer and cervical cancer, which do have a higher incidence in smokers. However, there is more of a positive relationship, particularly with cervical cancer, with other things than smoking. It certainly isn't a one on one situation with causation and results.

Chairman Bellew: It has been the position in the House to remove all funding for healthcare reform. It is currently in the bill and we'll discuss it.

Chairman Kilzer: I would ask you to reconsider that rigid position.

Chairman Bellew: That's not my position; that's the House's position.

Chairman Kilzer: You are the representative to make that decision. I want to point out that the fetal alcohol syndrome funding was put back in by the Senate.

Chairman Bellew: We removed it as we just didn't think it was a priority on the Health Dept.

Senator Robinson: The difference between the House and Senate is why we are meeting this afternoon and will continue to meet. Regarding fetal alcohol and in the defense of the Health Dept, given the reductions they've experienced and will continue to experience because of the heavy reliance on the federal funds in this budget, I wouldn't suggest that because it's a low OAR, it's not important. We felt strongly on the Senate side about this, having a discussion with the director of the UND fetal alcohol program and he actually brought a client of the program (14 yr old who appeared more like 6 yrs old and who has been through 21 surgeries). The incidences of FAE are alarming and I would hope that we continue our discussion on that topic.

Chairman Kilzer: there is an issue of testing water quality for item of about $180,000. This would be an amendment coming forward to this committee.

Senator Fischer: It's $180,000 addition for reimbursing communities for the people that run their water systems. It's the guy between the tank and the kitchen faucet. Without those people being certified, the $180,000 could look very small in comparison to EPA penalties.

Representative Nelson: I visited with Erik Volk from the Rural Waters association and think that's an appropriate discussion point.

Senator Robinson: In this particular area, if we are going to draw a line in the sand and not accept any federal funds, we are going to find that, that is going to be a tough stance to support with a budget that is 66% federal funds. To make that statement is one thing, but to support that statement over the long haul is another. We are going to see a lot of federal cutbacks across the board. We can say that we aren't going to accept any more federal money, but then we should do that across the board, like in DOT. Not all federal programs are bad. I think that all states are going to learn that our dependence on the federal govt is going to be weaning at best. We are going to have some tough choices to make on what programs to continue and which to curtail. Within the dept, we were provided a printout of all the federal grants and we just saw the tip of the iceberg. The dept's spokesman is concerned about living with this budget over the next 24 months given the uncertainty of when these budget cuts are coming. They are going to be coming periodically over the next 24 months. They are going to be hard pressed to provide the services that we expect from that dept for the people of ND.

Chairman Bellew: on the House side, we are not saying to not to accept any federal money. We are referring to healthcare reform dollars because there are some of us, on the House side, who are not supporters of healthcare reform the way it was passed from the United States of America Congress. The federal dollars, as far as highways go and even in this health dept, we are more than supportive of that. With that, we'll adjourn and reschedule.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 14, 2011
16594

☒ Conference Committee

Committee Clerk Signature Julio Yeigh

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Bellew called conference committee to order noting for the record that all conferees are present. He opened the hearing on HB 1004. (ND Tobacco Prevention and Control Executive Committee provided information about FTEs, labeled as attachment **ONE**).

Chairman Bellew: I have a question about universal vaccines. Is the $19.4M correct, which would come over if SB 2276 passed?

Chairman Kilzer: Yes it is. The money comes from the insurance tax distribution fund.

Arvy Smith, NDDOH: NO, it does not. The $19.4M comes from the insurance companies. SB 2276 provides for where we collect an assessment from the insurance companies who would be paying for the vaccines in the end anyway and we use that money to buy off the federal contract at a discounted rate, so the insurance companies put the money into a fund that we would use.

Representative Nelson: what is the appropriation that is needed with the amended bill that is dealing with the vaccine?

Arvy Smith: the Senate added back the $19.4M into HB 1004 to deal with SB 2276. The actual fiscal note is $17.6M on SB 2276. The $19.4M is an estimate at the time we put the budget together. Depending on where 2276 lands, that number could change.

Representative Nelson: you'd feel more comfortable with the appropriation as the Senate left it then? The $19.4M?

Arvy Smith: Yes. If it goes back to the Senate version, it should be closer to the $17.6M. If something else happens, it could go to the $19.4M.

Chairman Bellew: can you provide the explanation again for restoring the fetal alcohol program?

Senator Robinson: It is safe to say that the investment up front and awareness will pay dividends in a big way; not only monetarily, but in terms of quality of life for those that are potentially impacted. On the Senate side, we had testimony that was very convincing that this is a great and needed program, including a presentation from a father of a son with fetal alcohol effect who was 14 yrs old and looked like 6 yrs old with more than 21 surgeries. This problem is serious and it's 100% preventable.

Chairman Kilzer: when you have a child with FAS, it is estimated that the costs are $2-4M until that child becomes an adult. This program has prevented mothers who have a child with FAS from having another one, by the clinical talking that Dr. Burd and his staff does to clinics and physician's offices that take care of maternal cases. He told us that there is high turnovers in that field so it's necessary that they visit with the prenatal people every couple of years so they catch the condition in early pregnancy to prevent the mothers from drinking. For $388,000, we thought it was a worthwhile thing.

Chairman Bellew: How will this prevent cases?

Chairman Kilzer: It won't prevent every case, but it will prevent some cases, particularly the ones who have already had a child. When Dr. Burd and his staff show up at clinics, they try to get the word out strongly to all mothers or those who are expecting.

Chairman Bellew: this is not being done now?

Chairman Kilzer: they are still being bone.

Chairman Bellew: How is $388,000 going to help because they are still going to be born even if we fund this? How many employees does this money get us?

Chairman Kilzer: $388,000 is used for the program to go out to the clinics and talk with the patients and staff about this condition. I'm not sure how many employees it gets us.

Senator Fischer: people that are born are with FAE or FAS have a much higher percentage of incarceration and if you prevent one of these children from having FA issues, you are going to save the state a lot of money in incarceration costs. To fund this is both a fiscal and a moral obligation that the state has.

Chairman Bellew: Ok; talk to me about the STEMI response program. What does the $25,000 do?

Representative Nelson: the entire program is a $4M program to equip 125 ambulances in the state with a 12 lead devices for monitoring stroke and heart attack victims. 2/3s of the $4M would be paid by the Helmsley Foundation and the 1/3 match is what we needed from ND. I did offer an amendment in the House for a general fund appropriation or from the community healthcare trust fund. It failed. I took this to Senator Fischer and asked him for half of that amount ($600,000) and the other half would have to be matched by special

funds. (Representative Nelson provided information to the committee labeled as attachment **TWO**). Thanks to the work that June Herman did, Trinity Medical in Minot has pledged $300,000 towards the $600,000 match and that's just the first of a number of healthcare groups that have been contacted and have shown interest in doing this. The Senate didn't fund the state fund at $600,000, but that would be my goal. This is not only a life saving program, but a quality of life issue as well. If you can make that one hour of transport time useful, you can either save lives or certainly allow for a better quality of life after a heart attack or stroke with the treatment that would occur with this device being present in the ambulances.

Chairman Bellew: The other issue is the healthcare reform. It is still the House's position to remove all the healthcare reform dollars from the budget. I want to bring that forward again for discussion.

Senator Fischer: I understand you philosophical point of view. But we have a responsible to some programs and we are going to be discussing those in another conference committee that has to do with information technology. I think that some of the healthcare reform will be changed or there are going to be things happening, you are not going to see the end of it. We have issues with Information Technology that if the House stands on that position, they will not be able to be accomplished and we could face penalties and losing cost share on those projects, going from general fund obligation of $4.2M to $21M.

Chairman Bellew: The position on the House side is that we think we should discuss it in special session in November. If we need to take action, we will take action in November.

Senator Fischer: The problem with the other committee is the deadlines and starting on it. We can wait 6 months, but there will likely be consequences.

Representative Kaldor: The House is being inconsistent on this policy because we did appropriate $2M for the insurance dept for preparations for healthcare reform act, even though we haven't included the FTEs, we authorized federal dollars to be utilized. They are used in November. If we eliminate this portion of the budget, it's going to go someplace else. It's not going to be used in ND. The larger share for this is for 2 counties where we have significant need because of vulnerable children and in home visits is basically the purpose of this. It seems inconsistent to argue that the House has a firm position because we actually have 2 different positions.

Representative Nelson: regarding measure 3 and what was done last session with the water development trust fund money: that was in section 39 of the Office of Management and Budget bill. The language reads (section 54.27.25) this fund may only be spent pursuant to legislative appropriations so that does tie up that fund for water development. Did that section require a 2/3s vote (that section)?

Legislative Council: Yes it did.

Representative Nelson: we violated measure 3 last session with that language, if you take that stand. I don't necessary believe that to be true. It's changing it to make it more

practical and that is what we offered in the House; a more practical utilization of healthcare dollars.

Representative Kaldor: However, while it changed measure 3 and it was approved by 2/3s of both chambers and it didn't affect the CDC best practices.

Representative Nelson: that is true. I don't think anything we did in the House in this session affected CDC best practices, did it?

Representative Kaldor: I believe it did because of what we did with the 80% issue in the community healthcare trust fund. Implementation of best practices is certainly compromised by drawing funds away from that purpose for the long term and the measure covers us for approximately 19 years. It would shorten the ability to follow CDC best practices.

Representative Nelson: I think we were very careful to fully fund the committee and all the work they did last session and would continue to do this session. Whether or not they would have the funds available in year 19 to do that is too far down the road to say as we never look that far in the legislature. I don't know why we would do that in this case. It would be through the 7 years of the measure's effectiveness and after that anything can be done with a majority vote.

Representative Kaldor: that is the point. At this point, it takes a 2/3s vote of both chambers.

Chairman Bellew closed hearing.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 15, 2011
16637

☒ Conference Committee

Committee Clerk Signature Julia Heigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Bellew called conference committee to order stating to let the record note that all conferees are present. He opened hearing on HB 1004.

Chairman Kilzer: There is a problem involved with the $523,000 involving the EMS administration grants. That was federal funding through DOT that will not be renewed. That is going to leave NDDOH in the lurch as far as administering the grants. Should DOT have some concern? Should the people on the EMS committee (HB 1044) be concerned? Or do we need to be concerned?

Chairman Bellew: that is off the table at this point because the DOT budget passed. Perhaps HB 1044 should deal with it.

Senator Robinson: I think we should address it and put it away and deal with it so it's not one of those things that falls through the cracks. We can assume that 1044 is going to deal with it, but someone has to deal with it and who better than those of us who are sitting around the table right now.

Representative Nelson: I agree with you that this is important funding. We've looked at a couple of different methods. One would be to require DOT to utilize that grant in the fashion that they have in the past. That is problematic in talking with Legislative Council. Another method might be to provide language that if the dept passes that data to the DOT that they would charge them for that and that would be an appropriate mechanism for the grant to be used. DOT said that because there was FTEs involved in this, the federal funding couldn't be used in that fashion. I think 1.5 FTEs were involved in this. That was reason that they gave us for discontinuing funding that program.

Senator Robinson: those dollars would come out of their operations?

Representative Nelson: No, that's federal money which is 402 and 408 (safety funds) money that they used in a different fashion as to what they are proposing and not using it for the EMS reporting data.

Senator Robinson: What do we know about the security of those funds that they are going to be there with federal reductions?

Representative Nelson: Can the Dept of Health (DOH) refresh our memories about the use of the 402 and 408 dollars that were used for the accident reporting and what the reasoning was for discontinuing that? Can you also talk about the availability of those funds in the subsequent biennium?

Arvy Smith, NDDOH: Regarding 402 and 408, one related to the data collection issue. DOT has a new system that collects traffic accident data and they have chosen to put their resources towards that instead of towards our data collected on ambulance runs. Previously they didn't have that other resource. That other resource is going to get them about 80% of the data they need. Our data would be more comprehensive than what they would be getting from that other system. The other one was a situation where we were provided funding for training and the feds were not happy with us using it for FTEs because only 17% of our ambulance runs were traffic related so they said they would only pay for 17% of those FTEs. Our argument back to them was we have $1.240M state dollars in training of EMS people. Why aren't we also counting 17% of that? When we asked them that, they said that was supplanting. We don't have the resources to fight the feds on that kind of an issue. It's a federal decision versus DOT.

Senator Robinson: are you suggesting that our ability to access the DOT funds won't be there?

Arvy Smith: I don't think it's going to be there unless DOT would change its thinking on that data piece and decide to give some anyway. If I don't have the money up front, I don't have the ability to collect, analyze, report and distribute the data. (provided information on this topic labeled as attachment **ONE**).

Representative Nelson: Are you still requiring the ambulances to collect the data that is being collected by the ambulances with the new system that DOT is using?

Arvy Smith: Yes. We get a different set of data from ambulance runs that allows us to evaluate the quality of the response, the timing of the response, etc. They were previously using ours, I imagine as surrogate data until they had their own system of traffic accident data.

Representative Nelson: With this doubling up of data, are you asking for as comprehensive of data as before?

Arvy Smith: Yes, it would collect and analyze all the ambulance run data. Every time there is a run, it's electronically reported into a system and we were able to create all of that with DOT funding previously. Now that, that's gone, we no longer have the ability to use that data.

Representative Nelson: are you being identified to fill that 20% gap?

Arvy Smith: We haven't been asked for it yet. I don't know if they will just use their data and no longer want ours or not.

Chairman Bellew: This will continue to be a point of discussion in figuring out where to address it. As far as the Senate amendment goes, I am okay with the funding for the vaccines either at $19.4M or $17.6M. We are also okay with removing all the smoking things because we know you didn't have the 2/3s vote on your side. We're okay with what you restored in terms of the heart disease and stroke prevention as well as the state stroke registry and removing the funding for Go Red. We need to discuss the prenatal alcohol screening and intervention, the healthcare funding reform, and the STEMI response program further.

Senator Robinson: I would recommend looking over the testimony by Dr. Burd on the prenatal alcohol screening and intervention again as it was so convincing and seemed essential to do.

Representative Kaldor: Senator Fischer, it was brought to our attention at one of the first meetings, the operator training for the water systems. Has that been addressed?

Senator Fischer: I have that amendment here. (distributed proposed amendments to committee members, labeled as attachment **TWO**). I am seeing on this that there is $20,000 in here in salaries and wages that doesn't have to be.

Representative Nelson: How would you like to go forward? For those of us who want to propose amendments, should we have them drafted like Senator Fischer did and have them presented in that fashion?

Chairman Bellew: Yes, that would be fine. We would then vote on each amendment and then put it in one package and vote the whole package.

Representative Nelson: I am planning on bringing a few things forward. On the domestic violence, we added $400,000 for Safe Havens. I am going to add language that this can be used through the state throughout the all seven centers. Additionally, I will have a more definite funding mechanism for the STEMI Response Project.

Chairman Bellew adjourned hearing.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 16, 2011
16683

☒ Conference Committee

Committee Clerk Signature Julie Ziegler

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Bellew: Called the meeting to order, noting that all conferees were present. I'd like to talk about our end game here, if we can. I'm not quite sure where that's going yet. I'd like to bring forth that we need to balance the budget overall. We need to keep that in mind. When we increase general fund spending, we need to remember to balance to budget. With that, I'll open it up to discussion.

Senator Robinson: We have the same issue at the local level, trying to balance budgets. We need to reach a compromise somewhere here. I look at this and I think we have a long ways to go. We talked about emergency medical issues and trauma. There's an issue with domestic violence at $135,000. Then there's the issue of aid to local health units that is yet to be resolved.
The other issue we would be remiss to not address is the aid the department is waiting to be authorized to use that comes from the federal side of things. The home visitation programs are good programs, and I guarantee you when the dust settles on the federal side of things, there is going to be enough cuts coming our way that we have no choice on, that for us, on top of that, resist other aid that's on the table, will compound the situation that much further. At some time, we need to realize that these programs affect children and families across the state of ND.
I see four big issues there, at least, that we need to discuss and resolve.

Representative Nelson: That sets up our map for the next few days and I would add to Senator Robinson's points. For instance, if we left the session and didn't take advantage of the one-time spending for the STEMI spending for rural ambulances, I'd be more than disappointed.
We've talked to leadership, and Senator Fischer has made a strong argument why we should go forward in this area, but the House position has been that we want to delay implementation of federal healthcare reform. As far as the delay until the special session this November, I'm wondering if there are any timelines that would go by if we delayed that entire topic until November.

Senator Fischer: The position of the House on the federal stuff, I understand that. We're looking at the issues on the ITD. That's probably going to happen, depending on the ramifications. In some of these things, they may disappear and we won't have an opportunity in two years or even in November to deal with them, so in those cases, I think we need to do an analysis and talk to the House. In the case of the larger ones, the $42 million in the other bill, those need to be looked at very carefully and probably not implemented until a later date. Also, we don't know what the rules are, and that makes it very difficult to form a budget on 'what if.' On one hand, it would be irresponsible of us not to look at them and decide what we are going to do and on the other hand, if we just jump into them and support some of those federal pieces, we could find ourselves in a jam. We're open to suggestion as far as those issues.

Representative Nelson: I would like to ask Arvy to prepare a synopsis of delaying this issue, just for the health department or perhaps a more comprehensive look and look at other areas too. I'd like to see an analysis of what's on the line if we wait until November to implement this.

Senator Robinson: I've heard on the Senate side more than once of how much do we put off until November. There is going to be reluctance to come back and have two weeks of legislation. The redistricting process is not going to be an easy process. Yesterday, legislators were talking about the necessity of meeting in November about the DOT budget in regards to the flooding. I don't believe that in the area of the federal funds that they have been waiting on since November, constitutes a knee-jerk reaction. We've known about them since November. We know what those programs do and how important they are. To delay them for another several months is worse than kicking the can down the road. In the meantime, people are going to suffer.

Representative Kaldor: Part of my concern about this particular one is that I think it's unfortunate that the federal dollars coming in for these programs are in a sense labeled with health care reform. If they'd been part of a budget bill from the federal government and this opportunity would have arisen titled something else, I don't think we would have turned it down. Because it came through that vehicle through Congress with the label of healthcare reform, it has been attached with an uncomplimentary tone. I wish we would take a look at this in its own context. I don't know if we need to have an analysis done. We could ask Arvy what will happen to these dollars if we don't use them before November.

Chairman Bellew: At this time, I'd like to have the written analysis.

Senator Fischer: Does Office of Management and Budget have any analyses she could provide us with?

Lori Laschkewitsch, Office of Management and Budget: There are additional rules to wait for with the federal healthcare reform and implementation is 2014. These pieces are unique to that in the fact this money is already awarded to us sitting there and waiting for us to spend. We could have started spending it 6 months ago. This isn't something that we just have money to try to get implemented by 2014. This is more typical of other federal grants, even though it just happened to come under that umbrella of healthcare reform. By us

putting off until November, we have already lost time with implementation of these programs because we could implement these today and start spending the money.

Chairman Bellew: So you are waiting on the legislature to appropriate the funds?

Lori Laschkewitsch: That is correct. There is a second application that has to be put in and we may risk being able to continue those funds if we haven't implemented the program already.

Chairman Bellew: Thank you. Do we have any other discussion at this time? At our next time, I would like to see us come with some proposals to discuss. I know there are several things out there that we would like to see. My biggest concern is the overall budget that we are faced with. There are some things that we need to take care of in this budget.

Senator Robinson: Even in the governor's executive budget recommendation, this budget was up by about 20% for a variety of reasons. We added the $500,000 for the EPA lawsuit which is arguably not related to health directly, so I think when we look at the big picture, I agree there are some big pieces here we need to look at.

Chairman Bellew: I would I assume it would be Monday sometime. Is there anything else at this time? Due to no further discussion, he adjourned the hearing.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 18, 2011
16744

☒ Conference Committee

Committee Clerk Signature Julie Yeigle

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Bellew: Called the meeting to order noting that all members were present.

Senator Robinson: We've been around the horn a few times on this budget. After several meetings and dealing with several different bills, there gets to be a bit of confusion. I would like to look at a spreadsheet that Arvy Smith (NDDOH) has put together to help clarify some things.

Arvy Smith, Deputy State Health Officer, Department of Health (DOH): (distributed attachment **ONE** (DOH Budget Comparison 2011-13) and attachment **TWO** (DOH General Fund Reconciliation)). I will start by explaining attachment **ONE**. Senator Robinson asked me where we are at percentage wise increase with regard to current budget. That's a difficult question because we had so many onetime funding so it depends on what you want to compare. I start with the Senate version that includes the EPA lawsuit and I added the EMS core funding and domestic violence as these were increases. I added these up to get $28.9M to compare that to the original 2009-11 legislative appropriation (6% increase). If you don't consider the EPA lawsuit funding, it's a 4% increase. $1.2M of that is our salary package. Because we had so many onetime funding, our adjusted base general fund that's on the bill is quite a bit lower because we had that $2.4M that was contingency going into the community health trust fund, so some of those general funds paid for those trust fund programs. The $1.2M of immunization and $1M of domestic violence were considered onetime and backed out so that base budget number was $23M. (went over the percentage increases as compared to the adjusted base budget and 2011-13 executive recommendation, as illustrated). I set it up so you can add or subtract numbers in that section and it will automatically fix all the percentages and you can tell exactly where you are. You may wonder why is the base budget like this, which gets me to attachment **TWO.** That starts with that adjusted 09-11 base budget. The number here is taken off the green sheet. The difference is the $150,000 equity from last time. We start with the $23M and we add the suicide funding (we had lost the federal funding), EMS, and the restoration of community health trust items. The salary package was $1.2M, along with other adjustments I netted there which gets you to the governor's recommendation. Then we add the EPA

lawsuit and the House had cuts of $2M, but offsetting increases as well getting to the House version. Then the Senate added back certain parts (as illustrated) getting to the Senate version.

Chairman Bellew: I find this very helpful, thank you. Questions?

Representative Kaldor: Last time, in the community health trust fund (CHTF), we did change some things to general fund appropriation. Were they then reflected in that $23M figure?

Arvy Smith: Late in the session last time, a whole bunch of programs that had been put in as general fund (loan repayment programs) were funded out of the CHTF, and then we knew there wouldn't be enough money in there so that's why the $2.4M contingency was set up to funnel general funds in there so that those programs could be held. Then we automatically knew there wouldn't be enough in the following biennium for those so that's why in the governor's budget we just had to fix it. The governor chose to fund those items with general funds. That's how we get from the $23M to the $28M, as well as the salary package and fixing suicide and EMS.

Representative Kaldor: That base budget in 09-11, does that include the general funds that we appropriated for those other purposes, or were those in another bill?

Arvy Smith: The $2.4M is backed out of the $23M because it was a onetime funding. (referenced attachment **ONE**). Our 09-11 legislative appropriation is $27.2M so backing those things out brought it down to $23M.

Representative Kaldor: That makes the point I wanted to make. If you were to compare the adjusted base budget appropriately with the governor's budget would have included that one-time funding because it's being done again in a sense. It was onetime once and now it's being funded once again in the general fund. You could almost add that back into the adjusted base budget.

Arvy Smith: Depending how you want to look at it. For example, the domestic violence was backed out as a onetime and put right back into the governor's budget so that's showing as an increase.

Senator Robinson: I agree this doesn't resolve our problems, but it does make things clearer. When you look at an increase from the governor's budget of 23% you make be surprised, but as you can see there is reasoning for it. We can trace things through this schedule.

Chairman Bellew: Any other discussion at this time?

Representative Nelson: One of the problems that some of us have with trying to close these things out is these numbers. A 26% increase scares a lot of people away. There are a number of legislators that operate under the premise that we should not be $1 over the executive budget at the end of the day. That creates some issues with some of the proposals that I think are important in DOH budget and we can't avoid that. A great tool that

we've had to work with in this budget has been taken away, and that's the utilization of the CHTF. That will cost a number of these health related programs the ability to go forward because we didn't have the courage to take that to the floor of the Senate and have that tool before us.

Chairman Bellew: Is there any other discussion?

Senator Robinson: We have legislators on both sides (House and Senate) that are concerned about budget levels. I also think when it comes to these programs that if we believe in them, we have a duty to market them to our colleagues. Let's mull this overnight and see what we can come up with tomorrow. When we put together everything we need to do, it will be tough to swallow. I don't want to see us pass the buck to the local level. I was home this weekend and our local public nurse is working at the flood control center and she said 'please take care of aide to public health units. We need help.' Representative Nelson, I'm sure you heard the same thing in your district, although you didn't have a flood and it's your turn next year.

Senator Kilzer: It was the Senate that attempted to fix the CHTF. When it came to us it was $1.4 million in the red.

Chairman Bellew: Anything else? We'll adjourn.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 25, 2011
16866

☒ Conference Committee

Committee Clerk Signature Julia Geiszler

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Kreidt called conference committee to order. Clerk took role and quorum declared. He opened hearing on HB 1004. Chairman Kreidt stated that he has replaced Chairman Bellew as chairman of conference committee due to a death in the family and requested the Senate side inform him what the differences are between the House and the Senate.

Senator Kilzer: We have 7 major differences which I will summarize before we finalize the last set of amendments. The first is regarding the EPA lawsuit. There is $500,000 of general funds appropriated for that. There would be another $500,000 available on a line of credit at the Bank of ND. According to this morning's headlines, at least in the Bismarck paper, it looks like that is going to be necessary. The second item is the $523,000 for managing the EMS grants. That is mixed in with a little bit of the 402 and the 408 funding through the Department of Transportation (DOT). There was the 17% of trauma. There is question about the actual amount and the source on that. This is federal funding that is being lost. Some of us have concerns about how that is going to be replaced. The third item is the $180,000 that is needed for training people in municipal water supplies. The fourth is the STEMI project. There is $25,000 in the budget now, but if there was $600,000, it would supply these machines for all the ambulances in the state and would leverage the total of $4M. There is the injury and domestic violence issue of $135,000. There is the health reform act of $1.8M. The seventh is the prenatal fetal alcohol syndrome screening for $388,000.

Chairman Kreidt clarified the differences between House and Senate version on HB 1004 with **Senator Kilzer**.

Senator Robinson: We came to an agreement on the 80% ruling on the tobacco funds. We also came to agreement on SB 2276 (vaccinations). We had some discussion on aid to local health units. I've got stroke registry and heart and stroke. Could we refresh the committee on this? I believe it was some information that Arvy Smith (NDDOH) had presented to us early last week.

Chairman Kredit: Hadn't those been replaced with general funds? The stroke prevention and the registry went for $222,624 and $257, respectively. I am looking at that as general funds.

Representative Kaldor: Yes.

Chairman Kreidt: Additionally, the prenatal alcohol screening for $388,450 is in general funds now coming over from the Senate. We had taken that out and the Senate had restored that.

Representative Nelson: I think there are some areas where we are in agreement with. We will discuss these and formulate a final amendment. We'll start with the water treatment operators. I believe, we are in agreement to fund the $180,000 for certification for individuals in water treatment plants in cities less than a population of 3300.

Senators nodded in agreement

Representative Nelson: I received information regarding the number of rural ambulances in the state. There was a question on our side about whether we needed 125 of these units. There is certainly much more need in the rural parts of the state for more than 125. What was put in the grant was for 125. I think we can utilize at least all of those. I believe we should fully fund the STEMI project at $600,000 so that would take $575,000 in addition to what the Senate had put into HB 1004.

Senator Kilzer: I am not quite ready for that one. I do need to ask a few more questions about that.

Chairman Kreidt: Isn't there going to be some regionalization of ambulance in the new couple of years?

Senator Kilzer: The term I would like to use is consolidation.

Representative Nelson: What areas of concern do you still have, Senator Kilzer?

Senator Kilzer: Our area of concern is the price tag. I know that it leverages $4M and it is a very necessary thing. I need to inquire more about the consolidation and the actual numbers that will be needed.

Representative Nelson: there was general consensus over the domestic violence grant coordinator ($135,509). The House position is that there was a funding mechanism that may be in place. Chairman Kreidt, perhaps you can explain this further?

Chairman Kreidt: There were 3 FTEs that were doing the grants for the tobacco committee (HB 1025) and all those grants were transferred over the advisory committee working with the tobacco funds. We had removed those 3 FTEs and then we put those 3 back in at the last minute. We put them back in because we would be using 1 of those FTEs in another situation. That didn't develop the way we thought it would. Our feelings are

that we could transfer 1 of those FTEs within the dept over for the domestic violence position that we are looking at here without the $135,000. That would be a movement of an FTE. When we got to the grind of the amendments, it would be stated as such.

Representative Nelson: The House position would be to add language to fund that position from the existing budget with those 3 positions. Another issue is the 402 and 408 money that was given to the health dept for crash data that they need to continue that project ($523,900). We discovered that Department of Transportation (DOT) did fund $124,000 of that. They made a commitment to the dept for the next biennium to fund $124,000. We talked about taking $300,000 from the training grant that is funded in this budget which would leave about $100,000 to fund this program and it was our understanding that about $25,000 of that wasn't critical so that the net general fund obligation for that to complete that would be $75,000. We would be in agreement with funding that through that mechanism. I'll explain that again. It was $523,900. $124,000 has been committed by DOT. That leaves a balance of $399,000. $300,000 of that would transfer from the training grants that's in the budget ($1.3M) and $75,000 would be a general fund obligation to complete that. It's actually $74,100, but we are rounding up to $75,000.

Representative Kaldor: Are you talking about the EMS volunteer training grants? I am trying to find that $1.3M.

Chairman Kreidt: Yes, it is out of the training grants.

Senator Kilzer: That is not out of HB 1044. It's out of the Dept of Health budget in this bill.

Representative Nelson: Staffing grants is out of HB 1044, and we are not taking this from the staffing grants.

Senator Kilzer: The DOT budget is compatible with the first part of the $124,000?

Representative Nelson: Yes, that is what we have been told. We have confirmation from DOT that they've made that commitment. It comes to me second hand from the dept. Office of Management and Budget, can you respond to that?

Office of Management and Budget: I contacted DOT after it was brought to my attention that they would have that funding available. As long as their funding continues, they would have that funding available for the Health Dept.

Senator Kilzer: Is there a good chance that the funding will continue?

Office of Management and Budget: With concerns of federal funding, they don't know what the future is, but at this point, they are aware that it is available and would pass it through to the Health Dept.

Chairman Kredit: We can feel safe that we can go ahead and use that $124,800.

Representative Nelson: We know how important the prenatal issue is to the Senate and we don't have any particular need to discuss that at any length. Thus, there are two issues left, which I amended down to one. That is the local public health units. It is important that we understand they are going to need some assistance with the situation with their employees, programs, and the salary increases along with the health and fringe areas. The House did provide an additional $400,000 in the first half and the Senate did not increase that. I think we need to plug in a number that is greater than $400,000.

Senator Robinson: Regarding local public health units, I agree that there is a need out there and I hope we can find the funds to do something about that $400,000 before we leave. Additionally, I would ask that the House give serious consideration to accepting those federal funds that have been sitting there since November. I know you have a policy you follow sometimes and sometimes you haven't regarding healthcare funds. We have some situations where it hasn't been followed to the letter, but I think those policies and the programs they represent and the people that would benefit from those programs are important. It's not like the money is going to go back to Washington. Some other state is going to accept it. In spirit of compromise, I would hope that we can move on that and free up those dollars, authorize the expenditure of those funds, so the dept can get rolling. We can visit that this afternoon when we meet again.

Chairman Kreidt: We will adjourn and meet later this afternoon.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 25, 2011
16872, 16873

☒ Conference Committee

Committee Clerk Signature Julia Griffin

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Job Recording Number: 16872

Chairman Kreidt called conference committee to order and opened hearing on HB 1004, to continue discussion from this morning.

Senator Robinson: When we finished up this morning, we were talking about the additional support to the local public health units and the federal funds that have been sitting there since November. Has the House changed their feeling at all on the acceptance of those funds and allow authorization?

Chairman Kreidt: At this point, the House's position is looking at not accepting the federal dollars of $1.795M. I don't see any movement on that going forward. As far as the local public health units, I suppose there would be some room for movement there. We are looking some different numbers and would be interested in hearing some of those.

Representative Nelson: In the budget, local public health asked for $1.25M in their grants. I got information from first district in Minot that showed the projected increases that they are experiencing with their health insurance. This is common to what we see in state govt and in the private industry. The information includes their projected retirement increases and where the dollars that they are getting today are coming from. In their case, the local funding situation is that they've made a commitment for $76,000 in the 2011 budget. Using that same number, what they would receive from half of that $1.25M would be twice as much as the state is putting it. If the question comes up as far as what the local tax payers and the local communities are doing, it's apparent that they are making the contribution to local public health. At a minimum, I think we should add $200,000 to the $400,000 that was put in by the House. I would propose that we increase that $400,000 to $600,000.

Senator Kilzer: I would second Representative Nelson's motion.

Senator Robinson: what is their current level of funding?

Office of Management and Budget: It is $2.4M

Roll call taken on motion to increase funding to local public health units from $400,000 put in by House to $600,000 to equate to $3M, resulting in 6 yes, 0 no, 0 absent, thus **motion carries**.

Senator Fischer: I have a document that was given to me by Jeanne Prom on the Contingent Appropriation (attachment **ONE**). This is an appropriation from the legislature to allow them to take money out of the tobacco trust fund if the amount anticipated from the tobacco settlement is less than their budget. This would have the purpose to balance that budget to the $12M that we've appropriated. I will move that as an amendment.

Senator Robinson: Second

Chairman Kreidt: We are talking about the $12,922,614 which is their budget.

Senator Kilzer: That could be as much as doubling the $12.9M because they are anticipating about $28M coming into that trust fund this biennium?

Chairman Kreidt: We are talking about the difference thus if it would fall short of the $12.9M, they could make up whatever the difference to bring it back up to that level.

Office of Management and Budget: The $12.8M is appropriated to them and whether the revenues comes in less than the anticipated, they still have enough balance in that fund to draw their $12.9M for their budget without any additional language. I don't believe this amendment is necessary.

Senator Fischer: I withdraw my motion.

Senator Robinson: There is confusion here. Can Jeanne Prom come up and clarify?

Jeanne Prom, Executive Director of the Center for Tobacco Prevention and Control Policy: Before you is a contingency if there wouldn't be enough to reach the CDC recommended level which is actually $18.6M a biennium. The reason there is an amendment to HB 1004 is that there's a concern among the executive committee about the federal funding that may or may not be available. The section 1 in that amendment refers to section 1 of the appropriation in 1004 where you see the line item for tobacco prevention. If, for instance, the CDC tobacco prevention grant would be cut, this would be triggered and there would be an appropriation to our center to provide the money that would be cut for the grant. That would only be triggered if the amount that they Health Dept receives is less than what is in line 17 on pg 1 of HB 1004. It is in statue that the executive committee has charge to ensure that the tobacco prevention program is funded at the CDC recommended level, so that's why we offered that.

Chairman Kreidt: Don't you have a reserve fund?

Jeanne Prom: Yes, we do.

Chairman Kreidt: Can you draw out of that?

Jeanne Prom: Yes, if you provide us with the authority to do that with this contingency amendment, we would be able to.

Representative Nelson: the confusion arises that under current statue, we are authorizing $12.8M and what Ms. Prom is talking about is what flows to the health dept through CDC federal funding that funds quit line and some of the FTEs in that dept. I think she is talking about that contingency if that federal money doesn't come and I would guess that they couldn't go past the $12.8M. Is that right?

Legislative Council: that is correct. They have an appropriation for the $12.9M so they can't exceed that. I think what she means is the CDC recommended level which is about $18.6M and they're including in their levels to meet that threshold what is appropriated in the health dept. She is saying that if the health dept gets shorter on the federal end, they are going to fall below the $18M which is the CDC recommended level.

Representative Nelson: My understanding is that this would be an appropriate amendment.

Office of Management and Budget: are they intending for this to be a grant to the Health Dept to fund the piece that they are short or is this something that the tobacco committee would then supplement additional to get up to that $18M, thus they'd spend more than the 12.9M? Is it an appropriation to the Health Dept (funding to supplement that grant line) or the Tobacco Committee?

Jeanne Prom: this would be determined by the executive committee to make sure that we have a comprehensive program, so that is one mechanism that it could be done. It depends on the amount. You had mentioned the quit line and this is funded with the community health trust fund. We don't anticipate that changing. We anticipate that there might be a cut in the federal funds which actually goes to other things.

Chairman Kreidt: Would the money be going to the Health Dept?

Jeanne Prom: That would be up to the executive committee.

Office of Management and Budget: This could be handled by the emergency commission because of the fact that they have money in their special fund (tobacco prevention fund). In the event they needed to spend more of that, they could come to the emergency commission to request additional authority. This would be another option.

Chairman Kreidt: We will not proceed as the motion as been withdrawn. We will think about how we want to proceed on this issue and take into account the possibility of utilizing the emergency commission.

Senator Robinson: Where did we leave the issue of domestic violence this morning? I drafted an amendment a week ago on this issue. This is $135,517. I have the amendment. Do we want to discuss this?

Representative Nelson: We would relocate the position that covers that area that is in the Dept of Health (DOH). That was a CDC funded position and I don't believe that funding would come with it. The appropriate motion would be that we would relocate a position in 1 FTE to manage the domestic violence grants program in DOH budget and appropriate $135,509.

Chairman Kreidt: We will put all the amendments together as one and go over them together before we finalize the complete budget for the DOH.

Representative Nelson: We realize that is going to be a general fund appropriation.

Chairman Kreidt: Is everyone in agreement with the $135,509?

Senator Fischer: I make a motion to relocate the position (1 FTE) for injury prevention to manage the domestic violence grants program in DOH and appropriate the corresponding $135,509.

Senator Robinson: Second

Voice vote carries motion

Chairman Kreidt: The other issue is the prenatal alcohol screening for $388,458.

Senator Robinson: I make a motion to restore the funding that the House removed for prenatal alcohol screening and intervention grants for $388,458.

Representative Kaldor: Second

Voice vote carries motion

Representative Nelson: There were a couple of questions this morning about the consolidation of EMS services across the state. I've done research and there are 143 units of ambulance service. There was talk about 89 services. That is the number of associations that are looking at staffing grants. I think a conservative total of on the ground, ambulance units in rural ND is 300 units, so 125 of these lead devices will not saturate the market. It will provide every association at least one unit to send to a situation, whether it be a heart attack or stroke victim. I think it does a good job of covering the state and doesn't leave any extra. It's important that we have the funding in place so that we can match the local healthcare industry that is already stepping to the plate to meet the state obligation as well as the foundation to leverage that $4M to put these devices in ambulances and the training that goes with it as soon as possible. I would move that we would fund the remaining $575,000 for the STEMI program from the general fund (increase from the $25,000 that the Senate put in for a total of $600,000).

Senator Kilzer: Second

Voice vote carries motion

Senator Robinson: I make a motion to add funding to provide for a public water system operator certification and training program and to reimburse operators of eligible public water systems in communities with population of 3300 or less for certification and training expenses.

Representative Kaldor: Second

Chairman Kreidt: We haven't discussed the $523,900 which was the 402 and 408 money from the Department of Transportation (DOT) that was pulled to a degree.

Representative Kaldor: I would like to have a clarification on the amounts that are coming out of the training grants.

Chairman Kreidt: my understanding is that the training grants would be $300,000 out of $523,900. DOT had committed to funding $124,800, which would leave a number of $74,100 rounded to $75,000 funded from general fund.

Representative Nelson: There are two areas of training grants in the grant lines. Because of the funding source, $300,000 of that is designated as EMS volunteer training grant. There is the general fund appropriation for emergency medical services training grant. That totals up to $1,240,000 and we are recommending that we would take $300,000 from those two sources and if they are segregated accounts, the department would have that flexibility to work within that. The $124,800 from the DOT with an additional appropriation of $75,000 from the general fund would be utilized to fund that data collection program.

Representative Kaldor: Does Representative Nelson intend to have the reduction of the training grants proportionate between those two lines in terms of their effect? Does it make a difference?

Representative Nelson: I don't either. I would prefer that we have flexibility.

Office of Management and Budget: On the grants schedule that you are referring to, they are separated out because originally, $300,000 was out of the community health trust fund. Because there wasn't any additional money available in there, the full amount was out of general fund, so I believe the slight difference in the name of those grants was just to differentiate their funding source. Basically, they are EMS training grants and if you specify that it's out of the EMS training grants, I think the dept will be able to accommodate that.

Senator Robinson: I make a motion to partially restore the funding that the House removed, included in the executive budget that replaced the reduced federal funding from DOT for services provided to ambulances and the statewide trauma program.

Representative Nelson: Second

Representative Kaldor: When I add up those numbers I get $499,800 which is not quite the $523,900. Is that the intention of the motion?

Representative Nelson: there was some discussion with the DOH the Chairman of the committee was told that they would be satisfied with the $499,800.

Voice vote carries motion

Senator Fischer: I have an amendment that is being prepared, which I don't have here, that has to do with an audit of the DOH. When that is done, we can include that if the committee chooses. I would propose that the audit be done by an outside proprietor through an RFP process.

Representative Kaldor: I want to attempt a motion for the record regarding the federal money for healthcare reform and at least have the opportunity to discuss it. I move that we accept the health reform money for the three purposes that are stated in the budget: public health infrastructure ($200,000), abstinence education ($182,100) and home visitation ($1.4M).

Senator Robinson: Second

Representative Kaldor: the reason that I want us to consider this is there are a couple of things I have learned about this in the last week. Very little of our discussion has been about the actual purpose of the use and the focus has been on the source of the money. There is only one other state in the union that is not doing this which is Wyoming. Secondly, I hope we are all mindful that this is really about reducing the incidents of child abuse in ND. There are no state general funds involved in this. This is all federal dollars to help us in our efforts to reduce child abuse. We certainly guard our general fund to the extent that we possibly can, but in this particular case, these are important dollars. There are follow on opportunities coming in October. If they reapply, they have to reapply in October and that will be before we hold our special session. We're not simply eliminating the opportunity for help at this time, we are probably foreclosing any opportunity to minimize child abuse for a long time to come, going across to the next biennium.

Senator Robinson: Last week, we had discussion where it was questioned that if we accepted these funds, we'd be in a long, drawn out process of writing the rules and that is all in place. The system is ready to accept these funds and roll. I realize we have philosophical stands, but sometimes they are not always right. I would hope that we could approve this motion before us.

Roll call vote taken on motion to **accept federal healthcare reform dollars**, resulting in 2 yes, 4 no, 0 absent, thus **motion fails**.

Legislative Council: I will go over the list of amendments, assuming we are starting with the House version of the bill and that the Senate is receding and further amending. We approved the water treatment amendment. (confirmed it should be for $180,000 versus $200,000). We will restore the prenatal alcohol screening funding. We will increase the

grants to local public health units of $200,000 to provide $600,000. As far as returning the injury prevention funding, are you returning the FTE as well or just the funding?

Representative Nelson: We are authorizing a transfer of a position within the DOH to manage that program and the general fund appropriation would follow that transfer.

Legislative Council: Okay, thus no additional funding for the FTE, just the funding, as the FTE for the other person is already there. We will increase the STEMI grant $575,000 to total $600,000.

Representative Nelson: Actually from the House version, it would be a $600,000 increase.

Legislative Council: Yes. We will add $75,000 general fund to the statewide trauma program which is the federal funding that is being lost. That would be the only change because they would be taking the rest out of current funding that's already in their budget. The $300,000 is already in their budget so that is not to be re-appropriated.

Representative Nelson: Would we need to designate that it would come from the EMS training grant line item?

Legislative Council: Does that need to go into operating (a move from grants to operating)?

Office of Management and Budget: That would have to be in operating.

Legislative Council: It would have to be a transfer of $300,000 from grants to operating.

Office of Management and Budget: Correct. Also added would be authority to accept those additional $124,000 federal dollars from DOT.

Legislative Council: That would be operating as well?

Office of Management and Budget: It would be a mix; the way it was in the executive recommendation because part of it is salaries.

Legislative Council: Previously, the committee had discussed other Senate changes regarding general fund funding of stroke prevention and stroke registry. The committee had approved these?

Chairman Kreidt: That is correct

Legislative Council: Ok, we would have the stroke prevention and stroke registry going to general fund. Is the universal vaccine funding being restored at the $19M or the $17M?

Representative Nelson: there might be a new number we need to look at depending on the outcome of SB 2276. It might be $23M.

Legislative Council: I'll put the amendment together at the $19M level and if it needs to be changed, I can easily change it.

Job Recording Number: 16873

Representative Nelson: I make a motion to move amendment (attachment **TWO**) that would provide funding for grants to continue the Safe Havens supervised visitation and exchange program for the centers that meet the current standards.

Senator Robinson: Second

Representative Nelson: The reason we need that is there are 7 now, but that could change. This just allows that to flow to those that are qualified.

Voice vote carries motion

Chairman Kreidt: We will have Legislative Council compile these amendments and meet on this again tomorrow. Meeting adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 26, 2011
16896

☒ Conference Committee

Committee Clerk Signature Julia Gross

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Kreidt called conference committee to order. Clerk called the role and quorum declared. He opened hearing on HB 1004 and distributed amendment .02016 (attachment **ONE**), stating that all amendments that were discussed yesterday have been incorporated on this amendment.

Senator Robinson: We've received word on the action in the House on SB 2276. Does that issue have to be resolved before we can address this amendment?

Sheila Sandness, Legislative Council: It would amount to additional authority in their budget that if things happen where they wouldn't be able to use it, it would just be in their budget. It's extra authority that they are not going to be able to use. I don't think it affects this amendment. You are putting $23M of special funds into the budget, but they may or may not be able to use it, depending on how SB 2276 is resolved. It's special fund authority; not general fund authority. It's not ideal to put in money that they are not going to use, but it doesn't affect the general fund.

Chairman Kreidt: We had planned that SB 2276 would have this amount of money in it.

Senator Kilzer: What happens when they run out of money after about three quarters?

Sheila Sandness: The money is included in 1004, so the $23M is being appropriated in this amendment. If the program goes ahead, they have the authority and that is the best estimate that we have of the funding they are going to need. That is the number that was given to us by the dept as to what they thought they would need to fund this.

Senator Kilzer: As I understand it, it may cost quite a bit more. Does the dept have the authority to assess additional funds from the insurance companies?

Sheila Sandness: I don't know the answer to that.

Senator Kilzer: I think that's critical.

Representative Nelson: What if there is a stalemate and the bill dies? We had $1.4M appropriated in the last session for local public health units to administer the vaccine program. If we get back to that, they don't have the funding to administer the VFC private pay. That is the bigger issue of what we may have to address in this bill.

Chairman Kreidt: I'm assuming the dollar amount would wind up in that budget to cover this. It's up to the committee in how they want to move forward with this. Do you want to wait and see what develops out of the conference committee for SB 2276?

Senator Fischer: The bill you speak of isn't safe either. On a more important note, I have an amendment prepared for a performance audit of the Family and Health division of the Department of Health (DOH) (see amendment .02017 – attachment **TWO**). The intent of it is that the funding from special or federal funds is added for the audit. The dept may also use other funds available within its operating expense line item for costs of the audit. A section is added requiring the state auditor to contract for a performance audit in authorizing the state auditor to bill the DOH for the cost of the audit. The results of the performance audit must be presented to the legislative audit and fiscal review committee and filed with the appropriations committees of the sixty-third legislative assembly. I move amendment .02017.

Senator Kilzer: Second

Representative Nelson: Are you saying that the dept would have to find the funding for this audit within their budget?

Senator Fischer: Yes, if they aren't able to secure funding from other sources. There is also a good possibility of federal funding to take care of it.

Representative Kaldor: How long ago since we've done a performance audit of the family health division?

Senator Fischer: I can't tell you that.

Representative Kaldor: One of the things that I am concerned about is the unpredictability of the cost of this audit and the source of the funds. If they do contract outside, it is going to be pretty expensive.

Senator Fischer: The change in here is for $100,000. The expense of the audit is much less than one might think as this is asking for audit of a one division of the dept; not the entire health dept.

Roll call vote taken on adopting **amendment .02017**, resulting in 5 yes, 1 no, 0 absent, thus **motion carries**.

Representative Nelson: although this wasn't a conference committee discussion piece, in the House we did add an appropriation for DOH to have a fund to prepare litigation with the

EPA, regarding the clean air standards. I believe the intent was that we added the emergency clause. Given what's taken place this week in that regard to that it would be helpful to have the emergency clause added to that provision so the dept has the ability to begin to react to the EPA announcement to take over the regulation of the clean air standards. That is the purpose of the funding.

Sheila Sandness: The emergency clause is in amendment .02016 (pg 2, section 9).

Chairman Kreidt: Our concern is in regards to the restoring of the funds for the vaccine. I would like to move forward and pass these amendments and get this bill out.

Senator Fischer: There are discussions going on in the Senate about the vaccinations, so perhaps it would be in our best interest to have one more meeting depending on SB 2276.

Representative Nelson: I think that is the prudent way to move forward as well. I want the members of the House to understand the ramifications if we don't pass legislation that were presented in this regard. I would hope that we aren't considering not providing funding to local public health units if we go back to the current practice. By waiting that discussion point would be on the table.

Chairman Kreidt: We're going to fund this. I feel there would be a reasonable compromise worked out in the conference committee. I think we are on safe ground. I would ask for a motion to move amendment .02016.

Senator Fischer: I move amendment .02016.

Representative Nelson: Second

Senator Kilzer: Footnote number 1 on the amendment would be left as is?

Chairman Kreidt: Correct. Also amendment .02017 would be attached to this.

Senator Robinson: I think we are all confused. We were under the impression that we were going to meet one more time and then address the amendment, once we had the information on SB 2276.

Chairman Kreidt: I would just as soon move this thing out, but if the consensus of the committee is to wait, we will do that.

Senator Fischer: I withdraw my motion.

Representative Nelson: I withdraw my second.

Chairman Kreidt: We will reschedule once we know the outcome of SB 2276. Meeting adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Roughrider Room, State Capitol

HB 1004
April 27, 2011
16918

☒ Conference Committee

Committee Clerk Signature Julie Lefler

Explanation or reason for introduction of bill/resolution:

To provide an appropriation for defraying the expenses of the state department of health; and to provide legislative intent

Minutes:

Chairman Kreidt called conference committee to order. Clerk took role and quorum declared. He opened hearing on HB 1004. Jeanne Prom (Executive Director of ND Tobacco Prevention and Control Executive Committee) provided information regarding contingency appropriation amendment that was discussed earlier in the week (attachment **ONE**). **Chairman Kreidt** distributed amendment .02019 (attachment **TWO**).

Chairman Kreidt: The amendment combines amendments .02016 and .02017 that we passed yesterday. My understanding is that SB 2276 is out of conference committee to be heard on the House floor at the 3 pm session today. It includes $1.5M for the vaccination. We have the $23M in here for vaccination funding and the ordering of it. My understanding is that there is no problem leaving that in here. SB 2276 has the appropriation and we do not need any other spending authority in HB 1004. If SB 2276 passes both chambers, this bill is in order. If it fails, we are going to be back down here.

Senator Kilzer: Does SB 2276 go to the House or Senate first?

Chairman Kreidt: It will on the House floor at 3 pm.

Lori Laschkewitsch, Office of Management and Budget: Actually, it is heard in the Senate first. It is on the Senate calendar at 3 pm.

Senator Kilzer: It is a Senate bill. It has been changed, so we will hear it first.

Representative Kaldor: In going through this amendment, all looks the same as amendment .02016. Can Legislative Council explain the footnote 9 on the amendment relating to the 1 FTE position? I want to clarify that we are not transferring from the Center, but rather a change within the Health Dept.

Sheila Sandness, Legislative Council: Yes. Those FTE for the Tobacco Center are in a completely separate bill. This is relative to the tobacco line item that is in the Health Dept

bill and those FTE. Those are all funded with special funds. If they want to change this position, they would need the general fund authority. The FTE position could be moved over from the tobacco FTE that are in the Health Dept.

Representative Nelson: You're suggesting that we leave the $23M in footnote 1, in the event that the conference committee report is defeated. Is that correct?

Chairman Kreidt: I don't think it makes any difference if the $23M is in there or not.

Representative Nelson: It's just spending authority. If the conference committee report is defeated, then we wouldn't need it at all. We probably don't need this. I think it should be noted that the reason we are meeting here today is to complete our deliberations on the Health Dept budget. We aren't going to be able to do that because of that bill and the $1.5M that is in the conference committee report now that will be in the Office of Management and Budget if it's accepted which is what I've heard. It's a shame to me that there was a compromise position yesterday that didn't cost the state of ND anything. There are programs in this budget that would do a lot of good that weren't funded because of budget restraints. We are going to find $1.5M when we didn't have to.

Senator Robinson: Legislative Council, the amendment reads the Senate recedes from its amendments. Where are we with the 80% language?

Sheila Sandness: If you apply pg 2 of the amendment (pg 3 of bill, remove lines 10-31; pg 4, remove lines 1-18) to the engrossed bill, the language that amends the community health trust fund would be removed.

Senator Robinson: We are covered.

Chairman Kreidt: Office of Management and Budget, in regards to the $23M, having this in the bill has new ramifications at this point?

Lori Laschkewitsch: Yes, the $23M is only there for them to have funding passed through so whether 2276 passes or fails, it's likely unused authority, but they can't do anything with it because there's not cash to spend.

Chairman Kreidt: If Senate kills SB 2276, we'll be back down here again. I would just as soon that we move the amendment today. We are done with SB 2276 makes it through both chambers.

Representative Nelson: As I understand SB 2276, whether the conference committee passes or fails, there is going to be an additional cost to the state of ND of $1.2-1.5. If the conference committee does pass, that would be to buy the vaccines. If the bill fails, then we will need to fund local public health units for the administration of the existing program and that was not funded in this budget because of the universal situations.

Chairman Kreidt: Correct. What are the wishes of the committee?
Representative Nelson: I move amendment .02019.

Senator Kilzer: Second

Roll call vote taken on **adopting amendment .02019**, resulting in 6 yes, 0 no, 0 absent, thus **motion carries**.

Representative Nelson: I move that the Senate recede from its amendments and further amend HB 1004.

Senator Kilzer: Second

Roll call vote taken on motion that the **Senate recede from its amendments and further amend** HB 1004, resulting in 6 yes, 0 no, 0 absent, thus **motion carries**.

Chairman Kreidt: Meeting adjourned

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re)engrossed

Date: _____

Roll Call Vote #: _____

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: _____

Representatives	4/13	4/14	4/15	Yes	No	Senators	4/13	4/14	4/15	Yes	No
Chairman Bellew	✓	✓	✓			Chairman Kilzer	✓	✓	✓		
Representative Nelson	✓	✓	✓			Senator Fischer	✓	✓	✓		
Representative Kaldor	✓	✓	✓			Senator Robinson	✓	✓	✓		

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: _____

Roll Call Vote #: _____

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: _____

Representatives	4/14	4/18		Yes	No		Senators	4/14	4/18		Yes	No
Chairman Bellew	X	X					Chairman Kilzer	X	X			
Representative Nelson	X	X					Senator Fischer	X	X			
Representative Kaldor	X	X					Senator Robinson	X	X			

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 1

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Rep. Nelson Seconded by: Senator Robinson

Representatives	4/25			Yes	No		Senators	4/25			Yes	No
Chairman Kreidt	✓			✓			Chairman Kilzer	✓			✓	
Representative Nelson	✓			✓			Senator Fischer	✓			✓	
Representative Kaldor	✓			✓			Senator Robinson	✓			✓	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Increase grants to local public health units from $400,000 put in by House to $600,000 ($3M)

Motion carries

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 2

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Senator Fischer Seconded by: Senator Robinson

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Relocate 1 FTE within DOH from injury prevention to domestic violence grants

Voice vote carries motion

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 3

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Senator Robinson Seconded by: Rep. Kaldor

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Restore funding ($388,458) for prenatal alcohol screening and intervention grants

Voice vote carries Motion

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) ~~engrossed~~

Date: 4/25/11

Roll Call Vote #: 4

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Rep. Nelson Seconded by: Senator Kilzer

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Fund remaining $575,000 for STEM Program from general fund

Voice vote carries motion

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 5

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Senator Robinson Seconded by: Rep. Kaldor

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Add funding for certification and training for water system operators in towns of 3,300 or less

Voice vote carries Motion

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 6

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Senator Robinson Seconded by: Rep. Nelson

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Partially restore funding that House removed (provided in executive budget) that replaced reduced Federal funding from DOT

Voice vote carries Motion

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 7

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Rep. Kaldor Seconded by: Senator Robinson

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt					✓		Chairman Kilzer					✓
Representative Nelson					✓		Senator Fischer					✓
Representative Kaldor				✓			Senator Robinson				✓	

Vote Count Yes: 2 No: 4 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Accept federal health care reform dollars for abstinence education, public health infrastructure, and home visitation.

Motion Fails

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/25/11

Roll Call Vote #: 8

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Rep. Nelson Seconded by: Senator Robinson

Representatives				Yes	No		Senators				Yes	No
Chairman Kreidt							Chairman Kilzer					
Representative Nelson							Senator Fischer					
Representative Kaldor							Senator Robinson					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Provides funding for grants to continue the Safe Havens supervised Visitation and exchange program for the centers that meet the current standards

Voice vote carries

* Attachment TWO

11.8135.02017
Title.
Fiscal No. 4

Prepared by the Legislative Council staff for
Senator Fischer
April 26, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1489-1491 of the House Journal and pages 1241-1243 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; and to provide for a performance audit"

Page 1, replace line 15 with:

"Operating expenses	44,635,794	(19,520,694)	25,115,100"

Page 1, replace lines 21 and 22 with:

"Total all funds	$187,614,500	($22,287,742)	$165,326,758
Less estimated income	164,609,206	(26,143,929)	138,465,277"

Page 5, after line 3, insert:

"**SECTION 9. STATE AUDITOR - PERFORMANCE AUDIT - FAMILY HEALTH DIVISION - STATE DEPARTMENT OF HEALTH.** The state auditor shall contract for a performance audit of the family health division of the state department of health during the biennium beginning July 1, 2011, and ending June 30, 2013. The state auditor may bill the state department of health for costs associated with the performance audit. The results of the performance audit must be presented to the legislative audit and fiscal review committee and filed with the appropriations committees of the sixty-third legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$49,614,394	$48,907,532		$48,907,532	$49,306,403	($398,871)
Operating expenses	45,223,767	25,015,100	100,000	25,115,100	44,703,081	(19,587,981)
Capital assets	1,998,073	1,998,073		1,998,073	1,998,073	
Grants	55,887,778	55,493,320		55,493,320	56,062,038	(568,718)
Tobacco prevention	6,162,396	6,162,396		6,162,396	6,162,396	
WIC food payments	24,158,109	24,158,109		24,158,109	24,158,109	
Federal stimulus funds	3,492,228	3,492,228		3,492,228	3,492,228	
Contingency		1,000,000		1,000,000	1,000,000	
Total all funds	$186,536,745	$166,226,758	$100,000	$166,326,758	$186,882,328	($20,555,570)
Less estimated income	158,456,189	138,865,277	100,000	138,965,277	158,634,065	(19,668,788)
General fund	$28,080,556	$27,361,481	$0	$27,361,481	$28,248,263	($886,782)
FTE	343.50	342.50	0.00	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adds Funding for Performance Audit[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses	100,000	100,000
Capital assets		
Grants		
Tobacco prevention		
WIC food payments		
Federal stimulus funds		
Contingency		
Total all funds	$100,000	$100,000
Less estimated income	100,000	100,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding from special or federal funds is added for a performance audit of the Family Health Division of the State Department of Health. The department may also use other funds available from within its operating expenses line item for costs of the audit. A section is added requiring the State Auditor to contract for the performance audit and authorizing the State Auditor to bill the State Department of Health for the cost of the audit.

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/20/11

Roll Call Vote #: 1

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(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: Senator Fischer Seconded by: Senator Kilzer

Representatives	4/20			Yes	No		Senators	4/20			Yes	No
Chairman Kreidt	✓			✓			Chairman Kilzer	✓			✓	
Representative Nelson	✓			✓			Senator Fischer	✓			✓	
Representative Kaldor	✓			1	✓		Senator Robinson	✓			✓	

Vote Count Yes: 5 No: 1 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Adopt amendment 11.8135.02017 (attachment Two)

11.8135.02019
Title.04000
Fiscal No. 5

Prepared by the Legislative Council staff for
Conference Committee
April 26, 2011

VR
4/27/11
1 of 4

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1489-1491 of the House Journal and pages 1241-1243 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; to provide for a performance audit; and to declare an emergency"

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,283,655	$49,145,523
Operating expenses	44,635,794	3,957,372	48,593,166"

Page 1, replace line 17 with:

"Grants	62,160,510	(6,632,472)	55,528,038"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	$1,463,033	$189,077,533
Less estimated income	164,609,206	(4,445,453)	160,163,753
Total general fund	$23,005,294	$5,908,486	$28,913,780"

Page 2, after line 9, insert:

"STEMI response program grant		0	600,000"

Page 2, replace line 11 with:

"Total all funds		$17,323,696	$4,092,228"

Page 2, replace line 13 with:

"Total general fund		$4,076,371	$600,000"

Page 2, after line 23, insert:

"**SECTION 4. SAFE HAVENS SUPERVISED VISITATION AND EXCHANGE PROGRAM - DISTRIBUTION.** The sum of $425,000 included in the grants line item in section 1 of this Act is provided to continue the safe havens supervised visitation and exchange program for centers meeting eligibility standards in effect during the 2009-11 biennium."

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Page 5, after line 3, insert:

"**SECTION 9. STATE AUDITOR - PERFORMANCE AUDIT - FAMILY HEALTH DIVISION - STATE DEPARTMENT OF HEALTH.** The state auditor shall contract for a performance audit of the family health division of the state department of health during the biennium beginning July 1, 2011, and ending June 30, 2013. The state auditor may bill the state department of health for costs associated with the performance audit. The results of the performance audit must be presented to the legislative audit and fiscal review committee and filed with the appropriations committees of the sixty-third legislative assembly.

SECTION 10. EMERGENCY. Section 5 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$49,614,394	$48,907,532	$237,991	$49,145,523	$49,306,403	($160,880)
Operating expenses	45,223,767	25,015,100	23,578,066	48,593,166	44,703,081	3,890,085
Capital assets	1,998,073	1,998,073		1,998,073	1,998,073	
Grants	55,887,778	55,493,320	34,718	55,528,038	56,062,038	(534,000)
Tobacco prevention	6,162,396	6,162,396		6,162,396	6,162,396	
WIC food payments	24,158,109	24,158,109		24,158,109	24,158,109	
Federal stimulus funds	3,492,228	3,492,228		3,492,228	3,492,228	
Contingency		1,000,000		1,000,000	1,000,000	
Total all funds	$186,536,745	$166,226,758	$23,850,775	$190,077,533	$186,882,328	$3,195,205
Less estimated income	158,456,189	138,865,277	21,798,476	160,663,753	158,634,065	2,029,688
General fund	$28,080,556	$27,361,481	$2,052,299	$29,413,780	$28,248,263	$1,165,517
FTE	343.50	342.50	0.00	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Restores Funding for Vaccine Ordering Program[1]	Removes Funding for Women's Way Care Coordination[2]	Changes Funding Source for Heart Disease and Stroke Prevention[3]	Changes Funding Source for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]
Salaries and wages						
Operating expenses	23,000,000	(99,260)				
Capital assets						
Grants		(400,740)			(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$23,000,000	($500,000)	$0	$0	($453,000)	$388,458
Less estimated income	23,000,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$222,624	$250,700	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Matching Funding for STEMI Response Program[7]	Increases Grants to Local Public Health Units[8]	Restores Funding for Injury Prevention[9]	Restores Funding for Statewide Trauma Program[10]	Adds Funding for Public Water System Operator Training[11]	Adds Funding for Performance Audit[12]
Salaries and wages			$125,557	$112,434		
Operating expenses			9,960	387,366	180,000	100,000
Capital assets						
Grants	600,000	200,000		(300,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$600,000	$200,000	$135,517	$199,800	$180,000	$100,000
Less estimated income	0	0	0	124,800	0	100,000
General fund	$600,000	$200,000	$135,517	$75,000	$180,000	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	$237,991
Operating expenses	23,578,066
Capital assets	
Grants	34,718
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Contingency	
Total all funds	$23,850,775
Less estimated income	21,798,476
General fund	$2,052,299
FTE	0.00

[1] Funding of $19.4 million included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a vaccine ordering program is restored, the same as the Senate. In addition, the conference committee increased the funding by $3.6 million to provide the level of spending authority identified in Senate Bill No. 2276.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed, the same as the Senate.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is changed to the general fund, the same as the Senate. The House did not change this funding.

[4] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the community health trust fund to the general fund, the same as the Senate. The executive recommendation provided the funding for this program from the general fund, and the House changed the funding source to the community health trust fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed, the same as the Senate. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor, the same as the Senate.

[7] This amendment adds funding to provide one-time funding from the general fund to the State Department of Health to provide matching funds for an ST-elevated myocardial infarction (STEMI) response program, $575,000 more than the Senate. The executive recommendation and the House did not provide funding for this program.

[8] Grants to local public health units are increased to provide a total of $3 million from the general fund, $600,000 more than the executive recommendation. The House and the Senate provided for an increase of $400,000 from the general fund.

[9] Funding relating to 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention, removed in both the House and Senate versions, is restored. The FTE position is not restored, and the department may transfer 1 FTE position from tobacco prevention.

[10] Funding from the general fund of $523,900 added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, removed by the House, is partially restored as follows:

Transfer from EMS grants line	$300,000
Department of Transportation	124,800
General fund	75,000
Total	$499,800

The Senate did not provide this funding.

[11] This amendment adds funding to provide for a public water system operator certification and training program and to reimburse operators of eligible public water systems in communities with a population of 3,300 or less for certification and training expenses. Funding for this program was not included in the House or the Senate versions nor in the executive recommendation.

[12] Funding from special or federal funds is added for a performance audit of the Family Health Division of the State Department of Health. The department may also use other funds available from within its operating expenses line item for costs of the audit. A section is added requiring the State Auditor to contract for the performance audit and authorizing the State Auditor to bill the State Department of Health for the cost of the audit.

In addition, this amendment:

- Removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of moneys in the community health trust fund for tobacco prevention and control, the same as the Senate. This amendment was not included in the executive recommendation but was added by the House.
- Provides that funding available for the Safe Havens program is available for centers meeting current standards. The House and the Senate did not include this language.
- Adds a section to declare the contingent appropriation and Bank of North Dakota line of credit provided for litigation and administrative proceedings costs in the bill is an emergency measure, the same as the Senate.

Funding for health care reform totaling $1,795,112, removed by the House and restored by the Senate, was not restored by the conference committee.

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/27/11

Roll Call Vote #: 1

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☐ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(s) --

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

((Re) Engrossed) 1004 was placed on the Seventh order of business on the calendar

Motion Made by: Rep. Nelson Seconded by: Senator Kilzer

Representatives	4/27			Yes	No		Senators	4/27			Yes	No
Chairman Kreidt	✓			✓			Chairman Kilzer	✓			✓	
Representative Nelson	✓			✓			Senator Fischer	✓			✓	
Representative Kaldor	✓			✓			Senator Robinson	✓			✓	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier – Senate Carrier –

LC Number 11.8135.02019 of amendment

LC Number . of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Adopt amendment .02019

Motion carries

2011 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: House Appropriations Human Resources Division

Bill/Resolution No. 1004 as (re) engrossed

Date: 4/27/11

Roll Call Vote #: 2

Action Taken

- ☐ HOUSE accede to Senate amendments
- ☐ HOUSE accede to Senate amendments and further amend
- ☐ SENATE recede from Senate amendments
- ☒ SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ page(s) 1489 - 1491

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

((Re) Engrossed) 1004 was placed on the Seventh order of business on the calendar

Motion Made by: Rep. Nelson Seconded by: Senator Kilzer

Representatives	Yes	No	Senators	Yes	No
Chairman Kreidt	✓		Chairman Kilzer	✓	
Representative Nelson	✓		Senator Fischer	✓	
Representative Kaldor	✓		Senator Robinson	✓	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier — Senate Carrier —

LC Number 11.8135 . 02019 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

amend by adopting amendment .02019

Motion carries

REPORT OF CONFERENCE COMMITTEE

HB 1004, as engrossed: Your conference committee (Sens. Kilzer, Fischer, Robinson and Reps. Kreidt, J. Nelson, Kaldor) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1489-1491, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1489-1491 of the House Journal and pages 1241-1243 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; to provide for a performance audit; and to declare an emergency"

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,283,655	$49,145,523
Operating expenses	44,635,794	3,957,372	48,593,166"

Page 1, replace line 17 with:

"Grants	62,160,510	(6,632,472)	55,528,038"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	$1,463,033	$189,077,533
Less estimated income	164,609,206	(4,445,453)	160,163,753
Total general fund	$23,005,294	$5,908,486	$28,913,780"

Page 2, after line 9, insert:

"STEMI response program grant		0	600,000"

Page 2, replace line 11 with:

"Total all funds		$17,323,696	$4,092,228"

Page 2, replace line 13 with:

"Total general fund		$4,076,371	$600,000"

Page 2, after line 23, insert:

"SECTION 4. SAFE HAVENS SUPERVISED VISITATION AND EXCHANGE PROGRAM - DISTRIBUTION. The sum of $425,000 included in the grants line item in section 1 of this Act is provided to continue the safe havens supervised visitation and exchange program for centers meeting eligibility standards in effect during the 2009-11 biennium."

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Page 5, after line 3, insert:

"**SECTION 9. STATE AUDITOR - PERFORMANCE AUDIT - FAMILY HEALTH DIVISION - STATE DEPARTMENT OF HEALTH.** The state auditor shall contract for a performance audit of the family health division of the state department of health during the biennium beginning July 1, 2011, and ending June 30, 2013. The state auditor may bill the state department of health for costs associated with the performance audit. The results of the performance audit must be presented to the legislative audit and fiscal review committee and filed with the appropriations committees of the sixty-third legislative assembly.

SECTION 10. EMERGENCY. Section 5 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$49,614,394	$48,907,532	$237,991	$49,145,523	$49,306,403	($160,880)
Operating expenses	45,223,767	25,015,100	23,578,066	48,593,166	44,703,081	3,890,085
Capital assets	1,998,073	1,998,073		1,998,073	1,998,073	
Grants	55,887,778	55,493,320	34,718	55,528,038	56,062,038	(534,000)
Tobacco prevention	6,162,396	6,162,396		6,162,396	6,162,396	
WIC food payments	24,158,109	24,158,109		24,158,109	24,158,109	
Federal stimulus funds	3,492,228	3,492,228		3,492,228	3,492,228	
Contingency		1,000,000		1,000,000	1,000,000	
Total all funds	$186,536,745	$166,226,758	$23,850,775	$190,077,533	$186,882,328	$3,195,205
Less estimated income	158,456,189	138,865,277	21,798,476	160,663,753	158,634,065	2,029,688
General fund	$28,080,556	$27,361,481	$2,052,299	$29,413,780	$28,248,263	$1,165,517
FTE	343.50	342.50	0.00	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Restores Funding for Vaccine Ordering Program[1]	Removes Funding for Women's Way Care Coordination[2]	Changes Funding Source for Heart Disease and Stroke Prevention[3]	Changes Funding Source for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]
Salaries and wages						
Operating expenses	23,000,000	(99,260)				
Capital assets						
Grants		(400,740)			(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$23,000,000	($500,000)	$0	$0	($453,000)	$388,458
Less estimated income	23,000,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$222,624	$250,700	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Matching Funding for STEMI Response Program[7]	Increases Grants to Local Public Health Units[8]	Restores Funding for Injury Prevention[9]	Restores Funding for Statewide Trauma Program[10]	Adds Funding for Public Water System Operator Training[11]	Adds Funding for Performance Audit[12]
Salaries and wages			$125,557	$112,434		
Operating expenses			9,960	387,366	180,000	100,000
Capital assets						

Grants	600,000	200,000		(300,000)		
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$600,000	$200,000	$135,517	$199,800	$180,000	$100,000
Less estimated income	0	0	0	124,800	0	100,000
General fund	$600,000	$200,000	$135,517	$75,000	$180,000	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Conference Committee Changes
Salaries and wages	$237,991
Operating expenses	23,578,066
Capital assets	
Grants	34,718
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Contingency	
Total all funds	$23,850,775
Less estimated income	21,798,476
General fund	$2,052,299
FTE	0.00

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[1] Funding of $19.4 million included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a vaccine ordering program is restored, the same as the Senate. In addition, the conference committee increased the funding by $3.6 million to provide the level of spending authority identified in Senate Bill No. 2276.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed, the same as the Senate.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is changed to the general fund, the same as the Senate. The House did not change this funding.

[4] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the community health trust fund to the general fund, the same as the Senate. The executive recommendation provided the funding for this program from the general fund, and the House changed the funding source to the community health trust fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed, the same as the Senate. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor, the same as the Senate.

[7] This amendment adds funding to provide one-time funding from the general fund to the State Department of Health to provide matching funds for an ST-elevated myocardial infarction (STEMI) response program, $575,000 more than the Senate. The executive

recommendation and the House did not provide funding for this program.

[8] Grants to local public health units are increased to provide a total of $3 million from the general fund, $600,000 more than the executive recommendation. The House and the Senate provided for an increase of $400,000 from the general fund.

[9] Funding relating to 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention, removed in both the House and Senate versions, is restored. The FTE position is not restored, and the department may transfer 1 FTE position from tobacco prevention.

[10] Funding from the general fund of $523,900 added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, removed by the House, is partially restored as follows:

Transfer from EMS grants line	$300,000
Department of Transportation	124,800
General fund	75,000
Total	$499,800

The Senate did not provide this funding.

[11] This amendment adds funding to provide for a public water system operator certification and training program and to reimburse operators of eligible public water systems in communities with a population of 3,300 or less for certification and training expenses. Funding for this program was not included in the House or the Senate versions nor in the executive recommendation.

[12] Funding from special or federal funds is added for a performance audit of the Family Health Division of the State Department of Health. The department may also use other funds available from within its operating expenses line item for costs of the audit. A section is added requiring the State Auditor to contract for the performance audit and authorizing the State Auditor to bill the State Department of Health for the cost of the audit.

In addition, this amendment:

- Removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of moneys in the community health trust fund for tobacco prevention and control, the same as the Senate. This amendment was not included in the executive recommendation but was added by the House.
- Provides that funding available for the Safe Havens program is available for centers meeting current standards. The House and the Senate did not include this language.
- Adds a section to declare the contingent appropriation and Bank of North Dakota line of credit provided for litigation and administrative proceedings costs in the bill is an emergency measure, the same as the Senate.

Funding for health care reform totaling $1,795,112, removed by the House and restored by the Senate, was not restored by the conference committee.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.

2011 TESTIMONY

HB 1004

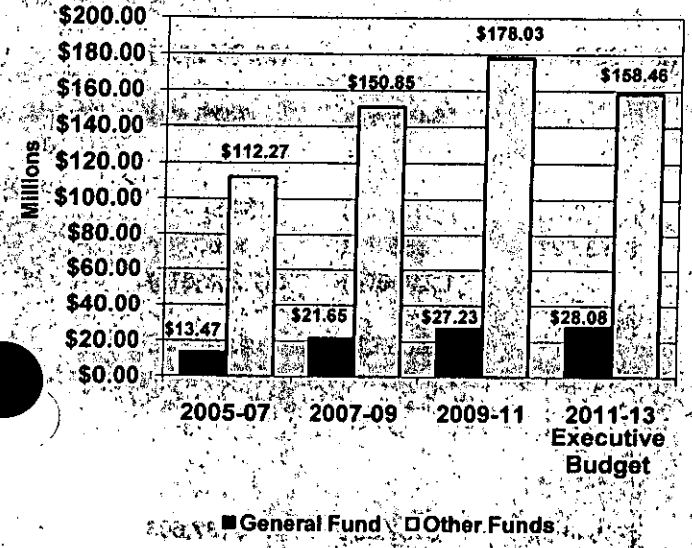
Prepared by the North Dakota Legislative Council staff for House Appropriations
January 10, 2011

Department 301 - State Department of Health
House Bill No. 1004

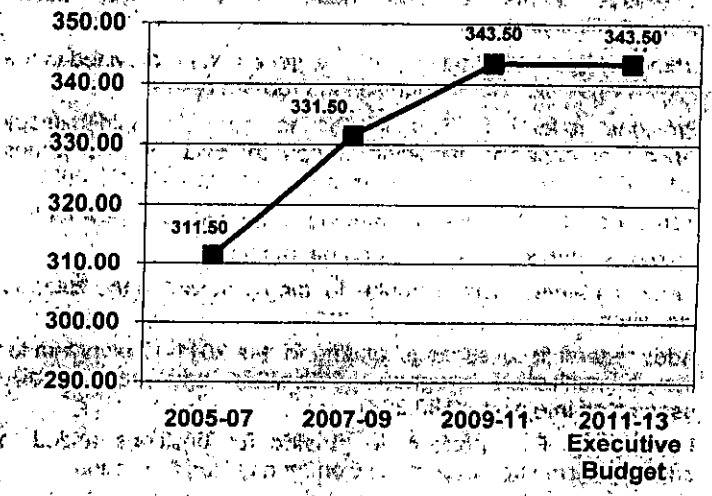
	FTE Positions	General Fund	Other Funds	Total
2011-13 Executive Budget	343.50	$28,080,556	$158,456,189	$186,536,745
2009-11 Legislative Appropriations	343.50	27,231,665	178,028,531	205,260,196[1]
Increase (Decrease)	0.00	$848,891	($19,572,342)	($18,723,451)

[1]The 2009-11 appropriation amounts include $322,000, $150,000 of which is from the general fund, for the agency's share of the $16 million funding pool appropriated to the Office of Management and Budget for special market equity adjustments for executive branch employees. The 2009-11 appropriation amounts do not include $2,600 from the general fund for the agency's share of an internship program, $38,233 of additional special funds authority resulting from a carryover of colorectal cancer screening funds from the 2007-09 biennium, and $12,361,138 of additional special funds authority resulting from Emergency Commission action during the 2009-11 biennium.

Agency Funding



FTE Positions



Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2011-13 Executive Budget	$27,805,556	$275,000	$28,080,556
2009-11 Legislative Appropriations	23,155,294	4,076,371	27,231,665
Increase (Decrease)	$4,650,262	($3,801,371)	$848,891

Executive Budget Highlights

	General Fund	Other Funds	Total
Administrative Support			
1. Removes one-time funding from the general fund provided in the 2009-11 biennium relating to a contingent transfer from the general fund to the community health trust fund	($2,405,371)		($2,405,371)
2. Removes one-time funding for a regional health network pilot project grant	($275,000)		($275,000)
3. Provides one-time funding for a regional health network incentive grant	$275,000		$275,000
4. Decreases funding for operating expenses, including the following major decreases:	($67,596)	($29,449)	($97,045)

	Decrease	Total Provided
Travel	$19,124	$107,322
Postage	$83,056	$225,737
Repairs	$16,518	$13,137

5. Adds funding for 1 FTE position for a performance improvement manager and health infrastructure improvements, including salaries and wages ($174,103) and operating expenses ($19,635) — $193,738 — $193,738

6. Deletes 1.25 FTE positions to provide for positions added in administrative support and the Community Health Section

Medical Services

7. Decreases funding for operating expenses, including the following major increases (decreases): ($88,256) — $20,778 — ($67,478)

	Increase (Decrease)	Total Provided
Travel	($71,107)	$196,747
Supply/material - Professional	($79,800)	$324,209
Information technology contractual services and repairs	$60,000	$426,167
Fees - Professional services	$175,303	$1,139,500
Medical, dental, and optical	($150,278)	$20,617,324

8. Increases grants to local health units for the federal immunization program — $143,490 — $143,490

9. Removes one-time funding from the general fund provided in the 2009-11 biennium for immunization program grants ($1,200,000) — ($1,200,000)

10. Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($138,623), operating costs ($16,800), and grants ($320,000) — $475,423 — $475,423

11. Removes 2009-11 biennium funding for capital bond payments ($181,035) — ($73,450) — ($254,485)

12. Provides funding for capital bond payments $183,022 — $85,832 — $268,854

13. Removes federal fiscal stimulus funding provided in the 2009-11 biennium — ($1,218,870) — ($1,218,870)

14. Adds federal fiscal stimulus funding for the 2011-13 biennium for the immunization program ($528,207) and health care-associated infections ($80,328) — $608,535 — $608,535

15. Deletes .25 FTE position to provide for positions added in administrative support and the Community Health Section

Health Resources

16. Increases funding for operating expenses, including the following major increases (decreases): ($19,493) — $157,096 — $137,603

	Increase (Decrease)	Total Provided
Travel	$59,327	$794,542
Supplies - Information technology software	$19,400	$45,890
Office equipment, furniture, and supplies	($51,342)	$7,600
Rentals/leases - Building/land	$18,050	$113,703
Information technology data processing	$33,229	$116,460
Fees - Professional services	$25,189	$135,800

17. Removes federal fiscal stimulus funding provided in the 2009-11 biennium — ($4,072) — ($4,072)

18. Provides funding for IT equipment over $5,000 — $15,000 — $15,000

Community Health

19. Increases funding for operating expenses, including the following major increases (decreases): $27,956 — $462,575 — $490,531

	Increase (Decrease)	Total Provided
Travel	$22,813	$442,369
Supply/material - Professional	$23,597	$625,878
Office equipment, furniture, and supplies	($29,280)	$3,300
Rentals/leases - Building/land	$33,897	$192,628
Information technology contractual services and repairs	$133,800	$413,621
Fees - Professional services	$272,651	$4,986,420

20. Removes funding added in the 2009-11 biennium relating to domestic violence grants ($1,000,000) — ($1,000,000)

21. Increases funding for the domestic violence/rape crisis program grants to provide $1.7 million	$1,000,000		$1,000,000
22. Removes funding provided in the 2009-11 biennium relating to fetal alcohol syndrome grants	($369,900)		($369,900)
23. Provides funding for prenatal alcohol screening and intervention grants	$388,458		$388,458
24. Removes one-time funding from the general fund provided in the 2009-11 biennium relating to mobile dental care grants	($196,000)		($196,000)
25. Increases (decreases) federal funding for grants, including the following major changes:		$684,697	$684,697

	Increase (Decrease)	Total Provided
Cardiovascular health	$50,000	$50,000
Cardiovascular health program capacity building	150,000	150,000
Community defined solutions	174,700	949,700
Family planning program	(375,500)	2,234,500
Maternal and child health	(323,700)	1,651,300
Preventative health block	66,000	120,000
STOP violence against women	73,200	1,493,200
Safe havens	152,000	642,000
Sexual assault service program	380,000	380,000
Suicide prevention	(490,000)	0
Women, infants, and children	761,655	6,018,610
Other grants	66,342	2,041,600
Total	$684,697	$15,730,910

26. Decreases spending authority for the distribution of tobacco prevention and control grants to be provided by the Comprehensive Tobacco Prevention and Control Advisory Committee $2,967,458 and increases tobacco prevention and control operating expenses by $2,487 to provide a total of $6,162,396		($2,964,971)	($2,964,971)
27. Decreases funding for the women, infants, and children food payments line item to provide a total of $24,158,109		($905,266)	($905,266)
28. Increases funding for suicide prevention and early intervention including temporary salaries and wages ($118,751), operating costs ($172,742), and grants ($450,000). Funding from the general fund for grants totals $650,000	$741,493		$741,493
29. Removes federal fiscal stimulus funding provided in the 2009-11 biennium, including operating expenses ($384,736) and grants ($1,462,081)		($1,846,817)	($1,846,817)
30. Increases funding from the general fund for state stroke registry operating expenses ($78,500) and grants ($172,200) to replace funding from the community health trust fund during the 2009-11 biennium and to provide for a total of $473,324, of which $222,624 is from the community health trust fund	$250,700	($250,076)	$624
31. Decreases funding for Women's Way grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $400,500, all of which is from the general fund	$300,500	($304,332)	($3,832)
32. Provides funding from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740)		$500,000	$500,000
33. Adds federal fiscal stimulus funding for the 2011-13 biennium for Healthy Communities		$113,166	$113,166
Increases funding for colorectal cancer screening grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $477,600, all of which is from the general fund	$477,600	($338,233)	$139,367

35. Increases funding from federal funds for a home visiting program, including temporary salaries and wages ($224,768), operating expenses ($326,236), and grants ($845,000)		$1,396,004	$1,396,004
36. Provides funding from federal funds for an Oral Health Workforce Life program, including temporary salaries and wages ($105,820), operating expenses ($72,640), capital assets ($30,200), and grants ($343,000)		$551,660	$551,660
37. Provides funding from charities for the operating expenses of a Cribs for Kids safe crib program		$100,000	$100,000
38. Adds funding for 1 FTE position ($125,557) and operating costs ($9,960) for injury prevention	$135,517		$135,517
Environmental Health			
39. Provides funding to address salary equity issues for air quality and environmental engineers	$70,000		$70,000
40. Decreases funding for operating costs, including the following major changes:	$50,004	($505,635)	($455,631)

	Increase (Decrease)	Total Provided
Travel	($120,666)	$751,119
Supplies - Information technology software	$18,585	$168,939
Information technology equipment under $5,000	($41,137)	$119,051
Other equipment under $5,000	($67,400)	$70,500
Utilities	$17,495	$379,618
Rentals/leases - Building/land	$46,393	$877,909
Repairs	($15,225)	$687,783
Information technology contractual services	($180,000)	$80,000
Medical, dental, and optical	($124,353)	$1,632,413

41. Decreases funding for bond payments to provide a total of $438,129	($844)	($10,669)	($11,513)
42. Increases funding for extraordinary repairs to provide a total of $316,329		$79,663	$79,663
43. Decreases funding for equipment over $5,000 to provide a total of $528,400		($134,030)	($134,030)
44. Increases funding for information technology equipment over $5,000 to provide a total of $83,000		$60,200	$60,200
45. Decreases funding in the grants line item to provide a total of $17,277,400		($7,950,000)	($7,950,000)
46. Removes federal fiscal stimulus funding provided in the 2009-11 biennium		($15,365,759)	($15,365,759)
47. Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($118,800) and operating costs ($18,270)		$137,070	$137,070
48. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health arsenic trioxide		$2,000,000	$2,000,000
49. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health water quality		$50,000	$50,000
50. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health clean water		$360,156	$360,156
51. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health drinking water		$318,101	$318,101
Emergency Preparedness and Response			
52. Decreases funding for operating costs, including the following major changes:	$3	($649,226)	($649,223)

	Increase (Decrease)	Total Provided
Travel	($23,421)	$193,708
Supplies - Information technology software	($25,900)	$65,119
Information technology equipment under $5,000	($41,702)	$62,070

Other equipment under $5,000	($37,045)	$6,400
Rentals/leases - Building/land	$50,665	$441,327
Information technology contractual services	($65,667)	$492,133
Fees - Professional services	($71,815)	$372,200
Medical, dental, and optical	($464,884)	$192,361

53. Decreases federal funding in the grants line item to provide a total of $6,937,754 from federal funds — ($4,123,758) — ($4,123,758)

54. Removes funding provided from the community health trust fund for grants to ambulance services in the 2009-11 biennium and provides funding for the grants from the general fund during the 2011-13 biennium to provide a total of $300,000 — $300,000 — ($300,000)

55. Removes funding from the insurance tax distribution fund for ambulance staffing grants provided in the 2009-11 biennium to provide a total of $1,250,000 — ($1,000,000) — ($1,000,000)

56. Removes funding from the insurance tax distribution fund for an emergency management services study grant provided in the 2009-11 biennium — ($500,000) — ($500,000)

57. Removes funding for emergency management services rural law enforcement grants provided in the 2009-11 biennium — ($128,400) — ($128,400)

58. Removes funding from the health care trust fund for ambulance quick response unit pilot project grants — ($125,000) — ($125,000)

59. Provides funding from the general fund to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including funding for salaries and wages ($112,434) and operating expenses ($411,466) — $523,900 — $523,900

60. Decreases funding for equipment over $5,000 to provide a total of $292,500 — ($94,745) — ($94,745)

Provides funding for information technology equipment over $5,000 — $18,000 — $18,000

Due to a reduction in federal funding, the executive recommendation deletes 5 FTE position to provide for positions added in other divisions and reduces funding for Emergency Medical Services and Trama Division operating expenses — ($97,569) — ($267,184) — ($364,753)

Special Populations

63. Decreases funding for operating costs, including a decrease in fees - professional services of $80,222 — ($83,675) — $16,472 — ($67,203)

64. Provides funding for equipment over $5,000 — $7,661 — $7,661

65. Increases (decreases) in funding for grants to provide $2,806,038, including the following major changes: — $458,675 — ($384,958) — $73,717

	Increase (Decrease)	Total Provided
Catastrophic relief funds	$50,000	$50,000
Russell-Silver Syndrome grants	(50,000)	0
Veterinarian loan program	95,000	445,000
Medical personnel loan repayment program	72,500	420,000
Dental loan repayment program	(43,448)	440,000
Nonprofit dental loan repayment program	(180,000)	0
Federal loan repayment program	52,500	52,500
Dental new practice grants	20,000	30,000
Multidisciplinary clinic grants	30,757	400,000
Medicaid management information system grants	14,751	14,751
Federal primary care contract grants	11,657	114,000
Increase in special populations grants	$73,717	$1,966,251

Removes federal fiscal stimulus funding provided in the 2009-11 biennium for special populations primary care grants — ($56,475) — ($56,475)

67. Adds federal fiscal stimulus funding for the 2011-13 biennium for special populations primary care grants — $42,270 — $42,270

Other Sections in Bill

Environment and rangeland protection fund - Section 3 authorizes the department to spend $272,310 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.

Indirect cost recoveries - Section 4 allows the State Department of Health to deposit indirect cost recoveries from federal progra and special funds in its operating account.

Continuing Appropriations

Combined purchasing with local public health units - North Dakota Century Code Section 23-01-28 - Vaccines are not always available to local health units so it is necessary for the State Department of Health to purchase the vaccine and request the payment from the local health units. When the vaccines are delivered and payment is received, the net effect is zero.

Environmental quality restoration fund - Sections 23-31-01 and 23-31-02 - Allows the State Department of Health to provide immediate and timely response to catastrophic events that threaten the public and environmental health and when the responsible party is late in responding or cannot be located.

Organ tissue transplant fund - Sections 23-01-05.1 and 57-38-35.1 - Provides financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than $5 are transferred to the organ tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds.

Veterinarian loan repayment - Section 43-29.1-08 - The Health Council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of veterinarians' education loans. All money received as gifts, grants, or donations under this section are appropriated as a continuing appropriation to the Health Council for the purpose of providing funds for the repayment of additional veterinarians' education loans. If an entity desires to provide funds to the Health Council to allow an expansion of the program beyond three veterinarians, the entity must fully fund the expansion for a period of four years.

Major Related Legislation

House Bill No. 1044 creates a statewide funding plan for emergency medical services and provides $12 million from the insurance tax distribution fund to the State Department of Health to provide state assistance grants to emergency medical services operations and related administrative costs.

House Bill No. 1152 provides $18 million from the general fund to the State Department of Health for grants to critical access hospitals.

Senate Bill No. 2067 relates to newborn disease screening and research regarding metabolic and genetic diseases.

Senate Bill No. 2084 relates to orders for the treatment of individuals with tuberculosis.

Senate Bill No. 2146 allows for in-kind matching by the community for new dental practice grants.

Senate Bill No. 2153 directs the State Department of Health to administer a food program to provide medical food and low-protein modified food products to certain individuals with a metabolic disease.

HB 1004
1/10/11
Arvy Smith
Attachment ONE

Testimony
House Bill 1004
Human Resources Division
House Appropriations Committee
Monday, January 10, 2011; 9:00 a.m.
North Dakota Department of Health

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Arvy Smith, and I am the Deputy State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Bill 1004. As requested by the committee, I will start with a review of our most recent financial audit findings and our actions to address those findings.

Financial Audit Findings

The Department of Health's most recent financial audit report covered the biennium ending June 30, 2009. The report contained one formal recommendation that included the following:

- To establish and perform a fraud risk assessment on a recurring basis.
- To design and document the necessary control activities to ensure that each significant fraud exposure identified during the risk assessment process has been adequately mitigated.

The Fraud Risk Assessment program has been established. The initial assessment of each section in the department is in progress, and all sections are expected to be complete by May 31, 2011. One section is completed, three are actively in progress and the remaining three are scheduled to begin this quarter. Reassessment of each section will continue each biennium.

The fraud risk assessment process includes identifying each area or activity with potential fraud risk. Through observation and interview, existing risks are identified. Mitigating controls are documented and tested. Potential risk is quantified on a numerical scale, and further recommendations and procedures are implemented for all resulting unmitigated areas of fraud risk. As of Dec. 31, 2010, there have been no activities identified whose assessment is a "significant" fraud risk. For each "minimal" or "moderate" unmitigated fraud risk, additional recommendations are made and additional procedures are implemented within 30 days of the report.

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The report also contained three informal recommendations that included:

- To develop a code of ethics and code of business conduct and ensure that employees adhere to the policy.
- To transfer uncommitted funds in excess of $250,000 in the abandoned motor vehicle disposal fund to the highway fund on July 1 of each year.
- To look for ways to increase usage of the P-card as a form of payment and, if necessary, to meet with OMB officials to facilitate the process by raising P-card limits; determining which vendors we could be making P-card payments to; or changing the accounting on P-cards so as to limit or eliminate the need to reallocate P-card expenditures.

The department's code of ethics and code of business conduct are in the final editing stages. We now have included making the annual abandoned motor vehicle disposal fund transfer on our fiscal year-end checklist to remind us of that duty. The department is evaluating our current procurement activities to determine who should obtain purchasing certification and what vendors will accept P-cards as a form of payment. We have increased electronic payments where we can, but are still struggling with the P-card expense allocation issue as we have many different funding sources the payments need to be allocated to and use of P-card does not allow sufficient time to allocate the expense.

This concludes my testimony regarding our most recent audit findings. If there are no questions, we will continue with our testimony regarding House Bill 1004. Dr. Dwelle will present some comments regarding the work of the department and the status of health. I will then follow with information regarding our 2011-13 budget recommendation.

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. Before we get into our budget details, we feel it is important to give you a brief overview of the department and the status of health in North Dakota. The information that I am going to share with you will demonstrate the health issues in our state that the Department of Health is working hard to address.

Mission

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. To accomplish this mission, the department is committed to improving the health status of the people of North Dakota; improving access to and delivery of quality health care; preserving and improving the quality of the environment; and promoting a state of emergency readiness and response.

Department Overview

Public health affects the lives of every North Dakotan every day. To illustrate this, just imagine your activities on an average day. You wake up in the morning and breathe clean North Dakota air, thanks to public health monitoring and clean air programs that protect the air you breathe.

You take a shower and brush your teeth, knowing that the water won't make you sick because safe drinking water is the responsibility of public health. You check your smile in the mirror and realize you can't remember your last cavity, thanks in part to the fluoride public health helps add to the water.

At the breakfast table, your children drink their milk, which is safe to drink because public health checks and monitors it from the dairy to the grocery store.

A family member – who just had her first child – calls. She says her doctor suggested she enroll in the Women, Infants and Children program (WIC), a public health service that ensures children get the proper nutrition to help them grow strong and healthy.

You walk outside, put your children in the car and buckle them up in their car seats. You make sure to buckle your seat belt, too. Public health and safety organizations have worked hard to promote the importance of wearing seat belts and using car seats correctly, helping to reduce highway deaths and injuries.

You take your children to a day-care center. You know they'll be safe while you're at work because the day-care staff have been trained about the importance of hand washing and other techniques to avoid the spread of disease. As you leave, you see a sign about the importance of immunizations. Thanks to vaccinations your children have received, you know they're safe from many life-threatening diseases like polio and measles.

You arrive at work and find a flyer about a new exercise program to reduce the risk of many diseases tacked to the bulletin board. That flyer was provided by public health and is part of the worksite wellness program supported by the Department of Health. You sign up, remembering the public health studies that show you can reduce the risks of many diseases by staying physically active.

You feel good at work because your company is a smoke-free workplace. Public health has led efforts locally, statewide and nationally to protect workers from the harm of secondhand smoke.

A coworker takes you out for lunch. As you wait to be seated, you notice the food service license, which means the restaurant was inspected by public health specialists. You know the food is sanitary and has been cooked and handled properly.

On the way home after work, you pick up your children and stop at the park. The small pond in the park is clean, and your children are surprised to see a family of ducks on the pond. You realize that, once again, public health has improved the quality of your life by monitoring the environment.

As you drive home, you meet a garbage truck. Thanks to the efforts of public health, garbage is picked up and disposed of in licensed landfills, keeping the neighborhood clean and safe. You remember hearing about the importance of recycling, so you make a mental note to take your separated items to the recycling center in the morning.

When you get home, you call your father to see how your grandmother is doing. He says she is still in the hospital but is feeling much better. He mentions that she will be back in the nursing home in a few days. You know she is getting quality care at both facilities because public health conducts inspections to ensure a commitment to quality standards. Even the ambulance that took your grandmother to the hospital has met public health standards for emergency medical services.

When you get your mail, you are comforted to see a letter from your cousin, whose son was recently diagnosed with muscular dystrophy. The letter describes how public health is helping to pay for some of his doctor visits and medical treatment.

After supper, you relax and watch the news. The announcer introduces a public health spokesperson who talks about influenza that is making people sick. The spokesperson explains the symptoms of the disease, how many people have gotten sick, and what you and your family can do to protect themselves, including getting vaccinated against the flu.

These are just some examples of what public health does. As you can see, public health affects everybody, every day and everywhere.

Major Accomplishments

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans. Consider several of public health's many accomplishments in serving North Dakotans during the past two years:

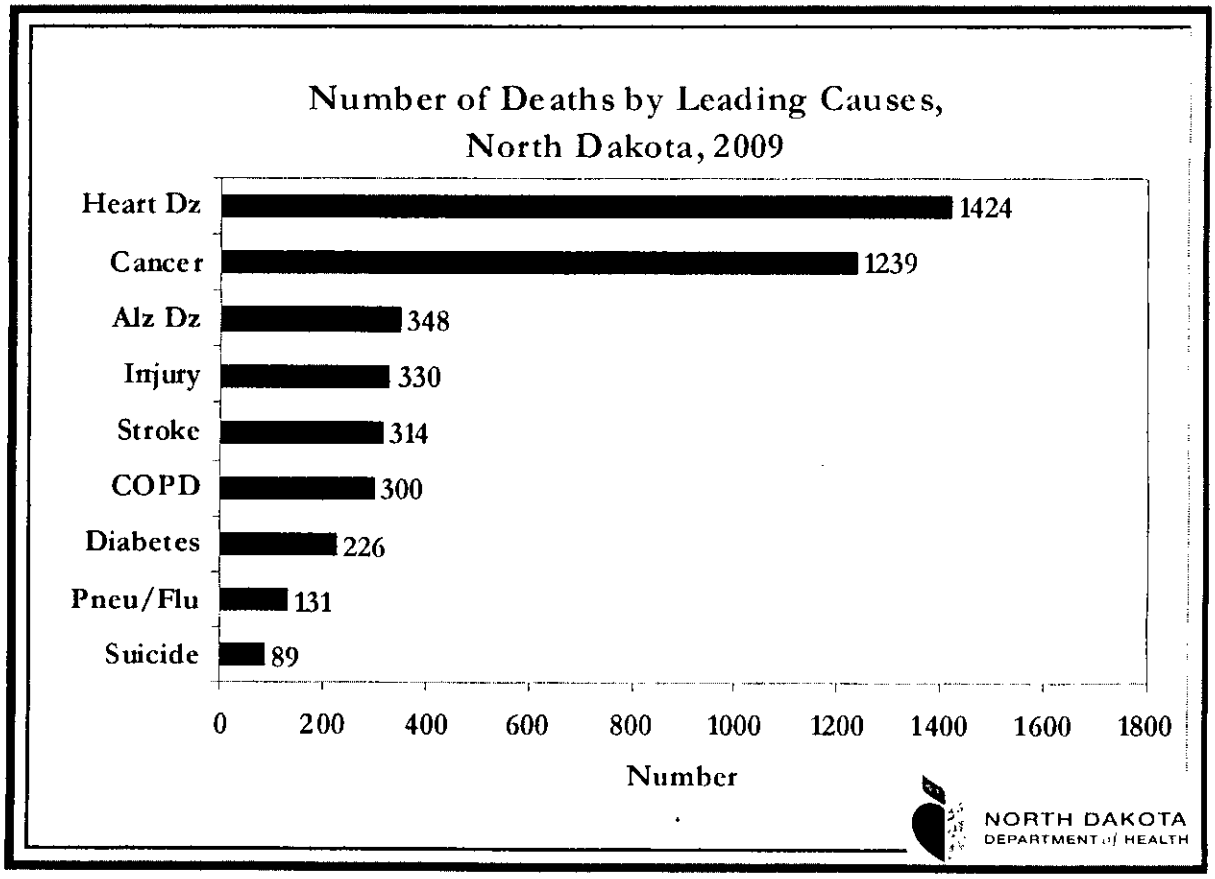
- Worked with critical stakeholders – such as local public health units, health-care facilities, schools, businesses, other state and local agencies and many more – to prepare for and respond to the 2009-2010 H1N1 influenza pandemic; administered 184,087 doses of H1N1 influenza vaccine to North Dakota residents, and tracked more than 3,200 cases of influenza.
- Achieved a perfect 100 percent score for public health emergency preparedness planning for the strategic national stockpile, which is a stockpile of emergency medical supplies and medications.
- Achieved a 33 percent 12-month quit rate for the Tobacco Quitline in fiscal year 2010, and launched an online service to help people quit tobacco use called North Dakota Quitnet.
- Received Gold Certification of the North Dakota Cancer Registry in 2009 and 2010 for data accuracy, completeness and timeliness of reporting.
- Developed and implemented a program for onsite review of construction projects involving health-care facilities licensed by the department.
- Established a statewide worksite wellness program through strategic partnerships.
- Enrolled 32 hospitals in the State Stroke Registry Program.

- Maintained a 90 percent or higher rate of compliance with permit requirements or standards in the air, waste, water discharge and public water supply programs.
- Guided implementation of a local public health regional network pilot project to determine a delivery structure for sharing administrative functions and public health services through joint powers agreements.
- Implemented new food rules in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Status of Health

Although our accomplishments are many, public health still faces many challenges.

For example, heart disease and cancer continue to be by far the leading causes of death among North Dakotans, accounting for 45 percent of all deaths in 2009. That is shown in the graph provided below. Many of these are preventable. We need to continue to address the increasing rates of overweight and obesity that are reducing the quality of life for North Dakotans or causing them to die too soon.



If you look at the chart provided on the next page, you'll see that the leading causes of death vary by age. Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44, and suicide is number two between the ages of 10 and 34. Those diseases we think of first, heart disease and cancer, don't become common killers until the middle of life (45 years and older).

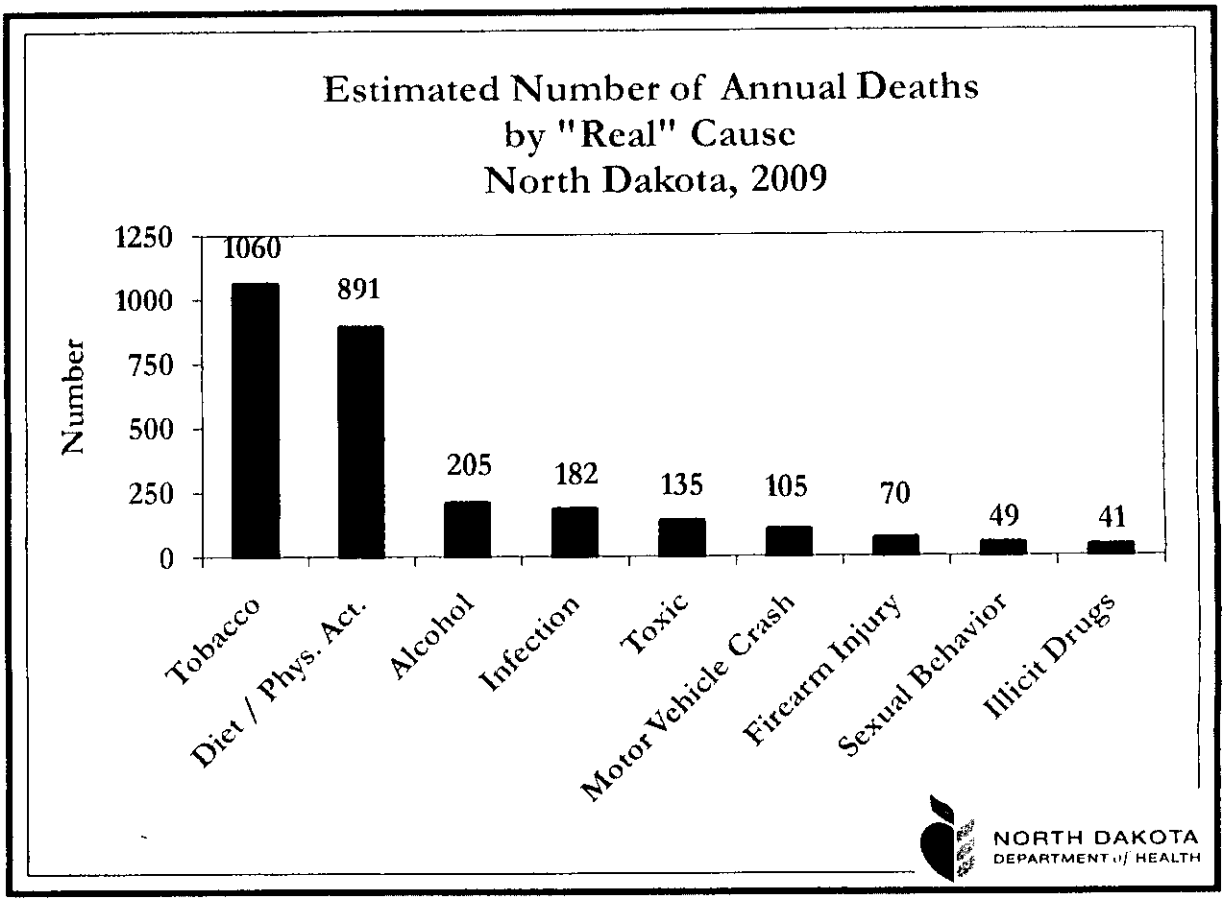
Leading Causes of Death by Age Group
North Dakota, 2008-2009

<1	1 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Anomaly 25	Unint. Injury 3	Unint. Injury 4	Unint. Injury 6	Unint. Injury 73	Unint. Injury 72	Unint. Injury 74	Cancer 183	Cancer 419	[illegible]
SIDS 15	Pneu/Influ 1	Cancer 4	Suicide 2	Suicide 37	Suicide 36	[illegible]	[illegible]	[illegible]	Cancer 1960
Prematurity 15	Anomaly 1	COPD 1	Cancer 1	Anomaly 6	[illegible]	Suicide 34	Unint. Injury 90	Unint. Injury 57	Alzheimer's 801
Comp Preg 7		Pneu/Influ 1	Anomaly 1	Cancer 5	Cancer 9	Cancer 33	Cirrhosis 33	COPD 57	COPD 621
Unint. Injury 4				[illegible]	Cirrhosis 8	Cirrhosis 27	Suicide 32	Diabetes 50	Stroke 557
Resp NB 3				Cirrhosis 2	Stroke 6	Stroke 8	Diabetes 28	Stroke 34	Diabetes 347

Numbers represent the actual number of deaths in 2008-2009

NORTH DAKOTA
DEPARTMENT of HEALTH

Public health works to improve the health status of populations by addressing the risk factors or behaviors that lead to death and disease. This slide shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease followed closely by poor diets and lack of physical activity, which are associated with diabetes, heart disease stroke and some cancer.



We heard from Governor Dalrymple in his state of the state address that economic development, education and infrastructure are major strategic goals for this administration. I would like to briefly discuss how the Department of Health supports those strategic goals.

A major strategy of the Department of Health to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been

shown to decrease health-care costs by 26 percent, decrease workers' compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Conclusion

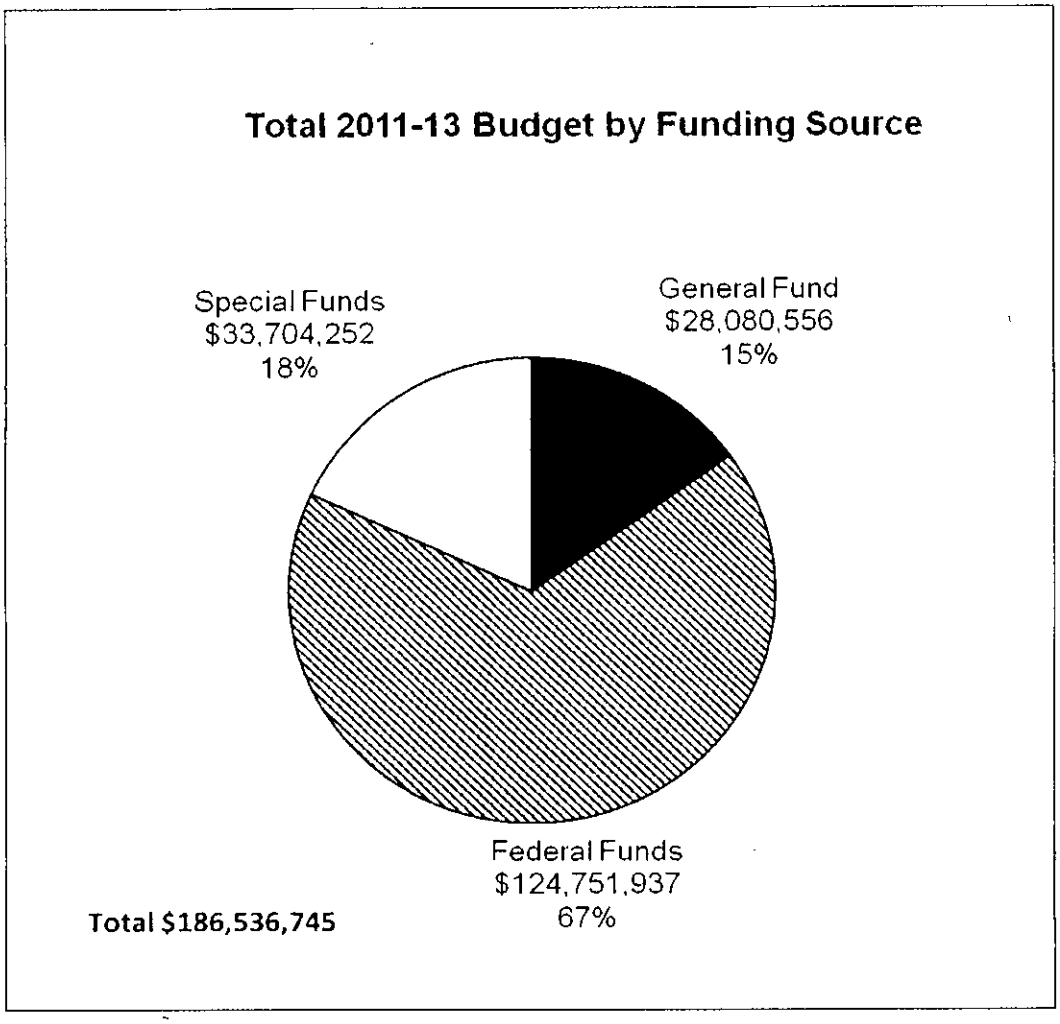
Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being of families and communities as they stretch with economic development. These infrastructure challenges include the oil field boom in the west, flooding in the Devils Lake basin and the almost yearly spring flood challenges impacting not only the Red River Valley but almost every corner of the state. Many sections of the Department of Health are actively engaged in these infrastructure issues, including Environmental Health which is charged with protecting the environment through permitting, monitoring, and emergency response when needed; and the Division of Food and Lodging which is working hard to make sure that lodging facilities and food establishments are following correct procedures and regulations.

We look forward to working with you during this session as we seek solutions to these infrastructure challenges.

I'd like to ask Arvy Smith to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Chairman Pollert and members of the committee, the total budget for the North Dakota Department of Health recommended by the governor for the 2011-13 biennium and included in House Bill 1004 is $186,536,745.



State general fund spending is $28,080,556 or 15 percent of the executive budget. That is equivalent to $22 per capita per year. Federal funds are recommended at $124,751,937 (67%), and special funds at $33,704,252 (18%).

A comparison by funding source and FTE of the department's 2009-11 appropriation, the 2011-13 base budget request (which is the legislative appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2011-13 executive recommendation as presented in House Bill 1004 is as follows:

	2009-11 Legislative Appropriation	2011-13 Base Budget Request	HB 1004 2011-13 Executive Rec	Inc/(Dec) Leg App to Exec Rec	Inc/(Dec) Percent
General	$27,081,665	$21,895,190	$28,080,556	$998,891	4%
Federal	138,272,849	119,813,878	124,751,937	(13,520,912)	(10%)
Special	39,583,682	33,704,252	33,704,252	(5,879,430)	(15%)
Total	**$204,938,196**	**$175,413,320**	**$186,536,745**	**($18,401,451)**	**(9%)**
FTE	**343.50**	**343.50**	**343.50**	**0.00**	0%

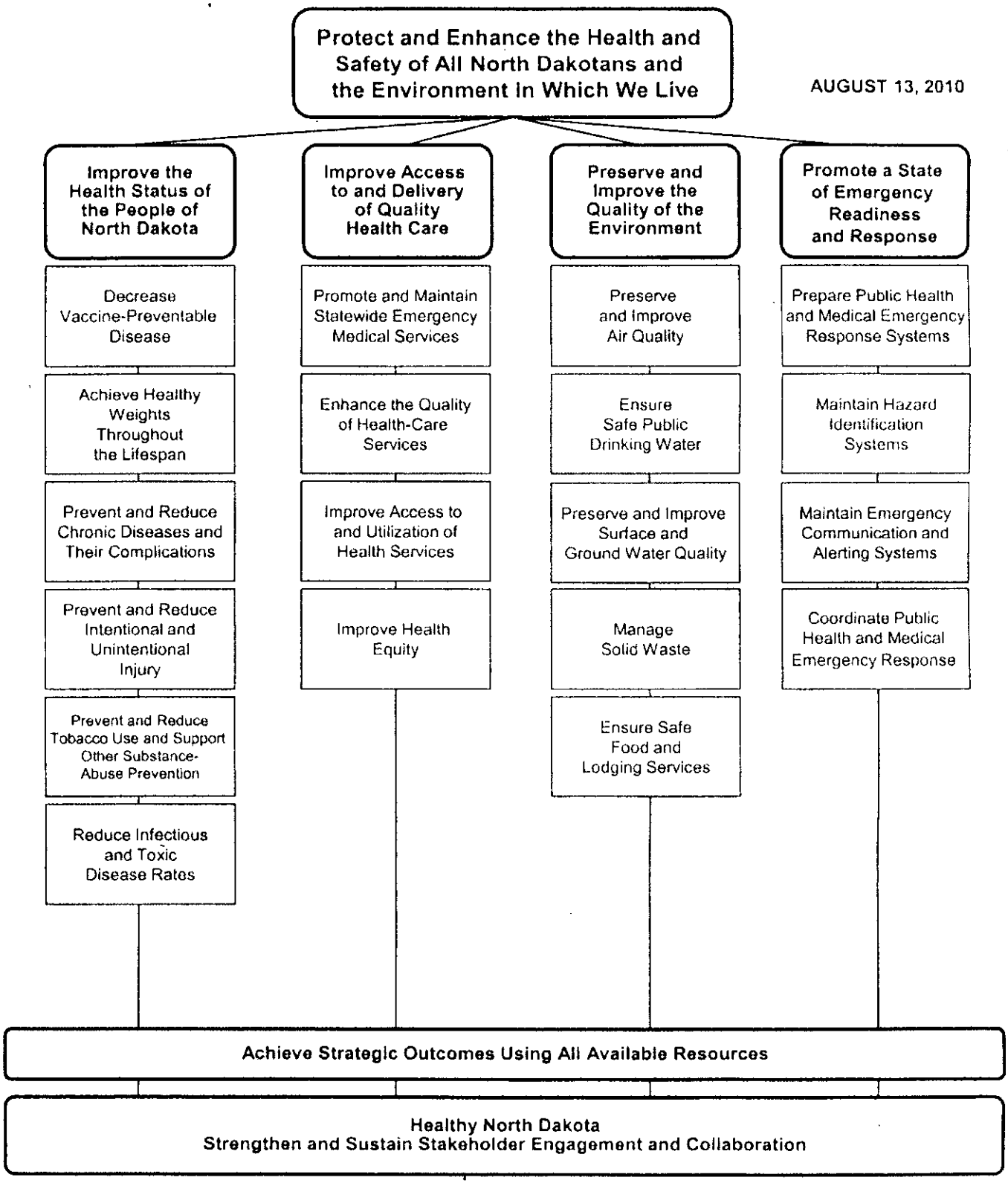
In summary, the executive recommendation for the Department of Health provides for current service level funding. Federal funding decreases are largely due to the completion of economic stimulus projects and the loss of two significant federal grants. Special fund decreases are the result of insufficient revenue in the Community Health Trust Fund to support programs it currently funds and the discontinuation of one-time funding for the emergency medical services study and staffing grants. General fund support is decreasing as the result of several one-time expenses and is increasing for the recommended salary package, replacing the two lost federal grants and funding the programs previously funded from the Community Health Trust Fund. FTE are held even. More detail will be provided regarding these changes later in my testimony.

The funding and staff included in our budget provide the resources we need to carry out our strategic plan. In addition to goals and objectives, the Department of Health's strategic plan is supported by a list of outcome performance measures to assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective. Following on the next page is the department's strategic plan detailing our goals and objectives.

NORTH DAKOTA
DEPARTMENT of HEALTH

Strategic Plan 2011-2015

AUGUST 13, 2010



The department pursues its goals and objectives through seven departmental sections – Community Health, Emergency Preparedness and Response, Health Resources, Medical Services, Special Populations, Environmental Health and Administrative Support. Each section is composed of several divisions that house the individual programs in place to carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health, Environmental Health and Medical Services Sections make up 80 percent of our total budget. The Administrative Support Section is only 5 percent of our total budget. However, our actual administrative overhead is only 2.6 percent. The Administrative Support Section budget includes funding for Vital Records, *Healthy North Dakota* and state aid payments to local public health units that are not a part of overhead costs.

A comparison of our overhead rates is as follows:

2003-05	2005-07	2007-09	2009-11	2011-13
4.07%	3.23%	2.22%	2.11%	2.60%

This shows that even though the number of programs and amounts of funding we administer are increasing, our overhead costs to administer them have remained low.

Our goals also are pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $72 million or 39 percent of our budget are passed through to the local public health units and other local entities to provide public health services. Slightly more than $20.3 million goes to local public health units, and more than $26.8 million goes to other local entities. The remaining $24.9 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

The executive budget for the Department of Health by line item is as follows:

	2009-11 Biennium	2011-13 Biennium
Salaries and Wages	45,665,406	49,614,394
Operating Expenses	45,275,789	45,223,767
Capital Assets	2,013,268	1,998,073
Grants	67,469,743	55,887,778
Tobacco Prevention & Control	9,080,745	6,162,396
WIC Food Payments	25,063,375	24,158,109
Contingency – CHTF	2,405,371	
Federal Stimulus Funds	20,688,463	3,492,228
Total	217,662,160	186,536,745

Salaries and Wages

Salaries and wages make up $49,614,394 million or 27 percent of our budget. Most or 75 percent of our FTEs are employed by our two regulatory sections, Health Resources and Environmental Health, and by our Community Health Section. Most of the increase to the salaries line item is the recommended salary package and the amount necessary to continue the second year of the 2009-11 biennium 5 percent increase. In addition, $70,000 was included in the executive budget for salary equity issues related to Environmental Health Section positions working on energy development issues.

Salary levels have been a major issue for the Department of Health. While our turnover rate has decreased, we still lost more than 10 percent of our employees during the last two years and we still face recruitment and retention issues. Department of Health salaries are not equitable with other state agency salaries for similar jobs in comparable classifications. The average salaries of 45 percent of our classifications are lower than the state average. In addition, many of our classifications – including environmental engineers, epidemiologists, chemists and human service program administrators – are paid significantly less than their counterparts in other states.

Operating Expenses

Our operating expenses of $45,223,767 make up 25 percent of our budget. Note that $22.5 million, or half of that, is in medical, dental and optical supplies; and $19.4 million of that to purchase vaccines at federal contract reduced rates and

move North Dakota back to universal immunization status. Another $2.5 million is contracted to various local entities. At a department level, operating expenses are down slightly. Looking closer at the details reveals several increases and decreases that net out to a slight decrease.

Capital Assets

Capital assets of $1,998,073 make up only 1 percent of our total budget. The largest portion of this line item is to make the bond payment on our laboratory, the state morgue and a storage building. Equipment more than $5,000 is another significant portion of the capital assets line item. The capital assets line item also is showing a slight decrease.

Grants

Grants that are provided to many local entities across the state are at $55,887,778 and make up 30 percent of our budget. The majority of grants are in the Community Health and Environmental Health Sections. At a departmental level, grants are down 17 percent or $11.6 million. A large portion of that decrease is due to the significant progress made on completing the arsenic trioxide project in southeastern North Dakota. Other significant decreases in the grants line item are in immunizations, emergency response to the H1N1 pandemic flu and the emergency medical services staffing grants and study. There were several different off-setting increases as well.

Special Line Items

There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $6,162,396 million, down from $9.1 million in the current biennium. In the current biennium, there was an appropriation for the Department of Health to receive some of the tobacco settlement funding from the Center for Tobacco Prevention and Control Policy and then subcontract it to the local public health units. As we adjusted to the new scenario, we found that it was better for the Center to contract those payments directly to the local public health units, so this spending authority was removed from the Department of Health's budget, as we requested.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $24,158,109 million or 13 percent of our budget. This figure is down slightly from the current biennium, but still well above the 2007-09 level of $19.3 million. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item is for federal economic stimulus funds. In the current biennium, we had $20,688,463 million for economic stimulus projects, the largest being $13.8 million for arsenic trioxide in the southeastern part of the state. Many of the economic stimulus projects are either complete or near complete. In the 2011-13 biennium, $3,492,228 million remains in the budget for economic stimulus projects, $2.0 million of that for arsenic trioxide.

Budget Challenges

As we prepared our 2011-13 budget request, we became aware of some funding challenges that significantly affected our request. As mentioned earlier, the state general fund provides only 15 percent of the department's funding. The department is heavily dependent on federal funding. In addition, several key programs have been funded from the Community Health Trust Fund, which is the Department of Health's share of the tobacco settlement dollars. These two funding sources posed our biggest challenges.

Federal Funding Issues

Many of the federal funding sources are holding steady or showing slight increases or decreases. Level federal funding, coupled with inflationary increases including salary adjustments, leaves less money for provision of service through grants to local entities. We make every effort to decrease the department's costs so that we can grant as much as possible to the local entities and at least try to hold them even. Level or decreased amounts available to local entities, such as local public health units, leaves them little ability to cover their own inflation costs and still provide the same amount of service.

Three years ago the department became the recipient of a three-year federal grant for suicide prevention. Because of continuing suicide issues in the state, in 2009 the legislature awarded the department $250,000 additional authority from the general fund for suicide prevention. During the current biennium, the federal grant has come to an end. As requested by the department, the governor's recommendation includes the $250,000 current general fund authority and adds $741,493 to continue our efforts in preventing suicide.

For many years, the department has received $620,000 in federal funding from the Department of Transportation (DOT) for emergency medical services core functions. DOT has recently informed us that this funding will no longer be available to us. We reduced the program .5 FTE and approximately $100,000 and requested general funding in our optional package to replace the remainder of the lost federal funds. The executive recommendation provides $523,900

from the general fund to continue our emergency medical services core services as we requested.

There have been decreases in federal emergency preparedness funding and new match and maintenance of effort requirements. We have been using soft or in-kind match available from the other divisions of the department, local public health units and hospitals and have been making reductions where possible. At this time we are happy to report that we have not had to consider additional general funding to address these issues.

Community Health Trust Fund

As reported at the last legislative session, the revenue in the Community Health Trust Fund (CHTF) is no longer adequate to support the spending from the fund. As you may recall, at the late hours of the last session, several programs were switched from state general funding to CHTF funding. A general fund contingency appropriation for a transfer of up to $2,405,371 was provided to ensure the fund had adequate revenue to support these programs. We are projecting to use only $672,000 of that contingency funding because some spending came in less than estimated and the beginning balance was higher than projected. However, regardless of how little of the contingency appropriation we spend, since the portion of the contingency that we don't spend reverts to the general fund, the CHTF will start the 2011-13 biennium with a beginning balance of zero. With revenue projected at only $4.6 million and current forecasted expenses at $6.3 million, that left us with some significant cuts to make. A schedule of the status of the Community Health Trust Fund is included in Appendix B.

As required by law, 80 percent of the tobacco settlement revenue allocated to the Community Health Trust Fund must be spent on tobacco-related programs. That leaves only 20 percent or $877,624 to be spent on non-tobacco items. We prioritized the loan repayment programs, to the extent of contracts that would be in place at the end of the current biennium as authorized by the 2009 legislature, above the other programs. Loan repayment grant recipients agree to serve in certain areas of the state and meet other requirements, so we did not want to jeopardize the integrity of the program by breaking any contracts with them even though the contract language allows it. Our next priority was heart disease and stroke prevention. We funded $222,624 of the $472,700 current program from the CHTF and requested the remainder in our optional package as state general funding. The remaining items and the amounts to enter into additional loan repayment contracts next biennium were removed from our base

budget request and were requested in our optional package as state general funding as well. All of these requests were approved and included as general funding in our executive budget for 2011-13.

Other Budget Challenges

As we prepared our budget, we realigned general funding to address some of our other budget challenges. We moved some general fund savings in the Administrative Support Section and reprioritized some activities in the Environmental Health Section to address critical issues related to energy development. In addition, we used some general fund savings related to the Health Insurance Portability and Accountability Act (HIPAA) to provide additional general fund dollars for activities in the Division of Food and Lodging in order to avoid increasing fees. We also used other general fund savings and moved an FTE into the Division of Injury Prevention and Control to help administer the numerous grant programs in that division.

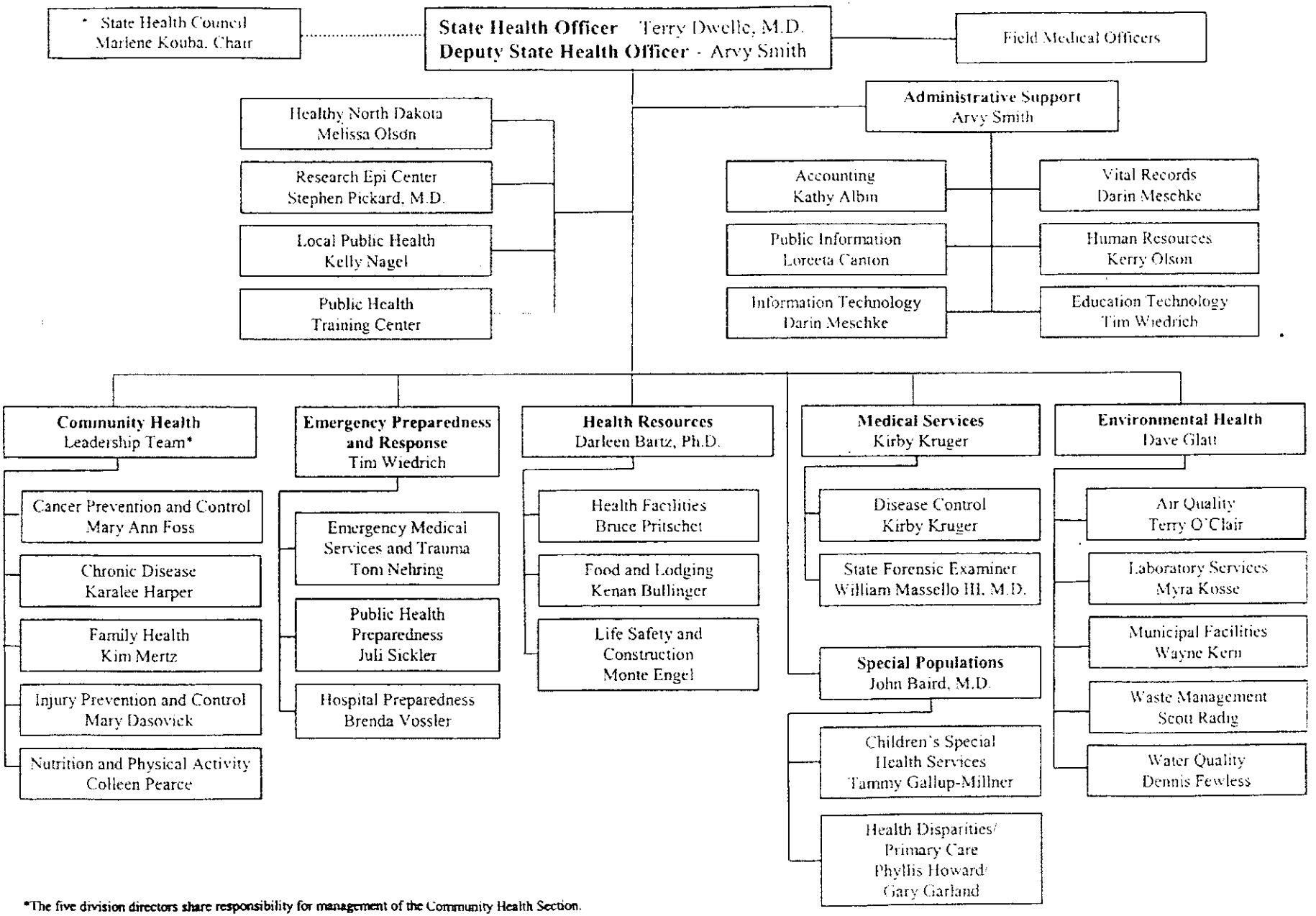
Conclusion

The budget before you for the Department of Health holds FTE at the current level of 343.5; is close to current level state general funding, excluding the salary and benefits package; and provides very close to current service levels.

Chairman Pollert, members of the Committee, this concludes the department's testimony on House Bill 1004. Thank you for your consideration of our request. Our staff and I are available to respond to any questions you may have.

Appendix A

North Dakota Department of Health
Organizational Chart
January 2011



*The five division directors share responsibility for management of the Community Health Section.

Appendix B – Status of Community Health Trust Fund

Community Health Trust Fund
Status Statement

	2007-09	2009-11		2011-13
	Actual[1]	Legislative Forecast	Revised Forecast	Executive Forecast
Beginning Balance \1	$2,392,943	$1,235,113	$1,299,379 \2	$0
Revenue:				
Transfers from the Tobacco Settlement Trust	$6,149,540	$4,388,119	$4,373,246	$4,583,119
Contingency Transfer from General Fund \4		2,405,371	671,987	
Total revenue	$6,149,540	$6,793,490	$5,045,233	$4,583,119
Expenditures:				
Dental loan program	($356,896)	($483,448)	($448,448) \3	($260,000)
Dental new practice grant		(10,000)	(10,000) \3	(10,000)
Medical loan repayment program	(39,570)	(272,500)	(127,500) \3	(75,000)
Veterinarian loan repayment program		(350,000)	(245,776) \3	(310,000)
Colorectal cancer screening	(111,767)	(300,000)	(338,233) \3	
EMS training grants	(300,000)	(300,000)	(300,000) \3	
Tobacco coordinator and operating expenses	(119,833)	(139,397) \5	(139,397) \3.5	
Tobacco quit line	(1,090,097)	(1,069,000) \5	(1,069,000) \3.5	
Tobacco prevention and control		(2,302,098) \5	(2,302,098) \3.5	(3,510,495) \5
Advisory committee	(66,302)			
City/county & state employee cessation	(173,142)			
Local health & tobacco programs	(4,671,731)			
Women's way program		(304,332)	(304,332)	
Heart disease and stroke		(472,700)	(472,700)	(222,624)
DHS breast & cervical cancer	(213,904)	(790,015)	(587,128)	
Governor's Prevention and Advisory Council	(99,862)			
Total expenditures	($7,243,104)	($6,793,490)	($6,344,612)	($4,388,119)
Ending Balance	$1,299,379	$1,235,113	$0	$195,000

\1 Final revenue and expenditures per state accounting system reports dated June 30, 2009.

\2 Actual July 1, 2009 balance.

\3 Estimated expenditures for the 2009-11 biennium projected by the Health Department.

\4 2009 Senate Bill 2004 provided a contingent appropriation to transfer $2,405,371 from the general fund to the community health trust fund in the event revenue is not sufficient to fund the appropriated programs.

\5 Approved by voters in 2008, Measure #3 provides that 80 percent of the tobacco settlement revenue allocated to the community health trust fund must be spent on tobacco related programs. Eighty percent of the projected revenue for 2009-11 equals $3,510,495.

Attachment ONE
- Arvy Smith
- HB1004
- January 31, 2011

ENVIRONMENTAL HEALTH SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**154.75**	**156.25**	**156.25**	**156.25**	**0.00**	**0%**
Salaries	12,906,277	9,694,433	14,837,372	15,946,090	1,108,718	7%
Temporary, Overtime	222,703	174,236	284,375	365,450	81,075	29%
Benefits	4,563,223	3,651,226	5,713,221	6,296,111	582,890	10%
TOTAL	**17,692,203**	**13,519,895**	**20,834,968**	**22,607,651**	**1,772,683**	**9%**
General Fund	4,186,286	3,294,702	5,637,852	6,653,580	1,015,728	18%
Federal Funds	9,800,344	7,260,738	12,046,256	12,806,256	760,000	6%
Other Funds	3,705,573	2,964,455	3,150,860	3,147,815	(3,045)	0%
OPERATING EXPENSES						
Travel	700,860	431,698	871,785	751,119	(120,666)	-14%
Supplies - IT Software	175,964	83,228	150,354	168,939	18,585	12%
Supply/Material Professional	109,407	65,567	111,198	115,308	4,110	4%
Food & Clothing	4,385	786	3,847	4,040	193	5%
Bldg/Ground Maintenance	84,766	79,358	78,175	80,543	2,368	3%
Miscellaneous Supplies	0	23	35	287	252	711%
Office Supplies	44,255	31,944	52,696	52,796	100	0%
Postage	168,715	90,090	149,995	156,629	6,634	4%
Printing	43,619	21,011	41,794	40,389	(1,405)	-3%
Utilities	373,371	271,558	362,123	379,618	17,495	5%
Insurance	1,375	2,077	2,193	2,303	110	5%
Rentals/Leases - Equip/Other	38,713	24,654	42,483	42,547	64	0%
Rentals/Leases - Bldg/Land	796,250	588,371	831,516	877,909	46,393	6%
Repairs	564,453	519,281	703,008	687,783	(15,225)	-2%
IT - Data Processing	344,013	206,150	326,033	338,993	12,960	4%
IT - Communications	179,890	121,687	185,869	186,070	201	0%
IT - Contractual Services	210,848	51,825	260,000	80,000	(180,000)	-69%
Professional Development	189,000	124,068	228,423	215,645	(12,778)	-6%
Operating Fees & Services	72,778	38,711	75,873	69,715	(6,158)	-8%
Professional Services	1,002,107	768,478	2,075,513	2,089,890	14,377	1%
Medical, Dental, and Optical	1,602,983	1,246,308	1,738,496	1,632,413	(106,083)	-6%
Sub Total Operating	**6,707,752**	**4,766,871**	**8,291,409**	**7,972,936**	**(318,473)**	**-4%**
IT Equip Under $5,000	100,023	49,481	160,188	119,051	(41,137)	-26%
Other Equip Under $5,000	33,730	27,864	137,900	70,500	(67,400)	-49%
Office Equip/Furn. Supplies	18,015	4,197	15,551	5,200	(10,351)	-67%
TOTAL	**6,859,520**	**4,848,412**	**8,605,048**	**8,167,687**	**(437,361)**	**-5%**
General Fund	2,040,838	1,516,990	1,647,904	1,697,908	50,004	3%
Federal Funds	3,578,057	2,584,951	4,346,691	3,731,962	(614,729)	-14%
Other Funds	1,240,625	746,471	2,610,453	2,737,817	127,364	5%
CAPITAL ASSETS						
Other Capital Paymnts	504,427	317,739	449,642	438,129	(11,513)	-3%
Extraordinary Repairs	310,916	64,960	236,666	316,329	79,663	34%
Equipment >$5,000	424,535	264,005	662,430	528,400	(134,030)	-20%
IT Equip/Software >$5,000	14,700		22,800	83,000	60,200	264%
TOTAL	**1,254,578**	**646,703**	**1,371,538**	**1,365,858**	**(5,680)**	**0%**
General Fund	499,812	99,294	175,042	174,198	(844)	0%
Federal Funds	567,464	352,467	1,016,496	962,260	(54,236)	-5%
Other Funds	187,302	194,942	180,000	229,400	49,400	27%
GRANTS\SPECIAL LINE ITEMS						
Grants	11,093,271	13,082,123	25,227,400	17,277,400	(7,950,000)	-32%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	6,068,708	17,273,864	2,728,257	(14,545,607)	-84%
TOTAL	**11,093,271**	**19,150,831**	**42,501,264**	**20,005,657**	**(22,495,607)**	**-53%**
General Fund	0	0	0	0	0	
Federal Funds	10,817,075	18,904,090	42,001,264	19,490,657	(22,495,607)	-54%
Other Funds	276,196	246,741	500,000	515,000	15,000	3%
GRAND TOTAL	**36,899,572**	**38,165,841**	**73,312,818**	**52,146,853**	**(21,165,965)**	**-29%**
General Fund	6,726,936	4,910,986	7,460,798	8,525,686	1,064,888	14%
Federal Funds	24,762,940	29,102,246	59,410,707	36,991,135	(22,419,572)	-38%
Other Funds	5,409,696	4,152,609	6,441,313	6,630,032	188,719	3%

North Dakota Department of Health
Environmental Health Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	446,260	727,260	281,000	63.0%
Air Quality Contracting with Consultants	105,000	205,000	100,000	95.2%
Air Quality - Radon	33,000	33,000	-	0.0%
Chem Lab Proficiency Testing	13,500	16,500	3,000	22.2%
Micro Lab Pathology Consultant	26,500	23,339	(3,161)	-11.9%
Micro Lab Proficiency Testing	11,925	15,686	3,761	31.5%
Micro Lab Hood Recertifications for Equipment	13,940	13,940	-	0.0%
Micro Lab MN Challenge Proficiency Testing		4,000	4,000	
Wetlands	200,000	200,000	-	0.0%
Misc Prof Fees (EPA Block)	75,388		(75,388)	-100.0%
LUST Engineering Fees	850,000	778,665	(71,335)	-8.4%
Targeted Brownfields Misc. Prof.	300,000	72,500	(227,500)	-75.8%
Total Professional Services	**$ 2,075,513**	**$ 2,089,890**	**$ 14,377**	**0.7%**

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Rad Health IT Contract	5,000		(5,000)	-100.0%
One Stop IT Contract	255,000	80,000	(175,000)	-68.6%
Total IT Contractual Services	**$ 260,000**	**$ 80,000**	**$ (180,000)**	**-69.2%**

North Dakota Department of Health
Environmental Health Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
319 Nonpoint Source	11,200,000	8,422,373	2,777,627	11,200,000		11,200,000	
604 B Water Quality Mgmt. Prog.	80,000	46,286	33,714	220,000		220,000	
EPA Wetlands Protection Funds	350,000	98,712	251,288	595,000		595,000	
Arsenic Trioxide	12,100,000	4,153,340	7,946,660	3,450,000		3,450,000	
WQ Stockmen's Association	50,000	49,997	3	50,000			50,000
Grant for new clean diesel equipment	400,000	-	400,000	650,000		650,000	
Grants to Local Soil Cons Dist, ND Stockmens Assn, and ND Dept of Ag	200,000	193,189	6,811	200,000			200,000
Water Quality Monitoring Funds	150,000	-	150,000	200,000		200,000	
Water Pollution Funds	200,000	-	200,000	200,000		200,000	
Grants to LPH (EPA Block)	247,400	114,671	132,729	247,400		247,400	
Abandoned Auto Fund	250,000	3,555	246,445	250,000			250,000
Solid Waste Inspection to LPH				15,000			15,000
Total Grants	**$ 25,227,400**	**$ 13,082,123**	**$ 12,145,277**	**$ 17,277,400**	**$ -**	**$16,762,400**	**$ 515,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Environmental Health Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Portable Radon Analyzer	AQ	1	8,000	8,000
Continuous Particulate Analyzer	AQ	4	24,000	96,000
Multi Gas Calibrator	AQ	1	11,000	11,000
Ambient Ozone Analyzer	AQ	2	8,200	16,400
Ambient Nitrogen Oxides Analyzer	AQ	3	12,000	36,000
Flow Calibration System	AQ	1	22,000	22,000
UNFORS Xi (X-Ray inspection/testing systems)	AQ	2	15,000	30,000
Zero Air Generator	AQ	4	6,000	24,000
Replace autoclave/sterilizer	Micro	1	32,000	32,000
Replace Biosafety Cabinet	Micro	1	13,000	13,000
Replace DNA Analyzer	Micro	1	50,000	50,000
Replace Ultra Low freezer (-80 degrees C)	Micro	1	15,000	15,000
Replace water softener for humidifier and RO water	Micro	1	25,000	25,000
Replace Gas Chromatography systems for pesticides	Chem	2	35,000	70,000
Replace FIA autosampler for minerals analyses	Chem	1	9,000	9,000
Replace autitrator for alkalinity testing	Chem	1	38,000	38,000
Forklift for safely stowing pallets in cold storage	Chem	1	8,000	8,000
Replace Pickering for testing of Carbamate pesticides	Chem	1	25,000	25,000

Total Environmental Health **528,400**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total
Scanner - High capacity color duplex flatbed	ECO	1	7,000	7,000
Server - Electronic Document System	ECO	1	20,000	20,000
Server to replace outdated SDWIS server	MF	1	10,000	10,000
Replace Atlas Chromatography server from 2003	Chem	1	10,000	10,000
Replacement DC server purchased 1999	Chem	1	10,000	10,000
Replacement color LaserJet 5500 printer from 2003	Chem	1	6,000	6,000
Replace accounts receivable software DOS from 1990	Chem	1	20,000	20,000

Total Environmental Health **83,000**

This equipment is funded with federal and special funds

NORTH DAKOTA DEPARTMENT OF HEALTH
Environmental Health Section
2011-13 Executive Budget

Extraordinary Repairs

Lab Building

Description	Amount
Add north lab to the generator	33,173
Carpets/Upgrade air compressor and access control hardware	33,580
Install A/C, Plumb Water, Repair/Paint Walls	18,000
Install liquid Argon storage and fill site	25,000
Install exterior window; BSC; Fume Hood	38,000
Repair driveway and parking lots & striping	28,000
Replace humidifier in north lab	25,000
Replace steam boiler on autoclave	35,000
Storage Building Gutter covers, Pallet Racking	8,681
Upgrade data system, Replace signs, water heaters	23,600
Landscape, Sidewalks, Prevent Freeze/Overheat	16,300

Total Lab Building **284,334**

Environmental Training Center

Description	Amount
Roof Repair/replacement	17,995
Seal Coat Brick Exterior of ETC	7,000
Replace ETC Lab Window/Recarpet Office Areas	7,000

Total Environmental Training Center **31,995**

Total Environmental Health **316,329**

Arvy Smith - HB 1004
Attachment TWO

North Dakota Department of Health
Status of NDBA Series A and Series B Bonds

January 31, 2011

2002A Bond	2001 Legislature approved Lab Addition project with the understanding that 65% of debt service payment would come from federal funds
	Expected payments 12/1/2003 thru 6/30/2011 - $1,780,297 Expected payments 7/1/2011 thru 12/1/2022 - $2,924,334
2003B Bond	2003 Legislature approved the building of a Morgue and a Storage Building
	Expected payments 12/1/2005 thru 6/30/2011 - $464,671 Expected payments 7/1/2011 thru 12/1/2022 - $928,158

Bonds are typically issued for 20 years

North Dakota CWSRF ARRA Projects (1)

Assistance Recipient	Project Description	ARRA Funds Obligated	ARRA Funds Paid as of 12/31/2010	ARRA Fund Balance to be Paid 12/31/2010
Cavalier	Sanitary Sewer Rehabilitation	$467,181	$467,181	$0
Fargo	Wastewater Treatment Plant Improvements	$344,997	$344,997	$417
Hankinson	Waste Stabilization Pond Improvements	$406,494	$406,494	$0
Hazen	Sanitary Sewer Rehabilitation	$252,164	$233,686	$18,478
Stutsman RWD	Wastewater Reuse	$4,341,836	$4,247,207	$94,629
Valley City	Waste Stabilization Pond Improvements	$437,314	$193,484	$243,830
Davenport	Sanitary Sewer Rehabilitation	$234,416	$226,347	$8,069
Drayton	Waste Stabilization Pond Improvements	$1,547,000	$1,291,417	$255,583
Edgeley	Sanitary Sewer Rehabilitation	$1,269,079	$1,269,079	$0
Enderlin	Waste Stabilization Pond Improvements	$311,223	$311,223	$0
Glenburn	Sewer Rehabilitation & Stablization Pond Improvements	$378,461	$378,461	$0
LMRSD	Waste Stabilization Pond Improvements	$256,774	$256,774	$0
Lisbon	Sanitary Sewer Rehabilitation	$710,739	$694,841	$15,898
Michigan	Sewer Rehabilitation & Stablization Pond Improvements	$1,100,000	$1,100,000	$0
Munich	Sanitary Sewer Rehabilitation	$1,044,570	$1,044,570	$0
Northwood	Waste Stabilization Pond Improvements	$1,325,602	$1,352,602	$0
Strasburg	Sanitary Sewer Rehabilitation	$1,054,738	$1,054,738	$0
Velva	Sanitary Sewer Rehabilitation	$386,948	$316,948	$70,000
Total		**$15,869,536**	**$15,162,632**	**$706,904**

(1) The total CWSRF ARRA funds available for projects is $15,869,536.

LMRSD = Lake Metigoshe Recreation Service District

Attachment THREE
David Glatt
HB 1004
January 31, 2011

North Dakota DWSRF ARRA Projects (1)

Assistance Recipient	Project Description	ARRA Funds Obligated	ARRA Funds Paid as of 12/31/2010	ARRA Fund Balance to be Paid 12/31/2010
BDWSA	Bulk Service to Fortuna, Noonan & Columbus	$2,500,000	$1,301,984	$1,198,016
Ray (R&TWSA)	Well field, WTP and transmission main improvements	$864,000	$820,800	$43,200
Karlsruhe	New WTP and storage	$755,400	$749,081	$6,319
Wildrose	Rural water connection, pipeline, and booster station	$1,503,094	$1,469,385	$33,709
Strasburg	Watermain and water tower replacement	$2,047,630	$1,935,822	$111,808
Washburn	WTP improvements and water meter replacement	$4,143,000	$3,779,291	$363,709
Hillsboro	New water source, WTP, storage, transmission main and rural water connection	$1,200,000	$978,374	$221,626
Valley City	WTP upgrade	$4,646,000	$2,058,532	$2,587,468
Kenmare	Transmission main, booster station and tower for connection to rural water	$500,000	$397,772	$102,228
Wimbledon	Connection to Barnes Rural Water District, watermain replacement and meter replacement	$164,053	$164,053	$0
Jamestown	Phase 2 - Transmission line, WTP filter & sludge handling modifications	$2,996,823	$1,334,009	$1,662,814
Total		**$21,320,000**	**$14,989,103**	**$6,330,897**

1. The total DWSRF ARRA funds available for projects is $21,320,000.

BDWSA = Burke, Divide, Williams Water Supply Association; R&TWSA = Ray & Tioga Water Supply Association

Attachment Four
David Glatt
11B1004
January 3
2011

United States
Environmental Protection
Agency

Office of Solid Waste
and Emergency Response

540-F-09-002
March 2010
www.epa.gov/emergencies

Oil Spill Prevention, Control, and Countermeasure (SPCC) Program: Information for Farmers

This fact sheet will assist you, as a farmer, in understanding your obligations under the SPCC Program.

What is SPCC?

The goal of the SPCC program is to prevent oil spills into waters of the United States and adjoining shorelines. Oil spills can cause injuries to people and damage to the environment. A key element of this program calls for farmers and other facilities to have an oil spill prevention plan, called an ***SPCC Plan***. These Plans can help farmers prevent oil spills which can damage water resources needed for farming operations.

What is considered a farm under SPCC?

Under SPCC, a farm is: "a facility on a tract of land devoted to the production of crops or raising of animals, including fish, which produced and sold, or normally would have produced and sold, $1,000 or more of agricultural products during a year."

Is my farm covered by SPCC?

SPCC applies to a farm which:

- Stores, transfers, uses, or consumes **oil** or **oil products**, such as diesel fuel, gasoline, lube oil, hydraulic oil, adjuvant oil, crop oil, vegetable oil, or animal fat; and
- Stores more than **1,320 US gallons** in aboveground containers or more than **42,000 US gallons** in completely buried containers; and
- Could **reasonably be expected to discharge oil to waters** of the US or adjoining shorelines, such as interstate waters, intrastate lakes, rivers, and streams.

If your farm meets all of these criteria, then your farm is covered by SPCC.

> ***TIPS:***
> ** Count only containers of oil that have a storage capacity of 55 US gallons and above.*
>
> ** Adjacent or non-adjacent parcels, either leased or owned, may be considered separate facilities for SPCC purposes. Containers on separate parcels (that the farmer identifies as separate facilities based on how they are operated) do not need to be added together in determining whether the 1,320-gallon applicability threshold is met.*

If my farm is covered by SPCC, what should I do?

The SPCC program requires you to prepare and implement an SPCC Plan. If you **already have a Plan,** maintain it. **If you do not have a Plan,** you should prepare and implement one. Many farmers will need to have their Plan certified by a Professional Engineer ("PE"). However, you may be eligible to self-certify your amended Plan if:

- Your farm has a total oil storage capacity between 1,320 and 10,000 gallons in aboveground containers, and the farm has a good spill history (as described in the SPCC rule), you may prepare and self-certify your own Plan. (However, if you decide to use certain alternate measures allowed by the federal SPCC Rule, you will need a PE.)
- Your farm has storage capacity of more than 10,000 gallons, or has had an oil spill you may need to prepare an SPCC Plan **certified by a PE.**

> ***TIP:*** *If you are eligible to self certify your Plan, and no aboveground container at your farm is greater than 5,000 gallons in capacity, then you may use the Plan template that is available to download from EPA's Web site at:* http://www.epa.gov/oem/content/spcc/tier1temp.htm

When should I prepare and implement a Plan?
Farms in operation on or before August 16, 2002, must maintain or amend their existing Plan by ***November 10, 2010***. Any farm that started operation after August 16, 2002, but before November 10, 2010, must prepare and use a Plan on or before ***November 10, 2010***.

Note: If your farm was in operation before August 16, 2002, and you do not already have a Plan, you must prepare a Plan now. ***Do not wait until November 10, 2010.***

What information will I need to prepare an SPCC Plan for my farm?

- A list of the oil containers at the farm by parcel (including the contents and location of each container);
- A brief description of the procedures that you will use to prevent oil spills. For example, steps you use to transfer fuel from a storage tank to your farm vehicles that reduce the possibility of a fuel spill;
- A brief description of the measures you installed to prevent oil from reaching water (see next section);
- A brief description of the measures you will use to contain and cleanup an oil spill to water; and
- A list of emergency contacts and first responders.

What spill prevention measures should I implement and include in my SPCC Plan?

- **Use** containers suitable for the oil stored. For example, use a container designed for flammable liquids to store gasoline;
- **Identify** contractors or other local personnel who can help you clean up an oil spill;
- **Provide overfill prevention** for your oil storage containers. You could use a high-level alarm, or audible vent, or establish a procedure to fill containers;
- **Provide effective, sized secondary containment** for bulk storage containers, such as a dike or a remote impoundment. The containment must be able to hold the full capacity of the container plus possible rainfall. The dike may be constructed of earth or concrete. A double-walled tank may also suffice;
- **Provide effective, general secondary containment** to address the most likely discharge where you transfer oil to and from containers and for mobile refuelers, such as fuel nurse tanks mounted on trucks or trailers. For example, you may use sorbent materials, drip pans or curbing for these areas; and
- **Periodically inspect and test pipes and containers.** You should visually inspect aboveground pipes and inspect aboveground containers following industry standards. You must "leak test" buried pipes when they are installed or repaired. EPA recommends you keep a written record of your inspections.

How and when do I maintain my SPCC Plan?
Amend and update your SPCC Plan when changes are made to the farm, for example, if you add new storage containers (e.g. tanks) that are 55 gallons or larger, or if you purchase or lease parcels with containers that are 55 gallons or larger. You must review your Plan every five years to make sure it includes any changes in oil storage at your farm.

What should I do if I have an oil spill?

- Activate your SPCC Plan procedures to prevent the oil spill from reaching a creek or river.
- Implement spill cleanup and mitigation procedures outlined in your Plan.
- **Notify the National Response Center (NRC)** at **800-424-8802** if you have an oil discharge to waters or adjoining shorelines.
- If the amount of oil spilled to water is more that 42 gallons on two different occasions within a 12-month period or more than 1,000 gallons to water in a single spill event, then notify your EPA Regional office in writing.

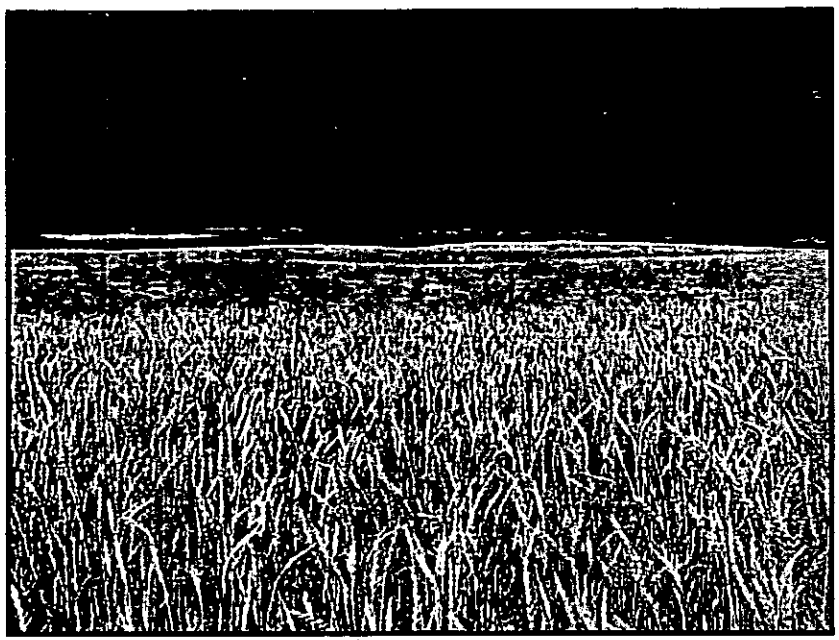
For More Information

Read the SPCC rule and additional resources:
http://www.epa.gov/emergencies/spcc

Call or send an e-mail to the EPA Ag Compliance Assistance Center: 1-888-663-2155
http://www.epa.gov/agriculture/agctr.html

Call the Superfund, TRI, EPCRA, RMP, and Oil Information Center:
(800) 424-9346 or (703) 412-9810
TDD (800) 553-7672 or (703) 412-3323
http://www.epa.gov/superfund/resources/infocenter

Farm Fuel Tank Safety Guide



This brochure is provided by North Dakota Department of Emergency Services, your Local Emergency Planning Committee, and the State Emergency Response Commission along with assistance from the ND Fire Marshal and the ND Department of Health.

NDDES
Homeland Security
State Radio

NORTH DAKOTA
DEPARTMENT of HEALTH

In North Dakota, it's common practice for farms and ranches to have fuel storage tanks and containers. Almost every year, accidents happen that raise questions on safety issues and reporting requirements. The Farm Fuel Tank Safety Guide is designed to help farmers and ranchers understand what is required of them and how to protect lives, property, and the environment.

Regulations

SARA Title III (Public Law 99-499)

More widely known as the Emergency Planning and Community Right-to-Know Act (EPCRA), Section 304 (a) and (b) state that in a release of an Extremely Hazardous Substance (EHS) or any substance subject to the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), the owner or operator of a facility shall immediately provide notice (by telephone, radio, or in person) to the emergency coordinator for the Local Emergency Planning Committee (LEPC) and to the State Emergency Response Commission (SERC). Oil spills, 25 gallons or less, and cleaned up immediately, need not be reported.

SPCC Regulation 40 CFR 112

The Environmental Protection Agency's Spill Prevention Control and Countermeasures (SPCC) requirements must be complied with if both of the following conditions apply to your farm or ranch facility:

1. You own or operate a non-transportation related fixed facility that could reasonably be expected to discharge oil into or upon the navigable waters of the United States or adjoining shorelines.
2. Your facility has:
    - A total above-ground storage capacity of more than 1,320 gallons (counting only containers with a capacity of 55 gallons or greater);

Fuel Tank Guidelines

Spill Control	**Under 1,100 gallons** has no requirement **Over 1,100 gallons** must have protection, usually in the form of a dike of liquid-tight material such as earth, clay, or concrete Dike area must be of a size to hold the quantity of the largest tank, displacement of additional tanks, and extra for rain water
Tank Location	All tanks must be placed at a safe distance from buildings: 10 feet from property lines and public right-of-ways—and 5 feet from an occupied building. More than 1 tank, the separation must be at least 3 feet 20 feet minimum from propane tanks Tanks less than 1,100 gallons must have 40 feet of clear space perimeter
Additional Information **ND Fire Marshal** **701-328-5555**	1,100 gallons or less must be contained in only one tank Multiple tanks of 1,100 gallons or less must meet the requirements for spill control Avoid gravity feeding from tanks elevated above the ground Double-walled or vaulted tanks do not need dike spill control Piping for double-walled or vaulted tanks must enter the top of the tank

Fuel Tank Guidelines

Tank Construction	**Under 1,100 gallons** (Use of good and sound engineering practices) **Over 1,100 gallons** (Refer to Underwriters Laboratory Standard 142) Tanks designed for underground use cannot be used aboveground
Tank Supports	Tanks over 1,100 gallons must be placed on firm ground or have supports of non-combustible construction (such as concrete) NO metal stands
Piping Support and Protection	Pipe not buried underground must be protected from damage and supported to prevent stress on the pipe and cracking Pipe buried underground must be installed with leak protection
Capacity	10,000 gallons per tank (MAX)
Venting	**Under 1,100 gallons** (Normal Venting Required) **Over 1,100 gallons** (Normal and Emergency Venting Required)
Tank Valves	**Under 1,100 gallons** must have a manual shut-off valve as close to tank as practicable **Over 1,100 gallons** must have an internal or external fire valve, manual shut-off valve and solenoid valve for a remote dispenser
Fire Extinguisher	Minimum of one rated at 40 BC recommended; Located as close as practicable

-or-

- A total underground buried storage capacity of more than 42,000 gallons, unless it meets all the Underground Storage Tank (UST) requirements (40 CFR 280-281)

My facility qualifies. What should I do?

All SPCC-regulated facilities must have oil spill containment structures to prevent oil spills and contaminated runoff from reaching storm drains, streams, ditches, rivers, and other navigable waters. See 40 CFR 112.7 for a list of possible containment systems.

If you are the owner or operator of a SPCC farm or ranch, you must have a written site-specific spill prevention plan that details your facility's compliance with 40 CFR part 112. Requirements for specific elements to include the SPCC Plan are found in 40 CFR 112.7.

Once your Plan is completed, a Registered Professional Engineer (PE) who is familiar with the SPCC requirements and has examined your facility must review and certify the Plan. Most importantly, you must fully implement the SPCC Plan.

If your facility is newly constructed, contact the ND Department of Emergency Services haz-chem coordinator for information regarding plan submission and requirements for SPCC plans.

Remember to consider

- All petroleum based oil stored on your farm or ranch, including oil used to lubricate machinery, maintain equipment, heat buildings, run irrigation pumps, fuel vehicles and heavy equipment, may be subject to the regulation.
- Once you exceed **one** of the SPCC capacity requirements, you must manage **all oil at your site** to comply with the rule.
- State exemptions do not supersede the requirement to comply with the Federal Oil Pollution Prevention Regulation.

- For more information contact the U.S. Environmental Protection Agency at 303-312-6839 or 303-312-6202.

North Dakota Petroleum Tank Release Compensation Fund (PTRCF)

The PTRCF financially assists tank owners for cleanup costs and third party liability caused by a leak or spill.

Both underground and aboveground tanks are covered by the Fund. An owner must register all tanks and pay an annual fee of $50 for each tank, prior to the discovery of a release.

Farm and ranch underground tanks greater than 1100 gallons must be registered. Underground tanks less than 1100 gallons and all aboveground tanks are excluded if they are used for non-commercial purposes.

Farmers and ranchers can voluntarily join the Fund upon application and payment of fees for excluded tanks.

For more information, contact the North Dakota Insurance Department at 701-328-9600.

North Dakota Underground Storage Tank Program (UST)

Farm and ranch underground petroleum tanks greater than 1100 gallons must meet all the UST requirements of North Dakota Administrative Code Chapter 33-24-08, Technical Standards and Corrective Action Requirements for Owners and Operators of Underground Storage Tanks.

Owners/operators of existing or new tanks regulated under the UST Program are required to notify the UST Program and register their tanks.

For assistance and information, contact the North Dakota Department of Health, Division of Waste Mangement, UST Program at 701-328-5166.

What do I do if I have a leak or spill?

1. Contain the spill, and protect lives and property.
2. Contact emergency responders and the Local Emergency Planning Committee (LEPC).
3. All leaks and spills must be dealt with immediately. If you need immediate assistance, the Duty Officer will contact the ND Department of Health. For other assistance and information, contact the Department's Waste Management Division at 701-328-5166 during normal working hours.
4. Contact the ND Department of Emergency Services Duty Officer through State Radio at 1-800-472-2121 with the following information, if possible:
    - Name or type of substance;
    - Actions taken to contain the spill/leak;
    - Estimated quantity released;
    - Time and duration of release;
    - Type of area affected (ground, water, wetlands, river, etc.);
    - Noticeable health effects as a result of the spill/leak; and
    - Your name and contact information.

Who do I call for information about SPCC plans?

Call the ND Department of Emergency Services haz-chem coordinator at 1-800-773-3259.

HB 1004
Attachment FIVE
January 31, 2011
Arvy Smith

Proposed Amendments to HB 1004

Page 1, after line 22, insert:

SECTION 2. CONTINGENT GENERAL FUND APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $750,000, or so much of the sum as may be necessary, to the department of health for costs associated with litigation and other administrative proceedings involving the United States environmental protection agency. The department of health may spend the general fund moneys only upon approval by the attorney general.

Page 2, after line 25, insert:

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

Renumber accordingly

Summary of Additional Funding Needs for possible litigation for the Department of Health vs. EPA

The State of North Dakota has several issues relating to disagreements with EPA that focus on air quality that may lead to possible litigation. Federal Law does not allow states to use grant money or fees to pay for legal services in court actions filed against the federal government. Thus the Department is seeking a budget amendment that would allow an allocation from the State's General Fund for such purposes. The Department expects to pursue legal challenges to EPA in three areas, namely Regional Haze, Federal Ambient Standard for SO2 and a Best Available Control Technology (BACT) determination in the case of a consent decree that was filed with EPA – the State of ND and Minnkota Power.

- On the issue of Regional Haze: The Regional Haze (RH) rule is a result of federal legislation whose purpose is to reduce visibility impacts in Class 1 areas throughout the nation. The Regional Haze rule requires each State to submit a State Implementation Plan (SIP) that outlines how that state will meet their obligations mandated by the federal rule. North Dakota has submitted our RH-SIP and EPA is threatening to disapprove the SIP and file a Federal Implementation Plan. The State strongly believes EPA is inaccurate in their assessment of the State Plan and thus we are preparing to challenge EPA's proposed action.
- The second issue pertains to the Federal Ambient Air Quality Standard for SO2: The State is not challenging the level of the standard but we do take issue with the methodology EPA is proposing to use to determine if a state complies with the standard. The rule contains language in the preamble that suggests EPA will require that computer modeling will take precedent over actual monitoring in determining if a state complies with the standard. This is a change in the way EPA has historically made attainment designations. North Dakota is one of the few states to be considered attainment of all federal standards. Such a determination is based upon data collected at ambient monitoring sites throughout the state. The state is also concerned that EPA's change in methodology was never vetted for public comment. If EPA proceeds with such methodology to make attainment determinations, the State of ND, along with other states and parties, are planning to file suit. The state has initiated court action by submitting a Petition for Reconsideration and also moving to Stay the EPA action in federal court.
- The third issue involves a possible challenge to EPA in the case of a consent decree that was signed by EPA, the State of ND and Minnkota Power. The consent decree calls for Minnkota to install Best Available Control Technology (BACT) to control nitrogen oxide emissions from the Minnkota facility. The consent decree further calls on the State of North Dakota to make a determination as to what constitutes BACT. North Dakota has made that decision and it appears that EPA is planning to challenge that decision. The consent decree outlines a course of action calling for a 30 day dispute resolution period for the parties to reach a consensus. Absent reaching a consensus during the dispute resolution phase, the issue will proceed to federal district court.

The Department is seeking an allocation from the State's General Fund of $750,000 to be used in the possible litigation scenarios outlined above. If agreements can be reached between EPA and the State and litigation was not necessary the unobligated funding would be returned to the State's General Fund.

Prepared by the North Dakota Legislative Council staff

January 2011

FUNDING FOR NEW PROGRAMS AND MAJOR PROGRAM INCREASES INCLUDED IN THE 2011-13 EXECUTIVE BUDGET

The schedule below lists major funding increases included in the 2011-13 executive budget or new programs or major expansions or changes to existing programs. One-time funding is generally excluded unless directly related to a new program or an ongoing program increase.

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
108	**Secretary of State**				
	• Increases federal funds for purchasing an enhancement for the electronic pollbooks in counties (The state will purchase the equipment for counties using federal Help America Vote Act funds available in the state's election fund. Counties will repay the state's election fund within five years.)			$3,000,000	$3,000,000
112	**Information Technology Department**				
	• Adds 2 FTE positions relating to the PowerSchool application to provide a total of 31 FTE positions for the 2011-13 biennium	2.00		330,500	330,500
	• Adds a new FTE research position relating to the Statewide Longitudinal Data System Initiative (funding provided for only the second year of the biennium)	1.00	$145,000		145,000
	• Adds ongoing funding for staffing, hosting, and operating costs associated with the Statewide Longitudinal Data System Initiative	2.00	1,300,271		1,300,271
	• Increases funding from the general fund for the Center for Distance Education by $1,375,891, including $395,242 for a tuition subsidy program		1,375,891	(1,125,470)	250,421
	• Provides federal funding for continuation of the broadband mapping project			2,900,000	2,900,000
	• Provides federal funding for continuation of the federal E911 grant			1,500,000	1,500,000
	• Provides health information technology funding of $19,059,238, of which $362,972 is from the general fund, $5.1 million is from federal funds, $8 million is from Bank of North Dakota profits, and $5,596,266 is from health care providers for participating in the health information exchange	3.00	12,972	10,696,266	10,709,238
125	**Attorney General**				
	• Adds funding from federal funds ($999,901) and the Attorney General's refund fund ($178,000) for sexual offender registration kiosks and Crime Laboratory equipment			1,177,901	1,177,901
	• Increases funding for operating expenses		191,778	433,645	625,423
	• Adds funding from the Attorney General's refund fund for law enforcement computer application updates			900,000	900,000

Attachment 1 + S/X - HB1004
January 31, 2011
Legislative Council

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
127	**Tax Commissioner**				
	• Increases funding for the homestead tax credit to provide total funding of $8,792,788		2,828,788		2,828,788
	• Increases funding for the disabled veteran tax credit to provide total funding of $4,243,920		1,243,920		1,243,920
	• Adds funding for continued onsite support for GenTax		940,000		940,000
180	**Judicial Branch**				
	District Court				
	• Adds 1 FTE law clerk position ($149,992), 1 FTE deputy clerk of district court position ($129,150), and 2 FTE juvenile court officer positions ($328,084) (One juvenile court officer will be located in Fargo, and the remaining positions will be located in Bismarck.)	4.00	607,226		607,226
	• Adds funding for maintenance support and enhancements for the new unified case management system		750,420		750,420
190	**Retirement and Investment Office**				
	• Adds 1 FTE deputy chief investment officer position	1.00		316,824	316,824
201	**Department of Public Instruction**				
	• Increases funding for state school aid from $808,370,295 to $919,459,478 and replaces $85,644,337 of federal fiscal stimulus funds provided during the 2009-11 biennium with funding from the general fund		181,395,520	(70,306,337)	111,089,183
	• Increases funding for special education from $15.5 million to $16 million		500,000		500,000
	• Increases federal funding for other grants			44,040,643	44,040,643
	• Provides funding for estimated costs of administering the American College Test to all 11th grade students		678,400		678,400
	• Increases funding for the state assessment program to provide a total of $2.2 million		763,586		763,586
	• Removes funding from the general fund for mill levy reduction grants and provides funding for mill levy reduction grants from the property tax relief sustainability fund		(295,000,000)	341,790,000	46,790,000
215	**North Dakota University System Office**				
	• Provides parity funding for the University System office ($330,832) and the system information technology services pool ($1,249,508) for costs to continue fiscal year 2011 salary increases ($482,927), for 3 percent per year salary increases ($921,702), and for health insurance premium increases ($175,711)		1,580,340		1,580,340
	• Increases funding for capital bond payments to provide total payments of $12,254,769, of which $11,837,519 is from the general fund		540,722		540,722

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
	• Provides additional funding for technology maintenance		3,527,000		3,527,000
	• Provides funding for a ConnectND database upgrade		616,000		616,000
	• Provides funding for a funding pool to address needs at campuses relating to new or expanding academic programs		1,000,000		1,000,000
	• Replaces a portion of funding from the student loan trust fund for ConnectND positions and professional student exchange programs		1,100,000	(1,100,000)	0
	• Increases funding for the competitive research program to provide total funding of $7,050,000		1,650,000		1,650,000
	• Provides funding to be distributed to campuses based on student completion rates		5,000,000		5,000,000
226	**Land Department**				
	• Adds funding for 3 FTE positions--auditor III minerals royalty auditor ($157,684), accounting budget specialist ($115,395), and office assistant III ($90,189)--and associated operating expenses ($134,889)	3.00		498,157	498,157
	• Adds funding as a result of the Governor's recommendation to increase the statutory cap on oil and gas gross production tax allocations to the oil and gas impact grant fund from the current level of $8 million per biennium to $100 million per biennium to expand the energy development impact grant program			92,000,000	92,000,000
227	**Bismarck State College**				
	• Provides parity funding of $2,056,567 for costs to continue fiscal year 2011 salary increases ($489,164), for 3 percent per year salary increases ($933,765), for health insurance premium increases ($252,132), and for utility inflation ($381,506)		2,056,567		2,056,567
	• Provides equity funding of $543,985		543,985		543,985
	• Provides funding of $731,556 to address college affordability by not increasing tuition rates for the 2011-13 biennium		731,556		731,556
228	**Lake Region State College**				
	• Provides parity funding of 558,454 for costs to continue fiscal year 2011 salary increases ($150,005), for 3 percent per year salary increases ($286,343), for health insurance premium increases ($79,029), and for utility inflation ($43,077)		558,454		558,454
	• Provides equity funding of $219,139		219,139		219,139
	• Provides funding of $200,540 to address college affordability by not increasing tuition rates for the 2011-13 biennium		200,540		200,540

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
229	**Williston State College**				
	• Provides parity funding of $610,992 for costs to continue fiscal year 2011 salary increases ($134,630), for 3 percent per year salary increases ($256,994), for health insurance premium increases ($68,572), for utility inflation ($54,336), and for utilities for new facilities becoming operational in the 2011-13 biennium ($96,460)		610,992		610,992
	• Provides equity funding of $166,667		166,667		166,667
	• Provides funding of $214,161 to address college affordability by not increasing tuition rates for the 2011-13 biennium		214,161		214,161
230	**University of North Dakota (UND)**				
	• Provides parity funding of $9,303,122 for costs to continue fiscal year 2011 salary increases ($2,387,136), for 3 percent per year salary increases ($4,556,804), for health insurance premium increases ($1,037,014), utility inflation ($1,235,915), and for utilities for new facilities becoming operational during the 2011-13 biennium ($86,253)		9,303,122		9,303,122
	• Provides equity funding of $2,459,984		2,459,984		2,459,984
	• Provides funding of $1,676,738 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		1,676,738		1,676,738
232	**UND School of Medicine and Health Sciences**				
	• Provides parity funding of $2,072,442 for costs to continue fiscal year 2011 salary increases ($650,253), for 3 percent per year salary increases ($1,241,267), and for health insurance premium increases ($180,922)		2,072,442		2,072,442
	• Provides equity funding of $591,552		591,552		591,552
	• Provides funding of $571,224 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		571,224		571,224
	• Adds funding for a master's in public health program		1,215,219		1,215,219
	• Adds funding for geriatrics training		1,151,810		1,151,810
235	**North Dakota State University (NDSU)**				
	• Provides parity funding of $9,067,447 for costs to continue fiscal year 2011 salary increases ($2,288,204), for 3 percent per year salary increases ($4,385,006), for health insurance premium increases ($906,679), for utility inflation ($1,064,975), and for utilities for new facilities becoming operational during the 2011-13 biennium ($422,583)		9,067,447		9,067,447
	• Provides equity funding of $4,698,999		4,698,999		4,698,999
	• Provides funding of $1,858,284 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		1,858,284		1,858,284

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
238	**State College of Science**				
	• Provides parity funding of $1,681,812 for costs to continue fiscal year 2011 salary increases ($457,315), for 3 percent per year salary increases ($872,969), for health insurance premium increases ($238,572), for utility inflation ($25,957), and for utilities for new facilities becoming operational in the 2011-13 biennium ($86,999)		1,681,812		1,681,812
	• Provides equity funding of $166,667		166,667		166,667
	• Provides funding of $604,037 to address college affordability by not increasing tuition rates for the 2011-13 biennium		604,037		604,037
239	**Dickinson State University**				
	• Provides parity funding of $1,358,928 for costs to continue fiscal year 2011 salary increases ($390,772), for 3 percent per year salary increases ($745,946), for health insurance premium increases ($204,744), and for utility inflation ($17,466)		1,358,928		1,358,928
	• Provides equity funding of $472,867		472,867		472,867
	• Provides funding of $48,128 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		48,128		48,128
240	**Mayville State University**				
	• Provides parity funding of $599,972 for costs to continue fiscal year 2011 salary increases ($159,763), for 3 percent per year salary increases ($304,973), for health insurance premium increases ($90,402), and for utility inflation ($44,834)		599,972		599,972
	• Provides equity funding of 166,677		166,677		166,677
	• Provides funding of $41,839 to limit tuition increases to 2.5 percent annually for the 2011-13 biennium		41,839		41,839
241	**Minot State University**				
	• Provides parity funding of $2,178,892 for costs to continue fiscal year 2011 salary increases ($566,279), for 3 percent per year salary increases ($1,080,970), for health insurance premium increases ($282,792), and for utility inflation ($248,851)		2,178,892		2,178,892
	• Provides equity funding of $180,142		180,142		180,142
	• Provides funding of $439,621 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		439,621		439,621
242	**Valley City State University**				
	• Provides parity funding of $973,284 for costs to continue fiscal year 2011 salary increases ($249,622), for 3 percent per year salary increases ($476,503), for health insurance premium increases ($135,692), for utility inflation ($84,278), and for utilities for new facilities becoming operational during the 2011-13 biennium ($27,189)		973,284		973,284

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
	• Provides equity funding of $166,667		166,667		166,667
	• Provides funding of $148,884 to address college affordability by limiting tuition increases to 2.5 percent annually for the 2011-13 biennium		148,884		148,884
243	**Dakota College at Bottineau**				
	• Provides parity funding of $293,159 for costs to continue fiscal year 2011 salary increases ($82,546), for 3 percent per year salary increases ($157,572), and for health insurance premium increases ($53,041)		293,159		293,159
	• Provides equity funding of $166,667		166,667		166,667
	• Provides funding of $105,550 to address college affordability by not increasing tuition rates for the 2011-13 biennium		105,550		105,550
244	**Forest Service**				
	• Provides parity funding of $254,524 for costs to continue fiscal year 2011 salary increases ($74,422), for 3 percent per year salary increases ($142,063), and for health insurance premium increases ($38,039)		254,524		254,524
253	**North Dakota Vision Services - School for the Blind**				
	• Provides funding for a .5 FTE Braille music instructor position	.50	69,499		69,499
270	**Department of Career and Technical Education**				
	• Provides funding for a new virtual career and technical education center		1,000,000		1,000,000
301	**State Department of Health**				
	• Adds funding for 1 FTE position ($125,557) and operating costs ($9,960) for injury prevention	1.00	135,517		135,517
	• Adds funding for 1 FTE performance improvement manager position	1.00		174,103	174,103
	• Provides federal funding for temporary salaries, operating costs, and grants for a home visiting program and increases funding to provide for contracting			1,396,004	1,396,004
	• Provides federal funding for an oral health workforce life program			551,660	551,660
	• Provides federal funding for an increase in epidemiology laboratory capacity			612,493	612,493
	• Provides funding for suicide prevention and early intervention		741,493		741,493
	• Provides funding from the general fund to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program		523,900		523,900
	• Provides funding for the domestic violence/rape crisis program		1,000,000		1,000,000
	• Provides funding for Women's Way coordination			500,000	500,000

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
	• Adds federal fiscal stimulus funding for the 2011-13 biennium for the immunization, Healthy Communities, arsenic trioxide, and the Clean Water and Safe Drinking Water Acts programs			3,492,228	3,492,228
313	**Veterans' Home**				
	• Increases funding for operating expenses due to the increase in the number of residents in the new facility		1,220	1,116,848	1,118,068
325	**Department of Human Services**				
	• Adds general fund support as a result of a reduction in the state's federal medical assistance percentage (FMAP)		104,887,387	(104,904,779)	(17,392)
	• Changes the funding source for medical services and long-term care services from Bank of North Dakota loan proceeds in the 2009-11 biennium to the general fund		8,500,000	(8,500,000)	0
	• Changes the funding source for nursing facility payments from the health care trust fund in the 2009-11 biennium to the general fund		4,124,506	(4,124,506)	0
	• Replaces federal fiscal stimulus funding relating to FMAP and child support enforcement appropriated for the 2009-11 biennium with funding from the general fund and removes other federal fiscal stimulus funding provided in the 2009-11 biennium		69,307,001	(99,095,205)	(29,788,204)
	• Adds funding for cost, caseload, and utilization changes for major grant programs, including Medicaid, long-term care, developmental disabilities, basic care, foster care, child care, subsidized adoption, food stamps, temporary assistance for needy families, etc.		61,696,038	218,814,932	280,510,970
	• Adds funding for providing 3 percent inflationary increases to human services providers for each year of the 2011-13 biennium		25,516,808	28,757,382	54,274,190
	• Adds funding for increasing psychiatric inpatient hospitalization contracts rates at the human service centers		3,431,017		3,431,017
	• Adds funding for contracting for beds in a crisis stabilization unit for the seriously mentally ill (North Central Human Service Center)		1,444,661		1,444,661
	• Adds funding for contracting for chemical dependency residential services (Southeast Human Service Center)		939,159		939,159
	• Adds funding and 7 FTE positions to perform functions necessary to comply with the provisions of federal health care reform	7.00	214,123	290,155	504,278
	• Increases funding for senior service providers to assist with the costs of providing meals to the elderly		300,000		300,000

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
	• Adds 12 FTE positions as requested by the department in its hold-even budget request, including 4 FTE positions in information technology services, 1 FTE position in medical services, 6 FTE positions in mental health and substance abuse, and 1 FTE position at the North Central Human Service Center	12.00	499,108	1,355,682	1,854,790
380	**Job Service North Dakota**				
	• Adds 2 FTE positions	2.00		108,559	108,559
	• Provides federal funding for the agency's portion of the statewide longitudinal data system			1,036,000	1,036,000
	• Increases funding from Reed Act distributions for the unemployment insurance computer modernization efforts			6,884,414	6,884,414
	• Provides for the carryover of federal fiscal stimulus funds not expended in the 2009-11 biennium relating to state unemployment insurance and employment services and administration relating to unemployment compensation benefit increases			1,500,000	1,500,000
401	**Insurance Commissioner, including insurance tax payments to fire departments**				
	• Provides funding for health care reform, including 5 FTE positions--insurance company examiner ($149,869), research analyst ($144,938), insurance company financial analyst ($145,012), insurance form rate analyst ($62,287), and state health insurance counselor ($133,845). Funding includes $2 million of federal funds relating to health insurance premium rate review.	5.00		2,469,871	2,469,871
405	**Industrial Commission**				
	• Changes the funding source for 2 contingent FTE positions for the Department of Mineral Resources previously funded from the lands and minerals trust fund in the 2009-11 biennium, including $249,819 for salaries and wages and $69,400 for related operating expenses	2.00	319,219	(319,219)	0
	• Adds 1 FTE petroleum engineer position ($138,356) and related operating expenses ($61,500)	1.00	199,865		199,865
	• Adds 6 FTE engineering technician field inspector positions ($564,336) and related operating expenses ($276,750)	6.00	841,086		841,086
	• Adds 1 FTE engineering technician measurement specialist position ($124,871) and related operating expenses ($61,500)	1.00	186,371		186,371
	• Adds 1 FTE production analyst position ($116,341) and related operating expenses ($8,500)	1.00	124,841		124,841
	• Adds 1 FTE subsurface geologist position ($159,814) and related operating expenses ($61,500)	1.00	221,314		221,314

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
408	**Public Service Commission**				
	• Increases funding for abandoned mine lands reclamation			1,500,000	1,500,000
471	**Bank of North Dakota**				
	• Changes funding source from the beginning farmer revolving loan program to the general fund and increases funding to enhance the beginning farmer revolving loan program for a total of $1.4 million for the 2011-13 biennium		1,400,000	(950,000)	450,000
	• Increases funding from federal funds ($2,424,257) and decreases funding from the Bank of North Dakota operating fund ($602,900) for bank operations			1,821,357	1,821,357
	• Adds funding for purchase or replacement of information technology equipment			1,134,000	1,134,000
	• Provides ongoing funding for the biofuels PACE program, an increase of $300,000 from the one-time funding provided in the 2009-11 biennium		1,000,000		1,000,000
475	**Mill and Elevator Association**				
	• Increases funding for operating expenses and contingencies			2,971,887	2,971,887
	• Adds 2 FTE car checker positions	2.00		231,322	231,322
	• Adds 1 FTE sales representative position	1.00		147,481	147,481
	• Adds 1 FTE laboratory technician position	1.00		114,802	114,802
504	**Highway Patrol**				
	• Adds 3 FTE motor carrier officer positions ($412,688) and related operating expenses ($321,000) to increase vehicle weight enforcement in areas affected by oil and gas development	3.00	638,309	95,379	733,688
530	**Department of Corrections and Rehabilitation**				
	Adult Services				
	• Adds 66 FTE positions ($2,545,987) and related operating expenses ($305,071) for the State Penitentiary expansion. Total salaries for the new FTE positions are identified below (the majority of the new FTE positions will be hired in October 2012):	66.00	2,760,358	90,700	2,851,058
	41 FTE correctional officers II ($1,530,899 - general fund)				
	7 FTE health care orderlies ($215,873 - general fund)				
	5 FTE correctional caseworkers ($207,385 - general fund)				
	2 FTE correctional unit managers ($92,371 - general fund)				
	2 FTE industries specialists II ($90,700 - other funds)				
	1.5 FTE registered nurses II ($69,638 - general fund)				
	1 FTE dental assistant ($30,839 - general fund)				
	1 FTE administrative assistant ($29,798 - general fund)				

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
	1 FTE correctional supervisor II ($47,953 - general fund)				
	1 FTE food service director I ($41,477 - general fund)				
	1 FTE storekeeper ($86,649 - general fund)				
	1 FTE systems mechanic II ($42,169 - general fund)				
	1 FTE training officer ($40,788 - general fund)				
	.5 FTE registered pharmacy technician ($19,448 - general fund)				
	• Adds 1 FTE industries specialist position for commissary operations	1.00		110,387	110,387
	• Adds funding for Roughrider Industries operations			1,484,371	1,484,371
	• Increases funding for contract housing to provide total funding of $32,083,506 for the 2011-13 biennium, including the following:		3,221,611		3,221,611
	Treatment for males ($5,290,785)				
	Transition for males ($6,529,441)				
	County jails ($3,441,540)				
	Transition and treatment for females ($4,381,432)				
	Halfway house ($2,151,551)				
	Quarter house ($302,483)				
	Parole hold ($350,400)				
	Electronic monitoring ($167,535)				
	Low risk ($32,266)				
	Faith-based treatment ($843,150)				
	Dakota Women's Correctional and Rehabilitation Center ($8,592,923)				
	• Increases funding for medical services to provide a total of $8,537,768		1,288,622		1,288,622
540	**Adjutant General, including the National Guard and Department of Emergency Services**				
	• Adds funding for federal construction projects including $20 million for capital construction projects and $5 million for extraordinary repairs			25,000,000	25,000,000
	• Adds funding for 4 FTE regional emergency management coordinator positions	4.00	157,684	473,052	630,736
	• Provides funding for 1 FTE custodian ($79,583) and funding for costs to continue 4 FTE maintenance staff ($232,140) added in the second year of the 2009-11 biennium for the regional training institute at Camp Grafton in Devils Lake	1.00	77,932	233,792	311,724
	• Adds funding for 5 FTE 119th Wing firefighter positions at Hector Field in Fargo	5.00		517,572	517,572

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
601	**Department of Commerce**				
	• Provides for the continuation of the 2009-11 biennium $5 million general fund appropriation provided to the Department of Commerce for a grant to the Great Plains Applied Energy Research Center to the 2011-13 biennium. Any unexpended funds are to be transferred to the centers of excellence fund for centers of entrepreneurship excellence grants.				
	• Adds funding to create a Division of Energy, including an energy director position ($243,549), program manager position ($125,216), and operating expenses ($250,925)	2.00	619,690		619,690
	• Adds .25 FTE tourism position	.25			
602	**Department of Agriculture**				
	• Adds 1 FTE position ($120,350) and related operating expenses ($174,538) to support the sustainable agriculture program	1.00	294,888		294,888
	• Adjusts funding for the specialty crop grant program to reflect increased federal funding for the program			615,554	615,554
628	**Branch research centers**				
	• Provides funding for State Board of Agricultural Research and Education priorities, including soil productivity and land management ($940,000) and infrastructure support ($100,000)		1,435,000		1,435,000
	• Adjusts funding for equipment over $5,000. Funding from the general fund remains at $400,000.			1,064,064	1,064,064
	• Adjusts funding due to increased revenue collections at branch research centers		(103,409)	1,404,200	1,300,791
630	**NDSU Extension Service**				
	• Provides funding for State Board of Agricultural Research and Education priorities, including technical salary support ($450,000), soil health and land management ($690,000), and livestock stewardship ($250,000)		1,810,000		1,810,000
	• Provides funding for the gearing up for kindergarten program. The program will be offered through the Extension Service's parenting resource centers.		830,000		830,000
640	**NDSU Main Research Center**				
	• Provides funding for State Board of Agricultural Research and Education priorities, including greenhouse utilities ($173,622), soil productivity and land management ($470,000), and operations infrastructure support ($1.9 million)		2,423,622		2,423,622
701	**State Historical Society**				
	• Adds 1 FTE exhibit specialist position for the Heritage Center expansion	1.00	61,738		61,738

Dept. No.	Agency/Item Description	Full-Time Equivalent (FTE) Changes	General Fund Increase (Decrease)	Special Funds Increase (Decrease)	Total
720	**Game and Fish Department**				
	• Increases funding for boating access and development grants from $1,635,000 to $2,755,000			1,120,000	1,120,000
	• Provides funding for fishing area improvements			875,000	875,000
750	**Parks and Recreation Department**				
	• Adds federal funding to convert a long-term temporary employee to a 1 FTE grants administrator position (The amount shown is net of a reduction in temporary salaries of $96,000.)	1.00		15,238	15,238
770	**State Water Commission**				
	• Increases funding for capital projects and bond payments to provide a total of $98,321,805			3,220,861	3,220,861
	• Increases various operating expenses, including utilities, by $4.5 million and professional services by $3.9 million		175,283	8,371,539	8,546,822
	• Adds 1 FTE Water Development Division director position to address the increase in statewide water issues	1.00	231,899		231,899
	• Increases grants due to increase in funds available in the resources trust fund			127,026,445	127,026,445
801	**Department of Transportation**				
	• Adds 6 FTE transportation technician positions	6.00		620,412	620,412
	• Adds 4 FTE driver's license examiner positions	4.00		361,172	361,172
	• Adds 2 FTE motor vehicle licensing specialist positions	2.00		203,100	203,100
	• Provides funding from special funds for salary equity adjustments for the recruitment and retention of heavy equipment operators			1,100,000	1,100,000
	• Provides additional funding for roadway maintenance safety items due to increased material costs			15,605,992	15,605,992
	• Increases anticipated federal highway construction funding to be received from $500,900,000 to $569,500,000			68,600,000	68,600,000
	• Provides funding for an information technology program to improve the department's method of estimating project costs			532,055	532,055
	• Authorizes spending authority for federal fiscal stimulus funding not spent during the 2009-11 biennium for transportation infrastructure projects ($5,189,575), grants for rural transit programs ($4.8 million), and a federal fiscal stimulus grant received to construct the North Central Regional Economic Growth Intermodal Port Connector project in Minot ($14,130,000)			24,119,575	24,119,575
Total		158.75	$267,312,393	$769,000,060	$1,036,312,453

Attachment SEVEN
HB 1004
Army Smith
January 31, 2011

EMERGENCY PREPAREDNESS AND RESPONSE SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**12.50**	**13.50**	**13.50**	**13.00**	**(0.50)**	**-4%**
Salaries	977,674	777,464	1,117,397	1,180,698	63,301	6%
Temporary, Overtime	557,495	391,352	792,290	504,554	(287,736)	-36%
Benefits	417,944	379,053	551,764	593,928	42,164	8%
TOTAL	**1,953,113**	**1,547,869**	**2,461,451**	**2,279,180**	**(182,271)**	**-7%**
General Fund	382,998	340,778	438,645	707,612	268,967	61%
Federal Funds	1,561,757	1,207,091	2,022,806	1,571,568	(451,238)	-22%
Other Funds	8,358	0	0	0	0	
OPERATING EXPENSES						
Travel	130,251	94,119	209,530	193,708	(15,822)	-8%
Supplies - IT Software	97,603	103,973	99,309	65,119	(34,190)	-34%
Supply/Material Professional	60,267	24,326	33,010	33,711	701	2%
Food & Clothing	2,023	0	0	0	0	
Bldg/Ground Maintenance	173,483	137,755	61,018	63,747	2,729	4%
Miscellaneous Supplies	28,699	4,046	412	15,988	15,576	3782%
Office Supplies	22,295	24,886	28,852	28,160	(692)	-2%
Postage	14,782	32,287	40,825	34,009	(6,816)	-17%
Printing	25,241	34,970	38,644	44,490	5,846	15%
Utilities	10,035	12,704	25,951	27,248	1,297	5%
Insurance	1,043	5,365	15,000	15,750	750	5%
Rentals/Leases - Equip/Other	1,968	1,572	2,391	1,392	(999)	-42%
Rentals/Leases - Bldg/Land	271,482	268,752	385,644	441,327	55,683	14%
Repairs	220,471	33,158	13,564	13,138	(426)	-3%
IT - Data Processing	373,686	175,009	157,540	176,891	19,351	12%
IT - Communications	80,256	78,542	75,182	85,729	10,547	14%
IT - Contractual Services	992,062	330,484	695,000	492,133	(202,867)	-29%
Professional Development	49,058	17,269	21,840	24,732	2,892	13%
Operating Fees & Services	38,279	133,814	157,461	151,010	(6,451)	-4%
Professional Services	1,725,009	244,908	299,040	372,200	73,160	24%
Medical, Dental, and Optical	2,000,786	2,152,584	657,956	192,361	(465,595)	-71%
Sub Total Operating	**6,318,779**	**3,910,524**	**3,018,167**	**2,472,843**	**(545,324)**	**-18%**
IT Equip Under $5,000	234,596	37,702	86,533	62,070	(24,463)	-28%
Other Equip Under $5,000	119,181	16,929	37,045	6,400	(30,645)	**-83%**
Office Equip/Furn. Supplies	17,980	3,378	2,078	0	(2,078)	
TOTAL	**6,690,536**	**3,968,533**	**3,143,823**	**2,541,313**	**(602,510)**	**-19%**
General Fund	2,208,395	97,811	217,207	531,107	313,900	145%
Federal Funds	4,401,677	3,866,581	2,926,616	2,000,206	(926,410)	-32%
Other Funds	80,464	4,141	0	10,000	10,000	100%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	136,202	242,889	387,245	292,500	(94,745)	-24%
IT Equip/Software >$5,000	0	5,870	0	18,000	18,000	100%
TOTAL	**136,202**	**248,759**	**387,245**	**310,500**	**(76,745)**	**-20%**
General Fund	14,647	0	0	0	0	
Federal Funds	121,555	248,759	387,245	310,500	(76,745)	-20%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	10,730,452	8,867,603	15,304,912	9,427,754	(5,877,158)	-38%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	0	0	0	0	
TOTAL	**10,730,452**	**8,867,603**	**15,304,912**	**9,427,754**	**(5,877,158)**	**-38%**
General Fund	933,548	499,285	1,068,400	1,240,000	171,600	16%
Federal Funds	8,390,695	6,965,652	11,061,512	6,937,754	(4,123,758)	-37%
Other Funds	1,406,209	1,402,666	3,175,000	1,250,000	(1,925,000)	-61%
GRAND TOTAL	**19,510,303**	**14,632,763**	**21,297,431**	**14,558,747**	**(6,738,684)**	**-32%**
General Fund	3,539,588	937,874	1,724,252	2,478,719	754,467	44%
Federal Funds	14,475,684	12,288,083	16,398,179	10,820,028	(5,578,151)	-34%
Other Funds	1,495,031	1,406,807	3,175,000	1,260,000	(1,915,000)	-60%

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP HPP EMS-Legal	18,430	17,800	(630)	-3.4%
PHP-BreConsulting (Ed Tech)	27,000	27,000	-	0.0%
PHP-Ed Tech Equipment Maintenance Services	14,000	14,000	-	0.0%
PHP-Hennepin County Poison Control (Disease Control)	9,807	-	(9,807)	-100.0%
PHP-Integrated Commercial Solutions, Inc.	24,108	-	(24,108)	-100.0%
PHP-Local Public Health IT Services	90,000	100,000	10,000	11.1%
PHP-Misc Professional Services	10,000	31,000	21,000	210.0%
PHP-Risk Communication Conference (Public Infor. Office)	20,000	20,000	-	0.0%
PHP-Verbatim Translations (Public Infor. Office)	5,000	5,000	-	0.0%
HPP-Albertson Consulting	25,100	-	(25,100)	-100.0%
HPP-Consilience	21,300	-	(21,300)	-100.0%
HPP-Kreiser's	5,000	3,500	(1,500)	-30.0%
HPP-Minimal Care Facility Services	21,000	-	(21,000)	-100.0%
EMS-Pediatric Training for Ambulance Services	-	55,000	55,000	100.0%
EMS-Regional Coord for Ambulance Service	-	98,900	98,900	100.0%
EMS-Medical Services- Tuition Defrayment	4,200	-	(4,200)	-100.0%
EMS-Training	4,095	-	(4,095)	-100.0%
Total Professional Services	**$299,040**	**$ 372,200**	**$ 73,160**	**24.5%**

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP-Strategic National Stockpile Inventory System	60,000	60,000	-	0.0%
PHP-ICPA (RedBat)	12,000	12,000	-	0.0%
PHP-StarLims	52,000	52,000	-	0.0%
PHP-Nexus On-line Program Reporting System	79,000	-	(79,000)	-100.0%
PHP-Electronic Disease Reporting System (Consilience Mtce Agrmnt)	49,500	49,500	-	0.0%
PHP-Internet Video Network Multipoint Control Unit (AVI Mtce Agrmnt)	70,000	70,000	-	0.0%
PHP-City Watch (Health Alert Network Development)	25,000	25,000	-	0.0%
PHP-Consilience Module 1	-	13,333	13,333	100.0%
HPP-Global Emergency Resources Healthcare Standard Maintenance	30,000	30,000	-	0.0%
HPP-ESAR-VHP (Consilience Mtce Agrmnt)	80,000	80,000	-	0.0%
EMS-Traffic Assessment (Clinical Data Management-Mtce Agrmnt)	17,000	-	(17,000)	-100.0%
EMS-Trauma (Clinical Data Management-Mtce Agrmnt)	10,000	34,000	24,000	240.0%
EMS-Trauma Registry	200,000	-	(200,000)	100.0%
EMS-Med Media	5,500	41,000	35,500	645.5%
EMS-iNET Technologies Trauma Program	5,000	-	(5,000)	-100.0%
EMS-Ambulance Inspections	-	14,300	14,300	100.0%
EMS-Personnel and Service Registry	-	11,000	11,000	100.0%
Total IT Contractual Services	**$695,000**	**$ 492,133**	**$ (202,867)**	**-29.2%**

PHP - Public Health Preparedness
HPP - Hospital Preparedness Program
EMS - Emergency Medical Services
ICPA - Infection Control and Prevention Analysis
ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Grants-LPHU (PHP)	3,930,980	2,368,371	1,562,609	3,986,994		3,986,994	
Grants-Tribal Health Agencies (PHP)	186,760	18,676	168,084	186,800		186,800	
Grant for City Readiness Initiative (PHP-CRI)	400,000	279,852	120,148	400,000		400,000	
Grants-Dept. of Agriculture (PHP)	250,000	55,264	194,736	-			
LPHU Connectivity (HAN-PHP)	526,200	203,987	322,213	526,200		526,200	
Grants-LPHU (H1N1-PHP)	3,600,000	2,559,363	1,040,637	-			
Sentinel Labs (PHP)	45,760	40,108	5,652	45,760		45,760	
NDSU (PHP)	28,000	19,301	8,699	28,000		28,000	
Grants to Associations (HPP)	2,093,812	1,420,730	673,082	1,764,000		1,764,000	
Emerg Medical Services Training Grant (Gen Fund)	940,000	499,285	440,715	940,000	940,000		
Emerg Medical Services Training Grant (Insurance Dist Fund)	2,750,000	1,343,116	1,406,884	1,250,000			1,250,000
EMS Volunteer Training Grant (09-11 Comm Hlth Trust Fund)	300,000	29,550	270,450	300,000	300,000		
EMS Grants to Rural Law Enforcement (Gen Fund)	128,400	-	128,400	-			
EMS Quick Response Units (Health Care Trust Fund)	125,000	30,000	95,000	-			
Total Grants	**$15,304,912**	**$8,867,603**	**$6,437,309**	**$9,427,754**	**$1,240,000**	**$6,937,754**	**$1,250,000**

North Dakota Department of Health
Emergency Preparedness and Response Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Portable Medical Shelters	PHP	2	60,000	120,000
Defibrilators	HPP	5	10,000	50,000
BioSafety Cabinet (Lab)	PHP	1	12,500	12,500
Generator - Gold Seal Bldg	PHP	1	100,000	100,000
Video Switching System (Ed Tech)	PHP	1	10,000	10,000
Emergency Preparedness and Response Total				**292,500**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Sequel Server (Lab)	PHP	1	10,000	10,000
Sequel Server for WASP	PHP	1	8,000	8,000
Emergency Preparedness and Response Total				**18,000**

This equipment is funded with federal funds

EMERGENCY PREPAREDNESS AND RESPONSE SECTION Attachment ONE

HB 1004
Army
Smith
January 31, 2011
PM

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**12.50**	**13.50**	**13.50**	**13.00**	**(0.50)**	**-4%**
Salaries	977,674	777,464	1,117,397	1,180,698	63,301	6%
Temporary, Overtime	557,495	391,352	792,290	504,554	(287,736)	-36%
Benefits	417,944	379,053	551,764	593,928	42,164	8%
TOTAL	**1,953,113**	**1,547,869**	**2,461,451**	**2,279,180**	**(182,271)**	**-7%**
General Fund	382,998	340,778	438,645	707,612	268,967	61%
Federal Funds	1,561,757	1,207,091	2,022,806	1,571,568	(451,238)	-22%
Other Funds	8,358	0	0	0	0	
OPERATING EXPENSES						
Travel	130,251	94,119	209,530	193,708	(15,822)	-8%
Supplies - IT Software	97,603	103,973	99,309	65,119	(34,190)	-34%
Supply/Material Professional	60,267	24,326	33,010	33,711	701	2%
Food & Clothing	2,023	0	0	0	0	
Bldg/Ground Maintenance	173,483	137,755	61,018	63,747	2,729	4%
Miscellaneous Supplies	28,699	4,046	412	15,988	15,576	3782%
Office Supplies	22,295	24,886	28,852	28,160	(692)	-2%
Postage	14,782	32,287	40,825	34,009	(6,816)	-17%
Printing	25,241	34,970	38,644	44,490	5,846	15%
Utilities	10,035	12,704	25,951	27,248	1,297	5%
Insurance	1,043	5,365	15,000	15,750	750	5%
Rentals/Leases - Equip/Other	1,968	1,572	2,391	1,392	(999)	-42%
Rentals/Leases - Bldg/Land	271,482	268,752	385,644	441,327	55,683	14%
Repairs	220,471	33,158	13,564	13,138	(426)	-3%
IT - Data Processing	373,686	175,009	157,540	176,891	19,351	12%
IT - Communications	80,256	78,542	75,182	85,729	10,547	14%
IT - Contractual Services	992,062	330,484	695,000	492,133	(202,867)	-29%
Professional Development	49,058	17,269	21,840	24,732	2,892	13%
Operating Fees & Services	38,279	133,814	157,461	151,010	(6,451)	-4%
Professional Services	1,725,009	244,908	299,040	372,200	73,160	24%
Medical, Dental, and Optical	2,000,786	2,152,584	657,956	192,361	(465,595)	-71%
Sub Total Operating	**6,318,779**	**3,910,524**	**3,018,167**	**2,472,843**	**(545,324)**	**-18%**
IT Equip Under $5,000	234,596	37,702	86,533	62,070	(24,463)	-28%
Other Equip Under $5,000	119,181	16,929	37,045	6,400	(30,645)	-83%
Office Equip/Furn. Supplies	17,980	3,378	2,078	0	(2,078)	
TOTAL	**6,690,536**	**3,968,533**	**3,143,823**	**2,541,313**	**(602,510)**	**-19%**
General Fund	2,208,395	97,811	217,207	531,107	313,900	145%
Federal Funds	4,401,677	3,866,581	2,926,616	2,000,206	(926,410)	-32%
Other Funds	80,464	4,141	0	10,000	10,000	100%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	136,202	242,889	387,245	292,500	(94,745)	-24%
IT Equip/Software >$5,000	0	5,870	0	18,000	18,000	100%
TOTAL	**136,202**	**248,759**	**387,245**	**310,500**	**(76,745)**	**-20%**
General Fund	14,647	0	0	0	0	
Federal Funds	121,555	248,759	387,245	310,500	(76,745)	-20%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	10,730,452	8,867,603	15,304,912	9,427,754	(5,877,158)	-38%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	0	0	0	0	
TOTAL	**10,730,452**	**8,867,603**	**15,304,912**	**9,427,754**	**(5,877,158)**	**-38%**
General Fund	933,548	499,285	1,068,400	1,240,000	171,600	16%
Federal Funds	8,390,695	6,965,652	11,061,512	6,937,754	(4,123,758)	-37%
Other Funds	1,406,209	1,402,666	3,175,000	1,250,000	(1,925,000)	-61%
GRAND TOTAL	**19,510,303**	**14,632,763**	**21,297,431**	**14,558,747**	**(6,738,684)**	**-32%**
General Fund	3,539,588	937,874	1,724,252	2,478,719	754,467	44%
Federal Funds	14,475,684	12,288,083	16,398,179	10,820,028	(5,578,151)	-34%
Other Funds	1,495,031	1,406,807	3,175,000	1,260,000	(1,915,000)	-60%

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP HPP EMS-Legal	18,430	17,800	(630)	-3.4%
PHP-BreConsulting (Ed Tech)	27,000	27,000	-	0.0%
PHP-Ed Tech Equipment Maintenance Services	14,000	14,000	-	0.0%
PHP-Hennepin County Poison Control (Disease Control)	9,807	-	(9,807)	-100.0%
PHP-Integrated Commercial Solutions, Inc.	24,108	-	(24,108)	-100.0%
PHP-Local Public Health IT Services	90,000	100,000	10,000	11.1%
PHP-Misc Professional Services	10,000	31,000	21,000	210.0%
PHP-Risk Communication Conference (Public Infor. Office)	20,000	20,000	-	0.0%
PHP-Verbatim Translations (Public Infor. Office)	5,000	5,000	-	0.0%
HPP-Albertson Consulting	25,100	-	(25,100)	-100.0%
HPP-Consilience	21,300	-	(21,300)	-100.0%
HPP-Kreiser's	5,000	3,500	(1,500)	-30.0%
HPP-Minimal Care Facility Services	21,000	-	(21,000)	-100.0%
EMS-Pediatric Training for Ambulance Services	-	55,000	55,000	100.0%
EMS-Regional Coord for Ambulance Service	-	98,900	98,900	100.0%
EMS-Medical Services- Tuition Defrayment	4,200	-	(4,200)	-100.0%
EMS-Training	4,095	-	(4,095)	-100.0%
Total Professional Services	**$299,040**	**$ 372,200**	**$ 73,160**	**24.5%**

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
PHP-Strategic National Stockpile Inventory System	60,000	60,000	-	0.0%
PHP-ICPA (RedBat)	12,000	12,000	-	0.0%
PHP-StarLims	52,000	52,000	-	0.0%
PHP-Nexus On-line Program Reporting System	79,000	-	(79,000)	-100.0%
PHP-Electronic Disease Reporting System (Consilience Mtce Agrmnt)	49,500	49,500	-	0.0%
PHP-Internet Video Network Multipoint Control Unit (AVI Mtce Agrmnt)	70,000	70,000	-	0.0%
PHP-City Watch (Health Alert Network Development)	25,000	25,000	-	0.0%
PHP-Consilience Module 1	-	13,333	13,333	100.0%
HPP-Global Emergency Resources Healthcare Standard Maintenance	30,000	30,000	-	0.0%
HPP-ESAR-VHP (Consilience Mtce Agrmnt)	80,000	80,000	-	0.0%
EMS-Traffic Assessment (Clinical Data Management-Mtce Agrmnt)	17,000	-	(17,000)	-100.0%
EMS-Trauma (Clinical Data Management-Mtce Agrmnt)	10,000	34,000	24,000	240.0%
EMS-Trauma Registry	200,000	-	(200,000)	100.0%
EMS-Med Media	5,500	41,000	35,500	645.5%
EMS-iNET Technologies Trauma Program	5,000	-	(5,000)	-100.0%
EMS-Ambulance Inspections	-	14,300	14,300	100.0%
EMS-Personnel and Service Registry	-	11,000	11,000	100.0%
Total IT Contractual Services	**$695,000**	**$ 492,133**	**$ (202,867)**	**-29.2%**

PHP - Public Health Preparedness
HPP - Hospital Preparedness Program
EMS - Emergency Medical Services
ICPA - Infection Control and Prevention Analysis
ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Grants-LPHU (PHP)	3,930,980	2,368,371	1,562,609	3,986,994		3,986,994	
Grants-Tribal Health Agencies (PHP)	186,760	18,676	168,084	186,800		186,800	
Grant for City Readiness Initiative (PHP-CRI)	400,000	279,852	120,148	400,000		400,000	
Grants-Dept. of Agriculture (PHP)	250,000	55,264	194,736	-			
LPHU Connectivity (HAN-PHP)	526,200	203,987	322,213	526,200		526,200	
Grants-LPHU (H1N1-PHP)	3,600,000	2,559,363	1,040,637	-			
Sentinel Labs (PHP)	45,760	40,108	5,652	45,760		45,760	
NDSU (PHP)	28,000	19,301	8,699	28,000		28,000	
Grants to Associations (HPP)	2,093,812	1,420,730	673,082	1,764,000		1,764,000	
Emerg Medical Services Training Grant (Gen Fund)	940,000	499,285	440,715	940,000	940,000		
Emerg Medical Services Training Grant (Insurance Dist Fund)	2,750,000	1,343,116	1,406,884	1,250,000			1,250,000
EMS Volunteer Training Grant (09-11 Comm Hlth Trust Fund)	300,000	29,550	270,450	300,000	300,000		
EMS Grants to Rural Law Enforcement (Gen Fund)	128,400	-	128,400	-			
EMS Quick Response Units (Health Care Trust Fund)	125,000	30,000	95,000	-			
Total Grants	**$15,304,912**	**$8,867,603**	**$6,437,309**	**$9,427,754**	**$1,240,000**	**$6,937,754**	**$1,250,000**

North Dakota Department of Health
Emergency Preparedness and Response Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Portable Medical Shelters	PHP	2	60,000	120,000
Defibrilators	HPP	5	10,000	50,000
BioSafety Cabinet (Lab)	PHP	1	12,500	12,500
Generator - Gold Seal Bldg	PHP	1	100,000	100,000
Video Switching System (Ed Tech)	PHP	1	10,000	10,000
Emergency Preparedness and Response Total				**292,500**

IT Equipment/Software > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Sequel Server (Lab)	PHP	1	10,000	10,000
Sequel Server for WASP	PHP	1	8,000	8,000
Emergency Preparedness and Response Total				**18,000**

This equipment is funded with federal funds

Compens[redacted]ckage

The recom[redacted]ed compensation package includes funds for a 3.0 percent average salary increase per month effective July 1, 2011 and another 3.0 percent average salary increase per month effective July 1, 2012. Salary increases must be based on merit and equity, and are not to be given across the board. Employees whose documented performance levels do not meet standards are not eligible for any salary increase.

The compensation package continues full health insurance coverage for state employees and their families. The total cost for health insurance is $886.62 per month per employee. This is a $60.96 or a 7.4 percent increase over last biennium.

The executive recommendation funds the retirement contributions bill endorsed by the interim Employee Benefits Committee. The bill proposes an increase in contributions to the retirement system of 2.0 percent on January 1, 2012 and [redacted]ther 2.0 percent increase on January 1, 2013. Employees would p[redacted]ercent of the increased contribution and the employer, the State of No[redacted]Dakota, would pay 1.0 percent of the contribution increase.

In addition to the compensation package noted above, the budget recommends targeted salary equity increases in four agencies as follows:

- Office of the Attorney General, $192,293 from the general fund, primarily for forensic scientists in the Crime Lab.
- Department of Health, $70,000 from the general fund, primarily for the air quality and environmental engineers.
- Industrial Commission, $255,819 from the general fund, primarily for geologists and petroleum engineers.
- Department of Transportation, $1.1 million from special funds, primarily for heavy equipment operators.

Attachment 1 Tab
OMB
HB 1004
January 31, 2011

Attachment THREE
Arvy Smith - HB 1004 - January 31, 2011

HEALTH RESOURCES SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.00**	**46.00**	**46.00**	**46.00**	**0.00**	**0%**
Salaries	3,429,290	3,079,608	4,576,916	4,834,395	257,479	6%
Temporary, Overtime	27,895	10,858	25,000	50,000	25,000	100%
Benefits	1,166,307	1,093,343	1,709,515	1,870,738	161,223	9%
TOTAL	**4,623,492**	**4,183,809**	**6,311,431**	**6,755,133**	**443,702**	**7%**
General Fund	665,808	1,115,132	1,574,489	1,862,766	288,277	18%
Federal Funds	3,309,330	2,443,528	3,833,442	4,117,533	284,091	7%
Other Funds	648,354	625,149	903,500	774,834	(128,666)	-14%
OPERATING EXPENSES						
Travel	536,122	428,040	735,215	794,542	59,327	8%
Supplies - IT Software	29,564	19,514	26,490	45,890	19,400	73%
Supply/Material Professional	9,512	6,300	10,630	11,162	532	5%
Food & Clothing	150	42	115	121	6	
Bldg/Ground Maintenance	1,658	555	734	770	36	5%
Miscellaneous Supplies	43	0	0	0	0	
Office Supplies	31,976	18,077	32,501	38,813	6,312	19%
Postage	33,279	22,500	40,086	42,090	2,004	5%
Printing	23,080	31,095	9,605	9,860	255	3%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	2,273	1,531	2,686	2,821	135	5%
Rentals/Leases - Bldg/Land	77,411	70,684	95,653	113,703	18,050	19%
Repairs	2,734	1,837	3,903	4,099	196	5%
IT - Data Processing	78,692	89,242	83,231	116,460	33,229	40%
IT - Communications	50,393	36,440	54,912	57,657	2,745	5%
IT - Contractual Services	0	0	0	0	0	
Professional Development	41,548	23,610	54,590	62,320	7,730	14%
Operating Fees & Services	27,818	9,416	19,969	20,968	998	5%
Professional Services	41,472	17,040	110,611	135,800	25,189	23%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**987,725**	**775,923**	**1,280,931**	**1,457,076**	**176,144**	**14%**
IT Equip Under $5,000	57,329	15,847	39,200	52,400	13,200	34%
Other Equip Under $5,000	0	0	400	0	(400)	
Office Equip/Furn. Supplies	8,749	63,062	58,942	7,600	(51,342)	-87%
TOTAL	**1,053,803**	**854,832**	**1,379,473**	**1,517,076**	**137,603**	**10%**
General Fund	137,452	182,101	327,440	307,947	(19,493)	-6%
Federal Funds	756,715	539,923	874,199	1,030,863	156,664	18%
Other Funds	159,636	132,808	177,834	178,266	432	0%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	8,194	0	0	0	0	
IT Equip/Software >$5,000	0	0	0	15,000	15,000	100%
TOTAL	**8,194**	**0**	**0**	**15,000**	**15,000**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	8,194	0	0	0	0	
Other Funds	0	0	0	15,000	15,000	100%
GRANTS\SPECIAL LINE ITEMS						
Grants	0	0	0	0	0	
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	9,994	18,685	0	(18,685)	
TOTAL	**0**	**9,994**	**18,685**	**0**	**(18,685)**	
General Fund	0	0	0	0	0	
Federal Funds	0	9,994	18,685	0	(18,685)	
Other Funds	0	0	0	0	0	
GRAND TOTAL	**5,685,489**	**5,048,635**	**7,709,589**	**8,287,209**	**577,620**	**7%**
General Fund	803,260	1,297,233	1,901,929	2,170,713	268,784	14%
Federal Funds	4,074,239	2,993,445	4,726,326	5,148,396	422,070	9%
Other Funds	807,990	757,957	1,081,334	968,100	(113,234)	-10%

NORTH DAKOTA DEPARTMENT OF HEALTH
Health Resources Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal - Administative Hearings	5,000	10,000	5,000	100.0%
Legal - Attorney General	49,811	43,000	(6,811)	-13.7%
Contractual Assistance	-	10,000	10,000	100.0%
Health Facilities Training	55,800	58,800	3,000	5.4%
Conversion of Microfiche	-	14,000	14,000	100.0%
Total Professional Services	**$ 110,611**	**$ 135,800**	**$ 25,189**	**22.8%**

North Dakota Department of Health
Health Resources Section
2011-13 Executive Budget

IT Equipment/Software > $5,000

Description\Narrative	Dept	Qty	Base Price	Total Equipment
Wide Format Digital Scanner	LSC	1	15,000	15,000
Health Resources Total				15,000

This equipment is funded with special funds

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Administrative Support | **Reporting Level:** 00-301-100-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001648-1	Dwelle,Terry L	1.00		100%	45.00	51.00	4.00	14,252.00	357,594.12	76,847.64	434,441.76	0.00	17,211.11
00001650-1	Rodahl,Londa R	1.00		100%	35.00	61.00	4.00	3,632.00	91,129.80	37,991.27	129,121.07	0.00	4,631.74
00001652-1	Albin,Kathleen J			100%	41.10	55.86	3.04	6,762.00	83,578.32	25,851.44	109,429.76	0.00	2,845.97
00001652-1	Albin,Kathleen J	1.00		100%	41.00	56.00	3.00	6,762.00	86,085.72	26,275.39	112,361.11	0.00	5,777.34
00001657-1	Stegmiller-Richter,Kathleen	1.00		100%	35.00	62.00	3.00	2,888.00	72,462.24	34,648.93	107,111.17	0.00	3,682.92
00001660-1	Olson,Kerry M	1.00		100%	35.00	61.00	4.00	6,116.00	153,455.28	49,224.69	202,679.97	0.00	7,799.40
00001662-1	Nagel,Kelly J	1.00		100%	100.00	0.00	0.00	4,523.00	113,485.68	42,068.20	155,553.88	0.00	5,767.95
00001669-1	Meschke,Darin J	1.00		100%	100.00	0.00	0.00	5,526.00	138,651.72	46,574.18	185,225.90	0.00	7,047.02
00001671-1	Hanson,Laurie A	1.00		100%	100.00	0.00	0.00	2,747.00	68,924.40	34,015.49	102,939.89	0.00	3,503.07
00001672-1	Nordland,Jill C	1.00		100%	100.00	0.00	0.00	2,195.00	55,074.36	31,535.74	86,610.10	0.00	2,799.24
00001674-1	Nassif,Patricia A	1.00		100%	100.00	0.00	0.00	2,568.00	64,433.16	33,211.36	97,644.52	0.00	3,274.86
00001675-1	Lee,Pamela K	1.00		100%	100.00	0.00	0.00	2,470.00	61,974.24	32,771.06	94,745.30	0.00	3,149.81
00001676-1	Miller,Verdeen E	1.00		100%	100.00	0.00	0.00	2,985.00	74,896.08	35,084.68	109,980.76	0.00	3,806.68
00001678-1	McGrath,Samantha R	1.00		100%	35.00	62.00	3.00	2,189.00	54,923.76	31,508.70	86,432.46	0.00	2,791.51
00001679-1	Friesz,Kerri A	1.00		100%	0.00	100.00	0.00	2,000.00	50,181.60	30,663.31	80,844.91	0.00	2,560.75
00001680-1	Stanton,Margaret Ann	0.10		10%	35.00	61.00	4.00	2,395.00	6,009.25	3,243.42	9,252.67	0.00	305.43
00001681-1	Christman,Peggy S	1.00		100%	100.00	0.00	0.00	2,195.00	55,074.36	31,535.72	86,610.08	0.00	2,799.28
00001682-1	Hamkens,Angie M	1.00		100%	100.00	0.00	0.00	2,529.00	63,454.68	33,036.08	96,490.76	0.00	3,225.13
00001684-1	Hoff,Melanni J	1.00		100%	35.00	62.00	3.00	4,557.00	114,338.76	42,220.90	156,559.66	0.00	5,811.29
00001685-1	Kilen,Karla J	1.00		100%	0.00	100.00	0.00	2,605.00	65,361.48	33,377.52	98,739.00	0.00	3,321.98
00001686-1	Nelson,Rose M	1.00		100%	35.00	62.00	3.00	3,512.00	88,118.88	37,526.37	125,645.25	0.00	4,478.69
00001732-1	Johnson,Allen L	0.25		25%	35.00	61.00	4.00	5,006.00	31,401.15	11,059.52	42,460.67	0.00	1,596.00
00001785-1	Olson,Laura J	1.00		100%	100.00	0.00	0.00	4,300.00	107,890.44	41,066.44	148,956.88	0.00	5,483.64
00001788-1	Pitzer,Lynette E	1.00		100%	100.00	0.00	0.00	2,639.00	66,214.68	33,530.31	99,744.99	0.00	3,365.45
00001805-1	Canton,Loreeta G	1.00		100%	35.00	62.00	3.00	4,109.00	103,098.12	40,208.29	143,306.41	0.00	5,240.03
00001810-1	Smith,Arvella J	1.00		100%	57.00	39.00	4.00	8,572.00	215,078.28	60,258.12	275,336.40	0.00	10,931.38
00001826-1	Haas,Karen R	1.00		100%	35.00	62.00	3.00	5,480.00	137,497.56	46,367.48	183,865.04	0.00	6,988.34
00001836-1	Jacobson,Elizabeth M	1.00		100%	35.00	62.00	3.00	4,580.00	114,915.84	42,324.29	157,240.13	0.00	5,840.62
00001861-1	Olson,Melissa J	1.00		100%	0.00	100.00	0.00	4,936.00	123,848.16	43,923.53	167,771.69	0.00	6,294.65
00001862-1	Hjelmeland,Pauline R	1.00		100%	35.00	62.00	3.00	4,900.00	122,944.92	43,687.71	166,632.63	0.00	6,248.69
00001863-1	Mahlum,Linda M	1.00		100%	35.00	62.00	3.00	2,775.00	69,627.00	34,141.39	103,768.39	0.00	3,538.91
00001869-1	Schwartz,Kay L	1.00		100%	100.00	0.00	0.00	2,276.00	57,106.68	31,899.50	89,006.18	0.00	2,902.46
00001878-1	Schneider,Patricia A	1.00		100%	35.00	62.00	3.00	3,342.00	83,853.48	36,688.58	120,542.06	0.00	4,261.92
00001890-1	Rasmussen,Stephanie J	1.00		100%	35.00	62.00	3.00	3,281.00	82,322.88	36,488.51	118,811.39	0.00	4,184.08

- Attachment Four - LC - HB 1004 January 31, 2011

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Administrative Support | **Reporting Level:** 00-301-100-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001896-1	Barth,Carmell R	1.00		100%	0.00	100.00	0.00	3,556.00	89,222.88	37,649.86	126,872.74	0.00	4,534.80
00001973-1	Winking,Barbara J	1.00		100%	0.00	100.00	0.00	3,820.00	95,846.88	38,909.99	134,756.87	0.00	4,871.48
00001974-1	Eberl,Stacy L	1.00		100%	0.00	100.00	0.00	3,503.00	87,893.04	37,485.95	125,378.99	0.00	4,467.17
00001975-1	Stephenson,Dan W	1.00		100%	0.00	100.00	0.00	2,979.00	74,745.48	35,131.86	109,877.34	0.00	3,798.98
00001978-1	Baird,John R	0.33		66%	31.82	65.15	3.03	6,448.00	106,778.39	33,472.68	140,251.07	0.00	5,427.03
00001985-1	Wilke,Dirk D	1.00		100%	35.00	61.00	4.00	3,416.00	85,710.12	37,020.91	122,731.03	0.00	4,356.22
00027060-1	Riedman, Karol	1.00		100%	35.00	61.00	4.00	5,500.00	137,999.40	46,457.37	184,456.77	0.00	7,013.93
00028660-1	Vacant	1.00		100%	0.00	100.00	0.00	5,150.00	129,217.68	44,884.86	174,102.54	0.00	6,567.62
SubTotal									**4,042,420.95**	**1,561,869.24**	**5,604,290.19**	**0.00**	**204,504.57**
Temporary and Other Pay Types													
Admin Temp-1	Vacant	0.00		100%	35.00	33.50	31.50	4,791.67	115,000.00	11,499.99	126,499.99	0.00	0.00
Ed Tech Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	3,687.50	88,500.00	18,761.64	107,261.64	0.00	0.00
SubTotal									**203,500.00**	**30,261.63**	**233,761.63**	**0.00**	**0.00**
Total		**38.68**							**4,245,920.95**	**1,592,130.87**	**5,838,051.82**	**0.00**	**204,504.57**
							Reporting Level General Fund		**1,922,437.05**	**763,848.63**	**2,686,285.68**	**0.00**	**123,541.45**
							Reporting Level Federal Fund		**2,208,041.87**	**798,731.93**	**3,006,773.80**	**0.00**	**80,963.12**
							Reporting Level Special Fund		**115,442.03**	**29,550.31**	**144,992.34**	**0.00**	**0.00**
							Total Reporting Level Funding		**4,245,920.95**	**1,592,130.87**	**5,838,051.82**	**0.00**	**204,504.57**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Medical Services | **Reporting Level:** 00-301-210-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001649-1	Massello III,William	1.00		100%	100.00	0.00	0.00	15,288.00	383,588.16	79,919.89	463,508.05	0.00	18,462.17
00001659-1	Sayler,Corey J	1.00		100%	100.00	0.00	0.00	2,662.00	66,791.76	33,737.34	100,529.10	0.00	3,394.78
00001668-1	Jansen,Renae J	1.00		100%	0.00	100.00	0.00	2,536.00	63,630.24	33,067.58	96,697.82	0.00	3,234.00
00001730-1	Larson,Denise L	1.00		100%	0.00	100.00	0.00	3,292.00	82,598.88	36,538.03	119,136.91	0.00	4,198.12
00001766-1	Arso,Theresa L	1.00		100%	0.00	100.00	0.00	2,224.00	55,801.92	31,665.97	87,467.89	0.00	2,836.15
00001768-1	Erickson,Beth A	1.00		100%	20.00	80.00	0.00	3,343.00	83,878.56	36,767.13	120,645.69	0.00	4,263.17
00001769-1	Guerard,Krissie L	1.00		100%	0.00	100.00	0.00	3,759.00	94,316.28	38,635.95	132,952.23	0.00	4,793.65
00001771-1	Kruger,Kirby J			100%	31.80	68.20	0.00	6,195.00	76,570.20	24,595.59	101,165.79	0.00	2,607.32
00001771-1	Kruger,Kirby J	1.00		100%	30.00	70.00	0.00	6,195.00	78,867.36	24,984.02	103,851.38	0.00	5,292.92
00001772-1	Lovelace,Stacy M	1.00		100%	25.00	75.00	0.00	3,298.00	82,749.48	36,564.91	119,314.39	0.00	4,205.80
00001773-1	Feist,Michelle A	1.00		100%	25.00	75.00	0.00	3,408.00	85,509.48	37,059.16	122,568.64	0.00	4,346.14
00001775-1	Serhienko,Connie L	1.00		100%	100.00	0.00	0.00	4,201.00	105,406.44	40,651.25	146,057.69	0.00	5,357.33
00001780-1	McGee,Valerie Marie	1.00		100%	25.00	75.00	0.00	3,239.00	81,269.16	36,299.94	117,569.10	0.00	4,130.63
00001782-1	Sander,Molly A	1.00		100%	0.00	100.00	0.00	3,912.00	98,155.20	39,323.23	137,478.43	0.00	4,988.77
00001784-1	Lang,Eugenie H	1.00		100%	0.00	100.00	0.00	4,119.00	103,349.04	40,253.31	143,602.35	0.00	5,252.76
00001793-1	Miller,Tracy K			100%	30.00	70.00	0.00	4,419.00	54,618.84	20,661.97	75,280.81	0.00	1,859.84
00001793-1	Miller,Tracy K	1.00		100%	25.00	75.00	0.00	4,419.00	56,257.44	20,939.05	77,196.49	0.00	3,775.52
00001823-1	Pierce,Abbi L	1.00		100%	0.00	100.00	0.00	3,239.00	81,269.16	36,299.93	117,569.09	0.00	4,130.62
00001840-1	Haag,Gerald L	1.00		100%	25.00	75.00	0.00	4,170.00	104,628.60	40,482.34	145,110.94	0.00	5,317.75
00001855-1	Larson,Linda S	1.00		100%	25.00	75.00	0.00	3,416.00	85,710.12	37,095.04	122,805.16	0.00	4,356.21
00001911-1	Birk,Rachel Cora Anne	1.00		100%	0.00	100.00	0.00	3,292.00	82,598.88	36,538.00	119,136.88	0.00	4,198.11
00001912-1	Lafferty,Rene M	1.00		100%	0.00	100.00	0.00	2,663.00	66,816.84	33,712.22	100,529.06	0.00	3,396.03
00001913-1	Jensen,Roy L	1.00		100%	30.00	70.00	0.00	3,638.00	91,280.28	38,092.41	129,372.69	0.00	4,639.33
00001964-1	Wagendorf,Julie Lyshel	1.00		100%	0.00	100.00	0.00	3,912.00	98,155.20	39,323.29	137,478.49	0.00	4,988.78
00001965-1	Wahl,Rebecca A	1.00		100%	0.00	100.00	0.00	3,212.00	80,591.64	36,178.62	116,770.26	0.00	4,096.12
00001969-1	Oyloe,Lacy D	1.00		100%	25.00	75.00	0.00	3,212.00	80,591.64	36,178.56	116,770.20	0.00	4,096.11
00001970-1	Hanson,Jill R	1.00		100%	50.00	50.00	0.00	3,553.00	89,147.64	37,710.61	126,858.25	0.00	4,531.01
00001971-1	Weninger,Sarah J	1.00		100%	25.00	75.00	0.00	3,212.00	80,591.64	36,178.51	116,770.15	0.00	4,096.09
00010318-1	Hardy,Tatia L	1.00		100%	0.00	100.00	0.00	3,153.00	79,111.32	35,913.57	115,024.89	0.00	4,020.88
00026237-1	VanderBusch,Lindsey J	1.00		100%	0.00	100.00	0.00	3,239.00	81,269.16	36,299.89	117,569.05	0.00	4,130.61
00026407-1	LoMurray,Keith C	1.00		100%	0.00	100.00	0.00	3,170.00	79,537.80	35,989.98	115,527.78	0.00	4,042.57
00026993-1	Dearth,Julie R	1.00		100%	0.00	100.00	0.00	2,100.00	52,690.68	31,108.87	83,799.55	0.00	2,678.01
SubTotal									**2,887,349.04**	**1,158,766.16**	**4,046,115.20**	**0.00**	**145,717.30**

Temporary and Other Pay Types

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Medical Services | **Reporting Level:** 00-301-210-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Funding Dist Fed	Funding Dist Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
ARRA HAI TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	2,552.17	61,252.00	6,125.21	67,377.21	0.00	0.00
DC ELC TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	4,500.00	108,000.00	30,623.28	138,623.28	0.00	0.00
DC Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	3,958.33	95,000.00	9,500.00	104,500.00	0.00	0.00
MEO Temp-1	Vacant	0.00		100%	100.00	0.00	0.00	3,125.00	75,000.00	7,500.00	82,500.00	0.00	0.00
SubTotal									**339,252.00**	**53,748.49**	**393,000.49**	**0.00**	**0.00**
Total		**30.00**							**3,226,601.04**	**1,212,514.65**	**4,439,115.69**	**0.00**	**145,717.30**
								Reporting Level General Fund	**966,399.84**	**304,446.79**	**1,270,846.63**	**0.00**	**64,508.49**
								Reporting Level Federal Fund	**2,260,201.20**	**908,067.86**	**3,168,269.06**	**0.00**	**81,208.81**
								Reporting Level Special Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
								Total Reporting Level Funding	**3,226,601.04**	**1,212,514.65**	**4,439,115.69**	**0.00**	**145,717.30**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Health Resources | **Reporting Level:** 00-301-300-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001666-1	Skattum,RaeAnne J	1.00		100%	21.00	79.00	0.00	3,749.00	94,065.36	38,591.06	132,656.42	0.00	4,780.86
00001677-1	Fogel,Curtis E	1.00		100%	23.00	77.00	0.00	4,242.00	106,435.20	40,805.87	147,241.07	0.00	5,409.65
00001735-1	Weidner,Bridget L	1.00		100%	31.00	69.00	0.00	5,123.00	128,540.16	44,763.66	173,303.82	0.00	6,533.10
00001787-1	Crane,Shauna R	1.00		100%	18.00	82.00	0.00	3,820.00	95,846.88	38,909.97	134,756.85	0.00	4,871.50
00001789-1	Beechie,Kelly J	1.00		100%	11.00	89.00	0.00	4,279.00	107,363.52	40,972.09	148,335.61	0.00	5,456.83
00001790-1	Lee,Michael S	1.00		100%	40.00	0.00	60.00	3,416.00	85,710.12	37,095.03	122,805.15	0.00	4,356.20
00001792-1	Swenson,Patricia A	1.00		100%	15.00	85.00	0.00	4,444.00	111,503.52	41,713.34	153,216.86	0.00	5,667.24
00001794-1	Torpen,Lucille D	1.00		100%	32.00	68.00	0.00	4,815.00	120,812.16	43,380.01	164,192.17	0.00	6,140.31
00001795-1	Steier,Kara L	1.00		100%	14.00	71.00	15.00	4,655.00	116,797.68	42,661.16	159,458.84	0.00	5,936.31
00001796-1	Baumgartner,Frank D	1.00		100%	40.00	0.00	60.00	3,927.00	98,531.52	39,390.69	137,922.21	0.00	5,007.89
00001797-1	Pritschet,Bruce R	1.00		100%	27.00	73.00	0.00	5,698.00	142,967.40	47,346.87	190,314.27	0.00	7,266.39
00001798-1	Peterson,Rocksanne R	1.00		100%	24.00	76.00	0.00	2,223.00	55,776.84	31,661.46	87,438.30	0.00	2,834.88
00001800-1	Desper,Carolyn M	1.00		100%	10.00	75.00	15.00	4,167.00	104,553.36	40,468.83	145,022.19	0.00	5,313.96
00001801-1	Bartz,Darleen R	1.00		100%	68.00	17.00	15.00	7,260.00	182,159.16	54,364.04	236,523.20	0.00	9,258.28
00001802-1	Nelson,Sherwin S	1.00		100%	28.00	72.00	0.00	4,242.00	106,435.20	40,805.90	147,241.10	0.00	5,409.68
00001803-1	Coleman,Joan D	1.00		100%	7.00	77.00	16.00	5,144.00	129,067.08	44,858.00	173,925.08	0.00	6,559.92
00001804-1	Marsh,DeeAnn Sherree	1.00		100%	25.00	75.00	0.00	3,638.00	91,280.28	38,092.40	129,372.68	0.00	4,639.30
00001806-1	Hoyt,Kristen A	1.00		100%	27.00	73.00	0.00	4,167.00	104,553.36	40,468.91	145,022.27	0.00	5,314.00
00001809-1	Myrvik,Cathy A	1.00		100%	24.83	59.17	16.00	4,520.00	113,410.44	42,054.74	155,465.18	0.00	5,764.19
00001835-1	Hessinger,Kaye Y	1.00		100%	25.00	75.00	0.00	3,152.00	79,086.24	35,834.89	114,921.13	0.00	4,019.62
00001838-1	Eberle,Andrea M	1.00		100%	22.00	78.00	0.00	3,780.00	94,843.20	38,730.33	133,573.53	0.00	4,820.43
00001844-1	Schumann,Rickford A	1.00		100%	33.00	67.00	0.00	4,242.00	106,435.20	40,805.87	147,241.07	0.00	5,409.66
00001860-1	Heilman,Rochelle Jo	1.00		100%	2.00	98.00	0.00	4,339.00	108,869.04	41,241.63	150,110.67	0.00	5,533.41
00001872-1	Tivis,Corrie Layne	1.00		100%	18.00	82.00	0.00	3,925.00	98,481.36	39,381.70	137,863.06	0.00	5,005.32
00001895-1	Kupfer,Cynthia J	1.00		100%	32.00	68.00	0.00	2,344.00	58,812.84	32,205.05	91,017.89	0.00	2,989.17
00001900-1	Larson,Debra J	1.00		100%	40.00	0.00	60.00	2,867.00	71,935.32	34,554.56	106,489.88	0.00	3,656.14
00001902-1	Hoverson,John D	1.00		100%	40.00	0.00	60.00	3,599.00	90,301.80	37,917.28	128,219.08	0.00	4,589.68
00001903-1	Walton,Richard M	1.00		100%	40.00	0.00	60.00	4,125.00	103,499.52	40,280.16	143,779.68	0.00	5,260.34
00001904-1	Klosterman,Marianne L	1.00		100%	40.00	0.00	60.00	3,505.00	87,943.20	37,494.85	125,438.05	0.00	4,469.73
00001906-1	Bullinger,Kenan L	1.00		100%	37.31	25.00	37.69	5,842.00	146,580.48	47,993.82	194,574.30	0.00	7,450.07
00001909-1	Loepp,JoAnn E	1.00		100%	18.00	82.00	0.00	3,930.00	98,606.88	39,404.20	138,011.08	0.00	5,011.79
00001910-1	Haugrud,Dorrene S	1.00		100%	25.00	75.00	0.00	4,579.00	114,890.76	42,319.79	157,210.55	0.00	5,839.37
00001915-1	Engel,Monte D	1.00		100%	52.49	47.51	0.00	5,618.00	140,960.16	46,987.41	187,947.57	0.00	7,164.40
00001924-1	Lothspeich,Denette L	1.00		100%	10.00	74.63	15.37	3,854.00	96,699.96	39,062.76	135,762.72	0.00	4,914.86

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Health Resources | **Reporting Level:** 00-301-300-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001925-1	Johnson,Joyce A	1.00		100%	17.00	83.00	0.00	4,460.00	111,904.92	41,785.20	153,690.12	0.00	5,687.59
00001926-1	Lowenstein,Rhonda K	1.00		100%	19.00	81.00	0.00	4,029.00	101,090.88	39,848.88	140,939.76	0.00	5,138.01
00001927-1	Laxdal,Kathy D	1.00		100%	18.00	82.00	0.00	3,925.00	98,481.36	39,381.74	137,863.10	0.00	5,005.34
00001928-1	Benting,Richard L	1.00		100%	25.00	75.00	0.00	4,616.00	115,819.08	42,486.03	158,305.11	0.00	5,886.55
00001929-1	Gieser,Kenneth	1.00		100%	9.00	91.00	0.00	4,196.00	105,281.04	40,599.15	145,880.19	0.00	5,350.99
00001930-1	Houn,Roberta L	1.00		100%	18.00	82.00	0.00	3,925.00	98,481.36	39,381.73	137,863.09	0.00	5,005.33
00001931-1	Humann,Becky Sue	1.00		100%	9.00	76.00	15.00	4,154.00	104,227.20	40,410.50	144,637.70	0.00	5,297.44
00001932-1	Hetland,Angela Rae	1.00		100%	10.00	75.00	15.00	3,930.00	98,606.88	39,404.23	138,011.11	0.00	5,011.79
00001933-1	Maher,Linda A	1.00		100%	14.00	86.00	0.00	4,266.00	107,037.36	40,913.62	147,950.98	0.00	5,440.25
00001943-1	Friesz,Todd E	1.00		100%	6.00	94.00	0.00	3,820.00	95,846.88	38,910.03	134,756.91	0.00	4,871.48
00027000-1	Ressler,Steven R	1.00		100%	71.44	0.00	28.56	3,925.00	98,481.36	39,381.71	137,863.07	0.00	5,005.33
00027001-1	Aldinger,Karla Jean	1.00		100%	71.45	0.00	28.55	4,200.00	105,381.36	40,617.17	145,998.53	0.00	5,356.09
SubTotal									**4,834,394.88**	**1,865,738.32**	**6,700,133.20**	**0.00**	**245,710.67**
Temporary and Other Pay Types													
HFTEMP-1	Vacant	0.00		100%	35.00	50.00	15.00	2,083.33	50,000.00	4,999.98	54,999.98	0.00	0.00
SubTotal									**50,000.00**	**4,999.98**	**54,999.98**	**0.00**	**0.00**
Total		**46.00**							**4,884,394.88**	**1,870,738.30**	**6,755,133.18**	**0.00**	**245,710.67**
								Reporting Level General Fund	**1,345,782.24**	**516,974.74**	**1,862,756.98**	**0.00**	**97,511.88**
								Reporting Level Federal Fund	**2,975,540.73**	**1,142,001.01**	**4,117,541.74**	**0.00**	**148,198.79**
								Reporting Level Special Fund	**563,071.91**	**211,762.55**	**774,834.46**	**0.00**	**0.00**
								Total Reporting Level Funding	**4,884,394.88**	**1,870,738.30**	**6,755,133.18**	**0.00**	**245,710.67**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Community Health | **Reporting Level:** 00-301-400-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001653-1	Sayler,Joyce A	1.00		100%	0.00	100.00	0.00	3,669.00	92,058.12	38,231.69	130,289.81	0.00	4,678.87
00001665-1	Dodd,Kara A	1.00		100%	0.00	100.00	0.00	3,426.00	85,961.04	37,140.01	123,101.05	0.00	4,368.99
00001670-1	Getz,Candace M	1.00		100%	0.00	100.00	0.00	2,267.00	56,880.84	31,859.10	88,739.94	0.00	2,891.00
00001680-1	Stanton,Margaret Ann			90%	41.11	58.89	0.00	2,395.00	26,641.98	14,527.79	41,169.77	0.00	907.18
00001680-1	Stanton,Margaret Ann	0.90		90%	40.00	60.00	0.00	2,395.00	27,441.29	14,662.96	42,104.25	0.00	1,841.66
00001687-1	Hintz,Kjersti C	1.00		100%	40.00	60.00	0.00	3,528.00	88,520.40	37,598.22	126,118.62	0.00	4,499.14
00001692-1	Schweitzer,Barbara J	1.00		100%	3.00	7.77	89.23	3,870.00	97,101.36	39,134.61	136,235.97	0.00	4,935.17
00001699-1	Schwanz,Dubi L	1.00		100%	0.00	100.00	0.00	3,178.00	79,738.56	36,025.83	115,764.39	0.00	4,052.74
00001734-1	Moum,Kathleen R	1.00		100%	0.00	100.00	0.00	4,289.00	107,614.44	41,017.02	148,631.46	0.00	5,469.58
00001751-1	Mormann,Susan M	1.00		100%	0.00	100.00	0.00	3,762.00	94,391.64	38,649.38	133,041.02	0.00	4,797.55
00001763-1	Brubakken,Jenifer M	1.00		100%	0.00	100.00	0.00	2,262.00	56,755.44	31,836.66	88,592.10	0.00	2,884.64
00001764-1	Yineman,Kimberlie J			100%	25.88	74.12	0.00	3,733.00	46,139.88	19,142.53	65,282.41	0.00	1,571.12
00001764-1	Yineman,Kimberlie J	1.00		100%	22.88	77.12	0.00	3,733.00	47,524.08	19,376.63	66,900.71	0.00	3,189.40
00001774-1	Mertz,Lonny W	1.00		100%	0.00	100.00	0.00	4,292.00	107,689.68	41,030.42	148,720.10	0.00	5,473.33
00001779-1	Masset-Martz,Cheryle A	0.50		100%	0.00	100.00	0.00	1,892.00	47,471.76	30,236.62	77,708.38	0.00	2,425.55
00001783-1	Vacant	1.00		100%	0.00	100.00	0.00	3,507.00	87,993.48	37,503.89	125,497.37	0.00	4,472.35
00001791-1	Reed,Gregg M	1.00		100%	40.00	60.00	0.00	3,465.00	86,939.64	37,315.16	124,254.80	0.00	4,418.75
00001799-1	Scherr,Carleen M	1.00		100%	0.00	100.00	0.00	3,188.00	79,989.48	35,996.70	115,986.18	0.00	4,065.53
00001808-1	Pearce,Colleen A	1.00		100%	5.00	95.00	0.00	5,584.00	140,107.08	46,834.73	186,941.81	0.00	7,121.10
00001811-1	Senn,Kim N	1.00		100%	40.00	60.00	0.00	5,584.00	140,107.08	46,834.73	186,941.81	0.00	7,121.08
00001812-1	Read,Diana L	1.00		100%	30.00	70.00	0.00	3,510.00	88,068.72	37,517.32	125,586.04	0.00	4,476.15
00001813-1	Norstedt,Rosalyn T	1.00		100%	40.00	60.00	0.00	3,283.00	82,373.04	36,423.48	118,796.52	0.00	4,186.62
00001814-1	Fetzer,Sandra L	1.00		100%	0.00	100.00	0.00	3,612.00	90,627.96	37,975.53	128,603.49	0.00	4,606.21
00001815-1	Black,Katherine Mary	1.00		100%	57.60	42.40	0.00	3,728.00	93,538.56	38,496.75	132,035.31	0.00	4,754.18
00001817-1	Dasovick,Mary K	1.00		100%	7.00	93.00	0.00	5,584.00	140,107.08	46,834.70	186,941.78	0.00	7,121.07
00001819-1	Ebach,Colleen J	1.00		100%	0.00	100.00	0.00	2,545.00	63,856.08	33,182.15	97,038.23	0.00	3,245.50
00001820-1	Steiner,Barbara A	1.00		100%	0.00	100.00	0.00	3,547.00	88,997.04	37,683.46	126,680.50	0.00	4,523.26
00001825-1	Bush,Sandra S	1.00		100%	0.00	100.00	0.00	2,347.00	58,888.08	32,218.48	91,106.56	0.00	2,992.98
00001829-1	Foss,MaryAnn	1.00		100%	0.00	100.00	0.00	5,408.00	135,691.08	46,044.01	181,735.09	0.00	6,896.60
00001833-1	Lunde,Elizabeth A	1.00		100%	0.00	100.00	0.00	3,888.00	97,553.04	39,215.48	136,768.52	0.00	4,958.16
00001839-1	Wise,Lynne J	1.00		100%	0.00	100.00	0.00	2,364.00	59,314.68	32,294.96	91,609.64	0.00	3,014.77
00001870-1	Rohrich-Reiswig,Charlene	1.00		100%	0.00	100.00	0.00	4,034.00	101,216.28	39,871.46	141,087.74	0.00	5,144.39
00001874-1	Parsons,Melissa C	1.00		100%	0.00	100.00	0.00	4,187.00	105,055.20	40,558.75	145,613.95	0.00	5,339.53
00001876-1	Hinnenkamp,Kimberly A	1.00		100%	0.00	100.00	0.00	3,602.00	90,377.04	37,930.68	128,307.72	0.00	4,593.47

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Community Health | **Reporting Level:** 00-301-400-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001877-1	Sattler,Mallory L	1.00		100%	40.00	60.00	0.00	2,256.00	56,604.84	31,809.67	88,414.51	0.00	2,876.94
00001884-1	Mayer,Dawn R	1.00		100%	30.00	70.00	0.00	3,932.00	98,657.04	39,413.09	138,070.13	0.00	5,014.26
00001885-1	OShaughnessy,Donna E	1.00		100%	5.00	95.00	0.00	3,258.00	81,745.80	36,385.26	118,131.06	0.00	4,154.75
00001894-1	Askew,Deanna L	1.00		100%	0.00	100.00	0.00	3,826.00	95,997.36	38,937.00	134,934.36	0.00	4,879.11
00001899-1	Knell,Marlys C	1.00		100%	0.00	100.00	0.00	3,902.00	97,904.28	39,278.41	137,182.69	0.00	4,976.01
00001921-1	Charvat,Neil J	1.00		100%	0.00	100.00	0.00	3,543.00	88,896.72	37,665.63	126,562.35	0.00	4,518.22
00001942-1	Bergrud,Corey J	0.90		90%	40.00	60.00	0.00	4,555.00	102,859.74	37,990.71	140,850.45	0.00	5,227.88
00001956-1	Harper,Karalee J	1.00		100%	0.00	100.00	0.00	5,112.00	128,264.16	44,714.25	172,978.41	0.00	6,519.07
00001957-1	Boots,Clinton J.	1.00		100%	0.00	100.00	0.00	3,707.00	93,011.64	38,402.41	131,414.05	0.00	4,727.43
00001963-1	Miller,Kristi L	1.00		100%	0.00	100.00	0.00	3,760.00	94,341.36	38,640.44	132,981.80	0.00	4,794.89
00022861-1	Vacant	1.00		100%	0.00	100.00	0.00	3,870.00	97,101.36	39,134.64	136,236.00	0.00	4,935.18
00022862-1	Vacant	1.00		100%	100.00	0.00	0.00	3,509.00	88,043.64	37,512.88	125,556.52	0.00	4,474.92
00025260-1	Erickson,Gail H	1.00		100%	30.00	70.00	0.00	3,509.00	88,043.64	37,512.85	125,556.49	0.00	4,474.93
00025644-1	Walker,Michelle Lee	1.00		100%	0.00	100.00	0.00	3,686.00	92,484.72	38,307.97	130,792.69	0.00	4,700.59
00026468-1	Bailey,Rebecca H	1.00		100%	0.00	100.00	0.00	3,730.00	93,588.72	38,505.63	132,094.35	0.00	4,756.67
00026526-1	Musumba,Alice N	1.00		100%	0.00	100.00	0.00	3,515.00	88,194.12	37,539.83	125,733.95	0.00	4,482.48
00026527-1	Steinke,Joni L	1.00		100%	35.00	65.00	0.00	2,273.00	57,031.44	31,886.11	88,917.55	0.00	2,898.73
00026578-1	Thomson,Judith Lynne	0.50		100%	0.00	100.00	0.00	1,709.00	42,880.20	29,386.02	72,266.22	0.00	2,191.01
00027002-1	Stearns,Robyn D	1.00		100%	0.00	100.00	0.00	3,717.00	93,262.56	38,373.14	131,635.70	0.00	4,740.15
SubTotal									**4,571,644.49**	**1,922,597.83**	**6,494,242.32**	**0.00**	**232,380.84**
Temporary and Other Pay Types													
CANCER TEMP-1	Vacant	0.00		100%	53.63	46.37	0.00	5,958.33	143,000.00	14,299.99	157,299.99	0.00	0.00
CHRONIC TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	1,041.67	25,000.00	2,500.01	27,500.01	0.00	0.00
FH TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	4,532.92	108,790.00	10,879.00	119,669.00	0.00	0.00
GF Suicide Temp-1	Vacant			100%	100.00	0.00	0.00	4,498.17	53,978.00	5,397.81	59,375.81	0.00	0.00
GF Suicide Temp-1	Vacant	0.00		100%	100.00	0.00	0.00	4,498.08	53,977.00	5,397.71	59,374.71	0.00	0.00
HLTHY COM ARRA -1	Hlthy Com ARRA			100%	0.00	100.00	0.00	1,474.58	17,695.00	1,769.51	19,464.51	0.00	0.00
HOME VISITING-1	Vacant			100%	0.00	100.00	0.00	2,881.25	34,575.00	13,369.14	47,944.14	0.00	0.00
HOME VISITING-1	Vacant	0.00		100%	0.00	100.00	0.00	2,881.50	34,578.00	13,369.44	47,947.44	0.00	0.00

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Community Health | **Reporting Level:** 00-301-400-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
IP TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	208.33	5,000.00	499.99	5,499.99	0.00	0.00
NP TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	208.33	5,000.00	499.98	5,499.98	0.00	0.00
ORAL TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	4,008.33	96,200.00	9,620.00	105,820.00	0.00	0.00
TOB TEMP-1	Vacant	0.00		100%	0.00	0.00	100.00	1,041.67	25,000.00	2,500.02	27,500.02	0.00	0.00
SubTotal									**602,793.00**	**80,102.60**	**682,895.60**	**0.00**	**0.00**
Total		**49.80**							**5,174,437.49**	**2,002,700.43**	**7,177,137.92**	**0.00**	**232,380.84**
								Reporting Level General Fund	**747,439.29**	**265,957.71**	**1,013,397.00**	**0.00**	**58,726.06**
								Reporting Level Federal Fund	**4,319,121.37**	**1,702,123.14**	**6,021,244.52**	**0.00**	**173,654.78**
								Reporting Level Special Fund	**107,876.82**	**34,619.58**	**142,496.40**	**0.00**	**0.00**
								Total Reporting Level Funding	**5,174,437.49**	**2,002,700.43**	**7,177,137.92**	**0.00**	**232,380.84**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001651-1	Mertz,Marilyn J	1.00		100%	50.00	50.00	0.00	2,885.00	72,387.00	34,635.46	107,022.46	0.00	3,679.14
00001655-1	Reinhardt,Karla J	1.00		100%	75.00	25.00	0.00	2,586.00	64,884.84	33,366.26	98,251.10	0.00	3,297.83
00001656-1	Roberts,Kris D	1.00		100%	20.00	75.00	5.00	4,639.00	116,396.28	42,698.13	159,094.41	0.00	5,916.01
00001658-1	Espe,Brady L	1.00		100%	20.00	75.00	5.00	3,568.00	89,523.96	37,886.56	127,410.52	0.00	4,550.07
00001661-1	Billing,Darin E	1.00		100%	50.00	49.00	1.00	5,049.00	126,683.40	44,539.97	171,223.37	0.00	6,438.72
00001663-1	Markhouse,Robert J	1.00		100%	14.00	85.00	1.00	3,466.00	86,964.72	37,428.40	124,393.12	0.00	4,420.08
00001667-1	Cech,Charles F	1.00		100%	57.93	27.07	15.00	3,167.00	79,462.56	36,006.06	115,468.62	0.00	4,038.75
00001673-1	Ussatis,Todd J	1.00		100%	58.00	27.00	15.00	3,673.00	92,158.56	38,279.27	130,437.83	0.00	4,684.04
00001683-1	Hauge,Jeffrey C	1.00		100%	14.00	85.00	1.00	6,568.00	164,796.36	51,255.35	216,051.71	0.00	8,375.90
00001688-1	Johnson,Kirk D	1.00		100%	30.00	56.00	14.00	3,395.00	85,183.32	37,109.46	122,292.78	0.00	4,329.55
00001689-1	Ell,Michael J	1.00		100%	20.00	75.00	5.00	5,673.00	142,340.16	47,234.52	189,574.68	0.00	7,234.57
00001690-1	Bachman,Thomas A	1.00		100%	16.00	42.00	42.00	6,558.00	164,545.44	51,210.28	215,755.72	0.00	8,363.07
00001691-1	Glatt,Leo D	1.00		100%	38.00	52.00	10.00	8,466.00	212,418.72	59,782.01	272,200.73	0.00	10,796.33
00001693-1	Keller,Jessica R	1.00		100%	22.00	36.00	42.00	3,361.00	84,330.12	36,956.64	121,286.76	0.00	4,286.09
00001694-1	Harman,Daniel E	1.00		100%	6.00	42.00	52.00	4,958.00	124,400.16	44,022.42	168,422.58	0.00	6,322.67
00001695-1	Erickson,Curtis L.	1.00		100%	30.00	56.00	14.00	5,585.00	140,132.16	46,947.91	187,080.07	0.00	7,122.37
00001696-1	Mittelsteadt,Mark E	1.00		100%	30.00	56.00	14.00	5,037.00	126,382.32	44,486.02	170,868.34	0.00	6,423.40
00001697-1	Weber,Steven F	1.00		100%	6.00	42.00	52.00	5,457.00	136,920.48	46,264.15	183,184.63	0.00	6,959.04
00001698-1	Hunke,Danita M	1.00		100%	61.00	27.00	12.00	2,662.00	66,791.76	33,737.39	100,529.15	0.00	3,394.77
00001700-1	Freier,Warren P	1.00		100%	16.00	42.00	42.00	4,355.00	109,270.44	41,422.21	150,692.65	0.00	5,553.76
00001701-1	Gross,Joseph L	1.00		100%	20.00	75.00	5.00	3,831.00	96,122.88	39,068.09	135,190.97	0.00	4,885.54
00001702-1	Lee,Laura J	1.00		100%	30.00	56.00	14.00	2,244.00	56,303.76	31,755.83	88,059.59	0.00	2,861.62
00001703-1	Cain,Cindy C	1.00		100%	45.00	55.00	0.00	3,140.00	78,785.16	35,781.03	114,566.19	0.00	4,004.36
00001704-1	Quarnstrom,James E	1.00		100%	61.00	27.00	12.00	4,827.00	121,113.24	43,463.53	164,576.77	0.00	6,155.62
00001705-1	Kline,Gary L	1.00		100%	16.00	32.00	52.00	5,360.00	134,486.64	45,937.09	180,423.73	0.00	6,835.31
00001708-1	Radig,Scott A	1.00		100%	30.00	56.00	14.00	6,700.00	168,108.36	51,848.26	219,956.62	0.00	8,544.18
00001709-1	Mount,Dana K	1.00		100%	45.00	55.00	0.00	7,275.00	182,535.60	54,431.46	236,967.06	0.00	9,277.48
00001710-1	Kern,David W	1.00		100%	15.00	85.00	0.00	6,880.00	172,624.68	52,656.94	225,281.62	0.00	8,773.74
00001711-1	Patch,Ronald J	1.00		100%	16.00	42.00	42.00	2,998.00	75,222.24	35,217.22	110,439.46	0.00	3,823.25
00001712-1	Piper,Dianna L	1.00		100%	20.00	75.00	5.00	2,771.00	69,526.56	34,123.31	103,649.87	0.00	3,533.67
00001713-1	Hall,Derek A	1.00		100%	30.00	56.00	14.00	3,360.00	84,305.04	36,952.16	121,257.20	0.00	4,284.80
00001715-1	Bracht,Gary D	1.00		100%	20.00	75.00	5.00	5,574.00	139,856.16	46,789.75	186,645.91	0.00	7,108.28
00001716-1	Erickson,Ernest B	1.00		100%	6.00	42.00	52.00	2,998.00	75,222.24	35,217.28	110,439.52	0.00	3,823.26
00001717-1	Miller,Melissa K	1.00		100%	45.00	55.00	0.00	4,124.00	103,474.44	40,275.69	143,750.13	0.00	5,259.09

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001719-1	Miller,Chad A	1.00		100%	15.00	85.00	0.00	3,360.00	84,305.04	36,843.51	121,148.55	0.00	4,284.84
00001720-1	Bergsagel,David L	1.00		100%	14.00	85.00	1.00	5,324.00	133,583.40	45,775.31	179,358.71	0.00	6,789.40
00001721-1	Stewart,Gregg D	1.00		100%	14.00	85.00	1.00	3,863.00	96,925.80	39,103.19	136,028.99	0.00	4,926.37
00001722-1	Smith,Christy L	1.00		100%	30.00	56.00	14.00	3,359.00	84,279.96	36,838.98	121,118.94	0.00	4,283.50
00001723-1	Fritz,Ann Marie Klein	0.50		100%	22.00	75.00	3.00	1,983.00	49,755.00	30,769.07	80,524.07	0.00	2,546.98
00001724-1	Semerad,James L	1.00		100%	6.00	42.00	52.00	6,068.00	152,250.96	49,117.78	201,368.74	0.00	7,738.24
00001725-1	Colton,Connie S			100%	7.30	40.17	52.53	2,113.00	26,116.68	15,517.38	41,634.06	0.00	889.31
00001725-1	Colton,Connie S	1.00		100%	6.00	42.00	52.00	2,113.00	26,900.16	15,649.89	42,550.05	0.00	1,805.30
00001726-1	Sauer,Michael T	1.00		100%	20.00	75.00	5.00	5,412.00	135,791.40	46,170.61	181,962.01	0.00	6,901.64
00001727-1	Meidinger,Russell D	1.00		100%	55.00	31.00	14.00	2,662.00	66,791.76	33,737.42	100,529.18	0.00	3,394.76
00001728-1	Hertz,June L	1.00		100%	55.00	31.00	14.00	1,937.00	48,600.84	30,474.88	79,075.72	0.00	2,484.46
00001729-1	Brosz,Timothy J	1.00		100%	100.00	0.00	0.00	4,077.00	102,295.20	40,094.21	142,389.41	0.00	5,199.22
00001731-1	Fleck,Eden A	1.00		100%	55.00	30.00	15.00	1,738.00	43,607.76	29,546.98	73,154.74	0.00	2,229.21
00001732-1	Johnson,Allen L	0.75		75%	29.33	56.00	14.67	5,006.00	94,203.45	33,178.57	127,382.02	0.00	4,787.99
00001733-1	Trythall,Michael W	1.00		100%	55.00	31.00	14.00	4,655.00	116,797.68	42,690.81	159,488.49	0.00	5,936.32
00001736-1	Wilhelmi,Dawn M	1.00		100%	55.00	31.00	14.00	3,263.00	81,871.32	36,437.34	118,308.66	0.00	4,161.16
00001737-1	Auen,Cynthia L	1.00		100%	61.00	27.00	12.00	3,449.00	86,538.12	37,272.98	123,811.10	0.00	4,398.32
00001738-1	Carter,Lori Ann	1.00		100%	55.00	31.00	14.00	2,662.00	66,791.76	33,737.35	100,529.11	0.00	3,394.77
00001739-1	Trythall,Jan R	1.00		100%	0.00	100.00	0.00	4,291.00	107,664.60	41,055.66	148,720.26	0.00	5,472.10
00001740-1	Vacant	1.00		100%	50.00	50.00	0.00	4,019.00	100,839.96	39,729.91	140,569.87	0.00	5,125.28
00001741-1	Schwarzkopf,Kristie Louise	1.00		100%	55.00	31.00	14.00	3,178.00	79,738.56	36,055.44	115,794.00	0.00	4,052.74
00001742-1	Duppong,Todd Edmund	1.00		100%	61.00	27.00	12.00	3,352.00	84,104.40	36,837.17	120,941.57	0.00	4,274.70
00001743-1	Adams,Renae D	1.00		100%	61.00	27.00	12.00	2,604.00	65,336.40	33,447.22	98,783.62	0.00	3,320.69
00001745-1	Hieb,Eric D	1.00		100%	55.00	31.00	14.00	4,528.00	113,611.20	42,120.31	155,731.51	0.00	5,774.43
00001747-1	Kosse,Kevin	1.00		100%	100.00	0.00	0.00	4,554.00	114,263.52	42,237.08	156,500.60	0.00	5,807.48
00001749-1	Wingerter,Lisa M	1.00		100%	55.00	31.00	14.00	3,178.00	79,738.56	36,055.52	115,794.08	0.00	4,052.79
00001750-1	Erickson,Errol E	1.00		100%	61.00	27.00	12.00	4,679.00	117,399.84	42,798.70	160,198.54	0.00	5,966.90
00001752-1	Kosse,Myra J	1.00		100%	58.00	29.00	13.00	6,880.00	172,624.68	52,686.60	225,311.28	0.00	8,773.72
00001753-1	Wanner,Tyra M	1.00		100%	61.00	27.00	12.00	3,401.00	85,333.80	37,057.30	122,391.10	0.00	4,337.12
00001755-1	Otto,Justin L	1.00		100%	6.00	52.00	42.00	3,356.00	84,204.72	36,825.51	121,030.23	0.00	4,279.73
00001756-1	Wiest,Karen M	1.00		100%	61.00	27.00	12.00	3,134.00	78,634.56	35,857.85	114,492.41	0.00	3,996.65
00001757-1	Ulberg,Gregory L	1.00		100%	6.00	42.00	52.00	3,830.00	96,097.80	38,954.97	135,052.77	0.00	4,884.26
00001758-1	Wicklund,Christina G	1.00		100%	61.00	27.00	12.00	3,028.00	75,975.00	35,381.59	111,356.59	0.00	3,861.50
00001759-1	Traynor,Timothy P	1.00		100%	61.00	27.00	12.00	3,360.00	84,305.04	36,873.16	121,178.20	0.00	4,284.82
00001761-1	Haroldson,Marty R	1.00		100%	20.00	75.00	5.00	3,438.00	86,262.12	37,302.57	123,564.69	0.00	4,384.28

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001762-1	Stoppler,Sharmaine R	1.00		100%	14.00	85.00	1.00	3,697.00	92,760.72	38,357.42	131,118.14	0.00	4,714.66
00001765-1	Jahraus,Sherri A	1.00		100%	6.00	42.00	52.00	2,779.00	69,727.32	34,159.26	103,886.58	0.00	3,543.92
00001767-1	Anderson,Carl J	1.00		100%	20.00	75.00	5.00	5,296.00	132,880.92	45,649.54	178,530.46	0.00	6,753.78
00001770-1	Aakre,Andrew D	1.00		100%	25.00	75.00	0.00	3,638.00	91,280.28	38,201.09	129,481.37	0.00	4,639.33
00001776-1	Mayer,Justin D	1.00		100%	6.00	42.00	52.00	4,794.00	120,285.24	43,394.39	163,679.63	0.00	6,113.52
00001786-1	Wax,Peter N	1.00		100%	25.00	75.00	0.00	4,400.00	110,399.52	41,624.28	152,023.80	0.00	5,611.08
00001807-1	Rockeman,Karl H	1.00		100%	20.00	75.00	5.00	4,839.00	121,414.44	43,596.50	165,010.94	0.00	6,170.98
00001816-1	Striebel,Ivana C	1.00		100%	30.00	56.00	14.00	3,364.00	84,405.48	36,970.15	121,375.63	0.00	4,289.97
00001818-1	Torgerson,Brad J	1.00		100%	30.00	56.00	14.00	4,039.00	101,341.80	40,002.52	141,344.32	0.00	5,150.82
00001821-1	Gabriel,John L	1.00		100%	61.00	27.00	12.00	3,360.00	84,305.04	36,873.16	121,178.20	0.00	4,284.83
00001822-1	Dendy Jr,Lewis H	1.00		100%	6.00	42.00	52.00	3,716.00	93,237.36	38,551.49	131,788.85	0.00	4,738.78
00001824-1	Ritter,Tara D	1.00		100%	15.00	85.00	0.00	3,356.00	84,204.72	36,934.19	121,138.91	0.00	4,279.75
00001827-1	Germain,Darlene G	1.00		100%	15.00	85.00	0.00	2,596.00	65,135.76	33,337.18	98,472.94	0.00	3,310.62
00001828-1	Roehrich,Louise Renee	1.00		100%	6.00	42.00	52.00	3,526.00	88,470.12	37,697.88	126,168.00	0.00	4,496.45
00001830-1	Lundquist,Tracy Jo	1.00		100%	30.00	56.00	14.00	3,483.00	87,391.20	37,504.77	124,895.97	0.00	4,441.67
00001831-1	Schneider,Kyla Kae	1.00		100%	6.00	52.00	42.00	3,392.00	85,107.96	37,095.90	122,203.86	0.00	4,325.63
00001832-1	Levchak,Paul D	1.00		100%	14.00	85.00	1.00	3,744.00	93,939.96	38,677.28	132,617.24	0.00	4,774.54
00001834-1	Bartelson,Norene E	1.00		100%	20.00	75.00	5.00	4,038.00	101,316.60	39,998.05	141,314.65	0.00	5,149.46
00001837-1	Neuharth,Grant D	1.00		100%	20.00	75.00	5.00	3,361.00	84,330.12	36,956.64	121,286.76	0.00	4,286.06
00001841-1	Tillotson,LeeAnn S	1.00		100%	15.00	85.00	0.00	4,418.00	110,851.20	41,705.15	152,556.35	0.00	5,634.09
00001842-1	Kangas,Jane K	1.00		100%	6.00	42.00	52.00	3,612.00	90,627.96	38,084.22	128,712.18	0.00	4,606.23
00001843-1	Wavra,Gregory P	1.00		100%	15.00	85.00	0.00	4,090.00	102,621.36	40,231.70	142,853.06	0.00	5,215.77
00001845-1	Stockdill,Shane T	1.00		100%	25.00	75.00	0.00	3,361.00	84,330.12	36,956.61	121,286.73	0.00	4,286.07
00001846-1	Suggs,Shannon Marie	1.00		100%	25.00	75.00	0.00	3,356.00	84,204.72	36,825.51	121,030.23	0.00	4,279.72
00001847-1	Thorstenson,Craig D	1.00		100%	6.00	42.00	52.00	5,457.00	136,920.48	46,372.85	183,293.33	0.00	6,959.04
00001848-1	Brisben,Michael L	1.00		100%	14.00	85.00	1.00	4,477.00	112,331.52	41,787.45	154,118.97	0.00	5,709.34
00001849-1	Lawson,Cory L	1.00		100%	50.00	50.00	0.00	4,200.00	105,381.36	40,725.85	146,107.21	0.00	5,356.09
00001850-1	Gardner,Roxanne Marie	1.00		100%	55.00	31.00	14.00	3,177.00	79,713.48	36,051.01	115,764.49	0.00	4,051.50
00001851-1	Mills,Ryan D	1.00		100%	6.00	42.00	52.00	3,315.00	83,175.96	36,641.32	119,817.28	0.00	4,227.40
00001852-1	Thelen,Larry J	1.00		100%	15.00	85.00	0.00	5,574.00	139,856.16	46,789.76	186,645.92	0.00	7,108.29
00001853-1	Larsen,Aaron L	1.00		100%	20.00	75.00	5.00	3,361.00	84,330.12	36,956.65	121,286.77	0.00	4,286.09
00001854-1	Abel,Charles A	1.00		100%	15.00	85.00	0.00	5,238.00	131,425.56	45,280.35	176,705.91	0.00	6,679.71
00001856-1	Grossman,Dallas J	1.00		100%	20.00	75.00	5.00	4,498.00	112,858.44	42,064.58	154,923.02	0.00	5,736.12
00001857-1	Boschee,Lorie M	1.00		100%	30.00	56.00	14.00	2,545.00	63,856.08	33,108.04	96,964.12	0.00	3,245.51
00001859-1	Bartholomay,Craig R	1.00		100%	14.00	85.00	1.00	5,088.00	127,662.00	44,532.34	172,194.34	0.00	6,488.48

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001864-1	White,Robert J	1.00		100%	6.00	42.00	52.00	4,650.00	116,672.28	42,638.63	159,310.91	0.00	5,929.99
00001865-1	Homelvig,John D	1.00		100%	14.00	85.00	1.00	5,088.00	127,662.00	44,606.44	172,268.44	0.00	6,488.44
00001866-1	Carman,Patricia L	1.00		100%	14.00	85.00	1.00	2,119.00	53,167.44	31,194.28	84,361.72	0.00	2,702.31
00001867-1	Tillotson,Steven J	1.00		100%	30.00	56.00	14.00	5,574.00	139,856.16	46,898.39	186,754.55	0.00	7,108.31
00001868-1	Kowalski,Randy L	1.00		100%	20.00	75.00	5.00	4,603.00	115,492.92	42,536.32	158,029.24	0.00	5,869.97
00001871-1	Mutzenberger,Casey J	1.00		100%	6.00	51.35	42.65	3,411.00	85,584.72	37,181.25	122,765.97	0.00	4,349.90
00001873-1	Henke,Michelle Marie	1.00		100%	55.00	31.00	14.00	3,178.00	79,738.56	36,055.49	115,794.05	0.00	4,052.75
00001875-1	Stradinger,David W	1.00		100%	16.00	42.00	42.00	3,409.00	85,534.56	37,172.29	122,706.85	0.00	4,347.33
00001879-1	Lunde,Teri L	1.00		100%	45.00	55.00	0.00	5,078.00	127,411.08	44,561.48	171,972.56	0.00	6,475.75
00001880-1	Steier,Curtis V	1.00		100%	25.00	75.00	0.00	4,039.00	101,341.80	40,002.57	141,344.37	0.00	5,150.81
00001881-1	Kuntz,Lucille M	1.00		100%	30.00	56.00	14.00	2,729.00	68,472.84	33,934.65	102,407.49	0.00	3,480.22
00001882-1	Roerick,Jeffrey A	1.00		100%	20.00	75.00	5.00	3,418.00	85,760.40	37,212.71	122,973.11	0.00	4,358.86
00001886-1	Gress,Benjamin P	1.00		100%	6.00	42.00	52.00	4,665.00	117,048.60	42,814.90	159,863.50	0.00	5,949.11
00001887-1	Roob,Christine K	1.00		100%	30.00	56.00	14.00	4,665.00	117,048.60	42,814.81	159,863.41	0.00	5,949.07
00001888-1	Sandness,Gregory V	1.00		100%	20.00	75.00	5.00	4,801.00	120,460.92	43,425.78	163,886.70	0.00	6,122.49
00001889-1	Cameron,David A	1.00		100%	30.00	56.00	14.00	4,448.00	111,603.84	41,839.94	153,443.78	0.00	5,672.27
00001891-1	Harries,Alison	1.00		100%	20.00	75.00	5.00	3,546.00	88,971.96	37,787.85	126,759.81	0.00	4,522.03
00001892-1	Young,Sandra K	1.00		100%	55.00	41.00	4.00	3,507.00	87,993.48	37,533.47	125,526.95	0.00	4,472.35
00001897-1	Nemeth,Thomas George	1.00		100%	61.00	27.00	12.00	4,520.00	113,410.44	42,084.38	155,494.82	0.00	5,764.15
00001898-1	Well,Lisa J	1.00		100%	55.00	41.00	4.00	4,362.00	109,446.12	41,374.55	150,820.67	0.00	5,562.72
00001908-1	Vetter,Leon J	1.00		100%	30.00	56.00	14.00	3,990.00	100,112.28	39,782.41	139,894.69	0.00	5,088.24
00001916-1	Phillips,Nicholas G	1.00		100%	16.00	42.00	42.00	3,392.00	85,107.96	37,095.95	122,203.91	0.00	4,325.67
00001917-1	Berreth,Gary W	1.00		100%	30.00	56.00	14.00	5,652.00	141,813.24	47,248.85	189,062.09	0.00	7,207.75
00001918-1	Haberstroh,Gary D	1.00		100%	45.00	55.00	0.00	5,404.00	135,590.64	46,134.73	181,725.37	0.00	6,891.41
00001919-1	Walsh,Jennifer M	1.00		100%	15.00	85.00	0.00	4,145.00	104,001.36	40,370.10	144,371.46	0.00	5,285.93
00001920-1	Fewless,Lydia M	1.00		100%	14.00	85.00	1.00	3,360.00	84,305.04	36,843.46	121,148.50	0.00	4,284.83
00001922-1	Trussell,Diana A	1.00		100%	30.00	56.00	14.00	4,293.00	107,714.76	41,143.62	148,858.38	0.00	5,474.63
00001923-1	Ness,Carl E	1.00		100%	30.00	56.00	14.00	5,203.00	130,547.40	45,231.71	175,779.11	0.00	6,635.07
00001934-1	Poppke,Ted T	1.00		100%	30.00	56.00	14.00	3,345.00	83,928.72	36,884.76	120,813.48	0.00	4,265.70
00001935-1	Dihle,Mark A	1.00		100%	6.00	42.00	52.00	3,392.00	85,107.96	37,095.95	122,203.91	0.00	4,325.66
00001936-1	Collins Jr,James R	1.00		100%	20.00	75.00	5.00	4,180.00	104,879.52	40,635.91	145,515.43	0.00	5,330.49
00001938-1	Bruschwein,David J	1.00		100%	15.00	85.00	0.00	5,657.00	141,938.64	47,162.68	189,101.32	0.00	7,214.09
00001939-1	Fewless,Dennis R	1.00		100%	25.00	75.00	0.00	6,880.00	172,624.68	52,656.95	225,281.63	0.00	8,773.74
00001940-1	Grosz,Joseph E	1.00		100%	20.00	74.00	6.00	3,356.00	84,204.72	36,934.13	121,138.85	0.00	4,279.73
00001941-1	Disney,Robert II	1.00		100%	30.00	56.00	14.00	4,118.00	103,323.96	40,357.51	143,681.47	0.00	5,251.57

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
00001944-1	Hinnenkamp,Keith D	1.00		100%	6.00	42.00	52.00	3,492.00	87,617.04	37,436.50	125,053.54	0.00	4,453.18
00001945-1	Luther,Kathryn C	1.00		100%	14.00	85.00	1.00	3,410.00	85,559.64	37,176.79	122,736.43	0.00	4,348.62
00001946-1	Lamphear,Tammy M	1.00		100%	14.00	85.00	1.00	3,356.00	84,204.72	36,934.15	121,138.87	0.00	4,279.74
00001947-1	Stefanovsky,Gary L	1.00		100%	15.00	85.00	0.00	3,931.00	98,631.96	39,517.36	138,149.32	0.00	5,013.06
00001948-1	Lawson,James Stanley	1.00		100%	6.00	42.00	52.00	3,439.00	86,287.32	37,307.13	123,594.45	0.00	4,385.65
00001949-1	Peterson,Todd F	1.00		100%	6.00	42.00	52.00	3,392.00	85,107.96	37,095.91	122,203.87	0.00	4,325.65
00001950-1	OClair,Terry L	1.00		100%	4.90	44.10	51.00	6,880.00	172,624.68	52,656.90	225,281.58	0.00	8,773.71
00001951-1	Washek,Sandra K	1.00		100%	6.00	42.00	52.00	3,860.00	96,850.44	39,198.38	136,048.82	0.00	4,922.43
00001952-1	Hubrig,Hunter J	1.00		100%	20.00	75.00	5.00	3,356.00	84,204.72	36,825.50	121,030.22	0.00	4,279.70
00001953-1	Brown,Barrett J	1.00		100%	15.00	85.00	0.00	4,950.00	124,199.52	44,095.20	168,294.72	0.00	6,312.58
00001954-1	Wolff,Rachel Renee	1.00		100%	0.00	100.00	0.00	3,281.00	82,322.88	36,518.17	118,841.05	0.00	4,184.09
00001960-1	Hargiss,Michael J	1.00		100%	20.00	75.00	5.00	3,361.00	84,330.12	36,956.60	121,286.72	0.00	4,286.06
00001961-1	Olson Jr,Paul R	1.00		100%	20.00	75.00	5.00	3,356.00	84,204.72	36,825.53	121,030.25	0.00	4,279.74
00001962-1	Duchscherer,Heather A	1.00		100%	20.00	75.00	5.00	3,511.00	88,093.80	37,630.53	125,724.33	0.00	4,477.42
00001972-1	Anderson,Jaime Suzanne	1.00		100%	55.00	31.00	14.00	3,125.00	78,408.72	35,817.42	114,226.14	0.00	3,985.14
00006758-1	Osborn,Mary B	1.00		100%	61.00	27.00	12.00	3,134.00	78,634.56	35,857.81	114,492.37	0.00	3,996.63
00010319-1	Elijah,Lisa M	1.00		100%	55.00	31.00	14.00	2,809.00	70,480.08	34,397.70	104,877.78	0.00	3,582.19
00026235-1	Hoke,Tracy Lee	1.00		100%	55.00	31.00	14.00	2,861.00	71,784.72	34,631.34	106,416.06	0.00	3,648.44
EH Energy Sci-1	Vacant	1.00		100%	50.00	50.00	0.00	4,200.00	105,381.36	40,725.83	146,107.19	0.00	5,356.07
SubTotal									**15,876,090.45**	**6,259,567.66**	**22,135,658.11**	**0.00**	**806,956.08**
Temporary and Other Pay Types													
AQ Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	416.67	10,000.00	1,000.00	11,000.00	0.00	0.00
CL Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	3,570.83	85,700.00	8,569.99	94,269.99	0.00	0.00
ECO Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	2,500.00	60,000.00	6,000.00	66,000.00	0.00	0.00
EH ARRA Arsenic-1	Vacant	0.00		100%	0.00	100.00	0.00	1,604.17	38,500.00	3,850.01	42,350.01	0.00	0.00
EH ARRA Clean-1	Vacant	0.00		100%	0.00	100.00	0.00	12,193.33	292,640.00	29,263.99	321,903.99	0.00	0.00
EH ARRA Drink-1	Vacant	0.00		100%	0.00	100.00	0.00	10,718.33	257,240.00	25,724.00	282,964.00	0.00	0.00
EH ARRA WQ-1	Vacant	0.00		100%	0.00	100.00	0.00	618.75	14,850.00	1,485.02	16,335.02	0.00	0.00
MF Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	41.67	1,000.00	100.02	1,100.02	0.00	0.00
ML ELC Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	4,500.00	108,000.00	10,800.00	118,800.00	0.00	0.00

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Environmental Health | **Reporting Level:** 00-301-500-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
ML Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	3,125.00	75,000.00	7,500.00	82,500.00	0.00	0.00
Salary Equity-1	Salary Equity	0.00		100%	100.00	0.00	0.00	5,833.33	70,000.00	0.00	70,000.00	0.00	0.00
WM Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	31.25	750.00	75.01	825.01	0.00	0.00
WQ Temp-1	Vacant	0.00		100%	0.00	100.00	0.00	1,041.67	25,000.00	2,500.00	27,500.00	0.00	0.00
SubTotal									**1,038,680.00**	**96,868.04**	**1,135,548.04**	**0.00**	**0.00**
Total		**156.25**							**16,914,770.45**	**6,356,435.70**	**23,271,206.15**	**0.00**	**806,956.08**
								Reporting Level General Fund	**4,729,192.83**	**1,923,012.89**	**6,652,205.72**	**0.00**	**429,898.11**
								Reporting Level Federal Fund	**9,907,050.12**	**3,564,131.82**	**13,471,181.94**	**0.00**	**377,057.97**
								Reporting Level Special Fund	**2,278,527.51**	**869,290.98**	**3,147,818.49**	**0.00**	**0.00**
								Total Reporting Level Funding	**16,914,770.45**	**6,356,435.70**	**23,271,206.15**	**0.00**	**806,956.08**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Emergency Preparedness and Response | **Reporting Level:** 00-301-600-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001664-1	Nehring,Thomas R	1.00		100%	73.60	26.40	0.00	4,657.00	116,847.84	42,670.14	159,517.98	0.00	5,938.80
00001706-1	Eberle,Amy Jo	1.00		100%	100.00	0.00	0.00	3,676.00	92,233.80	38,263.08	130,496.88	0.00	4,687.86
00001778-1	Kuhn,Kari L	1.00		100%	100.00	0.00	0.00	2,474.00	62,074.68	32,789.04	94,863.72	0.00	3,155.00
00001781-1	Gregoire,Edward M	1.00		100%	83.00	17.00	0.00	3,500.00	87,817.80	37,472.41	125,290.21	0.00	4,463.37
00001907-1	Zahn,Linda M	1.00		100%	100.00	0.00	0.00	2,159.00	54,171.00	31,373.89	85,544.89	0.00	2,753.21
00001958-1	Franklund,Janet R	1.00		100%	50.00	50.00	0.00	2,310.00	57,959.76	32,052.32	90,012.08	0.00	2,945.82
00001959-1	Ulberg,Kelli R	1.00		100%	0.00	100.00	0.00	3,398.00	85,258.56	37,014.20	122,272.76	0.00	4,333.34
00001966-1	Wiedrich,Timothy W	1.00		100%	0.00	100.00	0.00	6,422.00	161,133.12	50,599.42	211,732.54	0.00	8,189.66
00001967-1	Vossler,Brenda L	1.00		100%	0.00	100.00	0.00	4,901.00	122,970.00	43,766.36	166,736.36	0.00	6,250.04
00001968-1	Sickler,Juli L	1.00		100%	0.00	100.00	0.00	4,410.00	110,650.44	41,560.55	152,210.99	0.00	5,623.86
00026388-1	Yantzer,Gary W	1.00		100%	0.00	100.00	0.00	3,398.00	85,258.56	37,014.16	122,272.72	0.00	4,333.30
00026992-1	Vacant	1.00		100%	0.00	100.00	0.00	2,468.00	61,924.08	32,836.26	94,760.34	0.00	3,147.33
SubTotal									**1,098,299.64**	**457,411.83**	**1,555,711.47**	**0.00**	**55,821.59**
Temporary and Other Pay Types													
EMS Position-2	temp	0.00		100%	100.00	0.00	0.00	3,284.00	82,398.24	36,502.09	118,900.33	0.00	4,188.00
EMS TEMP-1	Vacant	0.00		100%	100.00	0.00	0.00	208.33	5,000.00	499.98	5,499.98	0.00	0.00
HP TEMP-1	Vacant	0.00		100%	0.00	100.00	0.00	6,067.83	145,628.00	34,386.06	180,014.06	0.00	0.00
PHP TEMP 1-1	Vacant	0.00		100%	0.00	100.00	0.00	7,373.50	176,964.00	37,519.68	214,483.68	0.00	0.00
PHP TEMP 2-1	Vacant	0.00		100%	0.00	100.00	0.00	7,373.42	176,962.00	27,607.84	204,569.84	0.00	0.00
SubTotal									**586,952.24**	**136,515.65**	**723,467.89**	**0.00**	**4,188.00**
Total		**12.00**							**1,685,251.88**	**593,927.48**	**2,279,179.36**	**0.00**	**60,009.59**
							Reporting Level General Fund		**486,996.37**	**220,616.99**	**707,613.36**	**0.00**	**28,132.06**
							Reporting Level Federal Fund		**1,198,255.51**	**373,310.49**	**1,571,566.00**	**0.00**	**31,877.53**
							Reporting Level Special Fund		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
							Total Reporting Level Funding		**1,685,251.88**	**593,927.48**	**2,279,179.36**	**0.00**	**60,009.59**

Salary Budget

00301 ND Department of Health

Version: 2011R0300301

Program: 3-Special Populations | **Reporting Level:** 00-301-700-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Fed	Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00001858-1	Garland,Gary S	1.00		100%	0.00	100.00	0.00	5,177.00	129,895.08	45,006.26	174,901.34	0.00	6,601.98
00001942-1	Bergrud,Corey J	0.10		10%	50.00	50.00	0.00	4,555.00	11,428.86	4,221.20	15,650.06	0.00	580.88
00001978-1	Baird,John R	0.17		34%	0.00	100.00	0.00	6,448.00	55,007.05	17,243.51	72,250.56	0.00	2,795.75
00003236-1	Evans,Melissa H	1.00		100%	49.00	51.00	0.00	2,861.00	71,784.72	34,601.72	106,386.44	0.00	3,648.43
00003241-1	Kirsch,Denise A	1.00		100%	48.00	52.00	0.00	2,199.00	55,174.68	31,553.72	86,728.40	0.00	2,804.30
00003261-1	Phillips,Alicia A	1.00		100%	48.00	52.00	0.00	2,227.00	55,877.16	31,753.52	87,630.68	0.00	2,839.96
00003315-1	Kiefer,Tricia Marie	1.00		100%	49.00	51.00	0.00	3,676.00	92,233.80	38,263.08	130,496.88	0.00	4,687.86
00003362-1	Burns,Susan D.	1.00		100%	48.00	52.00	0.00	4,439.00	111,378.12	41,690.86	153,068.98	0.00	5,660.88
00003524-1	Bruley,Diane M.	1.00		100%	49.00	51.00	0.00	2,638.00	66,189.48	33,599.98	99,789.46	0.00	3,364.09
00003824-1	Muccatira,Devaiah M	1.00		100%	0.00	100.00	0.00	3,977.00	99,786.12	39,615.30	139,401.42	0.00	5,071.68
00004071-1	Gallup-Millner,Tamara L	1.00		100%	49.00	51.00	0.00	5,163.00	129,543.84	44,943.35	174,487.19	0.00	6,584.16
00026234-1	Howard,Phyllis A	1.00		100%	0.00	100.00	0.00	4,515.00	113,284.92	42,032.31	155,317.23	0.00	5,757.71
00026236-1	Stanley,Carrie L	0.50		100%	0.00	100.00	0.00	1,448.00	36,331.44	28,118.47	64,449.91	0.00	1,853.97
SubTotal									**1,027,915.27**	**432,643.28**	**1,460,558.55**	**0.00**	**52,251.65**
Temporary and Other Pay Types													
CSHS Temp-1	Vacant			100%	60.18	39.82	0.00	2,812.33	33,748.00	13,286.44	47,034.44	0.00	0.00
CSHS Temp-1	Vacant	0.00		100%	60.00	40.00	0.00	2,812.33	33,748.00	13,286.44	47,034.44	0.00	0.00
SubTotal									**67,496.00**	**26,572.88**	**94,068.88**	**0.00**	**0.00**
Total		**10.77**							**1,095,411.27**	**459,216.16**	**1,554,627.43**	**0.00**	**52,251.65**
								Reporting Level General Fund	**342,073.83**	**152,920.94**	**494,994.77**	**0.00**	**29,589.68**
								Reporting Level Federal Fund	**753,337.44**	**306,295.22**	**1,059,632.66**	**0.00**	**22,661.97**
								Reporting Level Special Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
								Total Reporting Level Funding	**1,095,411.27**	**459,216.16**	**1,554,627.43**	**0.00**	**52,251.65**
								Agency General Fund	**10,540,321.45**	**4,147,778.70**	**14,688,100.14**	**0.00**	**831,907.73**
								Agency Federal Fund	**23,621,548.25**	**8,794,661.47**	**32,416,209.71**	**0.00**	**915,622.97**
								Agency Special Fund	**3,064,918.27**	**1,145,223.42**	**4,210,141.69**	**0.00**	**0.00**
		FTE	**343.50**					**Total Agency Funding**	**37,226,787.96**	**14,087,663.59**	**51,314,451.55**	**0.00**	**1,747,530.70**

COMMUNITY HEALTH SECTION

-Attachment ONE
-Arvy Smith
-HB 1004
-February 1, 2011

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.30**	**47.80**	**47.80**	**48.80**	**1.00**	**2%**
Salaries	2,926,385	2,395,637	3,535,826	3,918,582	382,756	11%
Temporary, Overtime	140,918	126,703	255,700	560,096	304,396	119%
Benefits	1,022,111	932,435	1,473,450	1,729,334	255,884	17%
TOTAL	**4,089,414**	**3,454,775**	**5,264,976**	**6,208,012**	**943,036**	**18%**
General Fund	789,421	314,793	638,401	1,022,066	383,665	60%
Federal Funds	3,277,771	3,048,235	4,626,575	5,070,948	444,373	10%
Other Funds	22,222	91,747	0	114,998	114,998	100%
OPERATING EXPENSES						
Travel	291,857	212,552	325,908	442,369	116,461	36%
Supplies - IT Software	58,768	47,267	54,224	59,383	5,159	10%
Supply/Material Professional	443,366	271,086	471,941	625,878	153,937	33%
Food & Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	1,284	1,012	1,181	1,240	59	5%
Miscellaneous Supplies	668	0	0	12,080	12,080	100%
Office Supplies	128,830	34,634	59,264	77,458	18,194	31%
Postage	129,377	41,227	61,315	72,545	11,230	18%
Printing	168,985	119,982	185,397	255,648	70,251	38%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	8,634	4,754	7,389	7,758	369	5%
Rentals/Leases - Bldg/Land	98,648	90,559	158,731	192,628	33,897	21%
Repairs	3,907	1,096	1,864	1,957	93	5%
IT - Data Processing	102,353	108,651	122,240	123,796	1,556	1%
IT - Communications	71,554	58,100	92,931	103,702	10,771	12%
IT - Contractual Services	245,401	187,497	229,461	413,621	184,160	80%
Professional Development	91,713	50,345	76,698	94,733	18,035	24%
Operating Fees & Services	36,561	21,557	29,593	46,373	16,780	57%
Professional Services	3,218,575	2,688,689	4,625,589	4,986,420	360,831	8%
Medical, Dental, and Optical	19,150	6,043	24,693	82,493	57,800	234%
Sub Total Operating	**5,119,631**	**3,945,052**	**6,528,419**	**7,600,082**	**1,071,663**	**16%**
IT Equip Under $5,000	42,323	26,090	31,998	33,150	1,152	4%
Other Equip Under $5,000	2,327	0	0	2,000	2,000	100%
Office Equip/Furn. Supplies	8,555	35,534	32,580	3,300	(29,280)	-90%
TOTAL	**5,172,836**	**4,006,676**	**6,592,997**	**7,638,532**	**1,045,535**	**16%**
General Fund	288,844	119,106	408,899	698,057	289,158	71%
Federal Funds	4,873,992	3,799,108	5,879,766	6,840,474	960,708	16%
Other Funds	10,000	88,462	304,332	100,001	(204,331)	-67%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	0	0	0	30,200	30,200	100%
IT Equip/Software >$5,000	0	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**30,200**	**30,200**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	30,200	30,200	100%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	14,869,710	10,750,677	19,098,046	22,006,032	2,907,986	15%
WIC Food	19,315,327	12,351,464	25,063,375	24,158,109	(905,266)	-4%
Tobacco Prevention Control	8,428,453	3,221,225	9,080,745	6,162,396	(2,918,349)	-32%
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	523,354	1,937,609	113,166	(1,824,443)	-94%
TOTAL	**42,613,490**	**26,846,719**	**55,179,775**	**52,439,703**	**(2,740,072)**	**-5%**
General Fund	760,000	1,341,656	2,575,900	3,798,758	1,222,858	47%
Federal Funds	35,318,583	23,493,427	45,050,813	44,567,825	(482,988)	-1%
Other Funds	6,534,907	2,011,636	7,553,062	4,073,120	(3,479,942)	-46%
GRAND TOTAL	**51,875,740**	**34,308,170**	**67,037,748**	**66,316,447**	**(721,301)**	**-1%**
General Fund	1,838,265	1,775,555	3,623,200	5,518,881	1,895,681	52%
Federal Funds	43,470,346	30,340,770	55,557,154	56,509,447	952,293	2%
Other Funds	6,567,129	2,191,845	7,857,394	4,288,119	(3,569,275)	-45%

TOBACCO SPECIAL LINE

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**7.00**	**7.00**	**7.34**	**7.00**	**(0.34)**	**-5%**
Salaries	550,513	437,359	635,803	653,065	17,262	3%
Temporary, Overtime	686	28,255	10,000	25,000	15,000	150%
Benefits	192,795	163,476	257,238	271,598	14,360	6%
TOTAL	**743,994**	**629,089**	**903,041**	**949,663**	**46,622**	**5%**
General Fund	0	0	0	0	0	
Federal Funds	631,714	556,576	785,940	922,163	136,223	17%
Other Funds	112,280	72,513	117,101	27,500	(89,601)	-77%
OPERATING EXPENSES						
Travel	33,436	29,786	43,935	47,011	3,076	7%
IT - Software/Supp.	19,768	9,919	13,271	13,935	664	5%
Professional Supplies & Mat	4,158	2,464	1,170	1,228	58	5%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenan	0	0	0	0	0	
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	5,295	4,127	5,785	6,019	234	4%
Postage	2,937	3,905	7,182	7,540	358	5%
Printing	11,849	22,066	39,604	42,016	2,412	6%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	1,124	657	1,440	1,512	72	5%
Lease \Rentals-- Buildings./L	18,035	14,756	26,179	27,488	1,309	5%
Repairs	314	115	314	330	16	5%
IT-Data Processing	8,854	8,648	13,524	14,968	1,444	11%
IT-Telephone	12,315	7,269	12,037	12,639	602	5%
IT - Contractual Services	110	26,345	0	0	0	
Professional Development	37,765	19,320	28,272	29,686	1,414	5%
Operating Fees & Services	6,744	0	3,512	3,688	176	5%
Professional Services	1,696,353	1,775,715	3,655,841	3,651,393	(4,448)	0%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**1,859,057**	**1,925,091**	**3,852,066**	**3,859,453**	**7,387**	**0%**
IT Equip Under $5000	6,897	7,725	10,000	5,100	(4,900)	-49%
Other Equip Under $5000	0	0	0	0	0	
Office Equip Under $5000	3,808	14,178	25,180	25,180	0	0%
TOTAL	**1,869,762**	**1,946,994**	**3,887,246**	**3,889,733**	**2,487**	**0%**
General Fund	0	0	0	0	0	
Federal Funds	705,810	435,789	718,852	631,737	(87,115)	-12%
Other Funds	1,163,952	1,511,205	3,168,394	3,257,996	89,602	3%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**0**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	5,814,697	645,142	4,290,458	1,323,000	(2,967,458)	-69%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Tobacco Prev Advisory Com	0	0	0	0	0	
TOTAL	**5,814,697**	**645,142**	**4,290,458**	**1,323,000**	**(2,967,458)**	**-69%**
General Fund	0	0	0	0	0	
Federal Funds	969,824	586,771	1,173,824	1,098,000	(75,824)	-6%
Other Funds	4,844,873	58,371	3,116,634	225,000	(2,891,634)	-93%
GRAND TOTAL	**8,428,453**	**3,221,225**	**9,080,745**	**6,162,396**	**(2,918,349)**	**-32%**
General Fund	0	0	0	0	0	
Federal Funds	2,307,348	1,579,136	2,678,616	2,651,900	(26,716)	-1%
Other Funds	6,121,105	1,642,089	6,402,129	3,510,496	(2,891,633)	-45%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	32,894	27,780	(5,114)	-15.5%
Women's Way-Blue Cross Blue Shield	1,090,000	1,130,000	40,000	3.7%
Women's Way-Local Public Health Units	1,155,000	850,000	(305,000)	-26.4%
Women's Way-Recruitment Campaign	83,000	126,000	43,000	51.8%
Cancer Registry-Data Consultant/Coding Abstract Specialist	75,000	190,000	115,000	100.0%
Comprehensive Cancer-Program Evaluator UND	15,000	30,000	15,000	100.0%
Comprehensive Cancer-Special Projects	35,000	60,000	25,000	71.4%
Division of Cancer-WW Web Based Data System	25,000	0	(25,000)	-100.0%
Heart Disease & Stroke Prevention-Communication Consultant	70,000	30,000	(40,000)	-57.1%
Heart Disease & Stroke Prev-Clinical Information Systems	70,000	0	(70,000)	-100.0%
Heart Disease & Stroke Prevention-Program Consultant	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Partnership Development	60,000	50,000	(10,000)	-16.7%
Heart Disease & Stroke Prevention-Evaluation Consultant	16,000	0	(16,000)	-100.0%
Heart Disease & Stroke Prevention-Disease Mgmt Pilot	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Quality Improvement Project	60,000	100,000	40,000	66.7%
Heart Disease & Stroke Prevention-Capacity Building	0	175,000	175,000	100.0%
Heart Disease & Stroke Prevention-Arnold Project	0	10,000	10,000	100.0%
Stroke Registry	0	60,000	60,000	100.0%
BRFSS-Behavior Risk Survey	350,000	588,000	238,000	68.0%
Diabetes-Disease Management Coordinator (BCBS)	120,000	70,000	(50,000)	-41.7%
Diabetes-Evaluation and Surveillance Consultant	50,000	40,000	(10,000)	-20.0%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	100,000	20,000	(80,000)	-80.0%
Diabetes-Communications Consultant	80,000	20,000	(60,000)	-75.0%
Diabetes-Clinic Registry Projects	30,000	0	(30,000)	-100.0%
Family Planning-Clinical Consultant	45,200	50,600	5,400	11.9%
Maternal and Child Health (MCH)-Medical Fee Contract	115,000	115,000	0	0.0%
(MCH)-Evaluation/Communication Consultant	50,000	134,500	84,500	169.0%
Maternal and Child Health (MCH)-New Parenting/Scoliosis	20,000	0	(20,000)	-100.0%
Oral Health-Public Health Dentist/Coalition Coordinator	12,500	0	(12,500)	-100.0%
Oral Health-Communication	44,000	50,000	6,000	13.6%
Oral Health-Program Evaluator & PANDA	47,000	80,000	33,000	70.2%
Early Childhood Comprehensive System-Program Evaluator	80,000	55,000	(25,000)	-31.3%
School Health-Program Evaluator	71,000	30,000	(41,000)	-57.7%
Home Visiting	0	182,512	182,512	100.0%
Child Safety Program-Program Facilitators	150,000	170,000	20,000	13.3%
Suicide Prevention-GF	0	150,000	150,000	100.0%
Suicide Prevention-Data Collection (UND)	40,000	0	(40,000)	-100.0%
Suicide Prevention-Local Program Consultant	35,000	0	(35,000)	-100.0%
Suicide Prevention-Public Awareness Campaign	13,000	0	(13,000)	-100.0%
Poison Control Hotline	149,000	149,000	0	0.0%
Professional Not Classified	59,715	15,028	(44,687)	-74.8%
Women, Infant and Children (WIC)-Consultants/Speakers	15,000	18,000	3,000	20.0%
Women, Infant and Children (WIC)-Evaluation Consultant	42,280	10,000	(32,280)	-76.3%
Women, Infant and Children (WIC)-EBT	0	200,000	200,000	100.0%
Total Professional Fees	**$ 4,625,589**	**$ 4,986,420**	**$ 360,831**	**7.8%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Home Visiting CVR	0	50,000	50,000	100.0%
Family Planning	0	42,000	42,000	100.0%
SPSS Annual Maintenance	0	22,000	22,000	100.0%
Cancer Prevention and Control	14,461	14,821	360	2.5%
WIC IT Contractor	215,000	284,800	69,800	32.5%
Total IT Contractual Services	**$ 229,461**	**$ 413,621**	**$ 184,160**	**80.3%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Quitline-Fund 316				
Quitline Vendor-Healthways	746,654	1,520,000	773,346	103.57%
Quitline Vendor-UND	322,346	793,238	470,892	146.08%
Quitline Vendor-Results Unlimited	20,000	200,000	180,000	900.00%
Quitline Vendor Evaluation	0	80,000	80,000	100.00%
Quitline Promotion	50,000	150,000	100,000	200.00%
Quitline Promotion-Cameo Communications	0	10,000	10,000	100.00%
QuitNet Vendor-Healthways	334,000	334,000	0	0.00%
State Employee Cessation - Promotion	10,000	10,000	0	0.00%
Tobacco Consultants -Cameo Communications	0	50,000	50,000	100.00%
Adult Tobacco Survey-Advisory Committee	75,000	140,000	65,000	86.67%
Quitline Promotion-CDC Funds				
Quitline Vendor-UND/Other	160,000	0	(160,000)	-100.00%
Quitline Vendor-Results Unlimited	280,000	130,000	(150,000)	-53.57%
[illegible]ssation Services	0	53,000	53,000	100.00%
[illegible]bacco Consultants -Cameo Communications	85,850	110,000	24,150	28.13%
Legal - Tobacco & Misc.	12,033	13,155	1,122	9.32%
Tribal Tob Consultants-TBD	50,000	0	(50,000)	-100.00%
Tobacco Program Evaluation-NDSU	20,000	0	(20,000)	-100.00%
Youth Tobacco Survey-Winkelman	40,000	24,000	(16,000)	-40.00%
Kat Communications	17,000	24,000	7,000	41.18%
Arnold Project	0	10,000	10,000	100.00%
Apprn Authority for Tobacco Measure #3	1,432,958	0	(1,432,958)	-100.00%
	$ 3,655,841	**$ 3,651,393**	**$ (4,448)**	**-0.1%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Abstinence Education	159,000	14,974	144,026	164,000		164,000	
Sexual Violence Prev.-RPE	168,000	84,165	83,835	165,000		165,000	
Comprehensive Cancer	80,000	19,592	60,408	120,000		120,000	
Colorectal Grants (CHTF)	338,233	49,209	289,024	477,600	477,600		
Domestic Violence (GF & SF)	2,050,000	1,288,458	761,542	2,050,000	1,710,000		340,000
Donated Dental Services (GF)	50,000	27,260	22,740	50,000	50,000		
Early Childhood Comprehensive System	150,000	0	150,000	150,000		150,000	
Family Planning	2,610,000	1,171,482	1,438,518	2,234,500		2,234,500	
Family Violence	1,346,806	875,583	471,223	1,374,800		1,374,800	
Fetal Alcohol Program (GF)	369,900	190,621	179,279	0			
Comm. Defined Solutions End Violence	775,000	340,582	434,418	949,700		949,700	
Home Visiting	0	0	0	845,000		845,000	
Heart Disease and Stroke Prevention	20,000	3,972	16,028	200,000		200,000	
Stroke Registry (CHTF)	472,700	72,689	400,011	394,824	172,200		222,624
MCH Block	1,975,000	1,122,041	852,959	1,651,300		1,651,300	
Mobile Dental Care Program	196,000		196,000	0			
Oral Health	60,000	4,401	55,599	50,000		50,000	
Oral Health Workforce Activities	0		0	343,000		343,000	
Prenatal Alcohol Screening	0		0	388,458	388,458		
Preventive Health Block Grant	85,452	67,836	17,616	151,500		151,500	
Sexual Violence RPE	175,000	118,613	56,387	175,000		175,000	
Safe Havens	490,000	302,033	187,967	642,000		642,000	
School Health	0		0	14,000		14,000	
Sexual Assault Services	0	84,176	(84,176)	380,000		380,000	
STOP Violence	1,420,000	926,043	493,957	1,493,200		1,493,200	
Suicide Prevention	740,000	223,206	516,794	700,000	700,000		
Women's Way	0	0	0	300,500	300,500		
Women's Way Care Coordination	0	0	0	400,740		400,740	
WIC Peer Counseling	110,000	40,732	69,268	122,300		122,300	
Women, Infant & Children Program (WIC)	5,256,955	3,723,009	1,533,946	6,018,610		6,018,610	
Total Grants	**$ 19,098,046**	**$ 10,750,677**	**$ 8,347,369**	**$ 22,006,032**	**$ 3,798,758**	**$ 17,644,650**	**$ 562,624**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
CDC Tobacco Preventions	1,173,824	586,771	587,053	1,098,000		1,098,000	
CHTF Cessation Program	225,000	58,371	166,629	225,000			225,000
CHTF to Local Health Units	2,891,634		2,891,634	-			
Total Grants	**$ 4,290,458**	**$ 645,142**	**$ 3,645,316**	**$ 1,323,000**	**$ -**	**$ 1,098,000**	**$ 225,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Dental Portable Operatories	FH	4	6,000	24,000
Portable Autoclave Sterilization Unit	FH	1	6,200	6,200
Community Health Total				**30,200**

This Equipment is funded with federal funds.

- Attachment TWO
- HB 1004
- Arvy Smith
- February 1, 2011

North Dakota Department of Health
Division of Chronic Disease
Tobacco Prevention and Control Cessation Programs
(Paid solely by Community Health Trust Fund and CDC dollars)

North Dakota Tobacco Quitline

- Averaged 440 calls per month during fiscal year 09-10.
- Enrolled 2,550 people in counseling in FY 09-10 (compared to 1,474 in FY 08-09).
- The number of people calling has increased every year since the inception of the Quitline.
- Six months after counseling, 34.4 percent of former tobacco users are still quit; 97 percent of those Quitline callers would recommend the program to others.

QuitNet Data

- QuitNet has had 1,183 registrants (Feb. through Dec. 2010).
- Each visitor spends about 42 minutes online per session and views about 45 pages.
- 38 clubs have been created or joined.
- 18 have participated in online counseling.
- 731 members completed the medication plan.
- 870 members completed the quit.

	Quitline	**QuitNet**
Gender	56% female/44% male	54% female/46% male
Age	66% are ages 25-54	74% ages 25-54
Education	51% have ≤ a high school education	65% have some college – post graduate work
Special Populations	7.3% of calls are from American Indians 2.7% are pregnant or possibly pregnant	4% are American Indians
Sexual Orientation		11% of users are from the LGBT population

QuitNet is reaching different demographics than the Quitline. The Quitline is reaching older, less educated, lower income populations, while the Quitline is reaching the opposite; younger and more educated.

Quitline also has partnered with Medicaid to increase medication availability. That coverage increased as of January 2011 to include all seven FDA approved cessation medications. We are one of only five states in the U.S. with this level of coverage.

Baby and Me

The program combines cessation support specific for pregnant women, offers practical incentives ($25 voucher for diapers each month up to 12 months after delivery), targets low-income women and monitors tobacco cessation success.

Health Unit	Total Referrals	Currently Active	Completed Counseling	New Referrals Just Starting	Unable to Complete	Did Not Apply After Referral
Bismarck Burleigh	10		6		4	
Central Valley	49	16		7	10	11
Custer Health	23		2		5	16
Devils Lake						
Fargo Cass	15	2	6		7	
Southwest	4		2		2	
Walsh	0 (contract started 11-15-10)					
Totals	**101**	**18**	**16**	**7**	**28**	**27**

Public Health Service Guidelines within health-care systems

The Public Health Service Guidelines, Treating Tobacco Use and Dependence 2008 are a meta-analysis released by the U.S Department of Health and Human services regarding evidence based treatments that health-care providers can use to aid patients in tobacco cessation. The guidelines that the Department of Health is promoting are Ask, Advise, Refer (AAR).

Currently, the Department of Health is working with 20 health-care systems from around the state; including student health centers on college campuses and small town clinics to large systems. Each system is in a different stage of the program, including training of staff and beginning to explore the possibility of incorporating AAR into their medical records and/or electronic medical records.

- Attachment THREE
- HB 1004
- Arvy Smith
- February 1, 2011

North Dakota Department of Health
Division of Chronic Disease
Tobacco Prevention and Control Funding to Tribal Health

Biennium	Amount
2007-2009	$127,585
2009-2011	$181,000
2011-2013	$400,000

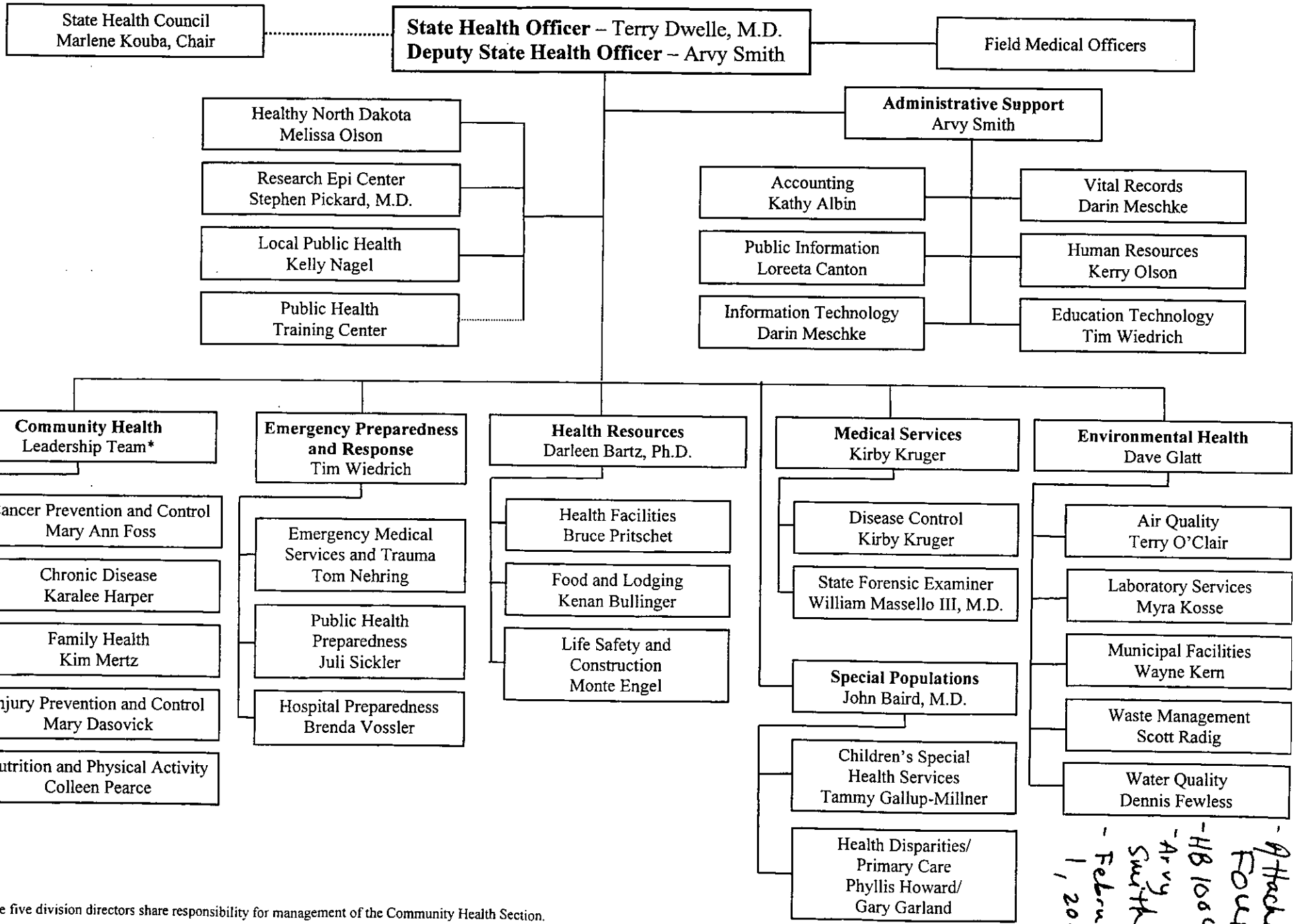
The Department of Health is the sole funder for tribal tobacco programs in North Dakota. The focus the last few years has been the recruiting of Tobacco Coordinators from each tribal area to increase interest from the members of each reservation. This was accomplished by working with several partners:

- Partnered with the North Dakota Department of Human Service's Prevention Program to establish Tobacco Coordinators who also work as Prevention Coordinators. This allowed both programs to better utilize funding resources (tobacco with an infrastructure focus, prevention with a project focus). One program is still having success using one coordinator for both programs (Standing Rock), while another program has developed a new position focusing solely on tobacco (Spirit Lake).
- Partnered with the Boys and Girls Club to work with Fort Berthold (Three Affiliated Tribes). This is a strong organization that is relatively immune to Tribal politics, yet was able to work with youth and families to promote tobacco-related issues.

Success on North Dakota reservations:

- Each tribal area is assessing tobacco policy, including schools, tribal buildings and housing.
- Each tribal area is promoting the North Dakota Quitline and North Dakota QuitNet as cessation resources.
- The Turtle Mountain Tobacco Program has had much success, including making a "mini-casino" smoke free. Turtle Mountain also is working on establishing a tobacco tax, which will collect funds from tobacco sales to benefit Tribal health programs.

North Dakota Department of Health
Organizational Chart
November 2010



*The five division directors share responsibility for management of the Community Health Section.

- Attachment FOUR
- HB 1004
- Arvy Smith
- February 1, 2011

Attachment FIVE
HB 1004
Arvy Smith
February 1, 2011

General Fund Comparison
Department of Health

Leg Council - Green Sheets	2009-11 Legislative Appropriations	2011-13 Executive Budget	Increase
General Fund	**27,231,665**	**28,080,556**	**848,891**
	General Fund Adjustments		
Cost to continue FY 2011 5% salary increase		417,053	417,053
Immunization Services - Contingency Funds	(1,200,000)	0	(1,200,000)
Regional Public Health Network Pilot Project	(275,000)	275,000	0
Domestic Violence Grants	(1,000,000)	1,000,000	0
Bond Payments	(356,077)	357,220	1,143
Grants to Fetal Alcohol Syndrome	(369,900)	388,458	18,558
Grants to Non Profit Dentists	(180,000)	0	(180,000)
Grants to Mobile Dental Care Services	(196,000)	0	(196,000)
EMS Grants to Law Enforcement	(128,400)	0	(128,400)
Contingency - CHTF	(2,405,371)	0	(2,405,371)
* Stroke Registry		250,700	250,700
* Women's Way		300,500	300,500
* Dental Loan Repayment Program		200,000	200,000
* Medical Loan Repayment Program		270,000	270,000
* Veterinary Loan Repayment Program		135,000	135,000
* EMT Training Grants		300,000	300,000
* Colorectal Cancer		477,600	477,600
Suicide		741,493	741,493
EMS Division Funding		523,900	523,900
Equity Package		70,000	70,000
Governor's Compensation Package		1,252,715	1,252,715
			0
Total	**(6,110,748)**	**6,959,639**	**848,891**

* Originally funded with Community Trust Fund

COMMUNITY HEALTH SECTION

Attachment ONE - HB 1004 - February 1, 2011 - Aruy Smith

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.30**	**47.80**	**47.80**	**48.80**	**1.00**	**2%**
Salaries	2,926,385	2,395,637	3,535,826	3,918,582	382,756	11%
Temporary, Overtime	140,918	126,703	255,700	560,096	304,396	119%
Benefits	1,022,111	932,435	1,473,450	1,729,334	255,884	17%
TOTAL	**4,089,414**	**3,454,775**	**5,264,976**	**6,208,012**	**943,036**	**18%**
General Fund	789,421	314,793	638,401	1,022,066	383,665	60%
Federal Funds	3,277,771	3,048,235	4,626,575	5,070,948	444,373	10%
Other Funds	22,222	91,747	0	114,998	114,998	100%
OPERATING EXPENSES						
Travel	291,857	212,552	325,908	442,369	116,461	36%
Supplies - IT Software	58,768	47,267	54,224	59,383	5,159	10%
Supply/Material Professional	443,366	271,086	471,941	625,878	153,937	33%
Food & Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	1,284	1,012	1,181	1,240	59	5%
Miscellaneous Supplies	668	0	0	12,080	12,080	100%
Office Supplies	128,830	34,634	59,264	77,458	18,194	31%
Postage	129,377	41,227	61,315	72,545	11,230	18%
Printing	168,985	119,982	185,397	255,648	70,251	38%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	8,634	4,754	7,389	7,758	369	5%
Rentals/Leases - Bldg/Land	98,648	90,559	158,731	192,628	33,897	21%
Repairs	3,907	1,096	1,864	1,957	93	5%
IT - Data Processing	102,353	108,651	122,240	123,796	1,556	1%
IT - Communications	71,554	58,100	92,931	103,702	10,771	12%
IT - Contractual Services	245,401	187,497	229,461	413,621	184,160	80%
Professional Development	91,713	50,345	76,698	94,733	18,035	24%
Operating Fees & Services	36,561	21,557	29,593	46,373	16,780	57%
Professional Services	3,218,575	2,688,689	4,625,589	4,986,420	360,831	8%
Medical, Dental, and Optical	19,150	6,043	24,693	82,493	57,800	234%
Sub Total Operating	**5,119,631**	**3,945,052**	**6,528,419**	**7,600,082**	**1,071,663**	**16%**
IT Equip Under $5,000	42,323	26,090	31,998	33,150	1,152	4%
Other Equip Under $5,000	2,327	0	0	2,000	2,000	100%
Office Equip/Furn. Supplies	8,555	35,534	32,580	3,300	(29,280)	-90%
TOTAL	**5,172,836**	**4,006,676**	**6,592,997**	**7,638,532**	**1,045,535**	**16%**
General Fund	288,844	119,106	408,899	698,057	289,158	71%
Federal Funds	4,873,992	3,799,108	5,879,766	6,840,474	960,708	16%
Other Funds	10,000	88,462	304,332	100,001	(204,331)	-67%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	0	0	0	30,200	30,200	100%
IT Equip/Software >$5,000	0	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**30,200**	**30,200**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	30,200	30,200	100%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	14,869,710	10,750,677	19,098,046	22,006,032	2,907,986	15%
WIC Food	19,315,327	12,351,464	25,063,375	24,158,109	(905,266)	-4%
Tobacco Prevention Control	8,428,453	3,221,225	9,080,745	6,162,396	(2,918,349)	-32%
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	523,354	1,937,609	113,166	(1,824,443)	-94%
TOTAL	**42,613,490**	**26,846,719**	**55,179,775**	**52,439,703**	**(2,740,072)**	**-5%**
General Fund	760,000	1,341,656	2,575,900	3,798,758	1,222,858	47%
Federal Funds	35,318,583	23,493,427	45,050,813	44,567,825	(482,988)	-1%
Other Funds	6,534,907	2,011,636	7,553,062	4,073,120	(3,479,942)	-46%
GRAND TOTAL	**51,875,740**	**34,308,170**	**67,037,748**	**66,316,447**	**(721,301)**	**-1%**
General Fund	1,838,265	1,775,555	3,623,200	5,518,881	1,895,681	52%
Federal Funds	43,470,346	30,340,770	55,557,154	56,509,447	952,293	2%
Other Funds	6,567,129	2,191,845	7,857,394	4,288,119	(3,569,275)	-45%

TOBACCO SPECIAL LINE

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	7.00	7.00	7.34	7.00	(0.34)	-5%
Salaries	550,513	437,359	635,803	653,065	17,262	3%
Temporary, Overtime	686	28,255	10,000	25,000	15,000	150%
Benefits	192,795	163,476	257,238	271,598	14,360	6%
TOTAL	**743,994**	**629,089**	**903,041**	**949,663**	**46,622**	**5%**
General Fund	0	0	0	0	0	
Federal Funds	631,714	556,576	785,940	922,163	136,223	17%
Other Funds	112,280	72,513	117,101	27,500	(89,601)	-77%
OPERATING EXPENSES						
Travel	33,436	29,786	43,935	47,011	3,076	7%
IT - Software/Supp.	19,768	9,919	13,271	13,935	664	5%
Professional Supplies & Mate	4,158	2,464	1,170	1,228	58	5%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenan	0	0	0	0	0	
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	5,295	4,127	5,785	6,019	234	4%
Postage	2,937	3,905	7,182	7,540	358	5%
Printing	11,849	22,066	39,604	42,016	2,412	6%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	1,124	657	1,440	1,512	72	5%
Lease \Rentals-- Buildings./L	18,035	14,756	26,179	27,488	1,309	5%
Repairs	314	115	314	330	16	5%
IT-Data Processing	8,854	8,648	13,524	14,968	1,444	11%
IT-Telephone	12,315	7,269	12,037	12,639	602	5%
IT - Contractual Services	110	26,345	0	0	0	
Professional Development	37,765	19,320	28,272	29,686	1,414	5%
Operating Fees & Services	6,744	0	3,512	3,688	176	5%
Professional Services	1,696,353	1,775,715	3,655,841	3,651,393	(4,448)	0%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**1,859,057**	**1,925,091**	**3,852,066**	**3,859,453**	**7,387**	**0%**
IT Equip Under $5000	6,897	7,725	10,000	5,100	(4,900)	-49%
Other Equip Under $5000	0	0	0	0	0	
Office Equip Under $5000	3,808	14,178	25,180	25,180	0	0%
TOTAL	**1,869,762**	**1,946,994**	**3,887,246**	**3,889,733**	**2,487**	**0%**
General Fund	0	0	0	0	0	
Federal Funds	705,810	435,789	718,852	631,737	(87,115)	-12%
Other Funds	1,163,952	1,511,205	3,168,394	3,257,996	89,602	3%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**0**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	5,814,697	645,142	4,290,458	1,323,000	(2,967,458)	-69%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Tobacco Prev Advisory Com	0	0	0	0	0	
TOTAL	**5,814,697**	**645,142**	**4,290,458**	**1,323,000**	**(2,967,458)**	**-69%**
General Fund	0	0	0	0	0	
Federal Funds	969,824	586,771	1,173,824	1,098,000	(75,824)	-6%
Other Funds	4,844,873	58,371	3,116,634	225,000	(2,891,634)	-93%
GRAND TOTAL	**8,428,453**	**3,221,225**	**9,080,745**	**6,162,396**	**(2,918,349)**	**-32%**
General Fund	0	0	0	0	0	
Federal Funds	2,307,348	1,579,136	2,678,616	2,651,900	(26,716)	-1%
Other Funds	6,121,105	1,642,089	6,402,129	3,510,496	(2,891,633)	-45%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	32,894	27,780	(5,114)	-15.5%
Women's Way-Blue Cross Blue Shield	1,090,000	1,130,000	40,000	3.7%
Women's Way-Local Public Health Units	1,155,000	850,000	(305,000)	-26.4%
Women's Way-Recruitment Campaign	83,000	126,000	43,000	51.8%
Cancer Registry-Data Consultant/Coding Abstract Specialist	75,000	190,000	115,000	100.0%
Comprehensive Cancer-Program Evaluator UND	15,000	30,000	15,000	100.0%
Comprehensive Cancer-Special Projects	35,000	60,000	25,000	71.4%
Division of Cancer-WW Web Based Data System	25,000	0	(25,000)	-100.0%
Heart Disease & Stroke Prevention-Communication Consultant	70,000	30,000	(40,000)	-57.1%
Heart Disease & Stroke Prev-Clinical Information Systems	70,000	0	(70,000)	-100.0%
Heart Disease & Stroke Prevention-Program Consultant	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Partnership Development	60,000	50,000	(10,000)	-16.7%
Heart Disease & Stroke Prevention-Evaluation Consultant	16,000	0	(16,000)	-100.0%
Heart Disease & Stroke Prevention-Disease Mgmt Pilot	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Quality Improvement Project	60,000	100,000	40,000	66.7%
Heart Disease & Stroke Prevention-Capacity Building	0	175,000	175,000	100.0%
Heart Disease & Stroke Prevention-Arnold Project	0	10,000	10,000	100.0%
Stroke Registry	0	60,000	60,000	100.0%
BRFSS-Behavior Risk Survey	350,000	588,000	238,000	68.0%
Diabetes-Disease Management Coordinator (BCBS)	120,000	70,000	(50,000)	-41.7%
Diabetes-Evaluation and Surveillance Consultant	50,000	40,000	(10,000)	-20.0%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	100,000	20,000	(80,000)	-80.0%
Diabetes-Communications Consultant	80,000	20,000	(60,000)	-75.0%
Diabetes-Clinic Registry Projects	30,000	0	(30,000)	-100.0%
Family Planning-Clinical Consultant	45,200	50,600	5,400	11.9%
Maternal and Child Health (MCH)-Medical Fee Contract	115,000	115,000	0	0.0%
(MCH)-Evaluation/Communication Consultant	50,000	134,500	84,500	169.0%
Maternal and Child Health (MCH)-New Parenting/Scoliosis	20,000	0	(20,000)	-100.0%
Oral Health-Public Health Dentist/Coalition Coordinator	12,500	0	(12,500)	-100.0%
Oral Health-Communication	44,000	50,000	6,000	13.6%
Oral Health-Program Evaluator & PANDA	47,000	80,000	33,000	70.2%
Early Childhood Comprehensive System-Program Evaluator	80,000	55,000	(25,000)	-31.3%
School Health-Program Evaluator	71,000	30,000	(41,000)	-57.7%
Home Visiting	0	182,512	182,512	100.0%
Child Safety Program-Program Facilitators	150,000	170,000	20,000	13.3%
Suicide Prevention-GF	0	150,000	150,000	100.0%
Suicide Prevention-Data Collection (UND)	40,000	0	(40,000)	-100.0%
Suicide Prevention-Local Program Consultant	35,000	0	(35,000)	-100.0%
Suicide Prevention-Public Awareness Campaign	13,000	0	(13,000)	-100.0%
Poison Control Hotline	149,000	149,000	0	0.0%
Professional Not Classified	59,715	15,028	(44,687)	-74.8%
Women, Infant and Children (WIC)-Consultants/Speakers	15,000	18,000	3,000	20.0%
Women, Infant and Children (WIC)-Evaluation Consultant	42,280	10,000	(32,280)	-76.3%
Women, Infant and Children (WIC)-EBT	0	200,000	200,000	100.0%
Total Professional Fees	**$ 4,625,589**	**$ 4,986,420**	**$ 360,831**	**7.8%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Home Visiting CVR	0	50,000	50,000	100.0%
Family Planning	0	42,000	42,000	100.0%
SPSS Annual Maintenance	0	22,000	22,000	100.0%
Cancer Prevention and Control	14,461	14,821	360	2.5%
WIC IT Contractor	215,000	284,800	69,800	32.5%
Total IT Contractual Services	**$ 229,461**	**$ 413,621**	**$ 184,160**	**80.3%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Quitline-Fund 316				
Quitline Vendor-Healthways	746,654	1,520,000	773,346	103.57%
Quitline Vendor-UND	322,346	793,238	470,892	146.08%
Quitline Vendor-Results Unlimited	20,000	200,000	180,000	900.00%
Quitline Vendor Evaluation	0	80,000	80,000	100.00%
Quitline Promotion	50,000	150,000	100,000	200.00%
Quitline Promotion-Cameo Communications	0	10,000	10,000	100.00%
QuitNet Vendor-Healthways	334,000	334,000	0	0.00%
State Employee Cessation - Promotion	10,000	10,000	0	0.00%
Tobacco Consultants -Cameo Communications	0	50,000	50,000	100.00%
Adult Tobacco Survey-Advisory Committee	75,000	140,000	65,000	86.67%
Quitline Promotion-CDC Funds				
Quitline Vendor-UND/Other	160,000	0	(160,000)	-100.00%
Quitline Vendor-Results Unlimited	280,000	130,000	(150,000)	-53.57%
ssation Services	0	53,000	53,000	100.00%
bacco Consultants -Cameo Communications	85,850	110,000	24,150	28.13%
Legal - Tobacco & Misc.	12,033	13,155	1,122	9.32%
Tribal Tob Consultants-TBD	50,000	0	(50,000)	-100.00%
Tobacco Program Evaluation-NDSU	20,000	0	(20,000)	-100.00%
Youth Tobacco Survey-Winkelman	40,000	24,000	(16,000)	-40.00%
Kat Communications	17,000	24,000	7,000	41.18%
Arnold Project	0	10,000	10,000	100.00%
Apprn Authority for Tobacco Measure #3	1,432,958	0	(1,432,958)	-100.00%
	$ 3,655,841	**$ 3,651,393**	**$ (4,448)**	**-0.1%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Abstinence Education	159,000	14,974	144,026	164,000		164,000	
Sexual Violence Prev.-RPE	168,000	84,165	83,835	165,000		165,000	
Comprehensive Cancer	80,000	19,592	60,408	120,000		120,000	
Colorectal Grants (CHTF)	338,233	49,209	289,024	477,600	477,600		
Domestic Violence (GF & SF)	2,050,000	1,288,458	761,542	2,050,000	1,710,000		340,000
Donated Dental Services (GF)	50,000	27,260	22,740	50,000	50,000		
Early Childhood Comprehensive System	150,000	0	150,000	150,000		150,000	
Family Planning	2,610,000	1,171,482	1,438,518	2,234,500		2,234,500	
Family Violence	1,346,806	875,583	471,223	1,374,800		1,374,800	
Fetal Alcohol Program (GF)	369,900	190,621	179,279	0			
Comm. Defined Solutions End Violence	775,000	340,582	434,418	949,700		949,700	
Home Visiting	0	0	0	845,000		845,000	
Heart Disease and Stroke Prevention	20,000	3,972	16,028	200,000		200,000	
Stroke Registry (CHTF)	472,700	72,689	400,011	394,824	172,200		222,624
MCH Block	1,975,000	1,122,041	852,959	1,651,300		1,651,300	
Mobile Dental Care Program	196,000		196,000	0			
Oral Health	60,000	4,401	55,599	50,000		50,000	
Oral Health Workforce Activities	0		0	343,000		343,000	
Prenatal Alcohol Screening	0		0	388,458	388,458		
Preventive Health Block Grant	85,452	67,836	17,616	151,500		151,500	
Sexual Violence RPE	175,000	118,613	56,387	175,000		175,000	
Safe Havens	490,000	302,033	187,967	642,000		642,000	
School Health	0		0	14,000		14,000	
Sexual Assault Services	0	84,176	(84,176)	380,000		380,000	
STOP Violence	1,420,000	926,043	493,957	1,493,200		1,493,200	
Suicide Prevention	740,000	223,206	516,794	700,000	700,000		
Women's Way	0	0	0	300,500	300,500		
Women's Way Care Coordination	0	0	0	400,740		400,740	
WIC Peer Counseling	110,000	40,732	69,268	122,300		122,300	
Women, Infant & Children Program (WIC)	5,256,955	3,723,009	1,533,946	6,018,610		6,018,610	
Total Grants	**$ 19,098,046**	**$ 10,750,677**	**$ 8,347,369**	**$ 22,006,032**	**$ 3,798,758**	**$ 17,644,650**	**$ 562,624**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
CDC Tobacco Preventions	1,173,824	586,771	587,053	1,098,000		1,098,000	
CHTF Cessation Program	225,000	58,371	166,629	225,000			225,000
CHTF to Local Health Units	2,891,634		2,891,634	-			
Total Grants	**$ 4,290,458**	**$ 645,142**	**$ 3,645,316**	**$ 1,323,000**	**$ -**	**$ 1,098,000**	**$ 225,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Dental Portable Operatories	FH	4	6,000	24,000
Portable Autoclave Sterilization Unit	FH	1	6,200	6,200
Community Health Total				**30,200**

This Equipment is funded with federal funds.

- February 1, 2011
Attachment TWO
- HB1004 - Arvy Smith

North Dakota Department of Health
2011-13 Executive Budget
Funded Optionals

Priority Number	Section	Description	Total Requested	Funded General Funds	Funded Federal Funds	Total Funded
		Restore Critical Functions				
1	CH	Suicide Prev. & Early Intervention	741,493	741,493		
2	EPR	Replace DOT 402 Training Staff Funding	523,900	523,900		
3	CH	Domestic Violence Rape Crisis Program	1,000,000	1,000,000		
		Critical Response/Mandate				
4	EPR	Nurse Triage	4,650,000			
5	EH	Pesticide Permit Program	765,871			
		Restore Current Programs Level 1				
6	CH	State Stroke Registry	250,700	250,700		
7	CH	Women's Way Maintenance	300,500	300,500		
8	SP	Dental Loan Repayment & New Pract	200,000	200,000		
9	SP	Dental Loan Non Profit Repayment	180,000			
10	SP	Physician Loan Repayment	270,000	270,000		
11	EPR	Replace CHTF Training Grant Funding	300,000	300,000		
		Salary Equity				
12	Admin	Equity Package	1,616,000	70,000		
		ARRA				
13	MS	Immunization	528,207		528,207	
14	MS	Health Acquired Infections	80,328		80,328	
15	CH	Healthy Communities	113,165		113,166	
16	EH	Arsenic Trioxide	2,000,000		2,000,000	
17	EH	Water Quality 604B	50,000		50,000	
18	EH	Clean Water State Revolving Fund	360,156		360,156	
19	EH	Drinking Water State Revolving Fund	318,101		318,101	
20	SP	Primary Care	42,270		42,270	
		Continue Pilot Projects				
21	Admin	Regional Network Incentives	275,000	275,000		
22	CH	Colorectal Cancer Screening Initiative	477,600	477,600		
		New Efforts/Expansion				
23	CH	Home Visitation Program	102,512		102,512	
24	CH	Healthy Eating & Physical Activity	653,365			
25	Admin	State Aid to Locals	1,275,000			
26	CH	Women's Way with Heart	983,200			
27	CH	Stroke System of Care	1,532,402			
28	CH	Behavorial Risk Factor Surveil. System	124,200			
29	SP	Early Hearing Detection and Intervention	400,000			
30	EH	Public Water - Oper. Exp Reimb. Program	200,000			
31	SP	CSHS Specialty Care	83,950			
32	MS	Digital X-ray Equip. - Forensic Exam	43,445			
33	EH	Wastewater - Oper. Exp Reimb. Program	180,000			
34	SP	Asthma Program	140,711			
35	CH	Adulthood Injury Prev. Program	150,000			
		Restore Current Programs Level 2				
36	EPR	Replace EMS Staffing Grants	1,000,000			
37	CH	Screening for Prenatal Alcohol Exposure	388,458	388,458		
38	SP	Vet Loan Repayment	135,000	135,000		
		Optional Total	**22,435,534**	**4,932,651**	**3,594,740**	**8,527,391**

- February 1, 2011
- Attachment THREE
- Arvy Smith
- HB 1004

Employee Turnover for the Department of Health

2009 – 2011 Biennium (July 2009- Jan 2011 or 18 months of data)

Total FTE's	343.5
Total Resignations	35
% of Resignation to FTE's	10%

	Engineer	Other Employees	Total	Percent of Total
Resigned to work for energy companies or other state agencies - (3 to other state agencies)		9	9	26%
Moved out of state		5	5	14%
Other (return to school, discipline, death, etc.)	1	13	14	40%
* Retirement	1	6	7	20%
Total	**2**	**33**	**35**	100%

*Currently eligible to retire (age 65 or rule of 85) – 52 (15%)
*Eligible in next 5 years (age 65 or rule of 85) - 113 (33%)

- Attachment Four
- HB 1004
- Arvy Smith
- February 1, 2011

North Dakota Department of Health

Current Rental Contracts

As of 1/31/2011

DIVISION	ADDRESS A/BUILDING	SQUARE FEET	PER SQ FOOT	ANNUAL RENT
Waste Mgmt	City of Fargo	500.00	$9.50	$4,750.00
Environmental Services	Gold Seal Ctr (J&L), Bismarck	33,700.00	$11.90	$401,016.00
Emerg. Prepared	Gold Seal Ctr (J&L), Bismarck	6,325.00	$11.90	$75,276.00
Disease Control	City of Bismarck	120.00	$9.28	$1,113.60
Emerg. Preparedness	Northbrook Mall (Goldmark) Bismarck	527.00	$11.39	$6,000.00
Emerg. Preparedness	Jobber's Moving & Storage Bismarck	23,520.00	$5.27	$124,000.00
Local Health & Disease Control	Central Valley Health Unit Jamestown	720.00	$14.20	$10,224.00
Water Quality	McHenry County	190.00	$14.21	$2,700.00

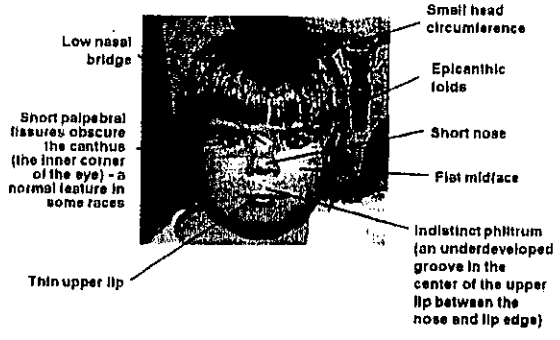
-Attachment FIVE
- HB 1004
- February 1, 2011
- Arvy Smith

Chairman Weisz and Committee Members:

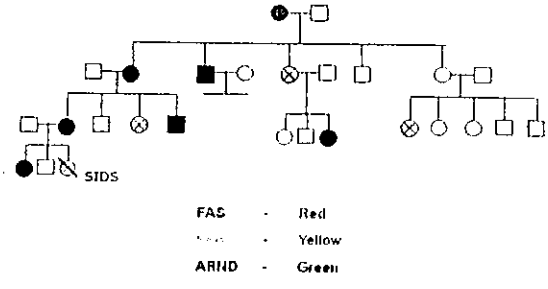
I am here today to provide an interim report on the status of the funding we were provided to improve detection of prenatal alcohol exposure and decrease the prevalence of fetal alcohol spectrum disorders in North Dakota.

In our previous testimony we presented the diagnostic criteria for fetal alcohol spectrum disorders, the number of cases by region in our FAS Registry and the familial and generational effects of these disorders.

Fetal Alcohol Spectrum Disorder

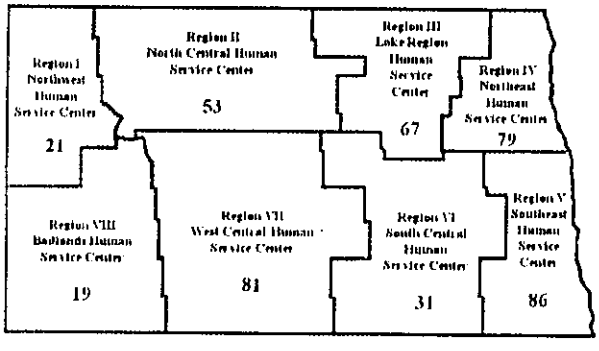


FASD – Familial and Generational



The distribution of cases by region for North Dakota is presented below.

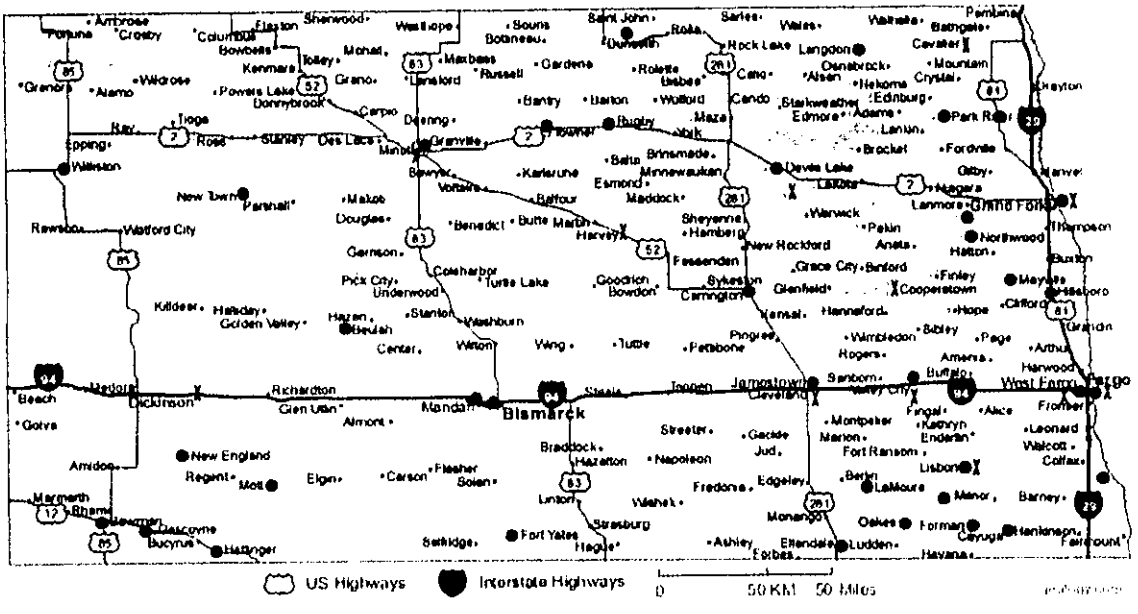
FASD Cases By Region



Progress as of June 14, 2010:

We have identified 73 possible prenatal care providers in North Dakota.

As of June 14, 2010, we have personally visited 49 or 67% of the 73 prenatal clinics in North Dakota. Of the 49 sites we have visited 43 (87%) have agreed to change their prenatal care to include our questions. We are still working with 6 of the clinics. To date NO site has refused to adopt the tool. We are scheduled to visit 13 clinics in the month of June, and plan to have completed an initial visit to all 73 clinics by the end of July.



● Sites Visited as of June 14, 2010

✗ Sites Not Visited as of June 14, 2010

Total Prenatal Care Sites: 73
Sites visited as of June 14, 2010: 49
Confirmed Screening Sites: 43 (87%)
Sites Needing Follow Up: 6
Sites Remaining: 24 (33%)

Lessons learned:

1) The change to electronic medical records has necessitated the development of an electronic version of the tool

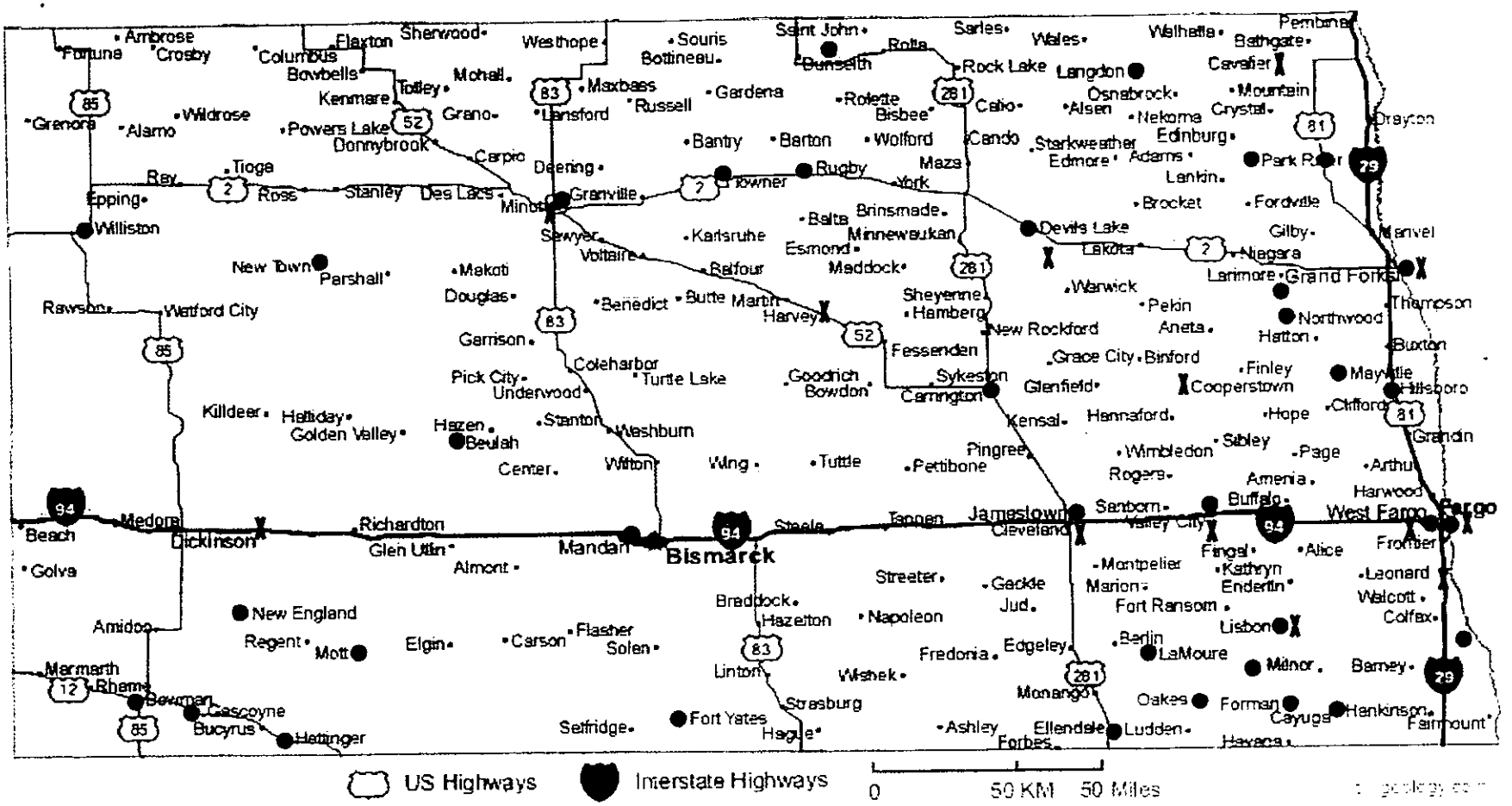
2) In some clinics they are going to replace the current assessment tool with our recommended assessment strategy.

3) Several clinics have asked for resource information on referral sites. We have also developed a brief intervention strategy for the sites for use with women where alcohol use during pregnancy has been identified.

4) We have found that it will be necessary to continue to visit many of the sites due to staff turnover and to improve the referral of women.

Conclusion:

The uptake of the assessment tool by North Dakota prenatal care providers has exceeded our expectations.



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✘ Sites Not Visited as of June 14, 2010

Total Prenatal Care Sites: 73
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* Attachment ONE

ACS – Cancer Action Network
HB 1004
February 2, 2011
Ken Tupa

Breast and Cervical– ACS-CAN requests funding of $300,500 from the General Fund included in the Executive Budget **for** the *Women's Way*, North Dakota Breast and Cervical Cancer Early detection Program, for the purposes of providing breast and cancer screening services to low income, uninsured and underinsured North Dakota women ages 40 through 64. The funding includes coverage of screening mammograms for 40-49 year old ND eligible women, coverage of computer-assisted detection (CAD), and a Consultant to coordinate recruitment of American Indian and hard to reach urban and rural women.

North Dakota Colorectal Cancer Project– We request the funding included in the Executive Budget in the amount of $477,600 to continue the colorectal cancer screening initiative. The initiative covers the cost of colonoscopies for low-income, uninsured and underinsured North Dakotans. The goal of the project is to assist in eliminating colorectal cancer screening barriers among the uninsured and underinsured by providing no-cost colorectal cancer screening to as many as 200 participants between the two grantees.

* February 2, 2011 * HB 1004 * Arvy Smith * Attachment TWO

SPECIAL POPULATIONS SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**10.77**	**10.77**	**10.77**	**10.77**	**0.00**	**0%**
Salaries	871,971	647,555	962,636	1,027,916	65,280	7%
Temporary, Overtime	5,585	3,548	8,000	67,496	59,496	744%
Benefits	310,044	259,822	385,090	459,217	74,127	19%
TOTAL	**1,187,600**	**910,926**	**1,355,726**	**1,554,629**	**198,903**	**15%**
General Fund	499,740	196,590	386,097	495,315	109,218	28%
Federal Funds	675,660	714,335	969,629	1,059,314	89,685	9%
Other Funds	12,200	0	0	0	0	
OPERATING EXPENSES						
Travel	50,853	29,788	55,279	54,804	(475)	-1%
Supplies - IT Software	6,262	10,609	24,051	13,579	(10,472)	-44%
Supply/Material Professional	4,496	2,733	5,225	5,486	261	5%
Food & Clothing	169,059	104,982	176,428	185,249	8,821	5%
Bldg/Ground Maintenance	594	287	784	823	39	5%
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	5,477	3,967	8,036	8,360	324	4%
Postage	16,804	10,919	19,735	18,722	(1,013)	-5%
Printing	15,804	6,773	20,605	18,389	(2,216)	-11%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	1,516	517	593	623	30	5%
Rentals/Leases - Bldg/Land	53,495	38,311	50,882	57,904	7,022	14%
Repairs	1,517	874	2,388	6,919	4,531	190%
IT - Data Processing	56,252	26,722	45,850	50,055	4,205	9%
IT - Communications	12,574	7,942	12,248	12,860	612	5%
IT - Contractual Services	0	0	0	0	0	
Professional Development	7,087	7,231	16,350	13,786	(2,564)	-16%
Operating Fees & Services	30,261	3,777	5,110	5,366	256	5%
Professional Services	356,220	34,060	148,622	68,400	(80,222)	-54%
Medical, Dental, and Optical	80	0	0	0	0	
Sub Total Operating	**788,351**	**289,493**	**592,186**	**521,325**	**(70,861)**	**-12%**
IT Equip Under $5,000	10,229	5,225	7,582	9,400	1,818	24%
Other Equip Under $5,000	0	0	0	0	0	
Office Equip/Furn. Supplies	2,145	4,248	3,560	5,400	1,840	52%
TOTAL	**800,725**	**298,966**	**603,328**	**536,125**	**(67,203)**	**-11%**
General Fund	273,129	72,507	178,741	95,066	(83,675)	-47%
Federal Funds	526,098	226,457	424,587	441,059	16,472	4%
Other Funds	1,498	2	0	0	0	
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	0	0	0	7,661	7,661	100%
IT Equip/Software >$5,000	0	0	0	0	0	
TOTAL	**0**	**0**	**0**	**7,661**	**7,661**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	7,661	7,661	100%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	1,216,067	1,200,609	2,732,321	2,806,038	73,717	3%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	25,074	56,475	42,270	(14,205)	-25%
TOTAL	**1,216,067**	**1,225,683**	**2,788,796**	**2,848,308**	**59,512**	**2%**
General Fund	248,384	367,195	733,643	1,192,318	458,675	63%
Federal Funds	553,717	512,540	939,205	1,000,990	61,785	7%
Other Funds	413,966	345,948	1,115,948	655,000	(460,948)	-41%
GRAND TOTAL	**3,204,392**	**2,435,574**	**4,747,850**	**4,946,723**	**198,873**	**4%**
General Fund	1,021,253	636,292	1,298,481	1,782,699	484,218	37%
Federal Funds	1,755,475	1,453,332	2,333,421	2,509,024	175,603	8%
Other Funds	427,664	345,950	1,115,948	655,000	(460,948)	-41%

NORTH DAKOTA DEPARTMENT OF HEALTH
Special Populations Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Certifacts	-	2,400	2,400	0.0%
Medical Consultant	40,300	36,000	(4,300)	-10.7%
SSDI MCH Data Contracts	57,975	30,000	(27,975)	-48.3%
Misc. ITD Micrographics, Record Keepers	347		(347)	-100.0%
Early Hearing Detection & Intervention	50,000	-	(50,000)	-100.0%
Total Professional Services	**$ 148,622**	**$ 68,400**	**$ (80,222)**	**-54.0%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Special Populations
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Family Support Contracts	40,400	22,014	18,386	40,400	17,372	23,028	
Grants to Multidisciplinary Clinics	369,243	154,952	214,291	400,000	172,000	228,000	
Medical Home Contracts	32,487	9,860	22,627	32,487	13,969	18,518	
Grants for Care Coordination	71,400	43,460	27,940	71,400	30,702	40,698	
Grants to Individuals - Russell Silver	50,000	4,474	45,526	-			
Catostrohpic Relief				50,000	50,000		
Grants to Individuals	442,500	343,792	98,708	442,500	190,275	252,225	
Grants to Counties	215,000	49,934	165,066	215,000		215,000	
Grants for Specialty Care Diagn. Treat.	38,000	-	38,000	38,000	38,000		
SSDI Grants to DHS and Data Contracts	-	-	-	14,751		14,751	
Dental Loan Repayment	483,448	228,448	255,000	440,000	180,000		260,000
Dental New Practice Grant	10,000	5,000	5,000	30,000	20,000		10,000
Medical Loan Repayment	347,500	90,000	257,500	420,000	345,000		75,000
Federal Physicians Loan Repayment	-	-	-	52,500		52,500	
Veterinarian Loan Repayment	350,000	112,500	237,500	445,000	135,000		310,000
Grant to UND for Primary Care	102,343	76,174	26,169	114,000		114,000	
Public Health Dental Loan Repayment	180,000	60,000	120,000	-			
Total Grants	**$ 2,732,321**	**$ 1,200,609**	**$ 1,531,712**	**$ 2,806,038**	**$ 1,192,318**	**$ 958,720**	**$ 655,000**

North Dakota Department of Health
Special Populations Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Copy Machine - replace	CSHS	1	7,661	7,661
Special Populations Total				7,661

This equipment is funded with federal funds

Veterinarian Loan Repayment Program

			2009-11 Appropriation		2011-13 Executive Budget					
			General Funds	0	General Funds	135,000				
			Special Funds	350,000	Special Funds	310,000				
			Total	350,000	Total	445,000				
		Prior Bien Payments	2009-11 Estimated Expend. FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection		Total Vet. Loan	
CURRENT LOANS:										
FY 08	#1	15,000	15,000						30,000	2 year program only
	#2	15,000	15,000	25,000	25,000				80,000	
	#3	15,000	7,500						22,500	Left program early
FY 09	#1	15,000	15,000	25,000	25,000				80,000	
	#2		15,000	15,000	25,000	25,000			80,000	
	#3		12,500						12,500	Left program early
FY 10	#1		15,000	15,000	10,000				40,000	Total Requested
	#2		15,000	15,000	25,000	5,000			60,000	Total Requested
	#3		15,000	15,000	25,000	25,000			80,000	
FY 11	#1			15,000	15,000	25,000	25,000		80,000	
	#2			15,000	15,000	25,000	25,000		80,000	
	#3			15,000	15,000	25,000	25,000		80,000	
	Subtotal	$ 60,000	$ 125,000	$ 155,000	$ 180,000	$ 130,000	$ 75,000		$ 725,000	
CURRENT LOANS TOTAL				$ 280,000		$ 310,000		$ 75,000		
PROPOSED LOANS:										
FY 12	#1				15,000	15,000	25000	25000	80,000	
	#2				15,000	15,000	25000	25000	80,000	
	#3				15,000	15,000	25000	25000	80,000	
FY 13	#1					15,000	15,000	25000	55,000	To continue
	#2					15,000	15,000	25000	55,000	To continue
	#3					15,000	15,000	25000	55,000	To continue
	Subtotal				$ 45,000	$ 90,000	$ 120,000	$ 150,000	$ 405,000	
NEW LOANS TOTAL						$ 135,000		$ 270,000		
TOTAL VETERINARIAN LOAN PROGRAM						$ 445,000		$ 345,000		

Veterinarian Loan Repayment Program Century Code 43-7.2 $15,000 first 2 years, $25,000 last 2 years = $80,000.
(First payment in 6 months, complete service year for next payment. Allows 3 new Veterinarians per year.)

* Attachment three
* HB 1004
* Arvy Smith
* February 2, 2011

Medical Personnel Loan Repayment Program

			2009-11 Appropriation		2011-13 Executive Budget			
			General Funds	75,000	General Funds	345,000		
			Special Funds	272,500	Special Funds	75,000		
			Total	347,500	Total	420,000		
		Prior Bien Payments	2009-11 Estimated Expend. FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection	Total Loan
CURRENT LOANS:								
PHYSICIANS:								
FY08	#1	22,500	22,500					45,000
FY09	#1	22,500	22,500					45,000
	#2		22,500		22,500			45,000
	#3		22,500			22,500		45,000
FY10	#1			22,500		22,500		45,000
	#2			22,500		22,500		45,000
	#3			22,500		22,500		45,000
	#4			22,500		22,500		45,000
MID LEVEL:								
FY08	#1	2,500	2,500					5,000
	#2	2,500	2,500					5,000
	#3	2,500	2,500					5,000
FY10	#1			7,500	7,500			15,000
	#2			7,500	7,500			15,000
Subtotal		$52,500	$97,500	$105,000	$37,500	$112,500		$405,000
CURRENT LOANS TOTAL				$202,500		$150,000		
PROPOSED LOANS:								
PHYSICIANS *:								
FY 11	#1				22,500	22,500		45,000
	#2				22,500	22,500		45,000
	#3				22,500	22,500		45,000
FY 12	#1					22,500	22,500	45,000
	#2					22,500	22,500	45,000
	#3					22,500	22,500	45,000
MID LEVEL **:								
FY 11	#1				7,500	7,500		15,000
	#2				7,500	7,500		15,000
	#3				7,500	7,500		15,000
FY 12	#1					7,500	7,500	15,000
	#2					7,500	7,500	15,000
	#3					7,500	7,500	15,000
Subtotal					$90,000	$180,000	$90,000	$360,000
NEW MEDICAL LOANS TOTAL						$270,000	$90,000	
TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM						$420,000	$90,000	

*Physician Loan Repayment Program Century Code 43-17.2 Physicians @ $22,500 annually for 2 years = $45,000 (First Payt in 6 months, complete service year for next payment.)

** Medical Personnel Loan Repayment Program Century Code 43-12.2 Originally, Health Care Provider @ $2,500 annually for 2 years. Law changed to increase to $7,500 annually for 2 years = $15,000 (First payment in 6 months, complete service year for next payment)

Dental Loan Repayment Program

	2009-11 Appropriation		2011-13 Executive Budget	
General Funds	0	General Funds	180,000	
Special Funds	483,448	Special Funds	260,000	
Total	$483,448	Total	$440,000	

		Prior Bien Payments	2009-11 Estimated Expenditures FY 2010	2009-11 Estimated Expenditures FY 2011	2011-13 Executive Budget FY 2012	2011-13 Executive Budget FY 2013	2013-15 Projection		TOTAL Contract	
CURRENT LOANS										
FY 06	#1	60,000	20,000						80,000	
	#2	25,344	8,448						33,792	Total requested
	#3	60,000	20,000						80,000	
FY07	#1	40,000	20,000	20,000					80,000	
	#2	40,000	20,000	20,000					80,000	
	#3	40,000	20,000	20,000					80,000	
FY08	#1	20,000	20,000	20,000	20,000				80,000	
	#2	20,000	20,000	20,000	20,000				80,000	
	#3	20,000	20,000	20,000	20,000				80,000	
FY09	#1		20,000	20,000	20,000	20,000			80,000	
	#2		20,000		20,000	20,000	20,000		80,000	
	#3		20,000	20,000	20,000	20,000			80,000	
FY 10	#1		20,000		20,000	20,000	20,000		80,000	
	#2			20,000	20,000		20,000	20,000	80,000	
	#3			20,000		20,000	20,000	20,000	80,000	
Subtotal		$ 325,344	$248,448	$200,000	$160,000	$100,000	$80,000	$40,000	$ 1,153,792	
CURRENT LOANS TOTAL				**$448,448**		**$260,000**		**$120,000**		
PROPOSED LOANS:										
FY 11	#1				20,000	20,000	20,000	20,000	80,000	
	#2				20,000	20,000	20,000	20,000	80,000	
	#3				20,000	20,000	20,000	20,000	80,000	
FY 12	#1					20,000	20,000	20,000	60,000	To continue
	#2					20,000	20,000	20,000	60,000	To continue
	#3					20,000	20,000	20,000	60,000	To continue
Subtotal					$60,000	$120,000	$120,000	$120,000	$ 420,000	
PROPOSED LOANS TOTAL						**$180,000**		**$ 240,000**		
TOTAL DENTAL LOAN PROGRAM						**$440,000**		**$360,000**		

Dental Loan Repayment Prgm Century Code 43-28.1 $20,000 per year for 4 years = $80,000 (Allows 3 new dentists per year)

Dental New Practice Grants

2009-11 Appropriation		2011-13 Executive Budget	
General Funds	-	General Funds	20,000
Special Funds	10,000	Special Funds	10,000
Total	$10,000	Total	$30,000

	2009-11 Estimated Expenditures FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection		TOTAL Contract	
CURRENT DENTAL NEW PRACTICE								
FY09 #1	5,000	5,000	5,000	5,000	5,000		25,000	
CURRENT GRANTS TOTAL		$10,000		$10,000		$5,000	$ 25,000	
PROPOSED DENTAL NEW PRACTICE								
FY11 #1			5,000	5,000	5,000	5,000	20,000	To continue
FY11 #2			5,000	5,000	5,000	5,000	20,000	To continue
Subtotal			$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 40,000	
PROPOSED GRANTS TOTAL				$20,000		$20,000		
TOTAL NEW DENTAL PRACTICE GRTS				$30,000		$25,000		

Dental New Practice Grants Century Code 43-28.1-10 $5,000 annually for 5 years = $25,000 (Allows 2 grants per year)

Dental - Public Health Non Profit (SB2358)

2009-11 Appropriation		2011-13 Executive Budget	
General Funds	180,000	General Funds	-

	2009-11 Estimated Expenditures FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013
PROPOSED DENTAL-PH NON PROFIT				
#1	30,000	30,000		
#2	30,000	30,000		
#3	30,000	30,000		
Total	$90,000	$90,000		

Dental Public Non Profit Loan Repayment Program 43-28.1-01.1 $30,000 annually for 2 years =$60,000 (Must serve 3 years) 3 dentists/bien

One time funding - will not continue into 2011-13 biennium

11.9094.02000

Prepared by the North Dakota Legislative Council staff

January 2011

SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PREVENTION PROGRAMS

During the 2001-02 interim, the Budget Committee on Government Services studied programs dealing with prevention and treatment of alcohol, tobacco, and drug abuse and other kinds of risk-associated behavior which are operated by various state agencies. The committee studied whether better coordination among the programs within those agencies may lead to more effective and cost-efficient ways of operating the programs and providing services. At that time, a survey of agency alcohol, drug, tobacco, and risk-associated behavior programs was conducted and reviewed.

Since the original survey in the 2001-02 interim, similar surveys have been conducted each interim.

In January 2011 state agencies were requested to update the information for the 2009-11 biennium and to provide information for the 2011-13 biennium based on the executive recommendation. The table below summarizes 2009-11 biennium and 2011-13 biennium programs and related funding.

	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program					
Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds	Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
State Department of Health									
Statewide tobacco cessation for primary prevention, including city/county/state programs and the quitline/quitnet and tobacco surveillance		$3,510,495	$3,510,495		$3,510,495	$3,510,495	Community health trust fund	Funds support a statewide toll-free telephone and web-based counseling and tobacco surveillance.	One hundred percent of funds will support the tobacco cessation statewide and tobacco surveillance.
Tobacco prevention and control for disease control and prevention		2,678,616	2,678,616		2,651,900	2,651,900	Centers for Disease Control and Prevention (CDC)	Restricted to tobacco control, cannot be used for direct services or cessation services	One hundred percent for tobacco control
Rape prevention and education		231,452	231,452		231,500	231,500	CDC	The grant is restricted to sexual violence prevention and/or surveillance.	The funds are used for developing programs to address primary prevention of sexual violence at the local level.
Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER)		200,000	200,000		200,000	200,000	CDC	Increase the comprehensive primary prevention program planning and evaluation capacity of the State Department of Health and the North Dakota Council on Abused Women's Services	Collaborate with other partners on a statewide basis to enhance and train local domestic violence/rape crisis agencies to provide primary prevention to violence
State/tribal suicide youth prevention	$250,000	465,000	715,000	$991,493		991,493	Substance Abuse and Mental Health Services Administration (SAMHSA)	Federal funds are used for prevention and early intervention of suicide among youth aged 10 to 24.	Data collection on completed and attempted suicides of North Dakota youths and develop local suicide prevention and awareness programs
Title X family planning and Title V supplement		474,315	474,315		440,727	440,727	CDC	Funds to be used for the provision of family planning, medical, laboratory, and counseling services	All family planning clients provide a health history which includes tobacco, alcohol, and drug use, along with other risky behaviors, such as unprotected sex, etc. Counseling and referral is provided as appropriate.
Abstinence education		172,990	172,990		172,995	172,995	Health Resources and Services Administration (HRSA)	Funds are used to target youth and young adults aged 12 to 29.	The total identified represents the funding for risky behavior which is 15 percent of funds received. Funds are used for curriculum and program development that focus on abstinence, which includes other risk reduction topics, including tobacco, alcohol, and other drugs.

* HB 1004
* Shawn Rau (Fiscal Intern)
* February 2, 2011
* Attachment FOUR

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Child passenger safety	41,280	457,220	498,500	47,472	464,428	511,900	Department of Transportation and Title V (maternal and child health block grant)	Funds to be used for child passenger safety projects for school-age populations	Used to purchase car seats, training, and projects designed to increase child restraint and seatbelt use by young children
Comprehensive sexually transmitted disease prevention systems and human immunodeficiency virus (AIDS) prevention programs		2,050,395	2,050,395		1,966,583	1,966,583	CDC	Limited to prevention of syphilis, gonorrhea, chlamydia, and AIDS prevention services	Funding is used for grant administration for sexually transmitted disease counseling and intervention. It is also used to support chlamydia and AIDS testing in high-risk individuals. Approximately 3 percent to 5 percent of total funds are directed to risky behavior, recognition, reduction. Funding is generally used for disease intervention.
Total - State Department of Health	$291,280	$10,240,483	$10,531,763	$1,038,965	$9,638,628	$10,677,593			
Attorney General									
Residential substance abuse treatment for state prisoners grant program - A passthrough grant for addiction treatment of state prisoners		$93,500	$93,500		$320,000	$320,000	Residential substance abuse treatment for state prisoners grant program - Corrections Program Office, United States Department of Justice	Residential substance abuse treatment grant funds are awarded to states to assist them in implementing and enhancing residential treatment activities for offenders operated by state and local correctional agencies.	Funds are available to the Department of Corrections and Rehabilitation and local agencies that meet the requirements. Funds are used for the treatment unit located at the State Penitentiary. Funds are used exclusively for program operations.
Narcotics section - Includes enforcement activities for all Bureau of Criminal Investigation agents who investigate drug crimes, dealers, and manufacturers	$2,900,000		2,900,000	$3,207,565		3,207,565			Ninety-five percent of the funds are used for operations. Five percent of the funds are used for equipment.
Midwest high-intensity drug trafficking area - Federal cooperative agreement aimed at the growing methamphetamine problem in this region		1,064,184	1,064,184		1,253,939	1,253,939	Midwest high-intensity drug trafficking area - Office of National Drug Control Policy, Office of the President	Funds must be used to measurably reduce and disrupt the importation, distribution, and clandestine manufacturing of methamphetamine in the six-state region--Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota.	Funds are used for personnel, operating expenses, and confidential funds in methamphetamine investigation and eradication efforts.
Justice assistance grant (formerly known as the Edward Byrne Memorial law enforcement assistance grant program)		1,656,378	1,656,378		1,652,213	1,652,213	Justice assistance grant program - United States Department of Justice	A certain percentage of the funds must be provided to local jurisdictions. There are six legislative purpose areas for which the funds can be used.	Administrative funds (approximately 10 percent) are used to manage grant contracts to ensure compliance with federal regulations. Grant funds (approximately 90 percent) are awarded to local units of government, state agencies, and Indian tribes for criminal justice purposes.

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Justice assistance grant (American Recovery and Reinvestment Act of 2009)		1,581,168	1,581,168		1,413,189	1,413,189	Justice assistance grant program - American Recovery and Reinvestment Act of 2009) United States Department of Justice	A certain percentage of the funds must be provided to local jurisdictions. There are six legislative purpose areas for which the funds can be used.	Administrative funds (approximately 10 percent) are used to manage grant contracts to ensure compliance with federal regulations. Grant funds (approximately 90 percent) are awarded to local units of government, state agencies, and Indian tribes for criminal justice purposes.
Community Oriented Policing Services methamphetamine initiative		831,328	831,328		795,000	795,000	Office of Community Oriented Policing Services, United States Department of Justice	Funds may be used to establish and enhance the methamphetamine reduction effort and increase coordination efforts and information sharing.	Funds are used for the postseizure analysis team efforts to share intelligence on local, state, and federal levels.
24/7 sobriety program	329,826		329,826	329,826		329,826			Support efforts to remove intoxicated drivers from the road and improve their ability to succeed in their treatment choices
Total - Attorney General	$3,229,826	$5,226,558	$8,456,384	$3,537,391	$5,434,341	$8,971,732			
Department of Corrections and Rehabilitation									
Bismarck Transition Center - A community-based transition center located in Bismarck. The program provides employment, treatment, and other transitional programming for offenders to achieve meaningful stability and lasting sobriety before release from prison.	$5,039,555		$5,039,555	$5,480,256		$5,480,256			Contract for transitional services and staff to manage the program
Tompkins Rehabilitation and Correction Center - The center is a drug and alcohol intensive treatment program located on the campus of the State Hospital. The program requires a minimum of 100 days of treatment followed by community supervision.	4,764,035		4,764,035	5,409,447		5,409,447			Purchase services from the State Hospital
Female inmate transition and community placement - This program provides a continuum of treatment and program services for females to transition from prison to the community.	1,151,476		1,151,476	2,585,047		2,585,047			Contract for transitional services

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Jail-based treatment - The department contracts with the North Central Correctional and Rehabilitation Center located in Rugby for drug and alcohol treatment for male inmates.	1,625,813		1,625,813	1,677,723		1,677,723			Contract for treatment services
Male inmate transition - This program provides transitional services to male inmates located in Fargo.	1,842,362		1,842,362	1,049,185		1,049,185			Contract for transitional services
Alternatives to incarceration - Programs providing alternatives to incarceration, including halfway houses, treatment, detention, and other correctional programming	3,292,535		3,292,535	2,454,034		2,454,034			Contract for services
Faith-based programming	760,475		760,475	843,150		843,150			Contract for housing
Institutional treatment - Adult - Conduct assessments and provide treatment for inmates with addiction and mental health issues	4,549,114		4,549,114	5,098,686		5,098,686			Salaries - Approximately $4.8 million Operating expenses - Approximately $200,000
Institutional treatment - Juvenile - Conduct assessments and provide treatment for inmates with addiction and mental health issues	1,286,151	$519,375	1,805,526	2,329,763		2,329,763			Salaries - Approximately $2.2 million Operating expenses - Approximately $100,000
Community services - Juvenile - The majority of this funding is provided to political subdivisions for juvenile programs and is not required to be used for drug or alcohol programs.	1,487,039	2,548,561	4,035,600	1,511,900	$2,483,609	3,995,509	Federal funds OJJDP - $1.25 million Title IV-E/XIX reimbursements - $630,000 Title V - $100,000 JAIBG - $500,000	Majority of funding must be provided to local units of government.	Grants and contracts
Total - Department of Corrections and Rehabilitation	$25,798,555	$3,067,936	$28,866,491	$28,439,191	$2,483,609	$30,922,800			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Department of Human Services									
Treatment services provided at the human service centers	$13,606,437	$11,457,677	$25,064,114	$16,041,611	$10,532,646	$26,574,257	Substance abuse prevention and treatment (SAPT) block grant - $7,011,567	The state shall not expend grant funds on the following: • To provide inpatient hospital services. • To make cash payments to intended recipients of services. • To purchase or improve land; purchase, construct, or permanently improve any building or other facility; or purchase major medical equipment. • To satisfy any requirement for the expenditure of nonfederal funds. • To provide financial assistance to any entity other than a public or nonprofit private entity. • To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.	To provide treatment of substance abuse, including alcohol and other drugs Preference for admission into treatment services is in the following order: • Pregnant injecting drug users. • Pregnant substance users. • Injecting drug users. • All other substance abusers.
							Social Service block grant - $486,249	None	
							Medical assistance - $1,506,091	None	
							Collections - $1,528,739	None	
Treatment services provided at the State Hospital	2,739,315	6,245,121	8,984,436	2,358,068	7,555,204	9,913,272	Insurance collections and payments from the Department of Corrections and Rehabilitation - $7,555,204	Payments from the Department of Corrections and Rehabilitation need to be spent toward the population placed by the Department of Corrections and Rehabilitation.	To provide inpatient treatment of substance abuse, including alcohol and other drugs Program operations - $9,913,272/100 percent
Prevention related to substance abuse	194,445	2,290,124	2,484,569	181,899	6,912,413	7,094,312	SAPT block grant - $2,495,702	Funds are limited to primary prevention activities only. See additional restrictions for the SAPT grant under the first item listed for the Department of Human Services	Four tribal contracted prevention coordinators and six role-based prevention specialists to provide prevention efforts throughout the state and tribal areas. This framework for the substance abuse prevention program provides strategic consultation, training, and research-based tools. The Prevention Resource and Media Center (PRMC) provides free materials and resources regarding substance use prevention, provides clearinghouse materials, and designs media kits and messaging support for prevention efforts across the state. Program operations - $1,782,201/25 percent Grants/contracts - $5,312,111/75 percent
							Strategic prevention framework state incentive grant (SPFSIG) - $4,416,711	Funds are limited to primary prevention activities only.	

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Methamphetamine and other substance abuse residential treatment services	1,481,573		1,481,573	1,594,025		1,594,025			To provide residential treatment for methamphetamine and other substance users Grants/contracts - $1,594,025/100 percent
Program and policy related to substance abuse	474,392	849,397	1,323,789	454,220	939,424	1,393,644	SAPT block grant - $939,424	See additional restrictions for the SAPT grant under the first item listed for the Department of Human Services.	To provide technical assistance, training, regulatory oversight and outcome management policy to treatment and prevention fields Program operations - $1,393,644/100 percent
Data information systems		250,000	250,000		387,542	387,542	Drug and alcohol services information system - $387,542	Must be used to develop and implement substance abuse data management	Contracts - $387,542/100 percent
Governor's fund for safe and drug-free schools and communities - Funding is provided as grants to high-risk areas for enforcement and education. (This funding source will end when the current grant is expended.)		596,340	596,340		240,000	240,000	Safe and drug-free schools and communities grant - $240,000	At least 10 percent of this amount shall be used for law enforcement education partnerships. No more than 5 percent of this amount can be used for administrative costs.	Baseline community readiness surveys completed in regions and in the process of completion in tribal areas of the state. Community-focused best practices using community readiness survey results are being implemented. Prevention conference held in collaboration with the Department of Public Instruction and the State Department of Health. Grants/contracts - $240,000/100 percent
State Epidemiological Outcomes Workgroup (SEOW)		250,261	250,261		221,572	221,572	SEOW - $221,572	Must be used for prevention strategies	Utilizing the principles of outcome-based prevention, the SEOW is designed to create and oversee the strategic use of data to inform and guide substance abuse prevention policy and program development in North Dakota. Through ongoing and integrated data analyses, the SEOW will implement SAMHSA's strategic prevention framework. The five-step process includes: • Assessment of population needs, resources, and readiness; • Mobilization and capacity building to address needs; • Prevention planning and funding decisions; • Implementation of evidence-based prevention programs; and • Evaluation of key outcomes and plan adjustments. State- and county-level epidemiological profiles are being produced that summarize alcohol, tobacco, and other drug consumption patterns and associated consequences across the lifespan. Grants/contracts - $221,572/100 percent

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
United States Department of Justice underage drinking grant - Funding is used for underage drinking prevention programs.		696,644	696,644		712,872	712,872	Enforcing underage drinking laws grant. This program is funded by the United States Department of Justice - $712,872.	Cannot be used to supplant state or local funds Funding can be suspended if: • Failure to adhere to requirements or conditions placed on the grant. • Failure to submit reports timely. • Filing a false certification. • Other good cause shown.	Alcohol beverage server campaign in collaboration with Attorney General's office; in collaboration with Highway Patrol, compliance checks, shoulder taps, point-of-purchase operations, and party patrols are implemented; overtime hours for officers in order to provide the enforcement activities listed; Youth Advisory Board activities; and safety and educational messaging and media involvement Operating expenses - $65,072/9 percent Grants/contracts - $647,800/91 percent
Total - Department of Human Services	$18,496,162	$22,635,564	$41,131,726	$20,629,823	$27,501,673	$48,131,496			
Department of Transportation Impaired driving prevention program							National Highway Traffic Safety Administration (NHTSA) - Section 410 incentive funds. These are funds provided to states based on the state's ability to meet stringent criteria related to impaired driving/alcohol laws, program operations, or data elements:	Funds are restricted for alcohol countermeasures. Funds may not be used to support state or local funds.	
SCRAM units for Attorney General's 24/7 sobriety program					$100,000	$100,000	NHTSA Section 410		Funds to the Attorney General's Office to purchase SCRAM units for continuous alcohol monitoring of driving under the influence (DUI) offenders participating in the Attorney General's 24/7 sobriety program
Parents listen, educate, and discuss (LEAD)		$150,000	$150,000		150,000	150,000	NHTSA Section 410		Parents LEAD educates parents to talk about alcohol with their children. The North Dakota Department of Transportation Traffic Safety Office, the Department of Human Services Division of Mental Health and Substance Abuse, and the North Dakota Higher Education Consortium for Substance Abuse are program partners for program expansion and outreach.
Impaired driving enforcement programs		700,000	700,000		1,000,000	1,000,000	NHTSA Section 410		Conduct saturation patrols, sobriety checkpoints, alcohol sales compliance checkers, and server training

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Digital surveillance equipment to law enforcement		400,000	400,000		500,000	500,000	NHTSA Section 410		Funds for law enforcement to purchase digital surveillance cameras to facilitate DUI arrests and adjudication
Alcohol content testing equipment		400,000	400,000		400,000	400,000	NHTSA Section 410		Funds to the Attorney General's state toxicology office to purchase alcohol testing equipment for use by law enforcement and in the laboratory
Traffic safety resource prosecutor		200,000	200,000		400,000	400,000	NHTSA Section 410		Funds to contract with an attorney to provide training, technical assistance, and resources to prosecutors and other court personnel to facilitate the prosecution of DUIs
Media/public information and education		750,000	750,000		900,000	900,000	NHSTA Section 410		Paid media and coordination of earned media for impaired driving prevention. Includes electronic (television and radio) and print (billboard, indoor ads, etc.) media, editorials, public service announcements, appearances on news shows, etc., to promote various enforcement and social norms messages.
Community traffic safety program (formerly safe communities)		900,000	900,000		500,000	500,000	NHTSA Section 402		Community traffic safety programs are community programs that address data-driven traffic safety issues (primarily seatbelt use and impaired driving) through various public information and education programs. This amount reflects about half of total program funding. Community traffic safety programs allocate about half of their time to impaired driving prevention and seatbelt use respectively.
Total - Department of Transportation		$3,500,000	$3,500,000		$3,950,000	$3,950,000			
Department of Public Instruction Title IV safe and drug-free schools and communities program - Funding for reducing alcohol, drug, and tobacco use through education and prevention activities		$2,277,356	$2,277,356				Department of Education	For prevention- and education-related activities in kindergarten through grade 12 in the areas of drugs, alcohol, tobacco, weapons, violence, bullying, school climate, and crisis management Not to be used for treatment or entertainment	Ninety-three percent of funds are allocated to local education agencies based on a formula of poverty and enrollment. The remaining 7 percent is for the state education agency to use for technical assistance (4 percent) and administration (3 percent).
21st century community learning centers provide funds for out-of-school programs, including academics, enhanced academic programming, arts, and recreation		11,085,426	11,085,426		$11,879,992	$11,879,992	Department of Education	Must serve students attending school with 40 percent or greater free and reduced lunches, must have a community-based partner, and must occur when school is not in session	Ninety-five percent to local education agencies and community-based organizations Three percent for technical assistance Two percent for administration
Total - Department of Public Instruction		$13,362,782	$13,362,782		$11,879,992	$11,879,992			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Judicial branch Juvenile drug court	$780,000		$780,000	$780,000		$780,000		N/A	Ninety percent of the funds are used for alcohol and drug testing and analysis and monitoring. Ten percent of the funds are used for education and training.
Total - Judicial branch	$780,000		$780,000	$780,000		$780,000			
National Guard State military counterdrug operations - Supports law enforcement agencies in interdiction efforts with intelligence analysis and aviation reconnaissance, along with supporting state and local coalitions and school education and prevention programs		$600,000	$600,000		$2,000,000	$2,000,000	Department of Defense through the National Guard Bureau	To be used only for drug interdiction and substance abuse	Will be used for working with law enforcement and community based organizations. Will also be used for drug testing, prevention, and awareness for members of the North Dakota National Guard.
Total - National Guard		$600,000	$600,000		$2,000,000	$2,000,000			
North Dakota Higher Education Consortium for Substance Abuse Prevention Coordinates and supports the prevention efforts and programs of each North Dakota University System campus	$222,487		$222,487	$233,310		$233,310	N/A	N/A	To develop and implement a statewide environmental management model in higher education to provide campuses with skills, attitudes, abilities, and knowledge that will enable them to address collegiate alcohol and substance abuse
Total - North Dakota Higher Education Consortium for Substance Abuse Prevention	$222,487		$222,487	$233,310		$233,310			
Tobacco Prevention and Control Executive Committee Tobacco prevention and control		$12,882,000	$12,882,000		$12,922,614	$12,922,614	Special funds - Tobacco Master Settlement Agreement strategic contribution funds	Funds must be used for evidence-based programs according to the CDC *Best Practices for Comprehensive Tobacco Control Programs*	Funds will be used to support state and community tobacco prevention and control interventions, cessation interventions, health communications, surveillance and evaluation, and administration and management of the programs. Grants and contracts will be awarded to local public health units, special population groups with disparities in tobacco use, and partner groups that can advance the goals of the state plan.
Total - Tobacco Prevention and Control Executive Committee		$12,882,000	$12,882,000		$12,922,614	$12,922,614			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Indian Affairs Council									
Indian youth leadership program	$40,000		$40,000	$60,000		$60,000			Facilitate a camp for Indian youth, meeting academic requisites, to learn and enhance leadership skills and provide opportunities that will advance spiritual, intellectual, emotional, and physical attributes
Suicide prevention and education				$100,000		$100,000			Suicide prevention and education for Indian youth through the development of a crisis team to react to suicide threats and coordination with tribal agencies currently assisting with crisis
Total - Indian Affairs Council	$40,000		$40,000	$160,000		$160,000			

Funding Summary By Agency

	2009-11 Biennium Legislative Appropriations			2011-13 Biennium Executive Budget			2011-13 Executive Budget Increase (Decrease) to 2009-11 Legislative Appropriations		
	General Fund	Federal and Special Funds	Total Funds	General Fund	Federal or Special Funds	Total Funds	General Fund	Federal or Special Funds	Total Funds
State Department of Health	$291,280	$10,240,483	$10,531,763	$1,038,965	$9,638,628	$10,677,593	$747,685	($601,855)	$145,830
Attorney General's office	3,229,826	5,226,558	8,456,384	3,537,391	5,434,341	8,971,732	307,565	207,783	515,348
Department of Corrections and Rehabilitation	25,798,555	3,067,936	28,866,491	28,439,191	2,483,609	30,922,800	2,640,636	(584,327)	2,056,309
Department of Human Services	18,496,162	22,635,564	41,131,726	20,629,823	27,501,673	48,131,496	2,133,661	4,866,109	6,999,770
Department of Transportation		3,500,000	3,500,000		3,950,000	3,950,000		450,000	450,000
Department of Public Instruction		13,362,782	13,362,782		11,879,992	11,879,992		(1,482,790)	(1,482,790)
Judicial branch	780,000		780,000	780,000		780,000			
National Guard		600,000	600,000		2,000,000	2,000,000		1,400,000	1,400,000
North Dakota Higher Education Consortium for Substance Abuse Prevention	222,487		222,487	233,310		233,310	10,823		10,823
Tobacco Prevention and Control Executive Committee		12,882,000	12,882,000		12,922,614	12,922,614		40,614	40,614
Indian Affairs Commission	40,000		40,000	160,000		160,000	120,000		120,000
Total - All agencies	$48,858,310	$71,515,323	$120,373,633	$54,818,680	$75,810,857	$130,629,537	$5,960,370	$4,295,534	$10,255,904

Attachment ONE

Testimony of Mark Sanford
to the Human Resources Division of House Appropriations
in Support of Amendment to HB 1004
February 2, 2011

Chair Chet Pollert and Members of the Committee:

As a former superintendent of schools and an educator in Grand Forks, I have long been acquainted with the impact of domestic violence on students. Children would come to school, not able to focus in class because their minds were back at home, worrying if their mom was okay. One little boy in our district came into the office every lunch hour, upset and needing to call home to see if his mother was still alive.

It wasn't until I became a member of the Board of Directors of the Community Violence Intervention Center 4 years ago, though, that my eyes were opened to the magnitude of the problem of domestic violence – and the extent of the damage it causes throughout our community. In Grand Forks alone, we are now aware of 808 children living in abusive homes – that's the equivalent of *all* the students enrolled in a Grand Forks elementary school and middle school *combined*. More than 1,000 adults and children come to CVIC for help every single year. And the consequences that result from domestic violence are alarming – increased risks of academic failure and school dropout, substance abuse, teen pregnancy, a myriad of health complications, depression and even suicide. Domestic violence impacts the entire community, whether we are aware of it or not.

But my eyes were also opened at CVIC to the way a community *can* respond to domestic violence – a way that focuses on *solutions* to the problem. CVIC has learned that to build a community without violence, it will take three things: intervention, long-term support for victims, and a focus on prevention.

- First, we need to be there for victims who are suffering *right now*. They need to have a safe place to go after fleeing violence and crisis support to ensure their safety and their children's safety. And this support must be in place, regardless of where they live in North Dakota. As a state, we absolutely cannot allow a situation in which victims in one corner of the state cannot access these basic services when fleeing for their lives because the domestic violence organization does not have sufficient funding to provide them. We simply cannot turn a blind eye to this kind of inequity. For example, with the energy boom in the western part of the state, the influx of people has drastically impacted domestic violence/sexual assault centers. In Dickinson, 65% of new clients in the past six months were directly linked to the energy boom. In Stanley, the domestic violence center assisted with more protection orders in the past six months than they did in the entire 12 months of last year. And in Minot, the number of sexual assault clients doubled from 2007 to 2008. Other centers are affected as people move from the western towns because of increasing rental and other costs. These centers and the others across the state are

currently showing a funding gap of $900,000 over the biennium just to sustain current services. They need our support.

- Second, we need to offer services that support victims as they rebuild their lives after the violence. Services such as counseling, support to help them get back on their feet, and supervised parenting time and child exchanges. Currently, only a handful of centers offer supervised parenting time, yet county social services and district courts often mandate that these services be provided. The state provides minimal funding for programs responding to these mandates. In addition, three of these centers received a major funding cut when a federal grant providing $210,000 a year ($420,000 a biennium) was eliminated. Despite a 50% increase in the demand for visitation services from 2008 to 2009 in Grand Forks, CVIC was forced to reduce visitation hours by 40%. Bismarck and Wahpeton have also reduced staff, services and hours of operation. Yet these programs save the state money by preventing both intimate partner violence and child abuse, as well as often reducing the time children spend in foster care – a major expense for the state.

- Third, we need to offer services that actually prevent violence. Services such as offender treatment and violence prevention education for our youth, as well as projects to improve the way communities respond to violence. As a state we aren't doing enough to prevent violence and are placing the burden upon domestic violence organizations. For example, ND law mandates that anyone convicted of a domestic violence crime must complete an assessment to determine appropriateness for offender treatment. However, qualified treatment providers are not available across the state because of a lack of funding. Currently, only three communities offer programs meeting state standards. Yet offender treatment can have significant cost benefits for the state. In Grand Forks, a study showed treatment services reduced police involvement by 85%, formal domestic violence charges by 91%, and protection orders placed against offenders by 96% in the two years following completion of the program. Those kinds of results will directly impact state judiciary, human services and other departmental expenditures. The state can't afford *not* to support these existing programs and provide funds for program expansion across the state.

We know what we need to reduce and end domestic violence – we need a comprehensive approach that includes basic crisis services that save lives, additional services that help to rebuild lives, and concerted efforts that have been proven to prevent violence. Yet the 21 centers across the state have to scrape to find enough funds to patch together a budget year after year. The state currently funds less than 10% of these agencies' budgets. As a state, we need to be a bigger partner with these organizations to effectively respond to and prevent domestic and sexual violence in our state.

Thank you.

- Attachment ONEA

North Dakota ~~Senate~~ House Bill 1004
Dale Niezwaag - Basin Electric Power Cooperative
House Appropriations Human Resources Division
February 2, 2011

Mr. Chairman and members of the committee, my name is Dale Niezwaag. I represent Basin Electric Power Cooperative and am here to testify in support of the amendment to appropriate $750,000 to the Department of Health for costs associated with litigation and other administrative proceedings involving the United States under federal environmental laws. Many of these lawsuits involve non-governmental organizations (NGOs) such as national environmental groups who are initiating litigation all over the United States using the citizen-suit provisions of the Clean Air Act and other federal environmental laws.

The Environmental Protection Agency (EPA) is proceeding with a significant number of new and increased regulations regarding the emissions and operations or electric generating plants in the United States. In fact they are proposing so many regulations in a short period of time that a slide showing the regulations is commonly referred to as the "Train Wreck" slide because the regulations will significantly reduce the amount of coal based generation in the United States. I have attached the slide to my testimony.

Basin Electric has a long history of working together with the State of North Dakota on legal and regulatory issues. Examples include lawsuits by the state against Minnesota on Externalities in the 1990's, EPA on the Mercury issue also in the 1990's, and EPA on the Class I Air Increments in the 2000's

Basin Electric and the electric generating industry in North Dakota enjoy a good working relationship with the Department of Health and are very supportive of the work the Department does in regards to EPA rules, regulations and administrative proceedings. Where possible, Basin Electric has worked with the Department of Health to provide informational support on pending and proposed EPA issues such as Regional Haze, Modeling vs. Monitoring, and the Ambient Air Quality Standard for Sulfur Dioxide.

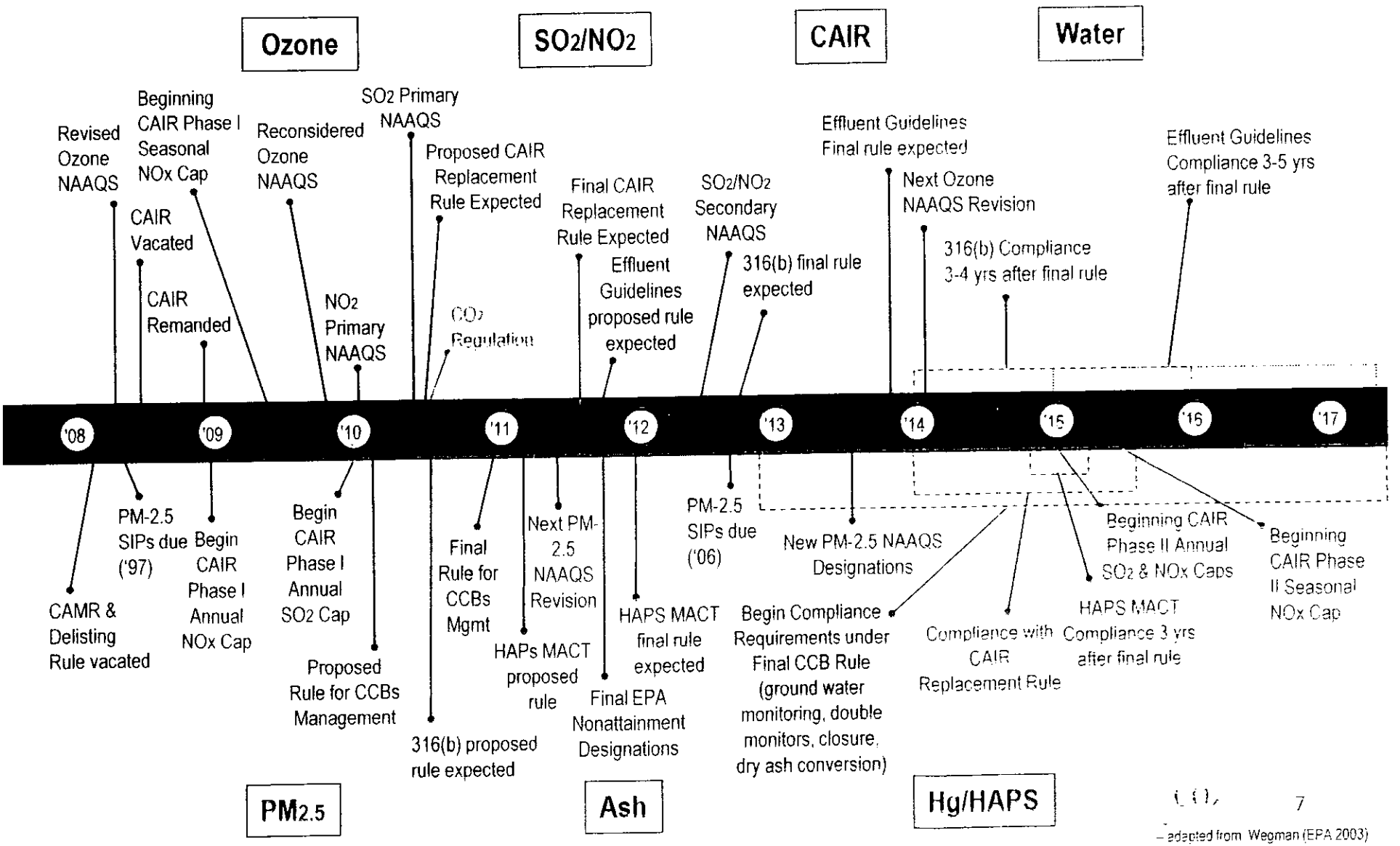
Basin Electric has, and will continue to intervene and become parties to lawsuits against EPA where we can, and we will also support state agencies when possible, but in regards to EPA

lawsuits and administrative proceedings there are many instances where only the state can take action on issues.

Basin Electric has spent hundreds of millions of dollars complying with EPA regulations and with what is currently proposed have the potential to spend billions more to keep plants running and in compliance.

Mr. Chairman and members of the committee based on these reasons we support the $750,000 appropriation amendment to the department for litigation and other administrative proceedings involving the EPA and urge the subcommittee to accept the amendment. This concludes my testimony and I will try to answer any questions from the committee.

Environmental Regulatory Timeline for Coal Units



– adapted from Wegman (EPA 2003)

– Attachment TWO

February 2, 2011

Testimony for HB 1004

Chairperson Pollert and Members of the House Appropriations Committee,

My name is Tim Hathaway, Executive Director of Prevent Child Abuse North Dakota. Our organization exists for the purpose of eliminating child maltreatment in its various forms.

I have two perspectives to share with you regarding funding for the Health Departments home visitation project. First is the need for a coordinated approach to home visitation services. The second is to offer my thoughts about the urgency of expanding services in the counties targeted by the Department of Health.

On November 18, 2010, here on the State Capitol grounds, Prevent Child Abuse North Dakota brought together 70 home visitation practitioners, advocates, experts and legislators from across the state. Presentations from the Pew Charitable Trust, ND Data Center and a panel of State experts were capped off with a Home Visitation stake holders meeting. At this gathering we asked the group to identify their challenges relative to systems and services in North Dakota. Three themes relative to need emerged from the group:

-coordinated services that maximized effectiveness and minimized duplication,

-access to high quality professional development resources specific to home visitation,

-system wide standards and evaluation methods that make it easier for programs to interface, coordinate and collaborate.

Currently, some programs focused on early childhood home visiting services exist in the state, but there are many gaps. These programs cover less than half of our counties, they are limited in scope and capacity, and they lack adequate funding and staffing. Funding this project will create the opportunity for coordinated service delivery by providing resources for alignment, professional development and evaluation.

My second purpose today is to draw attention to the need in the counties targeted for these services, Benson and Rolette. According to the North Dakota Data Center, the counties targeted for direct intervention services, are among our top 5 counties for unemployment, children living in poverty, children receiving TANF, juvenile court appearances and high school drop outs. The reservation Child Protection data does not feed into the state child protection data system so we do not have an accurate picture of the actual rates of child abuse for these counties. These are serious problems and must be addressed with long term, proven solutions.

A recent review of relevant research indicates that evidence based programs result in a reduction of harsh treatment of children, an increase in children's health status and an increase in positive nurturing skills of parents. A similar study from rural New York State found that rates of child maltreatment were reduced for families receiving home visitation services. Yet another study looked at families 15 years after their home visitation program experience. Children from home visited families showed lower rates of school suspension, delinquency, arrest and conviction. Finally, from a study conducted in Memphis in 2007, children who participated in an evidence based home visiting program had higher cognitive and vocabulary scores than those in the control group. At age nine, these same children had higher grade point averages and achievement test scores in math and reading in first through third grades than those in the control group.

Obviously this program on it's own cannot solve all issues and it is essential to integrate any new into existing community services. Evidence based home visitation programs, working in the context of community systems, can provide outcomes that we desire for our North Dakota children. I encourage you to support evidence based home visitation and coordination services in HB 1004.

Thank you for your time and I will stand for questions.

-LeDora Wohler
-Attachment THREE

Testimony

House Bill 1004

February 2, 2011; 8:00 a.m.

Good morning, Mr. Chairman and members of the House Appropriations Committee. My name is LeDora Wohler, and I am the Nurse Supervisor for the Nurse-Family Partnership Program at Fargo Cass Public Health. I am here to provide information on the home visitation section of HB1004 and how evidenced based home visitation programs can benefit North Dakota families and communities. Our Fargo-Cass Nurse-Family Partnership site has been serving Cass County families for the past ten years. I am grateful that we have this primary prevention program in Cass County and I would like to share information on the NFP (Nurse-Family Partnership) Model and its proven outcomes. The NFP program's development was initiated by Dr. David Olds, PhD in the early 1970's. The NFP program's longevity has allowed researchers to obtain more than 30 years of evidence from randomized, controlled trials.

NFP is an evidenced based, community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first child. NFP is a nurse home visitation program that partners the expecting mother with a nurse early in her pregnancy and provides ongoing support and guidance through her child's second birthday. The nurse home visitor and client relationship that forms over the two-and-one-half year commitment is the primary tool used for learning and growth in the families served.

NFP's three program goals are:

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve economic self-sufficiency of the family

The implementation of longitudinal studies enables NFP to measure both short-term and long-term outcomes. Research has provided evidence that the NFP Model's outcomes earn a substantial return on investment. Every dollar invested in NFP can yield up to $5.00 in return. I would like to share the following outcomes that have been observed among clients in at least one of the trials of the program.

1. 79% reduction in preterm delivery for women who smoke
2. 39% fewer injuries among children
3. 48% reduction in child abuse and neglect
4. 56% reduction in emergency room visits for accidents and poisonings

5. 50% reduction in language delays of child age 21 months
6. 67% reduction in behavioral and intellectual problems at child age six
7. 59% reduction in arrests at child age 15
8. 72% fewer convictions of mothers at child age 15
9. 83% increase in mother's labor force by the child's fourth birthday
10. 20% reduction in months on welfare
11. 46% increase in father's presence in household
12. 60% fewer arrests of the mothers
13. 72% fewer convictions of the mother

The above outcomes are also found on the Nurse-Family Partnership fact sheets which are available at www.nursefamilypartnership.org. Copies are also available.

In closing, I would like to read portions of two letters written by two of our NFP clients, Krista and Bisharo. They wanted to share their NFP home visitation experience and the impact the program had not only on their life, but their child's life as well.

This concludes my testimony.

Thank you for your time.

Nurse-Family Partnership

Helping First-Time Parents Succeed®

OVERVIEW

NURSE-FAMILY PARTNERSHIP (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield up to five dollars in return.

The Nurse-Family Partnership model is a unique community health program that is based on evidence from randomized, controlled trials that proves that it works. Moreover, independent analyses based on the outcomes of these trials suggest that when communities adopt the Nurse-Family Partnership model, they are making a smart investment. For every dollar invested, a community can see a return of up to five dollars.

DISTINGUISHING PROGRAM FEATURES

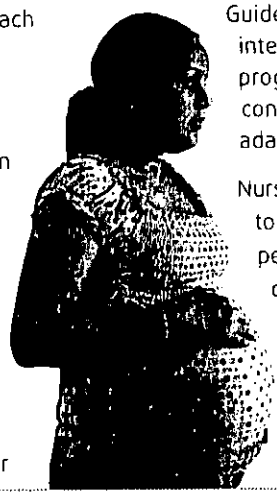
Nurse-Family Partnership focuses on first-time mothers. It is during a first pregnancy that the best chance exists to promote and teach positive health and development behaviors between a mother and her baby.

The Nurse-Family Partnership program is delivered by registered nurses who are perceived as trusted and competent professionals, fostering a powerful bond between nurse and mother.

Nurse-Family Partnership has sufficient duration. Typically, a client begins to work with her nurse home visitor during her first trimester and continues through the child's second birthday. This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health of the mother and child.

Nurse-Family Partnership also has sufficient intensity, combining relevant content valued by the mother with a therapeutic relationship focused on self-efficacy.

The Nurse-Family Partnership National Service Office provides intensive education for nurse home visitors who utilize Visit-to-Visit Guidelines, clinical consultation and intervention resources to translate the program's theoretical foundations and content into practice in a way that is adaptable to each family.



Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report NFP family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by NFP Nurse Home Visitors.

NURSE-FAMILY PARTNERSHIP GOALS

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

"They always say babies don't come with instruction manuals, but if there was one, the Nurse-Family Partnership program would be it."

– ANDREA
Mom from Pennsylvania

"My vision of the future would be to graduate from college with many honors and job offerings in the medical profession, going on to become a pediatrician."

– TYESHA
Mom from Michigan

A PROVEN SUCCESS

Nurse-Family Partnership is at the forefront of community health programs because it is evidence-based. This makes it easier for communities to choose to adopt the program

because more than 30 years of research from randomized, controlled trials prove it works – delivering multi-generational outcomes that benefit communities and eliminate the costs of long-term social service programs. For example, the following outcomes have been observed among participants in at least one of the trials of the program:

48% reduction in child abuse and neglect

56% reduction in emergency room visits for accidents and poisonings

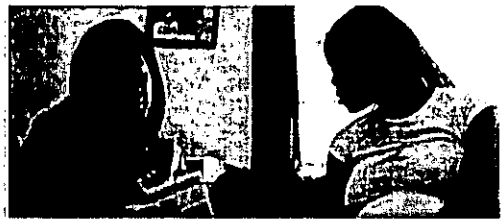
59% reduction in arrests at child age 15

67% reduction in behavioral and intellectual problems at child age six

72% fewer convictions of mothers at child age 15

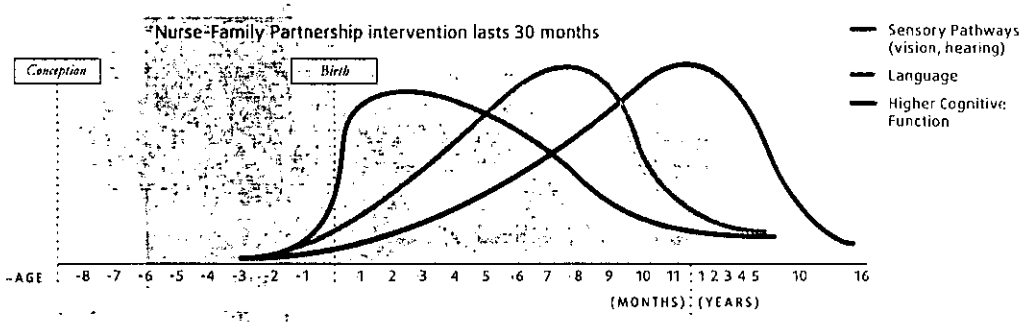
THE ORIGINS OF NURSE-FAMILY PARTNERSHIP

The origins of the Nurse-Family Partnership model began more than 30 years ago when its founder, Dr. David Olds, began the first of three randomized, controlled trials in Elmira, New York. His vision and commitment were a result of his early experience working in an inner city day care center. He saw the need for care **early** in a young



mother's pregnancy and through the first two years of her child's life if social problems like child abuse and neglect were to be reduced. A recent report from the Center on the Developing Child at Harvard University shows the extent to which early childhood experiences influence later learning, behavior and health (see graph below). The report provides a framework for a variety of informed policy choices, one of which is early and intensive support by skilled home visitors for vulnerable families expecting their first child.

Human Brain Development
Synapse formation dependent on early experiences



As the chart above shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced registered nurses can have a huge impact on the future of both mother and child.

Source: Nelson, C.A., in Neurons to Neighborhoods (2000). Shankoff, J. & Phillips, D. (Eds.)

Nurse-Family Partnership
Helping First-Time Parents Succeed®
1900 Grant Street, Suite 400
Denver, Colorado 80203-4304
www.nursefamilypartnership.org
866.864.5226

Nurse-Family Partnership

Helping First-Time Parents Succeed

RESEARCH TRIALS AND OUTCOMES

A CORNERSTONE OF NURSE-FAMILY PARTNERSHIP

Nurse-Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first children. Built upon the pioneering work of Professor David Olds, Nurse-Family Partnership's model is based on more than 30 years of evidence from randomized, controlled trials that prove it works.

Beginning in the early 1970s, Dr. Olds initiated the development of a nurse home visitation program that targeted first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations in Elmira, N.Y., Memphis, Tenn., and Denver, Colo. (see below). The trials were designed to study the effects of the Nurse-Family Partnership model on maternal and child health, and child development, by comparing the short- and long-term outcomes of mothers and children enrolled in the Nurse-Family Partnership program to those of a control group of mothers and children not participating in the program.

"This is what we can really stand behind: The program reduces injuries to children. It helps families plan future pregnancies and create better spacing between the birth of the first and second children. It helps women find employment. It helps improve prenatal health."

DAVID OLDS, PhD
Founder, Nurse-Family Partnership

Trials of the Program

YEAR	1977	1988	1994
LOCATION	Elmira, NY	Memphis, TN	Denver, CO
PARTICIPANTS	400	1,139	735
POPULATION STUDIED	Low-income whites Semi-rural area	Low-income blacks Urban area	Large proportion of Hispanics Nurses and paraprofessionals

A LASTING IMPACT

Today, Olds and his team at The Prevention Research Center for Family and Child Health at the University of Colorado continue to study the model's long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trials have been, and continue to be, conducted. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short- and long-term outcomes of the program. Although the Nurse-Family Partnership National Service Office maintains a close association with the Prevention Research Center, the two remain professionally independent.

"It is not just empirical evidence that Nurse-Family Partnership has—that's important; it's a certain type of empirical evidence, namely evidence from random assignment experiments. Because that's the gold standard of research and we have learned over and over again that any other kind of study is likely to produce an incorrect answer. So not only is there good evidence from the study, but the evidence is from the very best kind of research."

RON HASKINS,
Senior Fellow, Economic Studies
Co-Director, Center on Children and Families
Brookings Institution

TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency—making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program:

Improved Pregnancy Outcomes:

- **Improvement in women's prenatal health**
  79% reduction in preterm delivery for women who smoke, and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births

Improved Child Health and Development:

- **Reduction in criminal activity**
  59% reduction in child arrests at age 15
- **Reduction in injuries**
  39% fewer injuries among children

  56% reduction in emergency room visits for accidents and poisonings

  48% reduction in child abuse and neglect
- **Increase in children's school readiness**
  50% reduction in language delays of child age 21 months; 67% reduction in behavioral/intellectual problems at age six

Increased Economic Self-Sufficiency:

- **Fewer unintended subsequent pregnancies**
  32% fewer subsequent pregnancies
- **Increase in labor force participation by the mother**
  83% increase by the child's fourth birthday
- **Reduction in welfare use**
  20% reduction in months on welfare
- **Increase in father involvement**
  46% increase in father's presence in household
- **Reduction in criminal activity**
  60% fewer arrests of the mother; 72% fewer convictions of the mother

ADHERENCE TO THE NURSE-FAMILY PARTNERSHIP MODEL

Today, Nurse-Family Partnership maintains fidelity to its model by using a performance management system designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by NFP Nurse Home Visitors. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the randomized, controlled trials.

A BASIS FOR EVIDENTIARY STANDARDS

The evidentiary foundations for the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance, and were conducted with nearly entire populations of at-risk families in local community health settings, these findings are relevant to communities throughout the United States.

Nurse-Family Partnership's emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence-Based Policy, Blueprints for Violence Prevention, The RAND Corporation, and the Brookings Institution, which seek to provide policymakers and practitioners with clear, actionable information on programs that work—and are demonstrated in scientifically valid studies.

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Attachment FOUR
February 2, 2011

Legislative Testimony

HB1004

Submitted by Jody Bettger Huber, MSW

Healthy Families/Lutheran Social Services of North Dakota

Mr. Chairman and Members of the Committee, my name is Jody Bettger Huber, Program Director for Healthy Families, of Lutheran Social Services of North Dakota. We are an evidence-based home visitation program with an emphasis on primary prevention. I am here today to provide testimony in support of HB1004 and the support it offers for home visits for North Dakota's high risk families and vulnerable children.

There is no issue more important to the future of North Dakota than raising, protecting and educating our young children and promoting responsibility and self-sufficiency of their parents. We depend on our parents to be financially and emotionally prepared for the challenging task of raising their child, and embracing the important job of parenting.

Unfortunately some North Dakota families are facing serious issues such as lack of affordable housing, transportation, inadequate employment and economic stress. Many parents presently benefiting from home visitation programs, are single, have not completed high school, have a history of alcohol and/or drug usage, depression or mental health issues, and are without extended family support. Many experienced physical abuse or neglect as a child or witnessed domestic violence in their home..

Listening to hundreds of parents served, I'm often disheartened to discover these parents where once our states infants and toddlers whose own parents struggled to nurture or care for them. Some of them where the children placed in foster care or in residential treatment centers, or involved in our juvenile or adult court system. They may have been the child going to school with hidden bruises, missed meals, or failing grades that no one took the time to notice.

Now adults, they lack positive role models, knowledge and opportunities to learn the skills necessary for optimal parenting and community responsibility. As a result, there is a strong possibility that a third generation or fourth generation of children will also struggle. *Evidence-based Home Visitation programs are*

designed to prevent child abuse and neglect breaking the generational cycles of abuse and economic distress.

Home visiting programs offer a unique opportunity to view and serve parents and their children in the environment in which they live, providing positive role models, empowering parents to become self-sufficient, decreasing dependence on economic assistance programs. Evidence Based home visitation programs, are designed to support both fathers and mothers in providing for the financial, physical, and emotional needs of their child, and most importantly, prevent child abuse and neglect greatly reducing the cost for foster care and juvenile delinquency.

They allow the opportunity to include fathers in the life of their child from the start, whether they are married to the mother or not. For example in Healthy Families 80% of parents are single, however, almost 60% of father were involved in our service. This has the potential to make a large positive impact not only in the child's life but also in the state of North Dakota, as research shows fathers involved in their child's life are more apt to pay child support.

While vulnerable children may have greater challenges to overcome, we should not assume that those challenges can only be addressed with services later in life. Instead, we must invest in programs where our investment can have the biggest payoff and help prevent problems that become more costly to address as they grow older. Home visitation programs are a means in which we can begin doing just that.

Thank you for your time and for your commitment to our state's children and families as we know strong families are the greatest asset of strong communities.

I would be willing to try and answer any questions you may have.

I am a recently a single mother who is now going through a divorce. When I heard about the Healthy Families program I was in the hospital maternity ward. I had just had my second child, my daughter. I have now been on the program a little more then a year. Over the last year I have had some rough times with my children's father. While going through these times, I did not have many people to talk to or lean on for support. The healthy families program gave me those things I needed. While being on the program I had a friend and confidant there to talk to me and give me advice on all the questions that came up. Not only having them there, I had someone to talk to me and just be around me and it was a time I looked forward to, being I was very lonely and did not have much adult interaction.

Along with being a friend and a person of knowledge that I could turn to, my healthy families worker encouraged me to go back to school. I am now in my second semester of college. I am also looking for a job to help support my children and myself. I did not believe I had the courage to go back to school until I had someone to talk to about it, that understood and knew what I was dealing with. Not only in that way did the Healthy Families program help me, it helped me become a better mother and a better person. After each home visit with my worker I felt better about things that were and are happening in my life no matter how bad they might have been. It is nice to have someone else's opinion when things seem really bad. It was almost like having a best friend that has gone through the things I was going through and could give me not just advice but the right advice. My husband and I are no longer together but we both enjoyed the company of a third party when things were getting rough. We now are fully separated but we can stay friends and raise our children together. Having an Healthy Families worker is a gift to me and my soon to be ex-husband because we now have a person we can both talk to and confide in.

I have fully enjoyed being part of the Healthy Families program and love being part of the home visits with my children. I would be highly disappointed if the visits could not continue in our state. Along with my children who have become very close with my worker. I think home visits are amazing for mothers who are home all day with the kids and don't get much adult interaction at times. I know I felt like I was going to go crazy and knowing that my worker was going to come and talk and visit was a blessing. I feel this program is amazing and the home visits can and will continue to help many mothers or fathers in a situation just like mine. I hope these home visits do not end and I will look forward to each visit I have coming.

Thank you,

A very thankful family

Dear:

My name is Twila Herald, I am one of your constituents, and since you are my Local Legislator I wanted you to hear the story of my families experience with Healthy Families, my workers name is Jamie, our story took place here in Bismarck, in a variety of different location in which I will explain.

Healthy Families has positively affected us from the first initial contact when we resided at 1101 westwood, we had a premature daughter she was around 32 weeks when I deliver I had heard about the Healthy Families program through the MedCenter One Hospital where our child was born. The nurse from the neonatal unit gave me a brochure or brochure on several different programs that can help with the growt and development of our baby. I of course chose Healthy Families, and within one week I had Jamie at my apt. She explained how the program works and gave us pamphlets n updated information for the growth and development of our child. She asked if we had any questions or concerns about the baby. We continued to see Jamie, and throughout the months the program has been helpful by providing info and has helped us throughout these seventeen months, by recommending our family to different programs so we could reciere a bed. We even got the bed a day before christmas, with brand new sheets, and a new blanket. It's been hard within these months to keep up financially with bills, and buying clothing for our four girls. But through healthy families when we didn't have very much money to get our girls clothing for school, the program helped us and provided three outfits for each child. It was a tremendous help. We have moved in the Bismarck area three times, and Healthy families continues to stay by our side for support and guidance which has been a blessing.

our daughters for winter and provided a hat, and gloves for each of the girls.

This program is great to be with not only for the help they've provided, and resources or refferals, but it's a relief to have someone to talk to I know they're not counselors, but but it's nice to have someone to talk to that you trust that can help sort through the ups and downs in which every family goes through.

What I've learned through the program is not to feel overwhelmed by things, and if you just row with life and take it as it comes good or bad as long as communicate with one another in your family, you can make it through anything life throws at you. And I've also learned to not be afraid of reaching out and asking for help even if it's just to talk to someone

We are greatful for these resources or services in our community and wanted to hear about our success.

Thank You and may you have a pleasant legislative session. Warmest Regards,

Twila Marie Herald

American Heart Association® | American Stroke Association®
Learn and Live®

House Bill 1004

House Appropriation – Human Resources Division

- Attachment FIVE
- February 2, 2011

AHA Testimony

Chairman Pollert and members of the House Appropriations – Human Resources Division. For the record, I am June Herman, Vice President of Advocacy for the American Heart Association in North Dakota. I am here today to testify in support of heart disease and stroke funding within HB 1004.

The news is not good. In the past 30 years, obesity in this country has more than doubled among children and more than tripled among teenagers. As these rates continue to rise, we are putting an entire generation at risk for serious health conditions like type 2 diabetes, high blood pressure and even heart disease and stroke. Inactivity along with the overconsumption of unhealthy foods and sugar sweetened beverages is a leading cause.

By 2030, the direct cost of treating cardiovascular disease in the U.S. will triple, reaching a total of $818 billion. The prevalence of cardiovascular disease will also grow to the point where it affects more than four of 10 U.S. adults. These are the projections of a new AHA policy statement published in *Circulation.*

As alarming as the 2030 figures are, there's also a silver lining: They are still only projections. With effective prevention strategies, we can limit the growing burden of America's No. 1 killer. We've come a long way in our ability to treat cardiovascular disease in the past 50 years. Yet a concurrent surge in risk factors like obesity, along with an aging population, mean more people than ever before are developing cardiovascular disease and thus requiring treatment.

In 2009, the Human Resources Division included $472,700 for establishing a statewide stroke registry. 76% of North Dakota hospitals have joined the registry and the state is already beginning to explore the richness of data to guide interventions. (attachments A and B).

Let me put a face to stroke –

- Cristal Larsen – Valley City. 35 year old mother of two young daughters. Struck down by stroke in March 2010. Received prompt emergency treatment, including tPA. When she was discharged, her physical deficits caused her two year old to fear her, and no long give her mom hugs and kisses. But due to the quick intervention, Cristal was able to quickly gain back her abilities, and more importantly, gain back the hugs and kisses of her daughter.

- A farmer in a rural community. Family noted problems with his speech in the morning (around 8 am). He denied any need to see a physician - did his "chores" (milking cows, etc) and then walked back to the house. Had breakfast, went back outside to work, but was "dizzy" for a bit so didn't go out in the field, but worked on repairs of machinery in his shop. (full story attached). This person displayed signs and symptoms of a stroke noted by the patient himself, as well as his family for a period of time of at least 14 hours, before medical assistance was called for and he arrived for assessment and treatment.

  Medicare was utilized twice during his nursing home stay - once when he was first admitted, and a second time in 2007 after his second stroke occurred.

  Total amt. paid by Medicare: $ 38,552.36

  The cost of his nursing home care from admission to death:

  Total 325,303.84

  Total cost for his nursing home care paid (includes Medicare coverage): **$371,971.70**

- Fargo Business Owner and member of the AHA stroke care advocacy committee. In seeing a chart that I'm about to share with you on the Stroke Optional Appropriation Request, he encouraged that a portion of base funding be directed to physician awareness. Concerned over minor warnings he was experiencing, he did make several visits to his provider with his ailment undiagnosed. Then he was struck by a significant stroke. Fortunately, he received early treatment, and was able to return to his business.

HB 1004 includes several heart disease and stroke Optional Appropriation Requests that can help North Dakota with limiting the growing burden of cardiovascular disease.

- Additional stroke funding ($653,000 base - $953,000)
    - Go Red ND (testimony)
    - Statewide Program Leadership
    - Public Education
    - Stroke Standardization and Training
- Woman's Way with Heart ($283,000 base - $983,200)
    - Adding heart screenings for Woman's Way clients (testimony)

Our final item for your consideration is a funding opportunity for a major heart system of care project – Mission: Lifeline, targeting ST-elevated-MIs. Attached to my testimony is a map showing North Dakota's classification as a Category 5 state for STEMI deaths, and an attachment which provides an overview of the project.

As noted, a private foundation is willing to step forward with over $4 million for the statewide project, if a match amount of 1/3 can be secured in the state. This opportunity came to us on December 9, well after the submission of the Department of Health budget. Given the scope of the project, and the impact on North Dakota lives, we ask for your consideration of a partial portion of the match. Attached is a budget overview we are finalizing for funding partners and possible submission.

At this time, I am available to respond to any questions you may have.

SSR Report 1

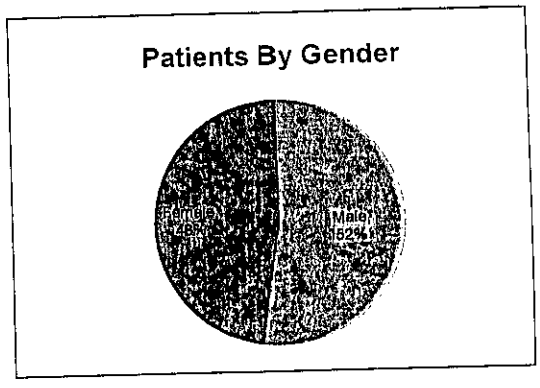
North Dakota State Stroke Registry (SSR)

Powered by the American Heart Association's
Get With The Guidelines® – Stroke

This report includes data retrieved from the North Dakota State Stroke Registry on January 6, 2011. It reflects 1,078 records of admission that have been entered for the period January 1, 2009 through December 31, 2010. The registry data points will continue to become more robust as participating hospitals enter baseline data and new stroke cases. The following charts highlight data collected by the North Dakota State Stroke Registry:

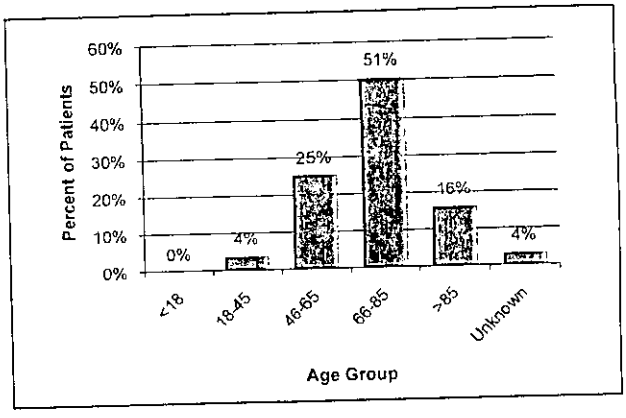
- North Dakota hospitals treated more male patients than female patients.

Gender	Number of Patients	Percent of Patients
Male	560	52%
Female	516	48%
Unknown	2	0%
Total	1,078	100%



- Most stroke cases occurred in patients between age 65 and 85.

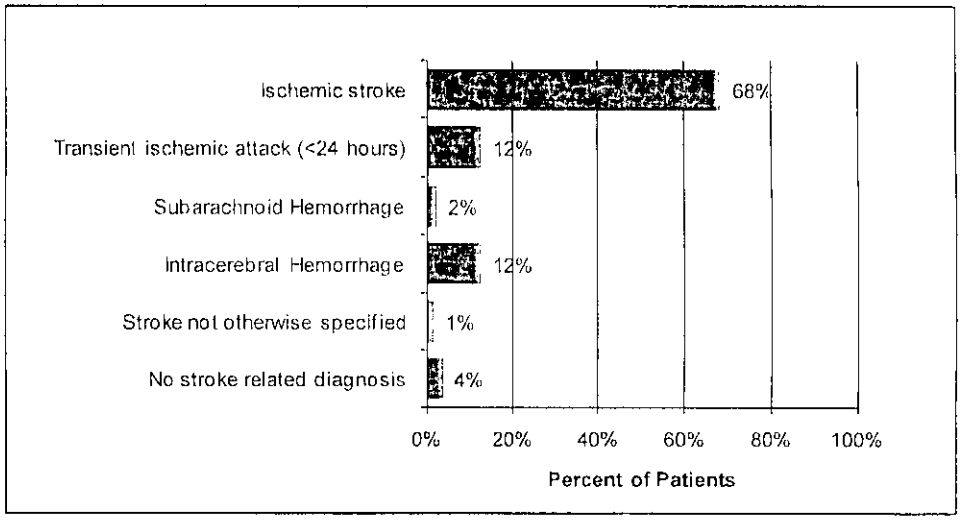
Age Group	Number of Patients	Percent of Patients
<18	0	0%
18-45	43	4%
46-65	273	25%
66-85	548	51%
>85	176	16%
Unknown	38	4%
Total	1,078	100%



NORTH DAKOTA DEPARTMENT of HEALTH | State Stroke Program
Enhancing stroke care. Improving outcomes.

- The most prevalent diagnosis was ischemic stroke which occurs as a result of an obstruction within a blood vessel supplying blood to the brain.

Diagnosis	Number of Patients	Percent of Patients
Ischemic stroke	736	68%
Transient ischemic attack (<24 hours)	133	12%
Subarachnoid Hemorrhage	23	2%
Intracerebral Hemorrhage	132	12%
Stroke not otherwise specified	16	1%
No stroke related diagnosis	38	4%
Total	**1,078**	**100%**



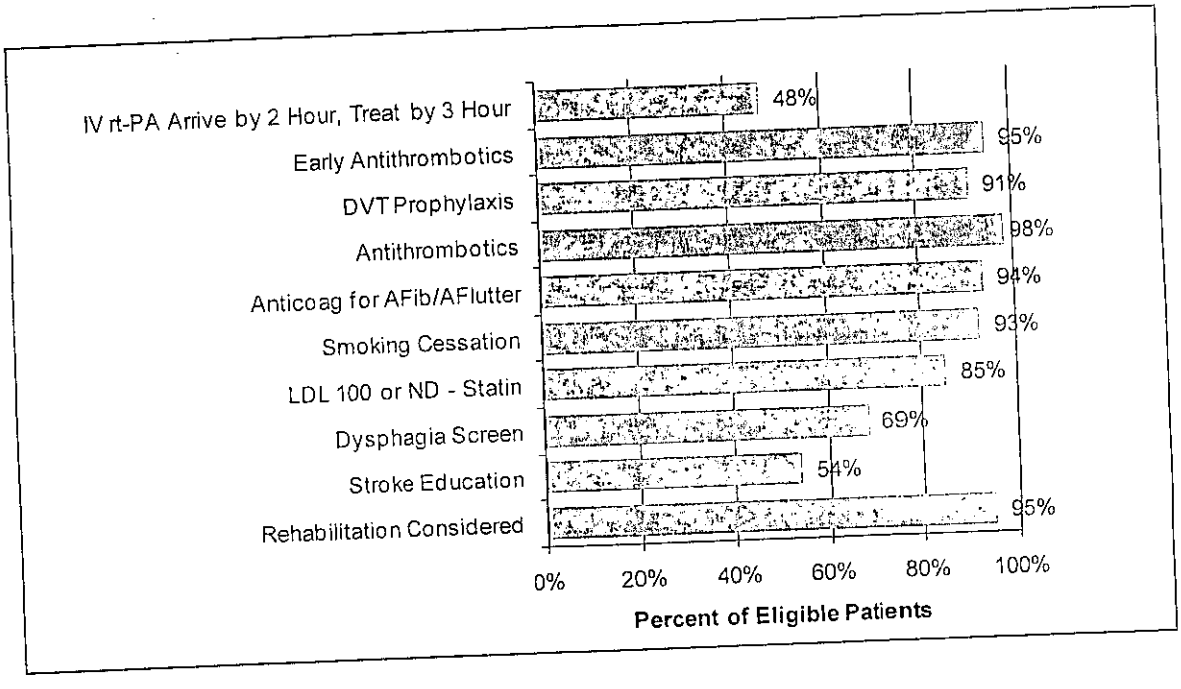
Primary stroke centers are hospitals which have been certified by the Joint Commission as centers that comply with the latest hospital guidelines for the treatment of stroke. The Department of Health designates hospitals as North Dakota Primary Stroke Centers upon verification of Joint Commission certification. To date, two of the six tertiary (general acute) hospitals have obtained Joint Commission certification.

The following data reflect the Primary Stroke Center Consensus Measures. These measures include the harmonized set of measures created by the American Stroke Association, the Joint Commission and the Centers for Disease Control and Prevention.

- Approximately half of Ischemic or hemorrhagic stroke patients or their caregivers were given education materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke and warning signs and symptoms.

Consensus Measures
North Dakota Tertiary Hospitals

Consensus Measure	Percent of Eligible Patients	Numerator	Denominator
IV rt-PA Arrive by 2 Hour, Treat by 3 Hour	48%	20	42
Early Antithrombotics	95%	541	570
DVT Prophylaxis	91%	258	283
Antithrombotics	98%	640	651
Anticoag for AFib/AFlutter	94%	101	108
Smoking Cessation	93%	111	120
LDL 100 or ND - Statin	85%	262	308
Dysphagia Screen	69%	458	667
Stroke Education	54%	208	385
Rehabilitation Considered	95%	626	660



Using these data, hospitals and the State Stroke Program are able to assess the use of best practice guidelines to measure and enhance the quality of patient care and improve stroke outcomes.

- A farmer in a rural community. White male, family noted problems with his speech in the morning (around 8 am). He denied any need to see a physician - did his "chores" (milking cows, etc) and then walked back to the house. Had breakfast, went back outside to work, but was "dizzy" for a bit so didn't go out in the field, but worked on repairs of machinery in his shop. Came in once to get some "ointment" for his left hand - which he burned while welding - returned back to his shop until being called for supper. Speech hadn't improved, and he seemed to be dragging his left foot, but indicated it was nothing to worry about and ate his meal. He had some trouble holding his fork and blamed it on the burn he received earlier while welding. After completing his evening meal, he went into the living room to watch TV.

  He napped off and on in his recliner- which would be "normal" for him. His wife woke him up so that he could listen to the 10 pm news, and his speech was 100% garbled. She called the ambulance and he arrived at the hospital at 10:24 pm. He was assessed and transferred to a tertiary facility in 45 minutes - where he was hospitalized for 10 days. He returned home as he was able to "pivot" and "turn". He remained at home with his wife and two sons assisting in his cares, until it became too difficult to continue to care for him at home. He was unable to ambulate by this time, required assistance in eating, was incontinent of bowel and bladder, and had to have ground/pureed foods due to his difficulty swallowing.

  He was hospitalized for a urinary tract infection and weight loss when he was brought into the clinic. He was admitted to the hospital for antibiotics and additional testing, along with a therapy evaluation. The family agreed for him to be admitted to the nursing home in July 2005, at 78 years of age. With therapy and 24 hour care, he was able to walk short distances, feed himself, and participate in many activities -playing cards, putting puzzles together, and visiting/socialization with community friends and family. This continued

until he experienced a second stroke in 2007. Family requested comfort cares only. He remained in the nursing home, recovered minimally, and continued his stay there until his death in November 2010.

Medicare was utilized twice during his nursing home stay - once when he was first admitted, and a second time in 2007 after his second stroke occurred.

Total amt. paid by Medicare: $ 38,552.36

The cost of his nursing home care from admission to death:

Total 325,303.84

Total cost for his nursing home care paid (includes Medicare coverage): **$371,971.70**

He had farmed 2 quarters of land, and milked cows for a living. He was in "good" physical shape, had no previous health problems, did not smoke, and was not overweight. His wife along with her two sons (who were married and lived more than 60 miles from their family farm), assisted in his cares and keeping him at home for 7 years. His wife rented out the farmland, sold the cattle and remained on the farm until he was admitted to the nursing home. When he was admitted to long term care, his wife had to sell their farm and tillable land. She moved into town after selling the farm at the age of 77 yrs. visiting her husband daily. He spent over 12 years in long term care and died in 2010 at the age of 93. Hi wife continues to live independently in town.

This person displayed signs and symptoms of a stroke noted by the patient himself, as well as his family for a period of time of at least 14 hours, before medical assistance was called for and he arrived for assessment and treatment.

Heart and Stroke Funding Priorities

Governor's Budget

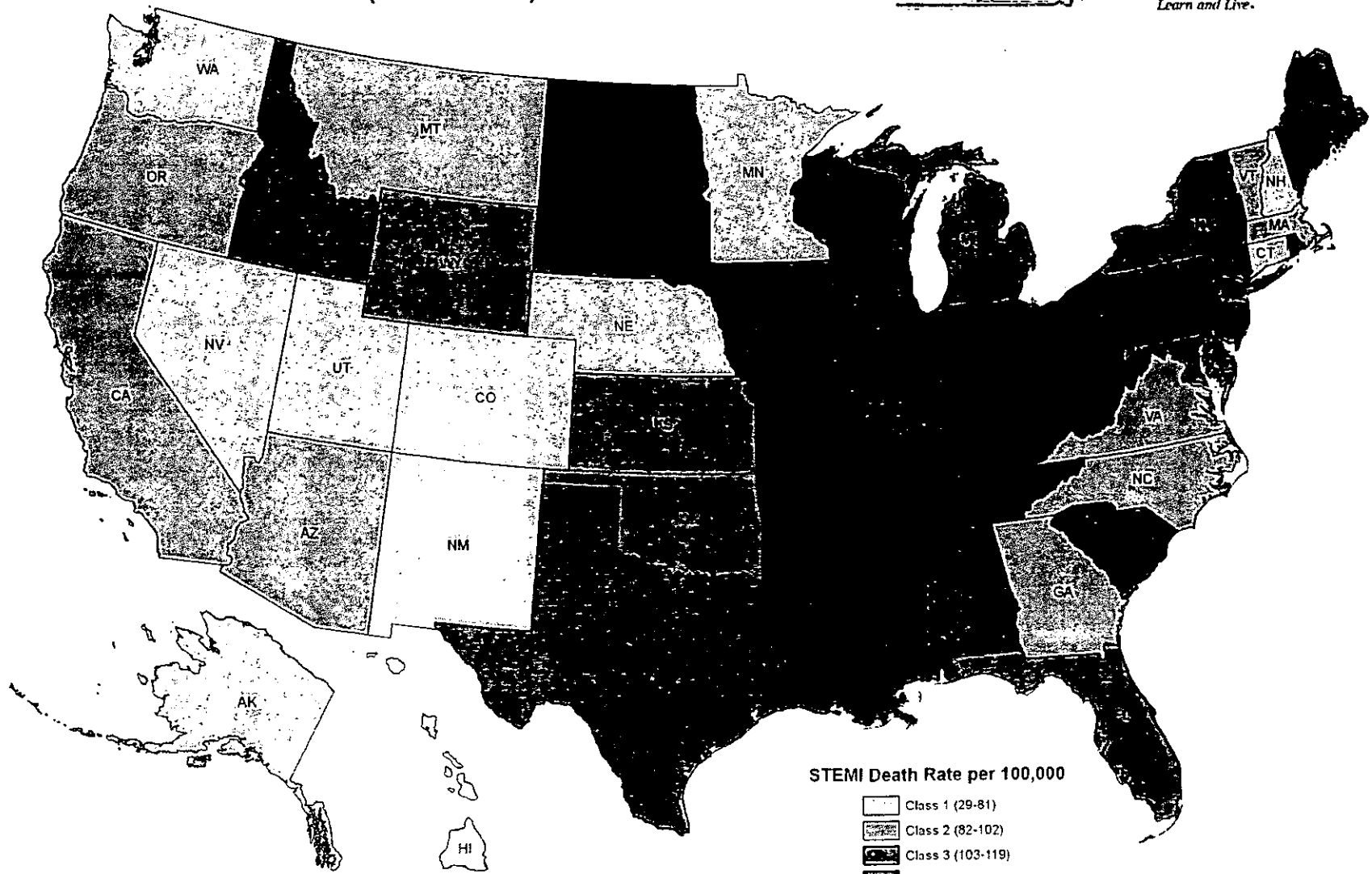
Stroke Registry - $472,700

- 76% participation, all 6 tertiary facilities
- Critical Access Hospital QI consultants, tools, support

Optional Appropriation Request for Stroke Funding

Recommended Elements	Base Funding	Enhanced	Fully Funded
Heart Disease and Stroke Prevention (Hypertension, community-based effort, awareness, worksite/NDPERS support: **Go Red ND**	• Contract support, 10 funded communities, $283,000 • Native American tribal community (3 communities) $20,000 • Men's Heart Health Pilot (in 2-3 communities) - $50,000	• Contract support, 15 funded communities $313,000 • Native American tribal communities, $20,000 • Men's Heart Health Pilot Initiative - $50,000	• Contact support, 20 funded communities, $333,000 • Native American Tribal communities $20,000 • Men's Heart Health Expanded Initiative (Statewide) - $100,000
Statewide coordination of integrated system of care	*Trigger language: if CDC funding lost in 2012, Dept of Health shall maintain statewide Heart Disease and Stroke Coordination through adjustments from existing stroke appropriations	Funding continued for 1 FTE for one year - $92, 200	*$368,802 – 2 FTEs, biennium*
Public Education of timely notification of 9-1-1 (*need shows in registry chart)*	$200,000	$275,000	*$550,400*
Stroke standardization and training	$100,000	?	
Primary Stroke Center certification assistance grants			*$60,000*

Age 35+ STEMI Death Rate per 100,000 by State (2002-2006)



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2006. CDC WONDER On-line Database. ICD 10 I21 - I22.

American Heart Association
Learn and Live.

MISSION: Lifeline™

STEMI Heart Attacks

Throughout the United States each year, nearly 1,255,000 people suffer heart attacks. About 400,000 of those patients suffer the most severe type of heart attack - an ST-elevated myocardial infarction, or STEMI - caused by the total blockage of a coronary artery. To reduce risk of death or long-term disability, the STEMI must be identified quickly, the blockage cleared using balloon angioplasty or a clot-busting drug, and blood flow to the heart restored, ideally within 90-minutes of onset as recommended by American Heart Association scientific guidelines. Through Mission: Lifeline, the American Heart Association will work in collaboration with hospitals and EMS statewide to remove barriers to optimal STEMI care that will lead to lives saved and a reduction in disability. PCI procedures cost about $65,000 if provided in a timely manner. Heart surgery - $200,000.

More Lives Can Be Saved

Mission: Lifeline is the American Heart Association's initiative to improve care for STEMI patients, save lives and reduce disability. It encompasses several key activities:

- **Equip ambulances with 12-lead electrocardiograms (ECGs) in order to identify the STEMI pre-hospital, transmit ECG results to the receiving hospital, and activate the cardiac catheterization laboratory**
- **Train emergency medical providers in using the 12-lead ECG**
- **Establish protocols standardizing recommendations for treatments**
- **Train all levels of system personnel in STEMI care**
- **Document patient care to identify opportunities for improvement by adopting a standardized patient data registry**

Two Patients, Two Experiences

Ken R, 75, called 9-1-1 when severe chest pain began. Paramedics arrived within 6 minutes, used a 12-lead ECG to identify the STEMI and transmitted the ECG to the receiving hospital where the cardiac cath lab staff was prepared to perform angioplasty. Within 50 minutes of onset the blockage was cleared and Ken's life saved.

Roy F, 81, wasn't nearly as fortunate. Roy called 9-1-1 and the responding ambulance was not equipped with a 12-lead ECG. He was taken to the closest hospital where his STEMI was identified, but the hospital did not have a cath lab so Roy had to be transferred to another hospital. He finally received angioplasty but it took 3 hours and 6 minutes! Thankfully, Roy's life was saved. However, the delays resulted in serious heart muscle death and permanent disability.

EMS Response

- It's like having a cardiologist in the field with me
- SD – our 12-lead is worth more than our ambulance to us

Project Status

A national foundation, with an interest in rural health, has expressed willingness to fund approximately two-thirds of the total $6.5 million project for a STEMI response program in North Dakota, on the condition that an additional $2 million is secured. This is extraordinarily generous and has enormous implications for improving heart attack care throughout the state.

Mission: Lifeline Saving Lives in North Dakota

CONFIDENTIAL DRAFT	Foundation Request	AHA In-Kind	Other Revenue Source	Total
Infrastructure (staff, travel, business needs)				
Year 1	$177,060.00	$121,371.25		$298,431.25
Year 2	$180,204.75	$127,439.81		$307,644.56
Year 3	$185,493.99	$133,811.81		$319,305.80
Total Infrastructure	**$542,758.74**	**$382,622.87**		**$925,381.61**
EMS (12 leads, transmission, training)				
Year 1	$1,264,630.00	$3,200.00	$1,000,000.00	$2,267,830.00
Year 2	$476,387.50	$3,200.00	$238,625.00	$718,212.50
Year 3	$258,252.60	$3,200.00		$261,452.60
Total EMS	**$1,999,270.10**	**$9,600.00**	**$1,238,625.00**	**$3,247,495.10**
Hospital Clinical Improvement (data registry software, partial FTE support, training)				
Year 1	$828,300.00		$225,000.00	$1,053,300.00
Year 2	$161,200.00		$337,500.00	$498,700.00
Year 3	$59,100.00		$450,000.00	$509,100.00
Total Hospital Clinical Improvement	**$1,048,600.00**	**$0.00**	**$1,012,500.00**	**$2,061,100.00**
Public Awareness (paid media, evaluations)				
Year 1	$110,000.00			$110,000.00
Year 2	$110,000.00			$110,000.00
Year 3	$110,000.00			$110,000.00
Total Public Awareness	**$330,000.00**	**$0.00**	**$0.00**	**$330,000.00**
Program Evaluation				
Year 1	$30,000.00		$40,000.00	$70,000.00
Year 2	$60,000.00		$40,000.00	$100,000.00
Year 3	$60,000.00		$40,000.00	$100,000.00
Total Program Evaluation	**$150,000.00**	**$0.00**	**$120,000.00**	**$270,000.00**
Project Total	**$4,070,628.84**	**$392,222.87**	**$2,371,125.00**	**$6,833,976.71**

Representative Pollert and members of the House Appropriations committee. I am Jody Ward, and I serve as coordinator of the North Dakota Critical Access Hospital (CAH) Quality Network. I am a registered nurse and have worked in quality improvement with North Dakota rural hospitals for over 10 years.

Today I'm going to inform you about:

- The North Dakota CAH Quality Network and its purpose.
- How the Quality Network is associated with the North Dakota State Stroke Program.
- What the State Stroke Program has accomplished to date; and what support we can provide in the future if resources are available.

The Quality Network is a program of the Center for Rural Health at The University of North Dakota School of Medicine and Health Sciences, and formally began in 2008.

North Dakota has six large hospitals which are designated as referral centers and 36 smaller rural hospitals which are designated as Critical Access Hospitals. All of the North Dakota's rural hospitals participate in the Quality Network. The Critical Access Hospitals in the state work collaboratively with the larger referral centers to improve quality of care, which is extremely unique to see in health care.

The Quality Network serves as a common place for hospitals to share and learn from each other. Hospitals share best practices, tools, and resources related to providing quality of care. The Network supports the work of our hospitals and has staff that provides technical assistance.

Over a relatively short period of time, the Quality Network has established itself to serve as a solid foundation for efforts related to supporting quality health care in North Dakota.

- The Network has an executive committee which functions like a board of directors. The executive committee is comprised of nine hospital leaders who have expertise in management, quality, coordination, patient safety, and hospital finance.
- Over 100 individuals from North Dakota hospitals participate in an electronic message exchange system where they can share information with one another on a daily basis.
- Current priorities of the Network include:
    - Creating streamlined care for stroke patients in any hospital in North Dakota.
    - Maintaining Medicare and Medicaid eligibility and Critical Access Hospital status for North Dakota rural hospitals.
    - Providing technical assistance for quality of care measures regarding patient safety.
    - Data tracking and benchmarking for quality of care on topics such as heart failure, pneumonia, infections, medication errors and falls.

The Network began working with the State Stroke Program in spring 2010, and has been primarily involved in getting hospitals on-board with the Program.

On-boarding hospitals with the State Stroke Program includes working closely with its program partners; North Dakota Department of Health and the American Heart Association.

- Quality Network staff have visited each rural hospital in the state, provided information about the State Stroke Program, and information on how they can participate.
- To date, 26 (72%) of the state's 36 rural hospitals are on-board and participating in the program. (Participating facilities are highlighted on the accompanying map handout.)
- Within the next year, the Program has a goal of 100% participation.

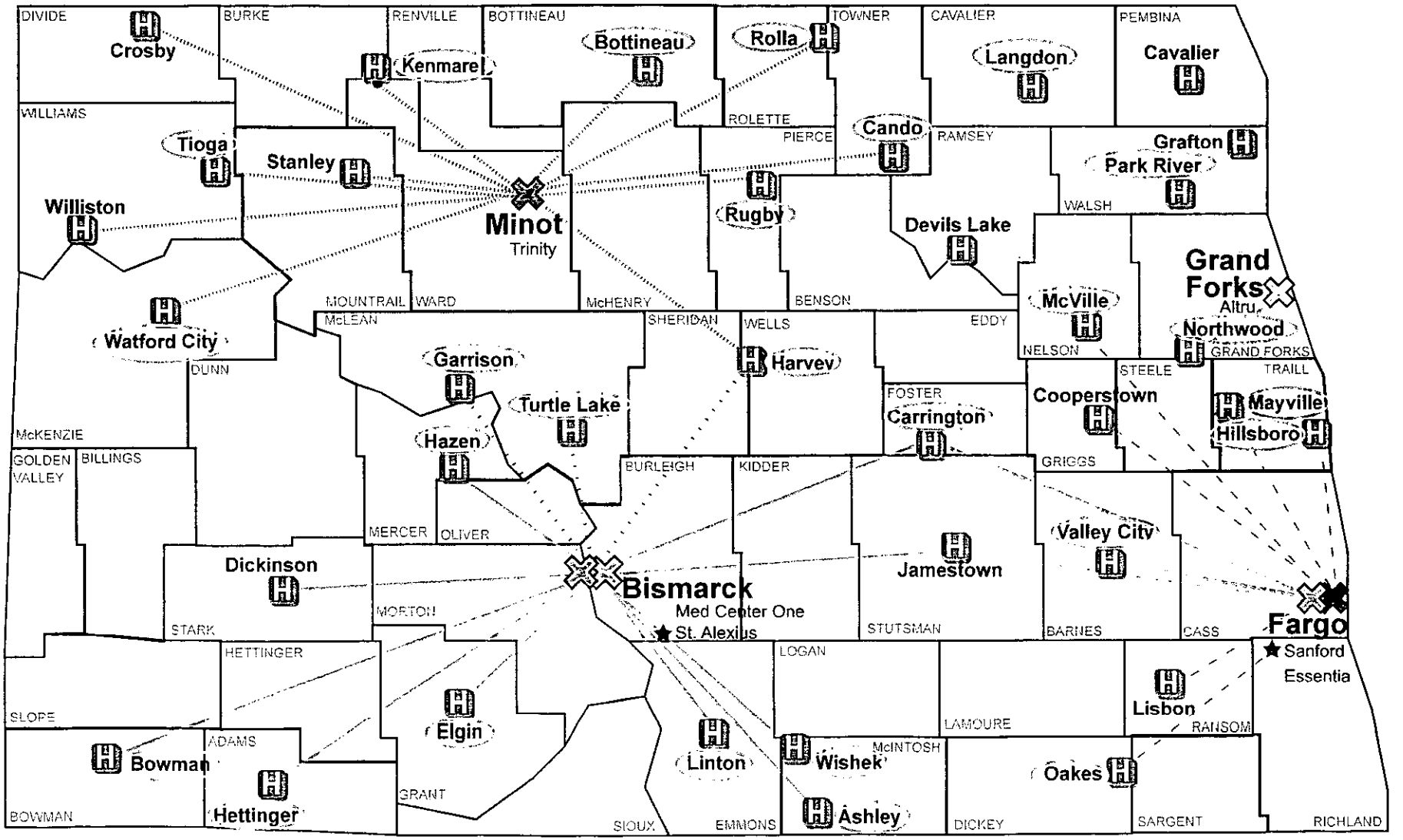
To participate in the State Stroke Program, rural hospitals agree to use a Web-based software tool to enter non-identifying stroke patient data, which is aggregated with all other North Dakota data. This information will have a significant impact on the future care provided to stroke patients. We will learn how care is provided now, how and where care can be improved, and learn from those already implementing best practices for stroke care.

The collection of stroke patient data is vital to the State Stroke Program's success. In addition to the importance of the data collection, the Program cannot succeed without hospitals working together to share information and resources, trusting one another, and maintaining a focus on quality of patient care. The Quality Network has already built a strong platform for these efforts, which will help in the success of the State Stroke Program.

The Quality Network believes continued resources are needed in order for North Dakota to fully realize the benefit of a statewide stroke program. North Dakota's health care providers are well positioned to continue implementing the State Stroke Program. The Quality Network provides a practical arm to help the Department of Health and the American Heart Association implement and evaluate the program. Since all hospitals in North Dakota are current participants in the Quality Network, they can drive their own agenda which includes supporting the State Stroke Program.

Representative Pollert and members of the House Appropriations Committee, thank you for your time.

North Dakota Hospitals & Referral Centers



01/11

Referral Centers

Trinity Hospital

St. Alexius Medical Center

MedCenter One & St. Alexius

Participating in NDDoH State Stroke Program

Critical Access Hospitals

Altru Hospital

Sanford Health

Sanford & Essentia Health

Designated Primary Stroke Centers

Center *for* Rural Health

The University of North Dakota School of Medicine & Health Sciences

American Heart Association. | American Stroke Association.
Learn and Live.

- Attachment SIX
- February 2, 2011

Go Red ND - Optional Appropriation Request
House Bill 1004
House Appropriation – Human Resources Division

AHA Go Red ND Testimony

Chairman Pollert and members of the House Appropriations – Human Resources Division. For the record, I am Joan Enderle, Director of the American Heart Association's Go Red ND Initiative. I am here to testify in support of heart disease and stroke prevention funding, known as Go Red ND, an optional appropriations request within HB 1004.

Heart disease is the leading cause of death in North Dakota and the United States. Cardiovascular diseases, including heart disease and stroke now kill more than 800,000 adults in the US each year. Of these, 150,000 are younger than age 65 according to a report released yesterday by the National Center for Chronic Disease Prevention and Health Promotion. Every 39 seconds an adult dies of heart attack, stroke, or other cardiovascular disease.

The 2006 cost of cardiovascular diseases in the US was estimated to be $403.1 billion. Based on this figure, the estimated cost of CVD in North Dakota was $920 million. This figure includes both direct and indirect costs.

Did you know -

- ✓ Hypertension is the single most significant risk factor for heart disease and stroke
- ✓ High Blood Pressure (hypertension) affects millions of persons in the United States. It is common, deadly, easily treatable and preventable.
- ✓ Less than half of those with high blood pressure (hypertension) have it under control. People who lack health insurance have even lower rates of control.

Reducing risk factors for heart disease and stroke saves lives and money.

- ✓ Reducing systolic (the number above the line in a reading, as in 120/80) blood pressure just 12 – 13 mm HG over 4 years can reduce:
  - o Coronary heart disease by 21%
  - o Stroke by 37%
  - o Cardiovascular disease deaths by 25%
- ✓ Reducing cholesterol levels by 10% can reduce the number of heart attacks and stroke by 30%

A comprehensive approach that involves policy and systems changes to improve health care access, quality of preventive care, patient adherence to treatment in addition to individual adoption of healthy behaviors is critical to save lives and reduce healthcare costs.

Go Red North Dakota is a highly successful multi-faceted statewide health initiative launched in 2006 as a partnership between the American Heart Association and Dakota Medical Foundation as 3 year project to improve the cardiovascular health of women and their families in North Dakota. Engagement of individuals and communities in a heart disease prevention campaign targeted at a population group results in risk awareness and drives lifestyle change.

- ✓ Increase in awareness of heart disease and stroke as leading cause of death to 87% (compared to 64% national survey results)
- ✓ Over 15,000 women joined the Go Red For Women movement in North Dakota
- ✓ 92% of women responding to a Go Red survey made at least one lifestyle change to reduce their heart disease risk
  - o 64% increased their exercise
  - o 60% made heart healthy dietary changes
  - o 40% lost weight

Go Red ND Initiative, over the past four years, has progressed along the behavior change continuum, from a focus on awareness, to education of heart disease risk factors, to determine your personal risk, to lifestyle change to reduce your risk. The next step, which was introduced this year, is environment and systems change. momentum continues to

build with increasing engagement of individuals, healthcare providers, communities, worksites and partner organizations.

The Dakota Medical Foundation's funding commitment has ended. The mission and 2020 impact goal continue.

Mission: Building Healthier Lives, free of cardiovascular disease and stroke.

2020 Impact Goal: By 2020, improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular disease and stroke by 20 percent.

Funding Request – see attached

- ✓ Program components
  - Statewide media/marketing campaign to raise awareness – earned media & media partners
  - Targeting the environments where people live, work, learn and play.
  - Engagement of statewide partners
  - Collaborate with healthcare provider groups and health insurance providers on initiatives to improve quality.
- ✓ Action Grants for Communities – blood pressure focus
  - Creating healthier communities with active lifestyle change and/or environment change. Engagement of key community partners.
  - 25% funding match required (minimum)
  - Multi-media campaign with focus on earned media and media partners
  - Outcome data collection
- ✓ Native American tribal community outreach
  - Creating healthier communities with engagement of key community partners
  - 25% funding match required (minimum)
- ✓ Men's Heart Health Pilot
  - Target a specific interest group geared to me (sport, leisure activity, etc)
  - Initial focus to raise awareness of warning signs, risk level, resources for lifestyle change.
  - Seek funding partner with co-branding opportunity.

Use of the American Heart Association's science, expertise, resources will provide a significant cost savings to the funding proposal while building on the consumer confidence and positive recognition and the reliability of the American Heart Association.

Make It Your Mission to fight heart disease. Vote to include heart disease and stroke prevention funding, known as Go Red ND, an optional appropriations request.

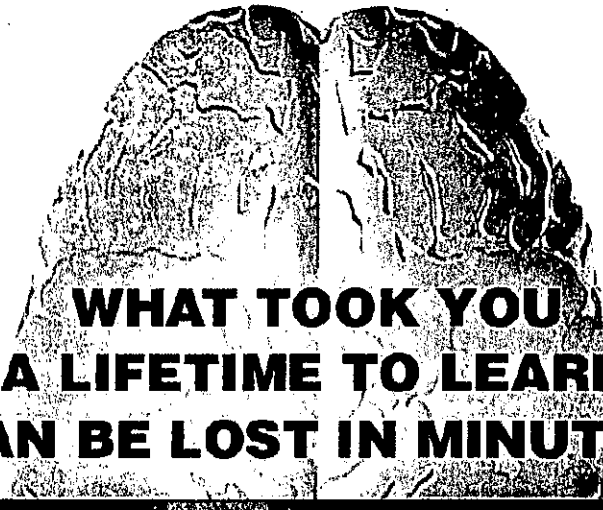
At this time, I am available to respond to any questions you may have.

Full packet of signees can be obtained upon request

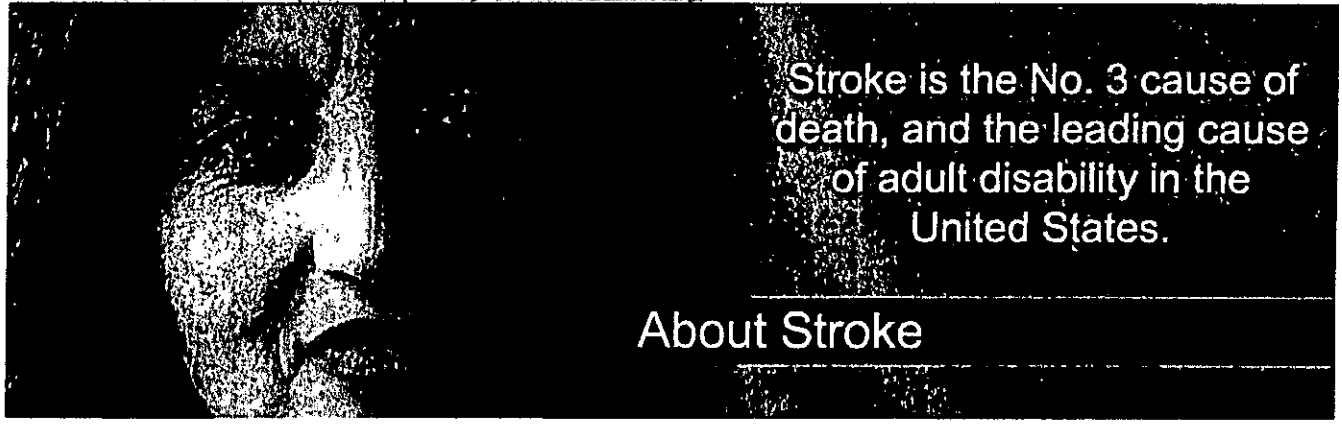
Feb. 2, '11

American Heart Association. | American Stroke Association.
Learn and Live.

you're the cure.



WHAT TOOK YOU A LIFETIME TO LEARN CAN BE LOST IN MINUTES.



A message to North Dakota Elected Officials:

Please support efforts to improve North Dakota's stroke system of care, including state funding

Please print:

Name SUSAN JOHNSON

Address 8520 38th ST SE

City JAMESTOWN State ND ZIP 58401

E-mail _____

☐ Join the *You're the Cure* network to help keep Go Red ND working for North Dakota

you're the cure

Heart and Stroke Funding Priorities

Governor's Budget

Stroke Registry - $472,700

- 76% participation, all 6 tertiary facilities
- Critical Access Hospital QI consultants, tools, support

Optional Appropriation Request for Stroke Funding

Recommended Elements	Base Funding	Enhanced	Fully Funded
Heart Disease and Stroke Prevention (Hypertension, community-based effort, awareness, worksite/NDPERS support: **Go Red ND**	• Contract support, 10 funded communities, $283,000 • Native American tribal community (3 communities) $20,000 • Men's Heart Health Pilot (in 2-3 communities) - $50,000	• Contract support, 15 funded communities $313,000 • Native American tribal communities, $20,000 • Men's Heart Health Pilot Initiative - $50,000	• Contact support, 20 funded communities, $333,000 • Native American Tribal communities $20,000 • Men's Heart Health Expanded Initiative (Statewide) - $100,000
Statewide coordination of integrated system of care	*Trigger language: if CDC funding lost in 2012, Dept of Health shall maintain statewide Heart Disease and Stroke Coordination through adjustments from existing stroke appropriations	Funding continued for 1 FTE for one year - $92, 200	*$368,802 – 2 FTEs, biennium*
Public Education of timely notification of 9-1-1 (*need shows in registry chart)*	$200,000	$275,000	*$550,400*
Stroke standardization and training	$100,000	?	
Primary Stroke Center certification assistance grants			*$60,000*

- HB 1004
- Attachment SEVEN
- February 2, 2011

Keiser, George J.

From: Bugbee, Jaclyn [jbugbee@primecare.org]
Sent: Friday, January 28, 2011 4:42 PM
To: Keiser, George J.
Cc: 'Jerry Jurena'
Subject: FW: New FTE for Plans Review and Onsite Construction Visits
Attachments: Budget Add Plans Review & Construction FTE.doc

Rep Keiser –

Here is the information we received from Darleen Bartz at the Dept of Health regarding an additional FTE for their budget for plans review. The House Human Services Committee will be meeting next week to discuss the budget. On Wednesday is the public testimony for the bill – is that when you would give the amendment???

Please let me know – we would like to have additional people at the hearing to provide testimony as well.

Thanks! We appreciate your help.

Jaci

Jaclyn Bugbee

St. Alexius Medical Center Foundation
(701)530-7394

From: Bartz, Darleen R. [mailto:dbartz@nd.gov]
Sent: Friday, January 28, 2011 3:05 PM
To: Bugbee, Jaclyn; Jerry Jurena
Cc: Smith, Arvy J.; Engel, Monte D.; Albin, Kathy J.
Subject: New FTE for Plans Review and Onsite Construction Visits

Jaclyn and Jerry: Attached is the information that you requested. Please let me know if I can be of further assistance. Sincerely, Darleen

1. Numbers of projects submitted (does not include project addenda, change orders, proposal requests):
   Last 6 months of 2009 – 30
   First 6 months of 2010 – 22
   Last 6 months of 2010 – 40

2. From 7/1/09 to 7/1/10 we approved health care construction projects totaling over $60,000,000.

3. We currently have 10 projects awaiting review and 4 projects which have been reviewed but not approved.

4. Since July, 2009, our time from receipt to review has fluctuated between a low of 2.5 months to a high of 4 months.

5. When we hired additional staff, we made an effort to let all parties know that NDAC required all changes (addenda, change orders, proposal requests) to be reviewed on every project. So at the same time we increased staff, we also increased workload. We estimate that at least 35% of the total time dedicated to plan review is spent on reviewing changes to approved projects. In addition, we guess that we are still not receiving all

changes. If we were to receive all changes, this percentage would likely increase. We are currently looking at ways to ensure these changes are submitted.

Darleen Bartz, PhD, APRN
Chief, Health Resources Section
HIPAA Coordinator/Privacy Officer

North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
Work: 701-328-4837
Fax: 701-328-1890
Email: dbartz@nd.gov

Budget for One Additional FTE for Plans Review and Onsite Construction Visits

	Budget 09-11
	1.0
Salaries	105,382
Temporary, Overtime	
Benefits	41,303
TOTAL Salaries and Benefits	**146,685**
Travel	16,500
IT - Software/Supp.	500
Professional Supplies & Materials	500
Miscellaneous Supplies	
Office Supplies	1,850
Postage	200
Printing	385
Lease \Rentals-- Buildings./Land	3,200
IT-Data Processing	2,100
IT-Telephone	2,100
IT - Contractual Services	
Professional Development	2,000
Operating Fees & Services	
Professional Services	
Medical, Dental, and Optical Supplies	
IT Equip Under $5000	2,000
Other Equip Under $5,000	200
Office Equip Under $5,000	
Equipment over $5,000	
TOTAL Operating	**31,535**
GRAND TOTAL	**178,220**

State Health Department - Project Review Time Line

Project Name	Submitted to State	Response Received	Days
In-Patient Psychiatry			
First Submittal	April 2, 2009	July 29, 2009	118 Days
EP Lab			
First Submittal	February 10, 2010	May 27, 2010	
Second Submittal	May 28, 2010	June 27, 2010	127 Days
1975 Second Floor Renovation			
First Submittal	May 17, 2010	August 18, 2010	
Second Submittal	September 13, 2010	October 4, 2010	
Third Submittal	October 22, 2010	November 23, 2010	
Fourth Submittal	December 20, 2010	January 4, 2011 (Pending)	229 Days
1983 Oncology Room Finishes			
First Submittal	August 16, 2010	December 28, 2010	
Secont Submittal	December 30, 2010	January 4, 2011 (Pending)	138 Days
OR North Corridor Renovation			
First Submittal	October 1, 2010	January 4, 2011 (Pending)	93 Days

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- February 2, 2011 - HB 1004 - Attachment EIGHT - Doug Johnson, Director of Facilities at St. Alexius Medical Ctr

- Attachment N/N E
-HB 1004

House Appropriation – Human Resources Division
Testimony in Support of Heart Screenings for Woman's Way Clients
February 2, 2011

Chairman Pollert, and members of the House Appropriations – Human Resources Division. For the record, I am Leah Madler, Registered Nurse with the Southwestern District Health Unit. I work with the Pathways to Healthy Lives Program in addition to Woman's Way and am the nurse coordinator of the My Heart, My Health pilot project. Thank you for your time and this opportunity to testify in support of the Optional Appropriations Request for Women's Way with Heart.

Background Information
The Pathways to Healthy Lives program is part of the Southwestern District Health Unit serving an eight county region of Southwest region of North Dakota - Stark, Dunn, Billings, Golden Valley, Bowman, Hettinger, Adams, Slope, and Billings County.

The initial components of the Pathways to Healthy Lives program included lung, prostate, skin, colorectal, female breast cancer, and promotion of healthy lifestyles. In 2009, Pathways to Healthy Lives was awarded an unprecedented third HRSA (Health Resources and Services Administration) grant which expanded the program focus to include cardiovascular disease prevention including screenings. The need to provide low cost or free cardiovascular screenings to those without insurance coverage, underinsured and/or low income was identified as a result of the Dickinson community participation in the Go Red ND Community grant funding. Since the addition of the cardiovascular disease screenings, awareness and education activities to our program, the response has been overwhelming. At the midpoint of the grant cycle, we are experiencing a 70% increase in participation in the community screenings.

My Heart My Health Pilot Program Overview
My Heart My Health is a pilot project of Pathways in collaboration with the American Heart Association Go Red North Dakota Initiative with approval of HRSA to assist Women's Way clients in Stark County in accessing heart health screenings and lifestyle intervention services. Knowing ones heart health numbers is an important step in identifying and treating heart disease risk factors.

My Heart My Health, is modeled after the CDC WiseWoman program. WiseWoman is the sister program to what is known as Women's Way in North Dakota. CDC funds WiseWoman in only 21 states including Minnesota and South Dakota. Both programs shared their materials which we used as resources for our program.

The vision is to provide women with the opportunity to "know their numbers" for heart health, and provide knowledge, skills, and opportunities to improve diet, physical activity and other lifestyle behaviors to prevent, delay and/or control cardiovascular diseases.

Key components:

- Eligibility- Women's Way clients ages 40-64
- Heart Health Screenings to include: Body Mass Index (BMI), blood pressure, cholesterol (total, HDL, LDL, Triglycerides), tobacco use, personal medical history and family history for cardiovascular disease and diabetes, and current lifestyle.
- Individual risk reduction counseling by healthcare professional.
- Physician referral for follow-up and medical treatment when indicated based on pre-established medical guidelines.
- Lifestyle intervention counseling, education, tools and strategies to help the women develop healthy lifestyle behaviors.
- Follow-up screenings to assess changes in risk factors and lifestyle.
- The Pilot Project enrollment was limited to 50 women. Enrollment was opened on January 21st, 2010.

My Heart My Health Pilot Program Results

Health Risk Factors

- 26% had high blood pressure (35% had pre-hypertension)
- 51% had high cholesterol
- 38% smoked
- 65% were overweight or obese (49% obese)

Intervention and Results

- 28% were referred to a physician
  - 25% had no history of previous heart health screening
  - 50% were prescribed prescription medication (half for high blood pressure and half for high cholesterol)
  - 83% indicated that they had made lifestyle changes as a result of the program
    - 60% increased physical activity
    - 25% lost weight
    - 83% made dietary changes
- 16% participated in the lifestyle intervention program
  - 57% had cholesterol levels drop to the normal range at the follow-up screenings (an average of 14% reduction in 6 months)

Women's Way with Heart Funding Request - Attached

Summary

My Heart My Health pilot project in Stark County built on the success of the Women's Way program in North Dakota; reaching out to a group of low income, underinsured or uninsured women ages 40 – 64 with heart disease risk factor screening, lifestyle assessment, education, lifestyle intervention and referral services in an effort to prevent cardiovascular disease.
We are excited about the results of this program to save the lives of women in our service area and to serve as a model for the state of North Dakota.

Cardiovascular disease, including heart disease and stroke, are the leading cause of death of women and costly health problems facing our state today, yet among the most preventable. Early detection and treatment of risk factors can lead to prevention of cardiovascular disease. Many uninsured and underinsured women cannot afford these preventative screenings. Increasing the access to quality care is essential if we are to impact the rate of cardiovascular disease among North Dakota women, ages 40 to 64 that are Women's Way clients.

I encourage your consideration of funding Women's Way with Heart, an optional appropriation request in the Department of Health budget.

Together we can save lives – one heart at a time.

At this time, I am available to response to any questions you may have.

CDC WISEWOMAN

Program Results

Between January 2000 and June 2008, WISEWOMAN participants were found to have the following health risk factors:

- 28% had high blood pressure.
- 40% had high blood cholesterol.
- 23% had diabetes.
- 29% smoked.
- 74% were overweight or obese.

Reduction In Cardiovascular Risk

WISEWOMAN participants after 1 year saw a reduction in Cardiovascular Disease Risk (January 2000-June 2007)

- Reduction in 5-Year Cardiovascular Disease Risk among WISEWOMAN Participants
  - White 8.1%
  - Black 8.6%
  - Hispanic 10.7%
  - American Indian/Alaska Native 7.4%
- Reduction in Smoking Rates (Self reported)
  - White 6.5%
  - Black 10.0%
  - Hispanic 13.8%
  - American Indian/Alaska Native 6.1%

By having access to screening services, many women learn for the first time that they have high blood pressure, high blood cholesterol, and/or diabetes. The lifestyle intervention services result in the reduction in risk factors such as cardiovascular disease and tobacco use.

WISEWOMAN: Program That is Low Cost and High Yield

Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective. Studies of the WISEWOMAN program found that its programs have extended women's lives at a cost of $4,400 per estimated year-or-life saved. The cost to provide cardiovascular disease risk reduction services to a WISEWOMAN participant is approximately $400.

Success Story: Nebraska

Since the Nebraska WISEWOMAN program begin in 2000, more than 19,000 women with low incomes have been screened. When risk factors are found, participants are offered medical referrals as needed and ongoing health y lifestyle counseling and intervention support.

Half of Nebraska residents live in rural areas of the state, the other half live in three counties. To meet the challenges of a large state with few large communities, the program has set up a network of lifestyle interventionists, who contact participants by phone. These lifestyle interventionists provide tailored counseling and tools to clients, based on their identified health risks and support women as they increase their physical activity, improve their dies and quit using tobacco products.

The Nebraska WISEWOMAN program has been a 5.4% reduction in 10-year estimated chronic heart disease risk and a 7.5% reduction in 5-year estimated cardiovascular disease risk. Smoking incidence has also declined 7.1% since the start of the program.

Heart and Stroke Funding Priorities

Optional Appropriation Request:

Recommended Elements	Base Funding	Enhanced	Fully Funded
Woman's Way with Heart	**Base – Pilot Project - $280,000** Pilot Project with 2 Women's Way Provider Programs • Services provided include: screening, results & Risk factor counseling, Lifestyle intervention program (including referral to ND Quit Line for tobacco cessation) $175,000 • Healthcare profession staff at the local level and program administrative costs - $95,000 • Program evaluation - $10,000	**Phased in Program – $701,200** Year 1 funds: 2 Women's Way program sites (previous heart health screening for women experience recommended) and hiring of a statewide coordinator to facilitate expansion of the Women's Way with Heart program to all Women's Way locations in year 2. • Program coordinator & program administration - $149,200 • Program marketing- $25,000 Direct Client Services year 1 at two select locations: screenings, results & risk factor counseling, lifestyle intervention program - $135,000 • Direct Client Services year 2 at statewide locations: screenings, results & risk factor counseling, lifestyle intervention program - $392,000	**Fully Funded - $983,200** Program administration (including statewide program coordinator) $149,200 • Program marketing - $50,000 Direct Client services for all Women's Way participants (statewide) Screening, results & risk factor counseling, lifestyle intervention program for those screened at risk, and physician visit based on pre-established medical criteria $784,000

Pathways to Healthy Lives is excited to introduce the My Heart My Health Program to Southwestern North Dakota!

My Heart My Health is a heart-health opportunity funded by the Pathways to Healthy Lives program. The mission of My Heart My Health is to provide eligible women with the education and opportunity to be assessed and screened for cardiovascular disease and risk factors along with advocating for a heart-healthy lifestyle.

Partners

Community Action Partnership

St. Joseph's Hospital

Southwestern District Health Unit

Go Red of North Dakota

Pathways to Healthy Lives is a community based program aimed at early detection and reducing the risk of cancer and cardiovascular disease.

Heart Disease is the [redacted]iller of Women

- In North Dakota 1 in every 3 women will die from heart disease
- Nearly twice as many women in the United States die of heart disease, stroke and other cardiovascular diseases than from all forms of cancer, including breast cancer

Why Women Don't Take Action Against Heart Disease

- Women don't put their health first, focus is on the family
- Believe heart disease is a man's disease
- Believe heart disease affects only older women
- Don't take symptoms seriously

Treat your heart as if YOUR

life depends on it!

Tammy Hovet-Project Coordinator
Leah Madler-RN
Southwestern District Health Unit
2893 3rd Ave West
Dickinson, ND 58601
701-483-3050 or 1-800-697-3145

This program is funded by the Rural Healthcare Services Outreach Grant Program.

MY HEART MY HEALTH

A **Heart-Health Program** for Women
brought to you by the
Pathways to Healthy Lives Program

- Free Individual Heart Disease Risk Report
- Free lipid profile re-screening
- Free lifestyle assessment
- Free lifestyle change coaching
- Free education

Southwestern District Health Unit
Serving Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark Counties

High Cholesterol is one of the MAJOR risk factors for cardiovascular disease. KNOW YOUR NUMBERS!

Total Blood Cholesterol Levels

- Less than 200mg/dl is the desirable level
- 200-239 mg/dl is borderline high
- Total cholesterol of 240 mg/dl and above reflects high cholesterol

HDL ("good cholesterol")

- Less than 50 mg/dl in women reflect having a low HDL (high risk)
- Goal is higher than 50 mg/dl in women

LDL ("bad cholesterol")

- Less than 100 mg/dl is considered optimal
- 100 to 129 mg/dl is above optimal risk
- 130 to 159 mg/dl is borderline high risk
- 160 to 189 mg/dl is considered high risk
- 190 mg/dl or higher is very high risk

Triglyceride Risk Levels

- Less than 150 mg/dl is normal
- 150 to 199 mg/dl is borderline high
- 200 to 499 mg/dl is high
- 500 mg/dl and above is very high

*mg/dl stands for milligrams per deciliter.

Who Qualifies?

A Women Who:

* Lives in Southwestern North Dakota
* Is between ages 40 through 64
* Meets income guidelines
* Doesn't have insurance
* Can't afford to pay her deductible or co-pay

Income Guidelines

*Income before taxes

Household #	Income Yearly	Income Monthly
1	$ 21,660	$ 1,805
2	$ 29,140	$ 2,428
3	$ 36,620	$ 3,052
4	$ 44,100	$ 3,675
5	$ 51,580	$4,298
6	$59,060	$ 4,922
7	$ 66,540	$ 5,545
8	$ 74,020	$ 6,168
9	$ 81,500	$ 6,792

Each Additional $ 7,480 per year or $ 623 per month

Insurance Guidelines

*No health insurance **OR**

*Unable to pay insurance or deductibles and/or payments

What is Cardiovascular Disease (CVD)?

Cardiovascular disease (CVD) is an abnormal function of the heart or blood vessels. It can increase your risk for heart attack, heart failure, stroke, and other heart conditions.

How Can I Prevent CVD?

You can help prevent CVD by simply making healthy choices.

- Know Your Numbers: Total cholesterol, LDL, HDL, and triglyceride
- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Don't use any form of tobacco
- Limit alcohol use

My Heart My Health Supports the Go Red for Women Movement

It is educational, motivational, and it is free!
visit www.gorednd.com
Join Go Red and help prevent heart disease!

- Attachment TEN

Testimony of Eric Volk, Executive Director

ND Rural Water Systems Association

House Bill 1004

House Appropriations Committee - Roughrider Room – February 2, 2011

Chairman Pollert and members of the committee, my name is Eric Volk and I am the executive director of the North Dakota Rural Water Systems Association (NDRWSA). We serve a membership of more than 250 cities, 28 rural/regional water systems, and four tribal systems.

One of NDRWSA's missions is to provide training and technical assistance to small and rural water and wastewater systems. Today I am submitting testimony in support of a ND Department of Health budget that allows for adequate funding to meet the critical training and educational needs of North Dakota's small water and wastewater systems.

Originally funded by a grant from the Environmental Protection Agency (EPA), the North Dakota Water Operator Reimbursement Program provides funding for initial certification and renewal training credit requirements for operators of small public drinking water systems. This was a one-time grant, administered by the ND Department of Health, allocated to help small water systems with operator training expenses. Unfortunately, this grant is coming to an end. The funding for this grant will run out during the summer of 2011.

The ND Department of Health requested supplemental funding to be included in the Governor's Budget to continue the Operator Reimbursement Program. This request also addressed small wastewater systems. These funds **were not** included in the Executive Budget. **$200,000** for Drinking Water and **$180,000** for Wastewater were requested. No additional Full-Time Equivalents would be required.

ND Rural Water Systems Association (NDRWSA) and our members are requesting the state continue funding this worthwhile program. We believe drinking water and wastewater operator certification and training is critical for the protection of public health and the maintenance of safe, optimal, and reliable operations of water and wastewater facilities. It is crucial that funding is available to help operators become & remain certified without placing a hardship on the small system.

Who would be eligible for reimbursement?

Operators from community water systems, non-transient non-community water systems and wastewater systems serving 3,300 or fewer persons would be eligible for certification and training reimbursement. Over 90% of all systems serve 3,300 or less, so this program benefits a majority of ND systems.

Basically the program works as follows:

Operators or system owners must initially pay for their training costs and then request reimbursement using forms provided by the ND Department of Health. Costs that are eligible and how much will be reimbursed are outlined in section below:

- **Certification and renewal fees:** Initial certification and subsequent annual certification renewal fees of $5 are reimbursable.
- **Operator training cost needed to complete the required 12 (CEU's)** that operators must earn to maintain their certification. Training costs include the cost of registration fees, manuals and/or study guides.
- **Vehicle Miles:** Mileage is limited to one vehicle per system and one round trip per event at the current federal mileage rate. Carpooling must be implemented.

- **Lodging and Meals:** Per Diem rates are eligible at state rates. Reimbursement is only allowed if meals are not furnished.
- **Exam Fees:** When an operator takes an operator exam there is a $10 fee.

The Benefits:

- Operators have increased training opportunities
- Operators can obtain reimbursement for certification costs
- Operators can attend valuable training courses with little or no out-of-pocket cost
- Small Systems save on training dollars
- Operators are more qualified
- Protection of public health through properly trained and certified small system operators.

This is a Program that Works:

According to the ND Department of Health, *Small public water systems have benefitted financially from this program. The program has also been instrumental in: improving the percentage of properly certified water operators statewide from approximately **70%** in 2001 to nearly **90%** in 2009; and, maintaining the high compliance rate (**95%**) of public water systems statewide with health-based standards under the Safe Drinking Water Act. Continuation of the program will extend these financial, regulatory, and public health benefits for North Dakota public water systems and its citizens.*

In Summary:

This program would provide money to small system operators to enable them to attend training that will help them qualify for the operator certification exams as well as training that will satisfy the continuing education requirements for renewing certifications. This program provides an opportunity to obtain valuable training courses that might not otherwise be possible.

With that said, the NDRWSA supports a ND Department of Health budget that allows for adequate funding to meet the critical training and educational needs of North Dakota's small \water & wastewater systems. Our members urge you to invest in them to help provide safe drinking water and clean wastewater for the citizens of our great state. Thank you for giving me the opportunity to provide testimony on behalf of the members of the NDRWSA.

Attachment ELEVEN

Testimony on HB 1004
Human Resources Section/House Appropriations
February 2, 2011

Chairman Pollert and Members of the Committee:

My name is Janelle Moos and I am the Executive Director of the North Dakota Council on Abused Women's Services. Our Coalition is a membership based organization that consists of 21 domestic violence and rape crisis centers that provide services to victims of domestic violence, sexual assault, and stalking in all 53 counties and the reservations in North Dakota. I'm speaking this morning on their behalf in support of additional state general funds for domestic violence in HB 1004.

In 2009, **830 sexual assault victims** were served by crisis centers throughout North Dakota. At least **46%** of the victims were under the age of 18 years old at the time of the assault/s. In addition, **4,569** domestic violence victims received services. At least **26%** of the victims were **under the age of 30.** The 21 centers provide services such as shelter, advocacy, counseling, education, and assistance in obtaining court orders of protection. These centers range in size from small rural programs with one or two employees who do everything to larger programs in more urban areas with over 30 specialized staff members.

Time permitting; we have four other individuals here to testify in support of the proposed amendment to HB 1004 including a director of one of our programs, a county social service director, board member, and law enforcement officer.

I'll be providing the committee with a brief overview of the current funding available to the programs, a description of how the funding is used, and highlight the need for additional funding.

The handouts that I've included for your review are:

- History/timeline of state general fund appropriations for domestic violence
- Chart depicting the total state/federal revenue for all programs and the current deficits
- Charts detailing each source of federal and state funding and allocations to each program
- Charts detailing how the current $1,710,000 is distributed among the programs
- Description of the services provided with the state general funds
- Budget and justification for the proposed amendment

After I briefly review each of these documents, I would be happy to answer questions or you can contact me at a later date if you would like additional information or clarification.

Thank you.

Janelle Moos
Executive Director
ND Council on Abused Women's Services (NDCAWS)
jmoos@ndcaws.org
701-255-6240 ext. 26

Health Department Amendment: Domestic Violence Funding
2-2-11

Funding required to sustain basic lifesaving services at current levels and to respond to court-mandated services among the 21 domestic violence programs across the state totals over $4.5 million a biennium. We are requesting $1.5 million at this time to meet the highest priority service needs in the individual communities served by the 21 programs. Because needs vary across the state, it is difficult to provide a precise line item outline of how the $1.5 million would be expended, as described below.

1. **Sustaining Basic Lifesaving Services**
   Cuts in funding across all programs and an increased demand for services, *just to sustain services at their current level,* have resulted in a funding gap of $900,000 over the biennium for the 21 centers. Basic lifesaving services include shelter, crisis intervention and assistance with protection orders for adults and children who are fleeing for their lives, often coming to the centers with nothing more than the clothes on their back. The $900,000 would ensure that these basic services are available and accessible for all individuals, and that adults and children in need would not be denied these services based solely on where they live within the state.
   - An example of a major funding cut is the elimination of a federal grant of $210,000 a year ($420,000 a biennium) for child visitation services at three domestic violence agencies. Despite a 50% increase in the demand for visitation services from 2008 to 2009, one center has reduced visitation hours by 40%. All three centers have reduced staff, services and hours of operation. Yet these services save the state money by preventing both intimate partner violence and child abuse, as well as often reducing the time children spend in foster care – a major expense for the state.
   - An example of the increase in demand for services is directly related to the energy boom. In one community in this area of the state, 65% of new clients in the past six months were directly linked to the energy boom. In another community, the number of sexual assault victims doubled from 2007 to 2008 and in another, the local domestic violence agency assisted with more protection orders in the past six months than in the entire 12 months of last year.

2. **Responding to Court-Mandated Services**
   ND law mandates that certain services be provided in cases of domestic violence, yet the state funds these services at a very minimal level. Adequately funded mandated offender treatment services across the state would cost $1,914,664 a biennium. Adequately funded mandated supervised parenting time across the state would cost $1,780,905 a biennium.
   - ND law mandates that anyone convicted of a domestic violence crime must complete an assessment to determine appropriateness for offender treatment. However, qualified treatment providers are not available across the state because of a lack of funding. Currently, only three communities offer programs meeting state standards; additional funds would provide support for current programs and expansion of batterer treatment to current un-served areas of the state.
   - County social services and district courts often mandate supervised parenting time or supervised exchanges, yet there is very little state funding for programs responding to these mandates. Without adequate funding for these services, the state and counties would have to invest significantly more funds in these services. Funding through this amendment would support existing services and expansion of services to current un-served areas of the state, with part of the costs absorbed by the programs.

In summary, *just to sustain the very basic level of crisis services and to respond to court-mandated services* across the state would require a minimum of $4,595,569 ($900,000 + $1,914,664 + $1,780,905). It is thus extremely difficult to provide an accurate breakdown of exactly how the additional $1.5 million would be spent. The State Health Department, in allocating the funds, would work with each individual agency to ensure that the highest priority needs in each community were addressed.

Domestic Violence/Sexual Assault Funding

History of General Funds Appropriation:

- 1981 - First General Fund appropriation of $90,000.per biennium
- 1991 - General fund appropriation was $300,000 per biennium
- 1993 - General funds appropriation reduced to $90,000 per biennium.
- 2001 - General fund appropriation was increased to $210,000.
- 2005 - General fund appropriation remained at $210,000 per biennium.
- 2007- General fund appropriation was increased to $710,000 per biennium.
- 2009- General fund appropriation was increased to $1,710,000 per biennium.

Health Department Amendment: Domestic Violence Funding
2-2-11

Services	Percentage of Funds	Total
Basic Lifesaving Services	40%	$600,000
• Crisis Line • Criminal Justice Advocacy • Protection Order Assistance • Emergency Shelter & Safe Home Services • Support Group • Long Term Shelter • Transitional Housing • Child Advocacy		
Basic Lifesaving Services	20%	$300,000
• Adult & Child/Adolescent Therapy • Child/Youth Support Group • Training • Task Force & Community Engagement		
Court Mandated Services	40%	$600,000
• Domestic Violence Offender Treatment • Supervised Parenting Time & Exchange		

Domestic Violence/Sexual Assault Funding Amendment

What is it?

The Domestic Violence/Sexual Assault Funding Amendment would provide an additional $1.5 million a biennium in state general funds to support safety and prevention services for adults and children impacted by domestic violence, dating violence, sexual assault and stalking provided by the 21 centers in the state. This amendment would continue the work of the 2009 N.D. Legislature, which funded $1 million toward the requested $5 million and begin the second phase of a comprehensive plan designed to enhance citizen safety and prevent violence.

Why is it needed?

This effort will enable the state to reduce expenditures (through the state penitentiary, human services, judiciary and others) related to responding to domestic and related violence over time. Domestic violence is the leading cause of injury to women;[1] 70% of adolescents growing up with domestic violence reported involvement in violent behavior;[2] others had increased risk of academic failure, substance abuse and suicide.[3] About half of ND homicide victims die as a result of domestic violence.[4] In 2009, 5,500 North Dakotans were served by domestic/sexual assault centers, and 5,300 children were impacted by the violence.[5]

What are emerging needs?

- ***Impact of energy boom in western ND:*** The influx of people into the state has drastically impacted domestic violence/sexual assault centers. In one community, 65% of new clients in the past six months were directly linked to the energy boom.[6] Another center assisted with more protection orders in the past six months than they did in the entire 12 months of last year.[7] In still another community, the number of sexual assault clients doubled from 2007 to 2008.[8]
- ***Loss of funds for supervised parenting time:*** The loss of a major federal grant providing $210,000 a year for three visitation centers has resulted in major service cutbacks. After experiencing a 50% increase in the demand for servicess from 2008 to 2009, one center has now reduced visitation hours by 40%.[9] All three centers (Wahpeton, Bismarck and Grand Forks) have reduced staff, services and hours of operation. The state's 7 centers provide supervised visits between parents/guardians and children whose safety is at risk or supervised exchanges of children when parents do not want or are restricted from having contact with each other.
- ***Court-mandated services:***
  - *Offender treatment:* ND law mandates that anyone convicted of a domestic violence crime must complete an assessment to determine his/her appropriateness for batterers treatment. However, qualified treatment programs are not available across the state because of a lack of funding. Currently, three communities[10] have programs meeting state standards; additional funds would provide support for programs and expansion of new programs to more communities. Successful programs are showing great promise as an investment for state funds, with a huge costs savings to the state over time. As described on back, treatment services have drastically reduced police involvement (85% decrease), formal charges (91% decrease) and protection orders against offenders (96% decrease). It is critical that existing services are maintained and new services are initiated that will provide protection to citizens, reduce violence and *save state funds*.
  - *Supervised parenting time:* County social services as well as district courts often mandate supervised parenting time or supervised exchanges, yet there is minimal state funding provided for supervised visitation and exchange programs responding to these mandates. Without adequate funding for domestic violence agencies, which absorb some of the costs in their operations, the state and counties would have to invest significantly more funds in these services. Further, these services have a major impact on preventing both intimate partner violence and child abuse, as well as often reducing the time children spend in foster care – a major expense for the state. In 2009, children in foster care and their parents were provided over 1,600 hours of supervised visits. Additional funds would ensure the continuation of existing programs and provide for the expansion of these services to additional communities across the state.

What will it do and how does it work?

It will build upon the programming begun last legislative session to promote more comprehensive services that respond to, reduce and prevent violence in communities served by the 21 centers across the state. The state invests less than 10% of the total budgets of the centers. With an increased investment, the state will decrease the total funds it currently expends to respond to domestic violence/sexual assault/stalking over time through the state penitentiary, human services, the judiciary and other departments as it increases access to victims, prevents violence using proven methods, and saves lives. Services will be provided in both basic public safety and advanced violence prevention categories on the back of this page.

Basic Public Safety Services

- *Services:* Crisis intervention and response, shelter, criminal justice advocacy, support groups, counseling, and self-sufficiency services.
- *Cost Savings:* Our latest calculations indicated a savings of $5.3 million for the state.

Advanced Violence Prevention Services

- *Services:* Child/youth therapeutic services, coordinated community response projects, offender treatment, changing communities through education and training, supervised visitation and legal services.
- *Cost Savings:* Our latest calculations indicate a savings in the millions of dollars for the state, as the cost breakdowns demonstrate below.
  - State expenditures by the State Penitentiary: In 2008 alone, a total of $522,877 was spent on incarcerating inmates sentenced for domestic violence crimes, including 19 inmates convicted of murder.[11] These and many other costs could be significantly reduced by increasing successful violence prevention efforts.
  - Advanced offender treatment and coordinated community response: One ND center collected data on individuals completing its offender treatment program, showing drastically reduced police involvement (85% decrease), formal charges (91% decrease) and protection orders placed against them (96% decrease) within two years after completing treatment.[12] Further, the coordinated community response project in that area has made tremendous progress in improving the area's response to domestic and sexual violence. More such projects will realize a substantial cost savings for the state in incarcerations, court involvement, foster care and parole/probation!
  - Counseling for at-risk children living in violent homes: Less than 1 in 5 of the nearly 4,700 such children in the state in 2008 received services. Yet studies show the critical need to provide supportive services for these children. In a national survey, researchers found that 50% of the men who frequently assaulted their partners also frequently assaulted their children.[13] Further, another study showed that abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime as a juvenile or adult.[14] If we could prevent even a fraction of these children from perpetuating violence, we could save the state hundreds of thousands of dollars over time.
  - Cost of violence: It is estimated that in just one county of North Dakota, 8 incidents of domestic violence and sexual assault occurred each day in 2009,[12] translating into a total cost to the county of over $12.9 million for work loss, medical and mental health care, police and fire response, social and victim services, property loss or damage, and quality of life.[15] Considering all 53 counties in North Dakota, the total cost to the state is staggering.

We must make a strong response to domestic violence, dating violence, sexual assault and stalking a priority in our state!

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NDCAWS/CASAND PROGRAM
PROJECTED REVENUE SHORTFALLS

Bismarck	22,271.00
Bottineau	8,471.00
Devils Lake	56,303.00
Dickinson	59,243.00
Ellendale	0.00
Fargo	0.00
Fort Berthold	0.00
Grafton	0.00
Grand Forks	110,000.00
Jamestown	8,256.00
McLean County	14,000.00
Mercer County	0.00
Minot	48,126.00
Ransom County	0.00
Spirit Lake	0.00
Stanley	2,500.00
Turtle Mountain	0.00
Valley City	29,969.00
Wahpeton	85,625.00
Williston	0.00
	444,764.00

Facts About Sexual Assault In North Dakota
January – December 2009

- **830 primary victims** and 375 **secondary victims** were served by 18 sexual assault crisis centers throughout North Dakota.
- At least **386 (46%)** of primary victims were under the age of 18 years old at the time of the assault/s.
- At least **745 (90%)** of the **victims** were **female.**
- At least **777 (94%)** of the **assailants** were **male.**
- At least **13 (2%)** of the **assailants** were **female.**
- **69% of the crimes were reported to law enforcement.**
- At least **22% of adult victims contacted** a sexual assault center about the crime **within 2 days** of the assault. **12% of adult victims contacted** a sexual assault center within **3-30 days** after the assault.
- At least **85% (703)** of the cases were **male assailant/female victim.**
- At least **9% (74)** of the cases were **male assailant/male victim.**
- At least **67%** of the adult assaults were **rape, 7% attempted rape,** and **26%** were **sexual contact** other than rape or attempted rape.
- In adult cases **12%** of the **assailants were strangers.** In child cases **3%** of the **assailants were strangers.**
- In at least **43%** of all cases the **assailant was a friend/acquaintance/date** of the victim.
- At least **27%** of all cases were **incest or indicated a history of incest.** In at least **15%** of adult sexual assault cases reported, the victim also experienced **sexual abuse/incest as a child.**
- At least **10,555** services to **primary victims** were provided by crisis center advocates from January to December 2009.
- At least **46%** of the **assaults occurred in the victim's or assailant's home.**
- At least **42%** of the victims were **referred** to sexual assault service providers by **themselves, friends, or family members.**

18 out of 21 programs reporting

ND Council on Abused Women's Services/Coalition Against Sexual Assault in ND
418 E. Rosser #320, Bismarck, ND 58501 701-255-6240

February 2010

FACTS ABOUT DOMESTIC VIOLENCE IN NORTH DAKOTA

January – December 2009

- **4,569 new victims** (new = unduplicated for calendar year) received services from crisis intervention centers in North Dakota. This number reflects a 7% increase from the same period in 2008.
- **4,874 incidents** of domestic violence were reported to crisis intervention centers in North Dakota. This reflects a 6% increase from the same reporting period in 2008.
- At least 5,222 **children** were directly impacted by these incidents.
- **166 women (4% of total new victims)** were pregnant at the time they were assaulted. This number is consistent from the same period in 2008.
- 94% of the victims were **women.**
- At least 26% of the victims were **under the age of 30.** At least 2% were under the **age of 18.**
- 12% of the new victims were **disabled.** Of those disabled, 14% **were developmentally delayed, 36% were physically disabled** and **50% suffered from mental illness.**
- 37% of the victims were **self-referred** to domestic violence programs; **22% were referred** by **law enforcement.**
- **Weapons** were used in at least **12%** of the cases identified. **Guns** were used in **21%** of the cases involving weapons and **knives** were used in **24%** of the cases involving weapons.
- **Law enforcement officers** were called to respond in 47% of the incidents. In at least **45%** of those incidents, an arrest was made.
- At least 75% of victims served **were physically abused.**
- **1,686 (37%)** of victims served were abused by a **former spouse or former partner.**
- **Alcohol use by abuser** only was indicated in **35% of the new cases.** Alcohol use **by both victim and offender** was indicated in **10% of the cases.**
- The abuser had a history of **abusive behavior with other adults, including prior partners,** in at least **46%** of the cases.
- Domestic violence programs provided victim assistance with **753 emergency protection orders,** a **16%** increase from the same period in 2008.

20 out of 21 programs reporting

Domestic Violence Statistics are compiled by the ND Council on Abused Women's Services/ Coalition Against Sexual Assault in ND for the State Health Department
418 E. Rosser Avenue #320 Bismarck, ND 58501
701-255-6240

FEBRUARY 2010

Agenices	Former SGF % 07-09 Biennium	NEW SGF % Tier 1 09-11 Biennium	09-11 BIEN $$	FY 09-10 $$	FY 10-11 $$
Stanley	3.00%	2.81%	30,629	15,315	15,315
Lisbon	3.00%	2.81%	30,629	15,315	15,315
Belcourt	3.00%	2.81%	30,629	15,315	15,315
Beulah	3.00%	2.81%	30,629	15,315	15,315
Washburn	3.00%	2.81%	30,629	15,315	15,315
New Town	4.00%	3.81%	41,529	20,765	20,765
Spirit Lake	4.00%	3.81%	41,529	20,765	20,765
Bottineau	4.00%	3.81%	41,529	20,765	20,765
Ellendale	4.00%	3.81%	41,529	20,765	20,765
Trenton	Would have been 4.00%	3.81%	41,529	20,765	20,765
Wahpeton	4.30%	4.11%	44,799	22,400	22,400
Grafton	4.30%	4.11%	44,799	22,400	22,400
Jamestown	4.84%	4.65%	50,685	25,343	25,343
Devils Lake	4.84%	4.65%	50,685	25,343	25,343
Williston	4.84%	4.65%	50,685	25,343	25,343
Valley City	4.84%	4.64%	50,576	25,288	25,288
Dickinson	5.84%	5.65%	61,585	30,793	30,793
Minot	7.35%	7.16%	78,044	39,022	39,022
Grand Forks	8.35%	8.16%	88,944	44,472	44,472
Bismarck	9.75%	9.56%	104,204	52,102	52,102
Fargo	9.75%	9.56%	104,204	52,102	52,102
TOTALS	100.00%	**100.00%**	$ 1,090,000	$ 545,000	$ 545,000

4% divided by 21 programs reduced each program by .19%

Tier 2 Points + Formula - $124,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 2 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 2 Points	X $102 per Point	$124,000 less points amount times avg. %	
Beulah	11,137	1.68%	46	0.891%	1.28%	25	2,550	793	3,343
Bismarck	110,398	16.63%	1,294	25.053%	20.84%	50	5,100	12,875	17,975
Bottineau	12,518	1.89%	43	0.833%	1.36%	35	3,570	840	4,410
Devils Lake	27,192	4.10%	79	1.530%	2.81%	30	3,060	1,737	4,797
Dickinson	37,465	5.64%	153	2.962%	4.30%	40	4,080	2,658	6,738
Ellendale	18,339	2.76%	51	0.987%	1.87%	15	1,530	1,158	2,688
Fargo	131,615	19.82%	1,254	24.279%	22.05%	40	4,080	13,622	17,702
Grafton	25,805	3.89%	61	1.181%	2.53%	25	2,550	1,565	4,115
Grand Forks	67,962	10.24%	789	15.276%	12.76%	50	5,100	7,880	12,980
Jamestown	25,667	3.87%	76	1.471%	2.67%	30	3,060	1,649	4,709
Lisbon	8,073	1.22%	47	0.910%	1.06%	25	2,550	657	3,207
Minot	72,027	10.85%	313	6.060%	8.45%	50	5,100	5,223	10,323
Stanley	5,449	0.82%	19	0.368%	0.59%	5	510	367	877
Valley City	14,529	2.19%	277	5.363%	3.78%	30	3,060	2,333	5,393
Wahpeton	17,998	2.71%	82	1.588%	2.15%	25	2,550	1,328	3,878
Washburn	8,527	1.28%	108	2.091%	1.69%	15	1,530	1,043	2,573
Williston	26,574	4.00%	164	3.175%	3.59%	10	1,020	2,217	3,237
Belcourt	5,815	0.88%	77	1.491%	1.18%	40	4,080	731	4,811
New Town	5,915	0.89%	77	1.491%	1.19%	40	4,080	736	4,816
Spirit Lake	4,435	0.67%	97	1.878%	1.27%	25	2,550	786	3,336
Trenton	26,574	4.00%	58	1.123%	2.56%	5	510	1,583	2,093
TOTALS	664,014	100%	5,165	100%	100%	610	62,220	$61,780	$124,000

2000 census data for all populations

10/20/2009

Tier 3 Formula + Points - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 3 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '07 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 3 Points	X $100 per Point	$62,000 less the points amount times avg. %	
Beulah	11,137	2.17%	46	1.018%	1.59%	30	3,000	463	3,463
Bismarck	110,398	21.53%	1,294	28.635%	25.08%	45	4,500	7,274	11,774
Bottineau	0	0.00%	0	0.000%	0.00%	0	0	0	0
Devils Lake	27,192	5.30%	79	1.748%	3.53%	15	1,500	1,022	2,522
Dickinson	37,465	7.31%	153	3.386%	5.35%	15	1,500	1,550	3,050
Ellendale	0	0.00%	0	0.000%	0.00%	0	0	0	0
Fargo	131,615	25.67%	1,254	27.750%	26.71%	45	4,500	7,746	12,246
Grafton	0	0.00%	0	0.000%	0.00%	0	0	0	0
Grand Forks	67,962	13.25%	789	17.460%	15.36%	45	4,500	4,454	8,954
Jamestown	0	0.00%	0	0.000%	0.00%	0	0	0	0
Lisbon	8,073	1.57%	47	1.040%	1.31%	30	3,000	379	3,379
Minot	72,027	14.05%	313	6.926%	10.49%	15	1,500	3,041	4,541
Stanley	0	0.00%	0	0.000%	0.00%	0	0	0	0
Valley City	14,529	2.83%	277	6.130%	4.48%	30	3,000	1,300	4,300
Wahpeton	17,998	3.51%	82	1.815%	2.66%	30	3,000	772	3,772
Washburn	8,527	1.66%	108	2.390%	2.03%	15	1,500	588	2,088
Williston	0	0.00%	0	0.000%	0.00%	0	0	0	0
Belcourt	5,815	1.13%	77	1.704%	1.42%	15	1,500	412	1,912
New Town	0	0.00%	0	0.000%	0.00%	0	0	0	0
Spirit Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Trenton	0	0.00%	0	0.000%	0.00%	0	0	0	0
TOTALS	512,738	100%	4,519	100%	100%	330	33,000	$29,000	$62,000

2000 census data for all populations

10/20/09

Tier 4 Formula + Po' 's - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 4 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 4 Points	X $42 per Point	$62,000 less the points amount times avg. %	
Beulah	11,137	1.68%	46	0.891%	1.28%	25	1,050	386	1,436
Bismarck	110,398	16.63%	1,294	25.053%	20.84%	70	2,940	6,269	9,209
Bottineau	12,518	1.89%	43	0.833%	1.36%	30	1,260	409	1,669
Devils Lake	27,192	4.10%	79	1.530%	2.81%	15	630	846	1,476
Dickinson	37,465	5.64%	153	2.962%	4.30%	50	2,100	1,294	3,394
Ellendale	18,339	2.76%	51	0.987%	1.87%	20	840	564	1,404
Fargo	131,615	19.82%	1,254	24.279%	22.05%	100	4,200	6,633	10,833
Grafton	25,805	3.89%	61	1.181%	2.53%	30	1,260	762	2,022
Grand Forks	67,962	10.24%	789	15.276%	12.76%	65	2,730	3,837	6,567
Jamestown	25,667	3.87%	76	1.471%	2.67%	60	2,520	803	3,323
Lisbon	8,073	1.22%	47	0.910%	1.06%	10	420	320	740
Minot	72,027	10.85%	313	6.060%	8.45%	65	2,730	2,543	5,273
Stanley	5,449	0.82%	19	0.368%	0.59%	35	1,470	179	1,649
Valley City	14,529	2.19%	277	5.363%	3.78%	20	840	1,136	1,976
Wahpeton	17,998	2.71%	82	1.588%	2.15%	50	2,100	646	2,746
Washburn	8,527	1.28%	108	2.091%	1.69%	25	1,050	508	1,558
Williston	26,574	4.00%	164	3.175%	3.59%	5	210	1,079	1,289
Belcourt	5,815	0.88%	77	1.491%	1.18%	60	2,520	356	2,876
New Town	5,915	0.89%	77	1.491%	1.19%	10	420	358	778
Spirit Lake	4,435	0.67%	97	1.878%	1.27%	10	420	383	803
Trenton	26,574	4.00%	58	1.123%	2.56%	5	210	771	981
TOTALS	664,014	100%	5,165	100%	100%	760	31,920	$30,080	$62,000

2000 census data for all populations

10/20/2009

Tier 5 Formula + Points - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 4 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 5 Points	X $140 per Point	$62,000 less the points amount times avg. %	
Beulah	0	0.00%	0	0.000%	0.00%	0	0	0	0
Bismarck	110,398	24.90%	1,294	32.660%	28.78%	25	3,500	8,779	12,279
Bottineau	0	0.00%	0	0.000%	0.00%	0	0	0	0
Devils Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Dickinson	37,465	8.45%	153	3.862%	6.16%	25	3,500	1,878	5,378
Ellendale	0	0.00%	0	0.000%	0.00%	0	0	0	0
Fargo	131,615	29.69%	1,254	31.651%	30.67%	50	7,000	9,355	16,355
Grafton	0	0.00%	0	0.000%	0.00%	0	0	0	0
Grand Forks	67,962	15.33%	789	19.914%	17.62%	50	7,000	5,375	12,375
Jamestown	0	0.00%	0	0.000%	0.00%	0	0	0	0
Lisbon	0	0.00%	0	0.000%	0.00%	0	0	0	0
Minot	72,027	16.25%	313	7.900%	12.07%	25	3,500	3,683	7,183
Stanley	0	0.00%	0	0.000%	0.00%	0	0	0	0
Valley City	0	0.00%	0	0.000%	0.00%	0	0	0	0
Wahpeton	17,998	4.06%	82	2.070%	3.06%	25	3,500	935	4,435
Washburn	0	0.00%	0	0.000%	0.00%	0	0	0	0
Williston	0	0.00%	0	0.000%	0.00%	0	0	0	0
Belcourt	5,815	1.31%	77	1.943%	1.63%	25	3,500	496	3,996
New Town	0	0.00%	0	0.000%	0.00%	0	0	0	0
Spirit Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Trenton	0	0.00%	0	0.000%	0.00%	0	0	0	0
TOTALS	443,280	100%	3,962	100%	100%	225	31,500	$30,500	$62,000

2000 census data for all populations

10/20/2009

Tier 2 Points + Formula - $124,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 2 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 2 Points	X $102 per Point	$124,000 less points amount times avg. %	
Beulah	11,137	1.68%	66	1.233%	1.46%	35	3,570	914	4,484
Bismarck	110,398	16.63%	1,329	24.827%	20.73%	50	5,100	13,016	18,116
Bottineau	12,518	1.89%	39	0.729%	1.31%	35	3,570	821	4,391
Devils Lake	27,192	4.10%	85	1.588%	2.84%	25	2,550	1,784	4,334
Dickinson	37,465	5.64%	165	3.082%	4.36%	40	4,080	2,740	6,820
Ellendale	18,339	2.76%	54	1.009%	1.89%	25	2,550	1,184	3,734
Fargo	131,615	19.82%	1,166	21.782%	20.80%	50	5,100	13,063	18,163
Grafton	25,805	3.89%	70	1.308%	2.60%	15	1,530	1,631	3,161
Grand Forks	67,962	10.24%	896	16.738%	13.49%	50	5,100	8,470	13,570
Jamestown	25,667	3.87%	92	1.719%	2.79%	30	3,060	1,753	4,813
Lisbon	8,073	1.22%	44	0.822%	1.02%	15	1,530	640	2,170
Minot	72,027	10.85%	299	5.586%	8.22%	50	5,100	5,160	10,260
Stanley	5,449	0.82%	29	0.542%	0.68%	5	510	428	938
Valley City	14,529	2.19%	285	5.324%	3.76%	30	3,060	2,359	5,419
Wahpeton	17,998	2.71%	80	1.494%	2.10%	25	2,550	1,320	3,870
Washburn	8,527	1.28%	146	2.727%	2.01%	25	2,550	1,260	3,810
Williston	26,574	4.00%	164	3.064%	3.53%	20	2,040	2,219	4,259
Belcourt	5,815	0.88%	77	1.438%	1.16%	35	3,570	727	4,297
New Town	5,915	0.89%	77	1.438%	1.16%	15	1,530	731	2,261
Spirit Lake	4,435	0.67%	132	2.466%	1.57%	20	2,040	984	3,024
Trenton	26,574	4.00%	58	1.084%	2.54%	5	510	1,597	2,107
TOTALS	664,014	100%	5,353	100%	100%	600	61,200	$62,800	$124,000

7/1/2010

2000 census data for all populations

124,000

Tier 3 Formula + Points - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 3 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '07 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 3 Points	X $100 per Point	$62,000 less the points amount times avg. %	
Beulah	11,137	2.27%	66	1.425%	1.85%	30	3,000	508	3,508
Bismarck	110,398	22.46%	1,329	28.704%	25.58%	45	4,500	7,036	11,536
Bottineau	0	0.00%	0	0.000%	0.00%	0	0	0	0
Devils Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Dickinson	37,465	7.62%	165	3.564%	5.59%	15	1,500	1,538	3,038
Ellendale	0	0.00%	0	0.000%	0.00%	0	0	0	0
Fargo	131,615	26.78%	1,166	25.184%	25.98%	45	4,500	7,145	11,645
Grafton	0	0.00%	0	0.000%	0.00%	0	0	0	0
Grand Forks	67,962	13.83%	896	19.352%	16.59%	45	4,500	4,562	9,062
Jamestown	0	0.00%	0	0.000%	0.00%	0	0	0	0
Lisbon	8,073	1.64%	44	0.950%	1.30%	30	3,000	357	3,357
Minot	72,027	14.66%	299	6.458%	10.56%	15	1,500	2,903	4,403
Stanley	0	0.00%	0	0.000%	0.00%	0	0	0	0
Valley City	14,529	2.96%	285	6.156%	4.56%	30	3,000	1,253	4,253
Wahpeton	17,998	3.66%	80	1.728%	2.70%	30	3,000	741	3,741
Washburn	8,527	1.74%	146	3.153%	2.44%	15	1,500	672	2,172
Williston	0	0.00%	0	0.000%	0.00%	0	0	0	0
Belcourt	5,815	1.18%	77	1.663%	1.42%	15	1,500	391	1,891
New Town	5,915	1.20%	77	1.663%	1.43%	30	3,000	394	3,394
Spirit Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Trenton	0	0.00%	0	0.000%	0.00%	0	0	0	0
TOTALS	491,461	100%	4,630	100%	100%	345	34,500	$27,500	$62,000

07/01/10

2000 census data for all populations

62,000

Tier 4 Formula + Po' 's - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 4 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 4 Points	X $42 per Point	$62,000 less the points amount times avg. %	
Beulah	11,137	1.72%	66	1.246%	1.49%	55	2,310	444	2,754
Bismarck	110,398	17.10%	1,329	25.080%	21.09%	90	3,780	6,299	10,079
Bottineau	12,518	1.94%	39	0.736%	1.34%	30	1,260	399	1,659
Devils Lake	27,192	4.21%	85	1.604%	2.91%	35	1,470	869	2,339
Dickinson	37,465	5.80%	165	3.114%	4.46%	35	1,470	1,332	2,802
Ellendale	0	0.00%	0	0.000%	0.00%	0	0	0	0
Fargo	131,615	20.38%	1,166	22.004%	21.19%	100	4,200	6,331	10,531
Grafton	25,805	4.00%	70	1.321%	2.66%	30	1,260	794	2,054
Grand Forks	67,962	10.53%	896	16.909%	13.72%	105	4,410	4,097	8,507
Jamestown	25,667	3.98%	92	1.736%	2.86%	70	2,940	853	3,793
Lisbon	8,073	1.25%	44	0.830%	1.04%	10	420	311	731
Minot	72,027	11.16%	299	5.643%	8.40%	75	3,150	2,509	5,659
Stanley	5,449	0.84%	29	0.547%	0.70%	30	1,260	208	1,468
Valley City	14,529	2.25%	285	5.378%	3.81%	20	840	1,139	1,979
Wahpeton	17,998	2.79%	80	1.510%	2.15%	15	630	642	1,272
Washburn	8,527	1.32%	146	2.755%	2.04%	10	420	609	1,029
Williston	26,574	4.12%	164	3.095%	3.61%	5	210	1,077	1,287
Belcourt	5,815	0.90%	77	1.453%	1.18%	25	1,050	352	1,402
New Town	5,915	0.92%	77	1.453%	1.18%	10	420	354	774
Spirit Lake	4,435	0.69%	132	2.491%	1.59%	10	420	475	895
Trenton	26,574	4.12%	58	1.095%	2.61%	5	210	778	988
TOTALS	645,675	100%	5,299	100%	100%	765	32,130	$29,870	$62,000

7/1/2010

2000 census data for all populations

62,000

Tier 5 Formula + Points - $62,000

	1	2	3	4	5	6	7	8	TOTAL RECEIVED FROM TIER 4 (Column 7 + Column 8)
Program	Service Area Population 2000 Census	% of Total Population	# of '08 DV & SA Clients	% of Total DV & SA Clients	Avg. of Pop.% & Client %	Tier 5 Points	X $140 per Point	$62,000 less the points amount times avg. %	
Beulah	0	0.00%	0	0.000%	0.00%	0	0	0	0
Bismarck	110,398	24.90%	1,329	33.126%	29.02%	25	3,500	8,850	12,350
Bottineau	0	0.00%	0	0.000%	0.00%	0	0	0	0
Devils Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Dickinson	37,465	8.45%	165	4.113%	6.28%	25	3,500	1,916	5,416
Ellendale	0	0.00%	0	0.000%	0.00%	0	0	0	0
Fargo	131,615	29.69%	1,166	29.063%	29.38%	50	7,000	8,960	15,960
Grafton	0	0.00%	0	0.000%	0.00%	0	0	0	0
Grand Forks	67,962	15.33%	896	22.333%	18.83%	50	7,000	5,744	12,744
Jamestown	0	0.00%	0	0.000%	0.00%	0	0	0	0
Lisbon	0	0.00%	0	0.000%	0.00%	0	0	0	0
Minot	72,027	16.25%	299	7.453%	11.85%	25	3,500	3,614	7,114
Stanley	0	0.00%	0	0.000%	0.00%	0	0	0	0
Valley City	0	0.00%	0	0.000%	0.00%	0	0	0	0
Wahpeton	17,998	4.06%	80	1.994%	3.03%	25	3,500	923	4,423
Washburn	0	0.00%	0	0.000%	0.00%	0	0	0	0
Williston	0	0.00%	0	0.000%	0.00%	0	0	0	0
Belcourt	5,815	1.31%	77	1.919%	1.62%	25	3,500	493	3,993
New Town	0	0.00%	0	0.000%	0.00%	0	0	0	0
Spirit Lake	0	0.00%	0	0.000%	0.00%	0	0	0	0
Trenton	0	0.00%	0	0.000%	0.00%	0	0	0	0
TOTALS	443,280	100%	4,012	100%	100%	225	31,500	$30,500	$62,000

2000 census data for all populations

7/1/2010

62,000

ND STATE GENERAL FUND	7/1/10 to 6/30/10
Bismarck	104,183.00
Bottineau	26,815.00
Devils Lake	32,016.00
Dickinson	48,869.00
Ellendale	12,802.00
Fargo	108,401.00
Fort Berthold	0.00
Grafton	27,615.00
Grand Forks	88,355.00
Jamestown	33,949.00
McLean County	20,154.00
Mercer County	26,061.00
Minot	66,458.00
Ransom County	21,000.00
Spirit Lake	0.00
Stanley	17,721.00
Turtle Mountain	0.00
Valley City	36,957.00
Wahpeton	35,706.00
Williston	30,889.00
	737,951.00

Federal Byrne (Jag)	7/1/10 to 6/30/10
Bismarck	0.00
Bottineau	0.00
Devils Lake	2,500.00
Dickinson	10,264.00
Ellendale	7,550.00
Fargo	14,037.00
Fort Berthold	0.00
Grafton	7,459.00
Grand Forks	12,500.00
Jamestown	6,736.00
McLean County	10,500.00
Mercer County	5,640.00
Minot	8,500.00
Ransom County	8,775.00
Spirit Lake	0.00
Stanley	0.00
Turtle Mountain	0.00
Valley City	16,370.00
Wahpeton	11,700.00
Williston	15,000.00
	137,531.00

Federal Victims of Crime Act Funds	7/1/10 to 6/30/10
Bismarck	172,364.00
Bottineau	38,000.00
Devils Lake	30,800.00
Dickinson	48,116.00
Ellendale	34,882.00
Fargo	160,000.00
Fort Berthold	0.00
Grafton	45,578.00
Grand Forks	209,676.00
Jamestown	43,585.00
McLean County	29,682.00
Mercer County	31,052.00
Minot	87,000.00
Ransom County	13,365.00
Spirit Lake	0.00
Stanley	15,000.00
Turtle Mountain	0.00
Valley City	48,297.00
Wahpeton	25,000.00
Williston	42,890.00
	1,075,287.00

Federal Family Violence Prevention Funds	7/1/10 to 6/30/10
Bismarck	135,942.00
Bottineau	20,391.00
Devils Lake	27,155.00
Dickinson	16,742.00
Ellendale	4,690.00
Fargo	135,942.00
Fort Berthold	0.00
Grafton	16,823.00
Grand Forks	80,111.00
Jamestown	27,759.00
McLean County	16,823.00
Mercer County	12,745.00
Minot	73,409.00
Ransom County	12,745.00
Spirit Lake	0.00
Stanley	12,745.00
Turtle Mountain	0.00
Valley City	27,188.00
Wahpeton	16,823.00
Williston	27,188.00
	665,221.00

Federal STOP	7/1/10 to 6/30/10
Bismarck	87,752.00
Bottineau	6,862.00
Devils Lake	4,766.00
Dickinson	9,155.00
Ellendale	4,690.00
Fargo	66,653.00
Fort Berthold	0.00
Grafton	5,893.00
Grand Forks	25,649.00
Jamestown	6,214.00
McLean County	5,281.00
Mercer County	4,242.00
Minot	34,795.00
Ransom County	3,438.00
Spirit Lake	0.00
Stanley	3,284.00
Turtle Mountain	0.00
Valley City	8,231.00
Wahpeton	7,980.00
Williston	7,658.00
	292,543.00

Federal Rape Crisis	7/1/10 to 6/30/10
Bismarck	925.00
Bottineau	925.00
Devils Lake	925.00
Dickinson	925.00
Ellendale	925.00
Fargo	925.00
Fort Berthold	0.00
Grafton	925.00
Grand Forks	925.00
Jamestown	925.00
McLean County	925.00
Mercer County	925.00
Minot	925.00
Ransom County	925.00
Spirit Lake	0.00
Stanley	925.00
Turtle Mountain	0.00
Valley City	925.00
Wahpeton	925.00
Williston	925.00
	15,725.00

Federal Rape Prevention & Education	7/1/10 to 6/30/10
Bismarck	9,000.00
Bottineau	1,700.00
Devils Lake	0.00
Dickinson	0.00
Ellendale	0.00
Fargo	10,200.00
Fort Berthold	0.00
Grafton	0.00
Grand Forks	9,400.00
Jamestown	4,200.00
McLean County	0.00
Mercer County	4,200.00
Minot	4,200.00
Ransom County	0.00
Spirit Lake	0.00
Stanley	1,200.00
Turtle Mountain	0.00
Valley City	4,200.00
Wahpeton	0.00
Williston	0.00
	48,300.00

Sexual Assault Services	7/1/10 to 6/30/10
Bismarck	35,651.00
Bottineau	4,000.00
Devils Lake	5,000.00
Dickinson	5,001.00
Ellendale	3,177.00
Fargo	45,000.00
Fort Berthold	0.00
Grafton	2,703.00
Grand Forks	29,766.00
Jamestown	2,702.00
McLean County	9,500.00
Mercer County	6,175.00
Minot	15,000.00
Ransom County	4,800.00
Spirit Lake	0.00
Stanley	0.00
Turtle Mountain	0.00
Valley City	8,958.00
Wahpeton	4,083.00
Williston	3,650.00
	185,166.00

Federal Rural Outreach	7/1/10 to 6/30/10
Bismarck	2,500.00
Bottineau	6,990.00
Devils Lake	5,000.00
Dickinson	3,886.00
Ellendale	4,350.00
Fargo	0.00
Fort Berthold	0.00
Grafton	5,841.00
Grand Forks	0.00
Jamestown	5,000.00
McLean County	5,898.00
Mercer County	3,000.00
Minot	6,990.00
Ransom County	5,000.00
Spirit Lake	0.00
Stanley	4,380.00
Turtle Mountain	0.00
Valley City	5,826.00
Wahpeton	4,000.00
Williston	4,096.00
	72,757.00

ND Crime Victims Account	7/1/10 to 6/30/10
Bismarck	0.00
Bottineau	2,500.00
Devils Lake	3,489.00
Dickinson	4,198.00
Ellendale	2,371.00
Fargo	13,226.00
Fort Berthold	0.00
Grafton	3,171.00
Grand Forks	14,304.00
Jamestown	3,613.00
McLean County	1,802.00
Mercer County	2,177.00
Minot	6,911.00
Ransom County	1,366.00
Spirit Lake	0.00
Stanley	1,000.00
Turtle Mountain	0.00
Valley City	3,478.00
Wahpeton	2,176.00
Williston	3,937.00
	69,719.00

ND Domestic Violence Prevention Fund	7/1/10 to 6/30/10
Bismarck	12,614.00
Bottineau	6,500.00
Devils Lake	9,000.00
Dickinson	9,447.00
Ellendale	4,250.00
Fargo	15,000.00
Fort Berthold	0.00
Grafton	11,216.00
Grand Forks	12,000.00
Jamestown	6,000.00
McLean County	4,500.00
Mercer County	9,183.00
Minot	14,000.00
Ransom County	4,000.00
Spirit Lake	0.00
Stanley	2,625.00
Turtle Mountain	0.00
Valley City	6,000.00
Wahpeton	6,200.00
Williston	7,905.00
	140,440.00

EXPENSES	7/1/10 to 6/30/10
Bismarck	2,425,451.00
Bottineau	132,508.00
Devils Lake	166,470.00
Dickinson	284,419.00
Ellendale	88,787.00
Fargo	1,824,000.00
Fort Berthold	0.00
Grafton	188,790.00
Grand Forks	2,374,829.00
Jamestown	213,246.00
McLean County	168,750.00
Mercer County	155,000.00
Minot	822,989.00
Ransom County	109,341.00
Spirit Lake	0.00
Stanley	88,445.00
Turtle Mountain	0.00
Valley City	239,026.00
Wahpeton	243,718.00
Williston	152,390.00
	9,678,159.00

ND Domestic Violence and Sexual Assault Programs REVENUE 2010-2011

Funding Source	Administering State Agency	Allocation for 7/1/10 - 6/30/11
Fed Justice Assistance Grant (Byrne)	ND Attorney General's Office	$ 137,531.00
Fed Victims of Crime Act funds	ND Dept of Corrections Division of Parole and Probation	1,075,287.00
Fed Family Violence Prevention funds	ND State Health Department - Injury Prevention Division	665,221.00
Fed STOP (Violence Agains Women Act)	ND State Health Department - Injury Prevention Division	292,543.00
Fed Rape Crisis Block Grant Funds	ND State Health Department - Injury Prevention Division	15,725.00
Fed Rape Prevention funds (VAWA)	ND State Health Department - Injury Prevention Division	48,300.00
Fed SASP Funds	ND State Health Department - Injury Prevention Division	185,166.00
Fed Rural Outreach (VAWA)	Grant directly to ND Council on Abused Women's Services and passed through to individual dv/sa programs	72,757.00
Total Federal Funds		$ 2,492,530.00
ND Crime Victims Account (CVA)	ND Dept of Corrections Division of Parole and Probation	69,719.00
ND Domestic Violence Prevention Fund Marriage license surcharge	ND State Health Department - Injury Prevention Division	140,440.00
ND State General Fund	ND State Health Department - Injury Prevention Division	737,951.00
TOTAL STATE FUNDING		$ 948,110.00
BUDGETED EXPENSES		$ 9,678,159.00
% OF BUDGET FUNDED BY STATE FUNDS		9.80%

PROJECTED BUDGET SHORTFALL

$444,764.00

- Attachment Twelve

Testimony of Kristi Hall-Jiran
To the Human Resources Division of House Appropriations
In Support of Amendment to HB 1004
February 2nd, 2011

Chair Chet Pollert and Members of the Committee:
I'm Kristi Hall-Jiran and I am the executive director of the Community Violence Intervention Center in Grand Forks and a member of the North Dakota Council on Abused Women's Services. I have been at CVIC in Grand Forks for over 20 years and have been honored to be a part of developing many changes and improvements for how we deal with families living with domestic violence.

I think we can all agree that domestic violence destroys lives. I don't need to tell you story after story of the heartbreak and devastation I have seen over the years. And I don't need to tell you that our children deserve better; that they deserve safety and security, not screaming and terror in their own homes. We can all agree that domestic violence destroys lives and families and it needs to stop. What I would like to share with you, though, is how providing additional funding for the 21 programs dealing with domestic violence in North Dakota can be a true win/win for the state and the programs. Rather than throwing state money into a seemingly never-ending and insurmountable issue, I want to show you how funding our programs can be an investment not only in the quality of life for our citizens, but also in the bottom line for our state.

Before getting into how investing in solutions to the problem of domestic violence is beneficial, let me first just point out if we only looked at *basic public safety and stability services,* the state's 21 programs save the state well over **$5.3 million per biennium alone.** If we were not here providing these services, the state would undoubtedly need to pick up those costs. Specific breakdowns of how these cost savings were calculated are available for your review.

Let's move on though to actually looking at how to solve this problem. The exciting part of my work over the past 10 years or so has been that we have actually figured out solutions to this issue, and if we had the appropriate resources, we could effectively end this societal scourge once and for all. That would save the state millions of dollars in the long run. Consider, for instance, *just* the cost of incarcerating inmates sentenced for domestic violence homicides related to intimate partner violence: the state spent $522,877 in 2008 alone – and that was just for actual homicides. Now imagine if we could intervene in these offenders' lives *before* it got to the point of homicide. In the offender treatment program we run in Grand Forks, we are seeing incredible results on a study done on men completing our program: an 86% decrease in police calls to these homes, a 91% decrease in formal charges filed for domestic violence, and a 96% decrease in protection orders against them. Imagine the savings across the state if we had this kind of programming available for all who needed it.

In 2009, over 5,000 children were living in the violent homes of clients served by our 21 programs. Of those, less than 1 in 5 received some sort of services, yet the outlook is dire for children experiencing violence: increased risk of academic failure, substance abuse, and suicide. In a national survey, researchers found that 50% of men who frequently assaulted their partners also frequently assaulted their children. Further, another study showed that abused and neglected

children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 more times more likely to be arrested for one of many forms of violent crime as a juvenile or adult. By providing trauma-focused treatment and related services to these children, we could save the state thousands of dollars in costs to respond to juvenile delinquency, adult crime, and a host of human service-related costs.

Several of our programs provide supervised visitation and exchange services for both families with children in the foster care system and those experiencing domestic violence. Without the services currently available, counties would be hard-pressed to meet the needs of these families. You'll hear more about this from another speaker today. The brief point I would like to make is that these programs have a major impact on preventing both intimate partner violence and child abuse, as well as reducing the time children spend in foster care – a major expense for the state.

It is estimated that in just one county of North Dakota, 8 incidents of domestic violence and sexual assault occurred *each day* in 2009. Using verified cases of violence and a formula that has been adopted by the Office of Violence Against Women of the U.S. Department of Justice, that translates into a total cost to the county of over $12.9 million for the year, factoring in costs for work loss, medical and mental health care, police and fire response, social and victim services, property loss and damage, and quality of life. Considering all 53 counties in North Dakota, the cost to the state is staggering.

Increased funding for our programs would have a *tremendous* impact of the budgets of a number of state agencies over time: Department of Corrections and Rehabilitation, Judicial Branch, Office of Attorney General, Department of Human Services, and Department of Health. These departments had combined 2007-2008 budgets of $952.4 million from the general fund. If investing in our violence intervention and prevention services reduced the state's costs by even 2% to respond to violence through these agencies, it would result in a savings of over $19 million! We believe that much more than 2% is possible and we would be honored to partner with the state to work together to end domestic violence. Thank you.

Testimony of Grand Forks Police Chief John Packett
to the Human Resources Division of House Appropriations
in Support of Amendment to HB 1004
February 2, 2011

Chair Chet Pollert and Members of the Committee:

As Chief of Police in Grand Forks and a board member of the local domestic and sexual violence organization, I have had the opportunity to see firsthand the way in which partnerships between public entities and private nonprofit organizations can work together to not only save lives and reduce violence, but also to save significant funding.

Several years ago, the Community Violence Intervention Center (CVIC) and staff from the Grand Forks Police Department began working together to quantify the savings that CVIC services provide the City of Grand Forks. We considered services that were vital to law enforcement, such as the time that advocates responding to crisis calls save our officers, the work advocates do to ensure ND Fair Treatment Standards for crime victims that our officers otherwise would be required by law to perform, and other areas such as quantifying the cost savings from an estimated number of serious injury cases that we believed would be prevented because of supervised parenting time and child exchange services offered by CVIC. The total cost savings is undeniably compelling. It is estimated that CVIC saves the City of Grand Forks $200,000 each year. That is why I have supported the city's contract for services with CVIC, in which the city pays CVIC to provide services that ensure citizen safety, prevent violence and save city funds – an even greater than 2-for-1 value for the city. Both entities come out ahead – the city saves funds, the center's important work is supported – but even more importantly, citizens are safe and violence is prevented in our area.

I am fully convinced that the State of North Dakota could benefit in an even greater way by increasing funding to the state's 21 domestic violence/sexual assault agencies.

- Consider the cost to incarcerate offenders of domestic violence crimes. In 2008 alone, over half a million dollars were spent on incarcerating inmates convicted of domestic violence crimes, including 19 convicted of murder. With more advanced services that prevent violence across our state, these costs could be significantly reduced – and lives saved.
- Consider the cost to the state judiciary to respond to domestic violence crimes, in the millions of dollars annually. Increased funding for offender treatment programs across the state would reduce violence and subsequent costs. In Grand Forks alone, offenders completing CVIC's program decreased police involvement by 85%, formal charges by 91%, and protection orders against them by 96% in the two years following completion of the program. If these results could be achieved across the state, it is inevitable that state expenditures would decrease.

- Consider the cost to the state to provide foster care, again in the millions of dollars. The supervised parenting time/child exchange services provided by a handful of domestic violence agencies across the state not only reduce intimate partner violence, they reduce child abuse and neglect and often reduce the time children spend in foster care. In 2009, children in foster care and their parents were provided over 1,600 hours of supervised visits. Additional state funds would provide critical support for these programs and provide for the expansion of these services to additional communities across the state.

During my 12-year association with CVIC as a professional colleague and board member, I have found CVIC's professionalism, enthusiasm, passion and dedication to victim services and community ideals to be truly exemplary. CVIC is a tremendous asset and contributor to our quality of life in the greater Grand Forks area. I have no doubt that other centers across the state provide quality services that are vital to the safety and well-being of their communities, likely with much too little support or recognition.

I urge you to increase funding for the 21 centers across North Dakota. Individual communities and the entire state would benefit from this use of our resources, making a sound investment in all of our futures.

- Attachment Thirteen - Feb 2, 2011

Testimony

House Appropriations

Human Resource Section

HB 1004

Chairman, Rep. Chet Pollert

Chairman Pollert and members of the House Appropriations Human Resource Section, my name is Shari Doe and I'm the Director of Burleigh County Social Services. I am here to speak in support of HB 1004, specifically the Domestic Violence/Sexual Assault Funding Amendment.

When the visitation centers in North Dakota lost a major federal grant, county social services agencies also took a hit. County social service agencies, because of the child welfare work we do, must arrange for and observe visits between children and parents. In Burleigh County, we arrange visits with parents for over 100 children each month. In some instances, especially with younger children, the parent and child have visits several times a week. Visitation centers have been important partners in helping us do this work. When they have to reduce staff and hours of operation, it has a direct impact on the family reunification work we do.

When courts order *supervised visits*, the visit between the parent and the child must be observed and the interaction between the parent and child documented. Visitation staff are trained observers and can re-direct during a visit as needed. County Social Service agencies simply do not have the "person power" to cover all these visits. We depend on visitation centers

due to the sheer volume of supervised visitations required for the number of children in foster care.

When parents are separated from their children in a child abuse and neglect situation or there is a contentious divorce/ separation between parents who are fighting over the children, or there is a restraining order in place, safety is paramount. County social service agencies are not equipped with the safety features available at visitation centers. Our offices are non-secure; anyone can walk into a social service office. When we are concerned about safety we call a deputy sheriff to assist or at the very least make sure that another worker is nearby. Visitation centers are safe places for visits to occur and equipped to manage security concerns.

Visitation centers are an important resource not only to county social service agencies but also to the community. I have seen firsthand the positive results of the visitation center in Bismarck. Parent visits with their children are critical to reunifying the family. Sometimes a visitation center and the services provided may be all that a family needs to avoid becoming more entrenched in other more costly service

I'm confident in speaking on behalf of the other county social services agencies; we fully support and desperately need visitation centers. Please consider favorably additional financial support for visitation centers.

Chairman Pollert, that concludes my testimony and I'm happy to answer any questions you may have.

-Attachment Fourteen

Testimony in Support of the Domestic Violence/Sexual Assault Funding Amendment to HB1004
February 2, 2011
Testimony of Keith Witt

Chairman Pollert and members of the Human Resources Section of House Appropriations, I am offering these comments in support of the Domestic Violence/Sexual Assault Funding Amendment. For the record, my name is Keith Witt and I am Chief of the Bismarck Police Department.

I am in support of the Domestic Violence/Sexual Assault Funding Amendment as it will provide an additional $1.5 million per biennium to support safety and prevention services for adults and children impacted by domestic violence, dating violence, sexual assault and stalking in our state.

This is important because in Bismarck, as well as in the rest of North Dakota, crimes involving domestic violence, sexual assault, and stalking are a serious problem and are continuing to increase. In 2010, there were 50 aggravated assaults and 347 simple assaults reported as a result of domestic violence in Bismarck. Also, officers responded to 132 domestic violence incidents in which no assault was reported to have yet occurred. Additionally, in Bismarck as well as in the rest of North Dakota, approximately one-half of the homicides are the result of domestic violence. While changes to the statutes concerning these crimes as well as improved training for law enforcement have led to improved investigations and holding of perpetrators accountable for these crimes, there is a need for effective offender treatment. Those responsible for the violence in crimes of domestic violence are often in need of specific batterer's treatment to prevent them from re-offending. However, qualified treatment programs are not available across the state because of a lack of funding, or there is limited availability of these programs where they do exist. As a result, these offenders often continue to use violence against their family members, and this violence tends to escalate. I believe that if this funding is approved, improvements in the treatment provided to offenders will occur, leading to a reduction in both the number of the domestic violence incidents and the severity of these incidents.

In many situations involving domestic violence, sexual assault, or stalking, the victims and their children are in need of direct support services. These services are needed to provide such things as safe shelter or other emergency resources, as well as necessary advocacy services to assist the victim and children in dealing with the impact of these extremely difficult situations. Law enforcement is not able to provide these services and we rely on those agencies that exist to provide these safety and prevention services to offer the necessary resources required to properly aid the victims in these situations. This funding will support the safety and prevention services necessary to aid the victims in these crimes.

The funding under this amendment would also be used to fund supervised visitation and exchange programs. These programs provide the means for supervised visits between parents/guardians and children whose safety is at risk. Exchange programs also provide a place for supervised custody exchanges of children when parents do not want or are restricted from having contact with each other. Properly supervised visitations are vital in ensuring the physical safety of children, as well as providing protection for their emotional well-being. Also, if no formal exchange programs are in place, exchanges take place in the parking lot of law enforcement centers, or other similar locations. Unfortunately, law enforcement agencies don't have the resources to properly supervise these "informal" exchanges, which on occasion can lead to problems between the parents and subject the children to negative experiences.

Ultimately, I believe that this funding will serve to enhance the safety of families and their children and help prevent violence in our communities. I appreciate your thoughtful consideration of this amendment and encourage you to support it. Thank you.

Attachment Fifteen

Testimony in Support of HB 1004

and the Domestic Violence/Sexual Assault Funding Amendment

To: Representative Chet Pollert and Members of the House Appropriations Human Resources Section

From: Bon Wikenheiser, Board Chair of the Abused Adult Resource Center

Chairman Pollert and members of the Committee:

The Board of Directors of the Abused Adult Resource Center urges your support of the amendment Representative Jon Nelson has offered to augment the services of 21 domestic violence and rape crisis centers serving the citizens of North Dakota. The AARC Board oversees the fiscal management, program effectiveness and appropriateness of services offered to victims and their families. As a volunteer board of private business owners, corporate management and human resource executives, a lawyer, banker, public program administrator, finance professional, community activist and representatives of educational institutions, we take this role seriously. Jointly we vet the budget, scrutinize the funding sources, review programming and management, and meet with staff, volunteers and clients served by the organization. We see first-hand the results of the efforts of this important work.

Every family need only look down the block, next to them in school or church, or within their own relations to identify a victim of sexual assault or domestic violence. North Dakotans are not immune to this serious breach of safety. In 2009 alone, 5,500 North Dakotans and 5,300 children were served by these agencies. About ½ of all homicides in ND are the direct result of domestic violence. Sadly, these numbers do not account for the many other silent victims who have not reached out for help.

The 21 agencies seeking this budget enhancement are integrated and cooperate with law enforcement, the judiciary system, health care agencies, all levels of educational institutions, government entities among others. The organizations augment the citizen safety net, not compete with it.

You have heard the statistics indicating the emerging needs for these services. They are a vital part of the infrastructure and enhance the well being of our neighborhoods and towns. The services fill the mandates of court ordered services in a responsible and efficient manner. The centers operate with adequate supervision and are held responsible for prudent use of funds. Citizens like our board are involved in the process. Your constituents benefit from the quiet and often anonymous services provided. Given the positive growth this state is experiencing, and the associated responsibility to provide adequate services to support that growth, please consider the proven value of this investment in the wellbeing of families who call ND home.

- Attachment Sixteen

February 2, 2011
Testimony
HB 1004

Thank you for the opportunity to speak to the issue of lack of funding for nutrition and physical activity and obesity prevention in the state of North Dakota and specifically in the North Dakota Department of Health budget. I am Karen Ehrens, a Registered Dietitian for 19 years with 17 years' experience in public health settings.

I understand that the Department proposed to include a plan and funding for a Healthy Eating and Physical Activity Program in an Optional Package Request. This request was not included in the Governor's Budget Proposal; neither was a similar request in 2009.

Spending a small amount of money now could help address the tremendous outlays that are already being put toward treating people that have disease, lost workdays and decreased productivity while at work, and the incalculable costs of human suffering and loss of life. The Society of Actuaries estimates the total economic cost of overweight and obesity the U.S. **$270 billion**. In North Dakota alone, the Milken Foundation estimates that businesses lose **$2.1 billion** each year from lost workdays and decreased productivity in unhealthy workers. Two children in Minot recently lost their father due to premature heart failure to which unhealthy eating and physical inactivity contributed.

In a workplace of 25 North Dakota adults,

- 1 has diabetes
- 4 have high blood pressure
- 7 have high cholesterol
- 16 are overweight or obese
- 20 have two or more risk factors for heart disease.

One out of 3 Americans is estimated to develop diabetes by the year 2050 if things continue as they have been, according to the U.S. Centers for Disease Control and Prevention (CDC).

Working to help people eat more healthfully and move more can help to control not only obesity, but also will impact chronic diseases such as heart disease, diabetes and cancer. What works? Best practices recommended by the CDC can be simple. Yet there needs to be planning, coordination, and assistance for this to get done in communities across the state. I know of only one person in the whole state whose full-time job is that of helping a community plan and implement practices like these:

- Create or publicize places where people can be physically active and let people know how to find them and get to them.
- Work with planners so that people can ride bike or walk when possible when carrying out their day-to-day activities, like going to school or work.
- Make it easier for people to find fruits and vegetables.
- Make healthy food choices available in public places.
- Make it easier for mothers to breastfeed their babies.
- Provide more physical activity and physical education in schools.

There is a lot of talk this session about infrastructure. Are not all the people in this room infrastructure, and all the children in school across the state? I believe that we need to start paying attention to this human infrastructure, putting some time and resources to our human infrastructure, or like the roads in Western North Dakota, will need a lot more time and resources to fix them once they're broken.

Attachment Four

HB 1404

Feb 2, 2011

Jan/Mary Desovich

Attachment SIXTEEN A

Amy Smith

COMMUNITY HEALTH SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.30**	**47.80**	**47.80**	**48.80**	**1.00**	**2%**
Salaries	2,926,385	2,395,637	3,535,826	3,918,582	382,756	11%
Temporary, Overtime	140,918	126,703	255,700	560,096	304,396	119%
Benefits	1,022,111	932,435	1,473,450	1,729,334	255,884	17%
TOTAL	**4,089,414**	**3,454,775**	**5,264,976**	**6,208,012**	**943,036**	**18%**
General Fund	789,421	314,793	638,401	1,022,066	383,665	60%
Federal Funds	3,277,771	3,048,235	4,626,575	5,070,948	444,373	10%
Other Funds	22,222	91,747	0	114,998	114,998	100%
OPERATING EXPENSES						
Travel	291,857	212,552	325,908	442,369	116,461	36%
Supplies - IT Software	58,768	47,267	54,224	59,383	5,159	10%
Supply/Material Professional	443,366	271,086	471,941	625,878	153,937	33%
Food &.Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	1,284	1,012	1,181	1,240	59	5%
Miscellaneous Supplies	668	0	0	12,080	12,080	100%
Office Supplies	128,830	34,634	59,264	77,458	18,194	31%
Postage	129,377	41,227	61,315	72,545	11,230	18%
Printing	168,985	119,982	185,397	255,648	70,251	38%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	8,634	4,754	7,389	7,758	369	5%
Rentals/Leases - Bldg/Land	98,648	90,559	158,731	192,628	33,897	21%
Repairs	3,907	1,096	1,864	1,957	93	5%
IT - Data Processing	102,353	108,651	122,240	123,796	1,556	1%
IT - Communications	71,554	58,100	92,931	103,702	10,771	12%
IT - Contractual Services	245,401	187,497	229,461	413,621	184,160	80%
Professional Development	91,713	50,345	76,698	94,733	18,035	24%
Operating Fees & Services	36,561	21,557	29,593	46,373	16,780	57%
Professional Services	3,218,575	2,688,689	4,625,589	4,986,420	360,831	8%
Medical, Dental, and Optical	19,150	6,043	24,693	82,493	57,800	234%
Sub Total Operating	**5,119,631**	**3,945,052**	**6,528,419**	**7,600,082**	**1,071,663**	**16%**
IT Equip Under $5,000	42,323	26,090	31,998	33,150	1,152	4%
Other Equip Under $5,000	2,327	0	0	2,000	2,000	100%
Office Equip/Furn. Supplies	8,555	35,534	32,580	3,300	(29,280)	-90%
TOTAL	**5,172,836**	**4,006,676**	**6,592,997**	**7,638,532**	**1,045,535**	**16%**
General Fund	288,844	119,106	408,899	698,057	289,158	71%
Federal Funds	4,873,992	3,799,108	5,879,766	6,840,474	960,708	16%
Other Funds	10,000	88,462	304,332	100,001	(204,331)	-67%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	0	0	0	30,200	30,200	100%
IT Equip/Software >$5,000	0	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**30,200**	**30,200**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	30,200	30,200	100%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	14,869,710	10,750,677	19,098,046	22,006,032	2,907,986	15%
WIC Food	19,315,327	12,351,464	25,063,375	24,158,109	(905,266)	-4%
Tobacco Prevention Control	8,428,453	3,221,225	9,080,745	6,162,396	(2,918,349)	-32%
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	523,354	1,937,609	113,166	(1,824,443)	-94%
TOTAL	**42,613,490**	**26,846,719**	**55,179,775**	**52,439,703**	**(2,740,072)**	**-5%**
General Fund	760,000	1,341,656	2,575,900	3,798,758	1,222,858	47%
Federal Funds	35,318,583	23,493,427	45,050,813	44,567,825	(482,988)	-1%
Other Funds	6,534,907	2,011,636	7,553,062	4,073,120	(3,479,942)	-46%
GRAND TOTAL	**51,875,740**	**34,308,170**	**67,037,748**	**66,316,447**	**(721,301)**	**-1%**
General Fund	1,838,265	1,775,555	3,623,200	5,518,881	1,895,681	52%
Federal Funds	43,470,346	30,340,770	55,557,154	56,509,447	952,293	2%
Other Funds	6,567,129	2,191,845	7,857,394	4,288,119	(3,569,275)	-45%

TOBACCO SPECIAL LINE

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	7.00	7.00	7.34	7.00	(0.34)	-5%
Salaries	550,513	437,359	635,803	653,065	17,262	3%
Temporary, Overtime	686	28,255	10,000	25,000	15,000	150%
Benefits	192,795	163,476	257,238	271,598	14,360	6%
TOTAL	**743,994**	**629,089**	**903,041**	**949,663**	**46,622**	**5%**
General Fund	0	0	0	0	0	
Federal Funds	631,714	556,576	785,940	922,163	136,223	17%
Other Funds	112,280	72,513	117,101	27,500	(89,601)	-77%
OPERATING EXPENSES						
Travel	33,436	29,786	43,935	47,011	3,076	7%
IT - Software/Supp.	19,768	9,919	13,271	13,935	664	5%
Professional Supplies & Mat	4,158	2,464	1,170	1,228	58	5%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenan	0	0	0	0	0	
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	5,295	4,127	5,785	6,019	234	4%
Postage	2,937	3,905	7,182	7,540	358	5%
Printing	11,849	22,066	39,604	42,016	2,412	6%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	1,124	657	1,440	1,512	72	5%
Lease \Rentals-- Buildings./L	18,035	14,756	26,179	27,488	1,309	5%
Repairs	314	115	314	330	16	5%
IT-Data Processing	8,854	8,648	13,524	14,968	1,444	11%
IT-Telephone	12,315	7,269	12,037	12,639	602	5%
IT - Contractual Services	110	26,345	0	0	0	
Professional Development	37,765	19,320	28,272	29,686	1,414	5%
Operating Fees & Services	6,744	0	3,512	3,688	176	5%
Professional Services	1,696,353	1,775,715	3,655,841	3,651,393	(4,448)	0%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**1,859,057**	**1,925,091**	**3,852,066**	**3,859,453**	**7,387**	**0%**
IT Equip Under $5000	6,897	7,725	10,000	5,100	(4,900)	-49%
Other Equip Under $5000	0	0	0	0	0	
Office Equip Under $5000	3,808	14,178	25,180	25,180	0	0%
TOTAL	**1,869,762**	**1,946,994**	**3,887,246**	**3,889,733**	**2,487**	**0%**
General Fund	0	0	0	0	0	
Federal Funds	705,810	435,789	718,852	631,737	(87,115)	-12%
Other Funds	1,163,952	1,511,205	3,168,394	3,257,996	89,602	3%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**0**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	5,814,697	645,142	4,290,458	1,323,000	(2,967,458)	-69%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Tobacco Prev Advisory Com	0	0	0	0	0	
TOTAL	**5,814,697**	**645,142**	**4,290,458**	**1,323,000**	**(2,967,458)**	**-69%**
General Fund	0	0	0	0	0	
Federal Funds	969,824	586,771	1,173,824	1,098,000	(75,824)	-6%
Other Funds	4,844,873	58,371	3,116,634	225,000	(2,891,634)	-93%
GRAND TOTAL	**8,428,453**	**3,221,225**	**9,080,745**	**6,162,396**	**(2,918,349)**	**-32%**
General Fund	0	0	0	0	0	
Federal Funds	2,307,348	1,579,136	2,678,616	2,651,900	(26,716)	-1%
Other Funds	6,121,105	1,642,089	6,402,129	3,510,496	(2,891,633)	-45%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	32,894	27,780	(5,114)	-15.5%
Women's Way-Blue Cross Blue Shield	1,090,000	1,130,000	40,000	3.7%
Women's Way-Local Public Health Units	1,155,000	850,000	(305,000)	-26.4%
Women's Way-Recruitment Campaign	83,000	126,000	43,000	51.8%
Cancer Registry-Data Consultant/Coding Abstract Specialist	75,000	190,000	115,000	100.0%
Comprehensive Cancer-Program Evaluator UND	15,000	30,000	15,000	100.0%
Comprehensive Cancer-Special Projects	35,000	60,000	25,000	71.4%
Division of Cancer-WW Web Based Data System	25,000	0	(25,000)	-100.0%
Heart Disease & Stroke Prevention-Communication Consultant	70,000	30,000	(40,000)	-57.1%
Heart Disease & Stroke Prev-Clinical Information Systems	70,000	0	(70,000)	-100.0%
Heart Disease & Stroke Prevention-Program Consultant	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Partnership Development	60,000	50,000	(10,000)	-16.7%
Heart Disease & Stroke Prevention-Evaluation Consultant	16,000	0	(16,000)	-100.0%
Heart Disease & Stroke Prevention-Disease Mgmt Pilot	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Quality Improvement Project	60,000	100,000	40,000	66.7%
Heart Disease & Stroke Prevention-Capacity Building	0	175,000	175,000	100.0%
Heart Disease & Stroke Prevention-Arnold Project	0	10,000	10,000	100.0%
Stroke Registry	0	60,000	60,000	100.0%
BRFSS-Behavior Risk Survey Federal	350,000	588,000	238,000	68.0%
Diabetes-Disease Management Coordinator (BCBS)	120,000	70,000	(50,000)	-41.7%
Diabetes-Evaluation and Surveillance Consultant	50,000	40,000	(10,000)	-20.0%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	100,000	20,000	(80,000)	-80.0%
Diabetes-Communications Consultant	80,000	20,000	(60,000)	-75.0%
Diabetes-Clinic Registry Projects	30,000	0	(30,000)	-100.0%
Family Planning-Clinical Consultant	45,200	50,600	5,400	11.9%
Maternal and Child Health (MCH)-Medical Fee Contract	115,000	115,000	0	0.0%
(MCH)-Evaluation/Communication Consultant	50,000	134,500	84,500	169.0%
Maternal and Child Health (MCH)-New Parenting/Scoliosis	20,000	0	(20,000)	-100.0%
Oral Health-Public Health Dentist/Coalition Coordinator	12,500	0	(12,500)	-100.0%
Oral Health-Communication	44,000	50,000	6,000	13.6%
Oral Health-Program Evaluator & PANDA	47,000	80,000	33,000	70.2%
Early Childhood Comprehensive System-Program Evaluator	80,000	55,000	(25,000)	-31.3%
School Health-Program Evaluator	71,000	30,000	(41,000)	-57.7%
Home Visiting Federal	0	182,512	182,512	100.0%
Child Safety Program-Program Facilitators	150,000	170,000	20,000	13.3%
Suicide Prevention-GF	0	150,000	150,000	100.0%
Suicide Prevention-Data Collection (UND)	40,000	0	(40,000)	-100.0%
Suicide Prevention-Local Program Consultant	35,000	0	(35,000)	-100.0%
Suicide Prevention-Public Awareness Campaign	13,000	0	(13,000)	-100.0%
Poison Control Hotline	149,000	149,000	0	0.0%
Professional Not Classified	59,715	15,028	(44,687)	-74.8%
Women, Infant and Children (WIC)-Consultants/Speakers	15,000	18,000	3,000	20.0%
Women, Infant and Children (WIC)-Evaluation Consultant	42,280	10,000	(32,280)	-76.3%
Women, Infant and Children (WIC)-EBT	0	200,000	200,000	100.0%
Total Professional Fees	$ 4,625,589	$ 4,986,420	$ 360,831	7.8%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Home Visiting CVR Client Visit Record – 100% Fed G.F. + Minot – Rolette + Ramsey Counties	0	50,000	50,000	100.0%
Family Planning	0	42,000	42,000	100.0%
SPSS Annual Maintenance	0	22,000	22,000	100.0%
Cancer Prevention and Control	14,461	14,821	360	2.5%
WIC IT Contractor	215,000	284,800	69,800	32.5%
Total IT Contractual Services	**$ 229,461**	**$ 413,621**	**$ 184,160**	**80.3%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Quitline-Fund 316				
Quitline Vendor-Healthways	746,654	1,520,000	773,346	103.57%
Quitline Vendor-UND	322,346	793,238	470,892	146.08%
Quitline Vendor-Results Unlimited	20,000	200,000	180,000	900.00%
Quitline Vendor Evaluation	0	80,000	80,000	100.00%
Quitline Promotion	50,000	150,000	100,000	200.00%
Quitline Promotion-Cameo Communications	0	10,000	10,000	100.00%
QuitNet Vendor-Healthways	334,000	334,000	0	0.00%
State Employee Cessation - Promotion	10,000	10,000	0	0.00%
Tobacco Consultants -Cameo Communications	0	50,000	50,000	100.00%
Adult Tobacco Survey-Advisory Committee	75,000	140,000	65,000	86.67%
Quitline Promotion-CDC Funds				
Quitline Vendor-UND/Other	160,000	0	(160,000)	-100.00%
Quitline Vendor-Results Unlimited	280,000	130,000	(150,000)	-53.57%
essation Services	0	53,000	53,000	100.00%
obacco Consultants -Cameo Communications	85,850	110,000	24,150	28.13%
Legal - Tobacco & Misc.	12,033	13,155	1,122	9.32%
Tribal Tob Consultants-TBD	50,000	0	(50,000)	-100.00%
Tobacco Program Evaluation-NDSU	20,000	0	(20,000)	-100.00%
Youth Tobacco Survey-Winkelman	40,000	24,000	(16,000)	-40.00%
Kat Communications	17,000	24,000	7,000	41.18%
Arnold Project	0	10,000	10,000	100.00%
Apprn Authority for Tobacco Measure #3	1,432,958	0	(1,432,958)	-100.00%
	$ 3,655,841	**$ 3,651,393**	**$ (4,448)**	**-0.1%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Abstinence Education	159,000	14,974	144,026	164,000		164,000	
Sexual Violence Prev.-RPE	168,000	84,165	83,835	165,000		165,000	
Comprehensive Cancer	80,000	19,592	60,408	120,000		120,000	
Colorectal Grants (CHTF)	338,233	49,209	289,024	477,600	477,600		
Domestic Violence (GF & SF)	2,050,000	1,288,458	761,542	2,050,000	1,710,000		340,000
Donated Dental Services (GF)	50,000	27,260	22,740	50,000	50,000		
Early Childhood Comprehensive System	150,000	0	150,000	150,000		150,000	
Family Planning	2,610,000	1,171,482	1,438,518	2,234,500		2,234,500	
Family Violence	1,346,806	875,583	471,223	1,374,800		1,374,800	
Fetal Alcohol Program (GF)	369,900	190,621	179,279	0			
Comm. Defined Solutions End Violence	775,000	340,582	434,418	949,700		949,700	
Home Visiting	0	0	0	845,000		845,000	
Heart Disease and Stroke Prevention	20,000	3,972	16,028	200,000		200,000	
Stroke Registry (CHTF)	472,700	72,689	400,011	394,824	172,200		222,624
MCH Block	1,975,000	1,122,041	852,959	1,651,300		1,651,300	
Mobile Dental Care Program	196,000		196,000	0			
Oral Health	60,000	4,401	55,599	50,000		50,000	
Oral Health Workforce Activities	0		0	343,000		343,000	
Prenatal Alcohol Screening UND	0		0	388,458	388,458		
Preventive Health Block Grant	85,452	67,836	17,616	151,500		151,500	
Sexual Violence RPE	175,000	118,613	56,387	175,000		175,000	
Safe Havens - Going Away	490,000	302,033	187,967	642,000		642,000	
School Health	0		0	14,000		14,000	
Sexual Assault Services	0	84,176	(84,176)	380,000		380,000	
STOP Violence	1,420,000	926,043	493,957	1,493,200		1,493,200	
Suicide Prevention Fed to General	740,000	223,206	516,794	700,000	700,000		
Women's Way Change to CONTRACTS	0	0	0	300,500	300,500 - CHTF		
Women's Way Care Coordination Going Away	0	0	0	400,740		400,740	
WIC Peer Counseling	110,000	40,732	69,268	122,300		122,300	
Women, Infant & Children Program (WIC)	5,256,955	3,723,009	1,533,946	6,018,610		6,018,610	
Total Grants	$ 19,098,046	$ 10,750,677	$ 8,347,369	$ 22,006,032	$ 3,798,758	$ 17,644,650	$ 562,624

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
CDC Tobacco Preventions	1,173,824	586,771	587,053	1,098,000		1,098,000	
CHTF Cessation Program	225,000	58,371	166,629	225,000			225,000
CHTF to Local Health Units	2,891,634		2,891,634	-			
Total Grants	**$ 4,290,458**	**$ 645,142**	**$ 3,645,316**	**$ 1,323,000**	**$ -**	**$ 1,098,000**	**$ 225,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Dental Portable Operatories	FH	4	6,000	24,000
Portable Autoclave Sterilization Unit	FH	1	6,200	6,200
Community Health Total				**30,200**

This Equipment is funded with federal funds.

-Larry Burd
-Attachment Seventeen
-HB1004 - Feb 2, 2011

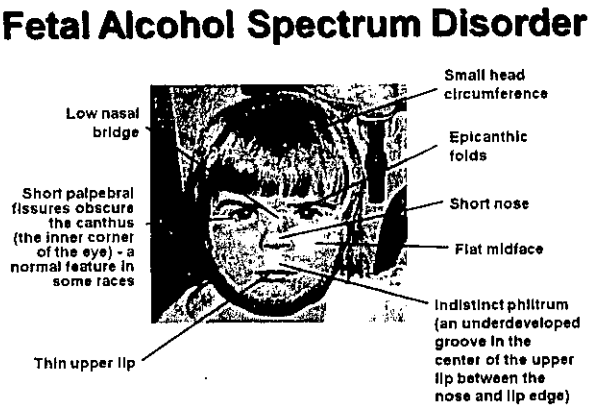
Chairman Pollert and Committee Members:

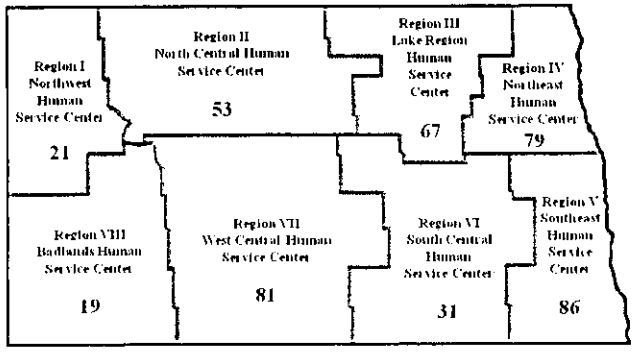
I am here today to provide a report on efforts to improve detection of prenatal alcohol exposure and decrease the prevalence of fetal alcohol spectrum disorders in North Dakota. I have attached a summary of fetal alcohol spectrum disorders in North Dakota. I would like to call the committee's attention to four points about FASD.

1) It is the leading identifiable cause of mental retardation in the United States.
2) It is a very common factor leading to foster care placement, special education services, developmental disabilities eligibility, and entry into the corrections system.
3) The adult outcomes are poor–over 60% end up in corrections systems, 80% have substance abuse disorders, and 3 out of 4 have mental illness.
4) It is one of the most recurrent disorders in medicine. If the mother continues to drink the recurrence risk exceeds 70%.

In North Dakota each case of FASD prevented reduces health care costs by $128,810 over 10 years and excess costs of care for parents by $17,400 per year. We do not have data on costs to the other systems of care for North Dakota. The lifetime cost of care is 2.0 to 2.6 million dollars per case.

The distribution of cases by region for North Dakota is presented below.





Progress as of 2-2-2011

We identified 62 prenatal care providers in North Dakota.

As of January 2011, we have personally visited all 62 or 100% of the prenatal clinics in North Dakota at least twice. Of the 62 sites, 52 (85%) have agreed to change their prenatal care to use our strategies. The clinics that chose not to adopt our specific tool are all screening for alcohol use during prenatal care visits or are waiting to transition to an electronic medical record system. One site will continue to use their current screen which is adequate.

Progress

1) We have evaluated 6 women between pregnancies and 4 have quit drinking.
2) The change to electronic medical records necessitated the development of an electronic version of the tool.
3) Some clinics have replaced their assessment practice with our recommended assessment strategy.
4) Several clinics have asked for resource information on referral for women identified by the screening. We have supplied this information and are developing information sheets for clinics to use in discussing treatment options with these women. Each clinic will be provided training on strategies to improve rates of women entering treatment.
5) We have found that it will be necessary to continue to visit many of the sites due to staff turnover and to improve the referral of women.

Budget

The program funding of $369,900 is currently included in the Health Department budget. This includes personnel costs--$132,000, fringe benefits--$33,650 and travel and supplies--$19,300 annually. We did propose an increase in the budget to $388,458 for next biennium (2011-2013).

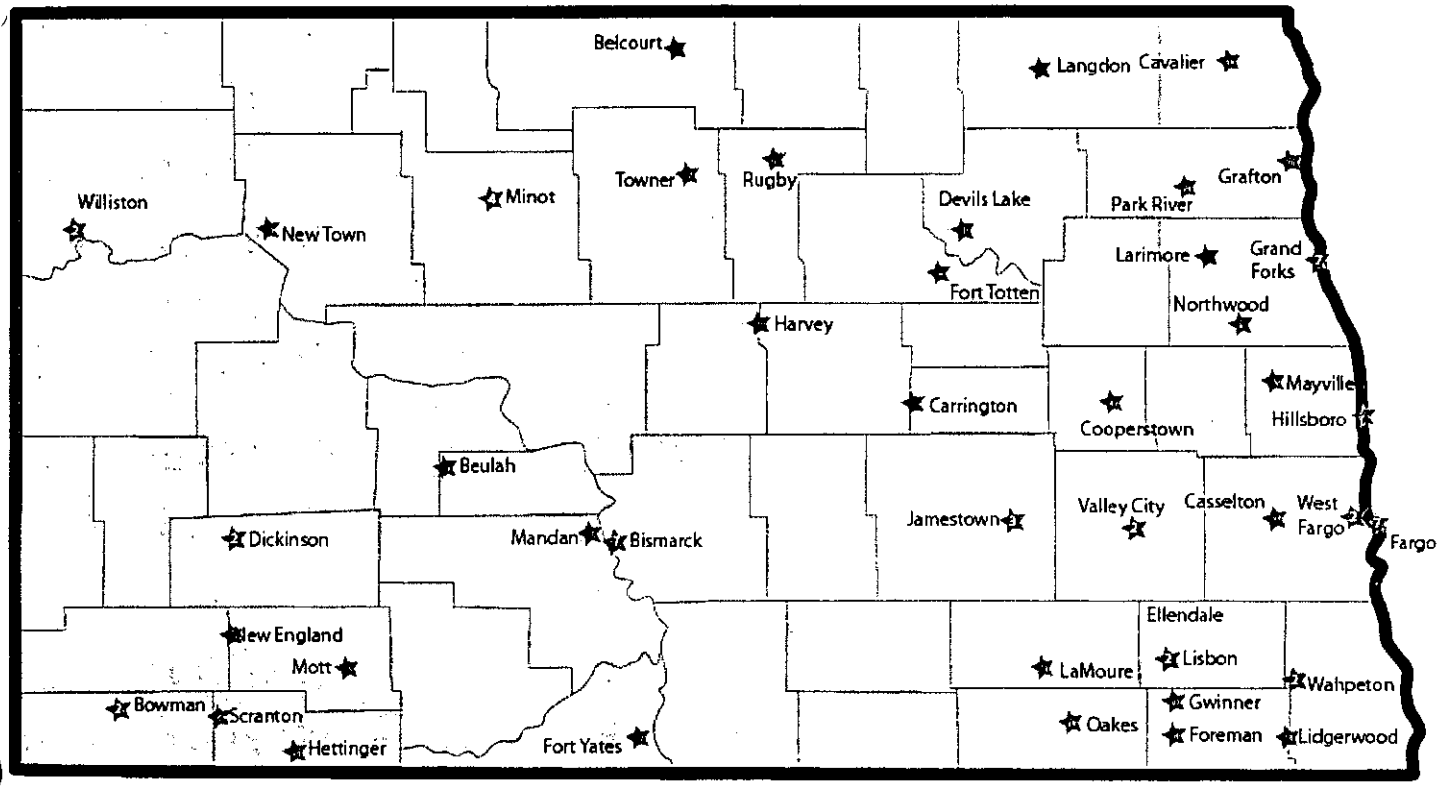
Objectives

1) We have planned provider training to improve entry rates into treatment.
2) Recording data in infants' charts. This is an ongoing concern at some sites. We are working to improve transfer of this data to the infants' charts.
3) We are going to confirm the improvement in screening by a chart audit.

Conclusions:

In 18 months, we have implemented an evidence based assessment strategy for systematic screening for alcohol use during pregnancy for over 85% of North Dakota births. The uptake of the assessment tool by North Dakota prenatal care providers has exceeded our expectations.

Prenatal Care Sites in North Dakota



Fetal Alcohol Spectrum Disorders in North Dakota

Fetal alcohol spectrum disorders are the result of alcohol exposure during pregnancy. In North Dakota we have 70 new cases each year(1,2). Nearly all will require life long care. The mortality rate is high for the mother, the affected child and all their siblings (3,4).

Four Important Facts about Fetal Alcohol Spectrum Disorders in North Dakota

1. FASD is the most common identifiable cause of Mental Retardation.
2. It is the most preventable cause of mental retardation and birth defects in North Dakota.
3. Early identification, intervention and prevention in FASD result in a $16:00 to $18.00 dollar return for each dollar spent (perhaps the best return of any prevention effort).
4. The recurrence rate for FASD is 75% in each subsequent pregnancies making FASD one of the most recurrent disorders in medicine and an unusually important disorder for public health prevention efforts.

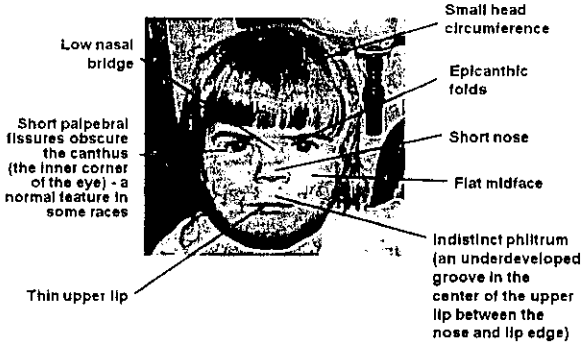
The lifetime cost of care for FASD exceeds $2.0 million dollars per case (5,6). Prevention of only one case each year would result in actual, not predicted, cost savings of $128,810 in 10 years and in $491,820 in publicly funded health care costs (6). This does not include the large additional cost savings from reduced burden on Human Services, special education, and corrections systems. We have used research funding from the National Institutes of Health to develop and test FASD prevention program (8). We can prevent one third of new cases of FASD each year in North Dakota (7,8). Prevention efforts will have an additional benefit of reducing infant and child mortality rates in North Dakota (3,4).

We have recently evaluated the effects of technical assistance and intervention in FASD and have found greatly improved outcomes as a result (9).

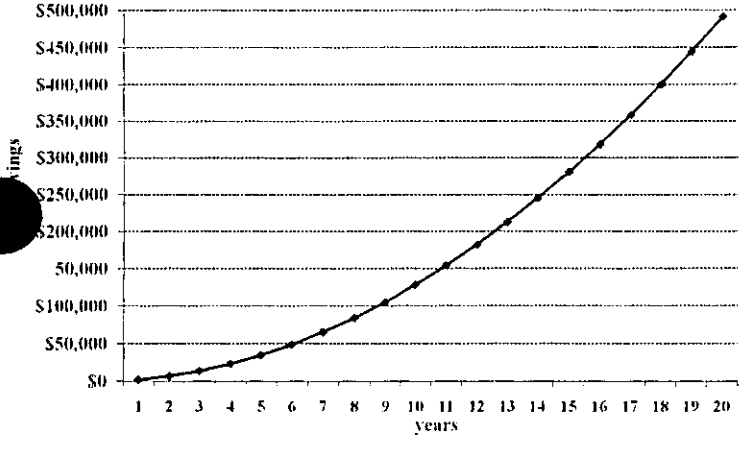
Diagnosis of Fetal Alcohol Spectrum Disorders (1,2)

- Alcohol exposure during pregnancy.
- Brain damage
- Growth impairments
- Common associated conditions:
  - Birth defects of the heart
  - Visual impairment
  - Mental illness
  - Substance abuse
  - Behavior Disorders

Fetal Alcohol Spectrum Disorder



Cost savings from prevention of one case of FASD in North Dakota each year (6).



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- HB 1004
- Attachment Eighteen

TESTIMONY
Department of Health Budget
House Appropriations
February 2nd, 2011

Good morning Chairman and members of the House Appropriations Committee. My name is James Pfeifer, Licensed Professional Clinical Counselor. I am the Chief Clinical Officer of Prairie St. John's in Fargo and I serve as the Advocacy and Policy Sub-Committee Chair for the North Dakota Suicide Prevention Coalition. I am before you today as a representative of the North Dakota Suicide Prevention Coalition to support the Department of Health's budget inclusion of a $1 million line item specifically designated for prevention of suicide in North Dakota.

The North Dakota Suicide Prevention Coalition is a collective of concerned and dedicated individuals who seek to reduce death and injury related to suicide. We seek to accomplish this through many different strategies, including the development of a state plan, networking, education, communication, and empowering communities to care for their neighbors. The membership is comprised of people from all over the state; people with widely-varied personal and professional experiences. I've included a list of our membership with this testimony.

In North Dakota, on average, we lose one of our neighbors every four days to suicide. According to the Center for Disease Control, it is the 4th leading cause of death in our state, led only by cancer, heart disease, and accidental deaths. With geography and urban distribution, it is incredibly difficult to have enough mental health professionals dispersed through our state. Large areas of our state are lacking basic mental health services (e.g., ability to get screened by a professional in a timely manner) and this contributes to our high rates of death by suicide and our high rates of substance abuse when compared to other states. Death by suicide is a much bigger story than statistics. Each person who dies by suicide leaves behind parents, children, siblings, friends, coworkers, or neighbors. It is critical not to lose their stories in the numbers.

We probably won't ever have enough mental health professionals in our state. So we must work together as a collection of neighbors to support each other across the state. In the years that I've been on the Suicide Prevention Coalition, it has always felt like we were working against the tide because of funding issues. We applaud the Department of Health's effort to put additional funding into the important work of saving the lives of our family members and friends across the state.

This is an exciting time for those of us who have lost someone to suicide or work with people who have been suicidal or who have lost someone to suicide. The possibilities before us are remarkable because of the additional consideration given by the Department of Health for suicide prevention work. We are also excited to support the numerous line items in the Department of Human Services' budget that will provide greater ability to give care to those suffering from mental illness or addictions. Mental health and substance abuse are the two most significant factors in suicide and both are eminently treatable, provided there are dollars available to treating entities so that their viability is not in jeopardy. We appreciate the steps taken to ensure these dollars will be available.

Thank you for the opportunity to speak this morning.

North Dakota Suicide Prevention Coalition Membership List

Chair: Beth Huseth *Vice Chair:* Mary Weiler *Secretary:* Antonette Halsey *Treasurer:* Susan Helgeland

Deb Anderson, Mercy Hospital, Valley City
Deb Carroll, Youth Ministries, Minot
Pat Conway, UND School of Medicine, Grand Forks
Scott Davis, ND Indian Affairs Commission, Bismarck
Lt. Dave Draovich, Bismarck Police Department, Bismarck
Lee Erickson, Northern Lights Youth Service, Inc., Hillsboro
Fr. John Floberg, Standing Rock, Dunseith, White Shield
Jacque Gray, UND School of Medicine, Grand Forks
Rev. David Halaas, Lutheran Social Services, Minot
Deb Hanson, Community Counseling, Maddock
Carolyn Henderson, ND Military Life Consultant, Keene
Robert HisChase, Sr., Spirit Lake Tribe, Ft. Totten
John Hougen, Sources of Strength, Bismarck
Beth Huseth, St. Aloisius Hospital, Harvey
[redacted]lark LittleOwl, MHA Behavioral Health Dept., New Town
Mark LoMurray, Sources of Strength, Bismarck
Pam Miller, ND National Guard, Bismarck
Kathy Moum, ND Dept. of Health, Bismarck
James Pfeifer, Prairie St. John's, Fargo
Steve and Sandra Rupp, Edgeley
Molly Secor-Turner, Fargo
RJ Smith
Sherri Steele, Boys & Girls Club, New Town
Chaplain Dan Sweeney, Bismarck Police Department, Bismarck
Rachelle Vettern, NDSU Extension Service, Bismarck
Susan Wagner, ND Dept. of Human Services, Bismarck
Mary Weiler, AFSP-ND, Fargo
Theresa Will, City Country Health Dept., Valley City

Sean Brotherson, NDSU/CDFS, ext, Fargo
Tammy Christenson, Stadter Center, Grand Forks
Mary Dasovick, ND Dept. of Health, Bismarck
Dick Dever, ND State Senate, Bismarck
Gail Erickson, ND Dept. of Health, Bismarck
Teri Finnerman, Forum Communications, Bismarck
LaVonna Fuchs, Charles L. Hall Youth Services, Bismarck
Megan Grundstrom, First Intl. Bank and Trust, Minot
Anotette Halsey, Cankdeska Cikana C.C., Ft. Totten
Susan Helgeland, MHA-ND, Bismarck
Paula Hickel, The Village, Devils Lake
Dawn Hoffner, Prairie St. John's, Fargo
Phyllis Howard, ND Dept. of Health, Bismarck
Joni Klein, Youth Correctional Center, Mandan
Stacie Loegering, First Link, Fargo
Tim Mathern, ND State Senate, Fargo
Cindy Miller, First Link, Fargo
Clayton Nelson, VA Medical Center, Fargo
Diana Read, ND Dept. of Health, Bismarck
Mallory Sattler, ND Dept. of Health, Bismarck
Beth Simon, Odney Marketing Consultant, Bismarck
Arleata Snell, Standing Rock Wellness Program, Ft. Yates
LaVerne Sullivan, Cankdeska Cikana C.C., Ft. Totten
Mary Tello-Pool, ND. Dept. of Health, Bismarck
Becky Volk, Survivor, Bismarck
Melissa Walter, Prairie St. John's, Fargo
Cora Whiteman, Spirit Lake Tribe, Ft. Totten

North Dakota
STOCKMEN'S ASSOCIATION
407 SOUTH SECOND STREET
BISMARCK, NORTH DAKOTA 58504
Ph: (701) 223-2522
Fax: (701) 223-2587
e-mail: ndsa@ndstockmen.org
www.ndstockmen.org

- February 2, 2011
- Attachment NINETEEN

HB 1004

Good morning, Mr. Chairman and members of the Appropriations Committee. For the record, my name is Sheyna Strommen and I represent the North Dakota Stockmen's Association.

I am here in support of HB 1004 and, specifically, the $50,000 Environmental and Rangeland Protection Fund appropriation, which supports the Stockmen's Association's Environmental Services Program. The Environmental Services Program is a statewide program that was launched in 2001 to help cattle producers minimize air and water quality impacts and comply with state and federal environmental regulations associated with concentrated feeding. The program does so by helping producers identify and implement cost-effective solutions that both enhance the environment and their potential for profitability.

Since its debut and with the support of the Health Department and the State Legislature, the Stockmen's Association's Environmental Services Program has been very effective. Our Environmental Services director has been invited onto 583 beef cattle operations – at least one in every county – to conduct a free, confidential assessment of the animal feeding operation and to determine how it fits with state and federal regulations. From those on-site assessments, the director has also developed 130 Stockmen's Stewardship Support Program and Environmental Quality Incentive Program contracts for cost-share assistance to help producers install appropriate animal waste handling systems and other environmentally friendly best management practices.

Even more impressive is how the program has helped producers reduce the

amount of pollutants, such as suspended solids, nitrogen, phosphorus and fecal coli-form, from entering into waters of the state. Since 2001, the Stockmen's Association's Environmental Services Program has helped permit nearly 82,000 head of cattle and, more significantly, reduce nitrogen and phosphorus runoff levels by 82 percent on those permitted livestock operations.

The Stockmen's Association enjoys a strong working relationship with the Health Department. Because of our daily contact and close affiliation with the state's beef cattle producers, we are able to administer services and answer questions for folks who may not be inclined to contact a regulatory agency directly.

Cattle producers' livelihood and legacy depend on the way they care for their animals, the land they graze and the water they drink. Your support of this budget will help cattle producers be good stewards of their environment, which benefits this and future generations of North Dakotans.

We would also like to acknowledge our strong support of the Veterinary Loan Repayment program, which incentivizes large-animal veterinarians to practice in North Dakota. There continues to be vet shortages in parts of the state, and this program is helping us retain or recruit some of the brightest.

For these reasons, we ask for your favorable consideration of these programs as you work through this budget.

- Attachment TWENTY - February 2, 2011

HB 1004

House Appropriations Committee

Testimony

January 2011

Good morning, Chairman Chet Pollert and members of the Human Resources Division of the House Appropriations committee. My name is Beverly Voller and I am the Unit Administrator, Director of Nurses, Emergency Preparedness Coordinator, School Nurse, In-Home Health Nurse, Immunization Nurse, etc. at Emmons County Public Health. I have been in this position for 27 years. I am here in support of HB 1004 and am asking you to consider an increase to local public health State aid. Our single county Public Health Unit provides for comprehensive public health services for the residents of Emmons County. We provide all of the public health services that other larger public health units provide for their residents. My entire staff consists of an Administrative Assistant, and 3 other registered nurses all who work part-time, and myself as the administrator, who is also employed part-time. We have a total FTE of 2.4 for a population of 3377. All of my nursing staff has been working for Emmons County Public Health for the past 20 years. This arrangement works in our small rural community and our staff work above and beyond to make sure public health services are provided. We care about our community and work hard to maintain the programs we provide.

Our community's population is predominantly elderly who need a multitude of services. Because of the services we provide, many of our elderly residents have been able to continue to remain in their homes. Our small health unit provided 840 in-home nursing visits this year with only part-time staff. You may be surprised by what we do with limited part-time staff. In addition to the home visits, we conduct five Senior Citizen nursing clinics monthly, provide school nursing services, administer all child-hood and adult immunizations (our local clinic does not provide this service), flu shots, newborn home visits, well-child checks, pre-natal classes, tobacco prevention programs, county wellness activities, disease outbreak and surveillance, environmental health services, in-office nursing assessments, foot care, emergency preparedness activities, and the list goes on. Our public health services fill a gap in health care services in our rural community. At a recent newborn home visit provided by my nurse, she was able to detect a critical heart defect on a newborn that was discharged early due to lack of

health insurance, and encouraged the family to seek prompt medical care to avoid a future medical crisis. During the flood of 2009 in the Linton area and last year's, H1N1 flu activity, public health played a major role in response efforts. Without our public health unit, our residents would only have the health care of our local hospital and clinic and none of these services would be provided.

Our nursing salaries fall far below salaries of staff in similar positions across the state, but our staff continue to work for lower salaries because of the benefits we provide, which include health insurance and retirement for those who are eligible. Our agency provides employment opportunities for part-time staff with benefits allowing for staff to stay in the community for employment. We have not been able to provide raises for the past 2 years because of the lack of increased funding sources. Our funding sources include our local tax mil levy which is at the maximum of 5 mils, federal funding sources, small one time grants and a very limited amount of State Aid. Our state aid amount is $14,855 this year. The operating budget for my health unit was $178,422.15 for 2010.

I am extremely concerned about the future of our health department. The recent projected increases in both health insurance and retirement will take a toll on my overall budget. As I mentioned, staff continue to work in our agency because of the benefits of health insurance or retirement and finding experienced nurses in public health in rural communities on "below market" salaries is nearly impossible. My employees are from farm families, who do not have health insurance or retirement benefits, so these benefits are extremely important to my employees. Each year, I need to write multiple grants, to find additional funds to keep my staff employed. Because of the decrease in federal funds, as well as available grants, I am at a point where I will need to consider reducing staff hours which will cut benefits, eliminating needed services, or totally eliminating positions.

Public Health traditionally operates on a shoe-string budget and has been able to make do with what we have to work with. We are great stewards of the money we receive and provide quality services on very little funds. Unfortunately, we cannot continue with the limited resources we have and will need to look at discontinuing valuable preventative services in the very near future. I am asking the Legislators to review what funds are provided to public health through State aid and please consider an increase to these funds, so our health department can continue to provide much needed services in Emmons County. Thank you. I would be happy to address any questions at this time.

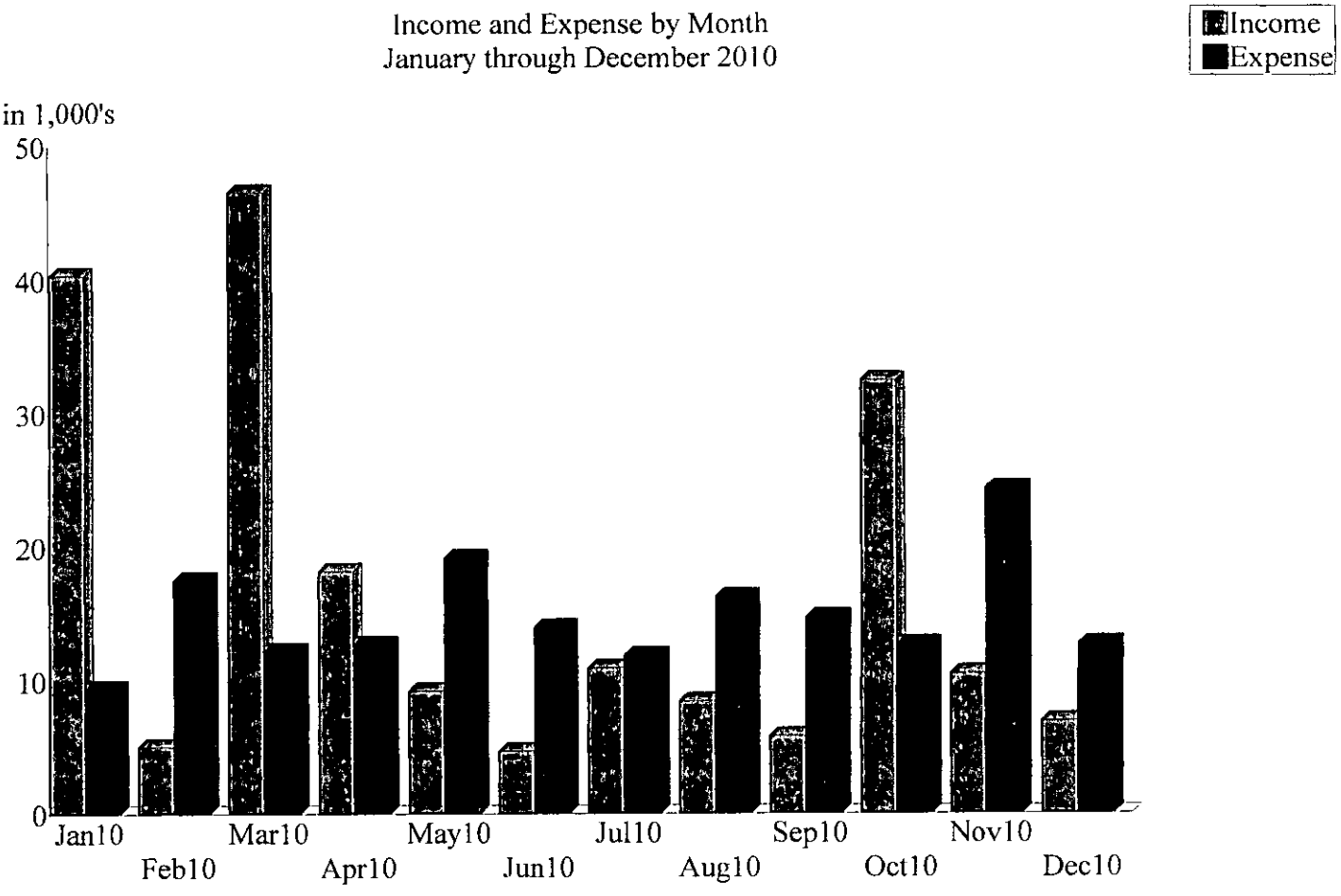
Emmons County Public Health

Sources of Revenue

As of December 31, 2010

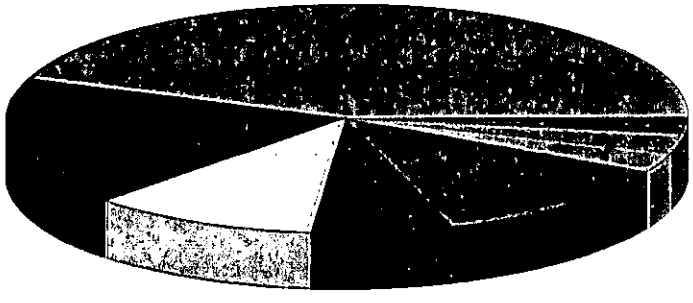
Revenue Source		Total Revenue Collected
Mill Levy		88,228.67
State Aid		11,435.00
*Federal Grants		21,311.04
*Immunization Grant	10,411.51	
*KESS/HMC	6,629.13	
*MCH	2,473.08	
*West Nile Grant	500.00	
*WIC	729.60	
*Other	567.72	
Donations		6,184.61
Influenza Vaccine		13,528.16
Interest		470.78
Miscellaneous		445.13
Private Pay Vaccines		12,865.45
Emergency Preparedness		37,209.07
Health Alert Network		2,880.00
Tobacco Prevention		5,202.27
Total Revenue		199,760.18

Income and Expense by Month
January through December 2010



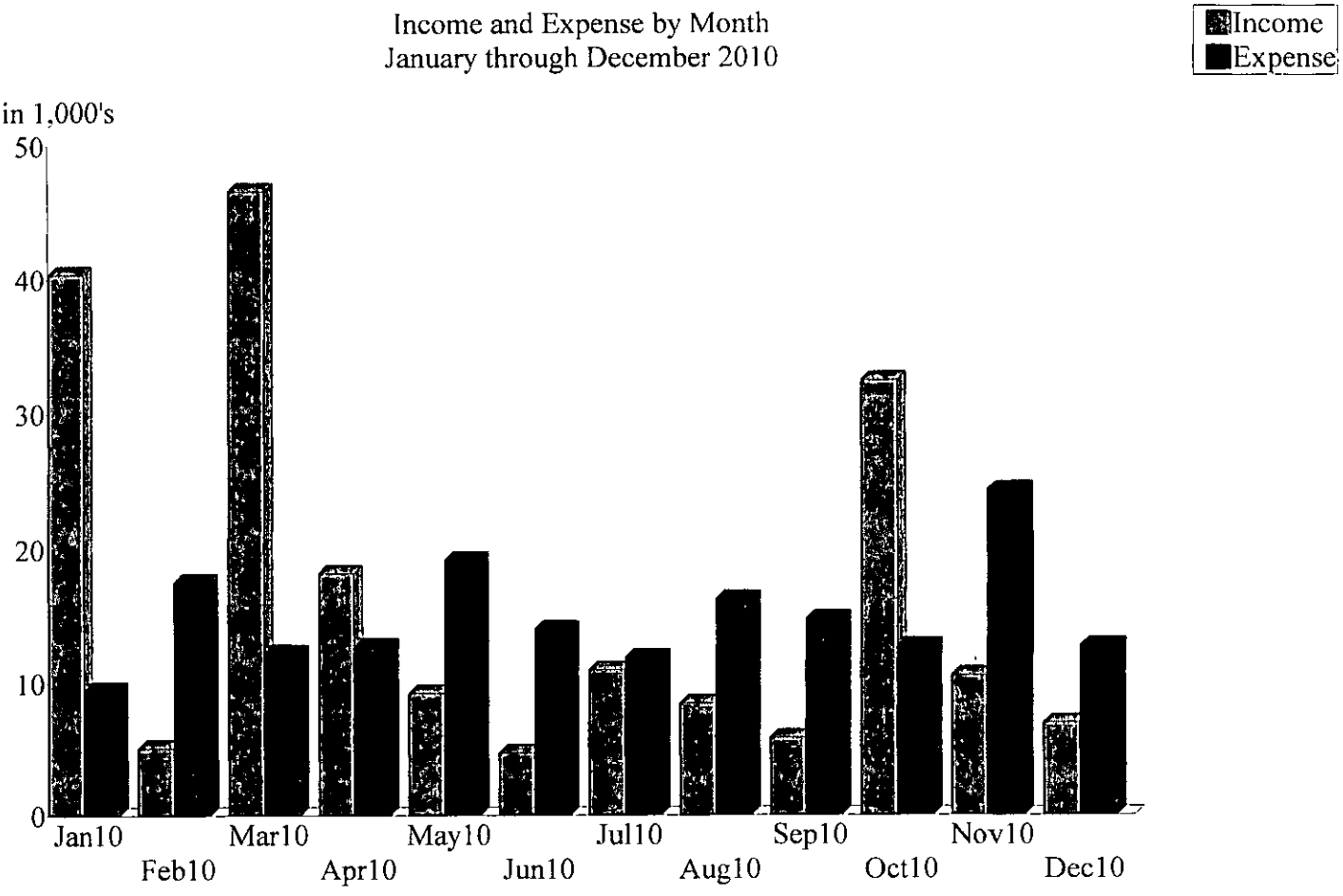
Income Summary
January through December 2010

400 - Mill Levy	%44.17
460 - Emergency Preparedness	18.63
420 - Federal Grants	10.67
430 - Influenza Vaccine	6.77
450 - Private Pay Vaccines	6.44
415 - State Aid	5.72
425 - Donations	3.10
472 -Tobacco Inc	2.60
462 - Health Alert Network	1.44
445 - Miscellaneous	0.18
Other	0.28
Total	$199,760.18



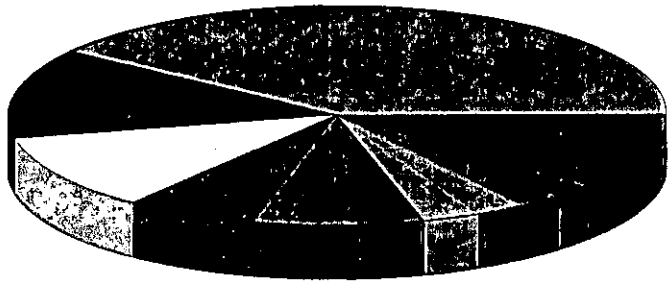
By Account

Income and Expense by Month
January through December 2010



Expense Summary
January through December 2010

500 - Payroll Expenses	%40.08
503 - Fringe Benefits	13.50
580 - Emergency Preparedness	11.25
555 - Private Pay Vaccine	6.53
570 - Influenza Vaccine Expense	5.09
502 - Payroll Taxes	3.29
504 - Accumulated Benefits	2.90
525 - HMC Matching	2.52
582 - Health Alert Network	2.32
515 - Space Occupancy	2.31
Other	10.21
Total	$178,422.15



By Account

HB 1004

House Appropriations Committee

Testimony

January 10, 2011

- Attachment Twenty One - February 2, 2011

Good morning, Chairman Chet Pollert and members of the Human Resources Division of the House Appropriations committee. My name is Robin Iszler and I am the Unit Administrator of Central Valley Health District the local public health agency located in Jamestown, North Dakota. Our agency supports HB 1004 and I am here to ask you to increase State Aid to local public health departments. I handed out to you a couple handouts. Please refer to pages two and three of the nice colored handout, which gives specifics about the importance of the applicability of local public health state aid as a sole source of flexible funding (along with additional information about local public health agencies).

I would like to tell you about the exciting things our health department has done in the past two years and how important it is to continue to support our local public health infrastructure. Since 2009 Central Valley has responded to real world events including the flood of 2009 and H1N1. During the H1N1 outbreak we received one time federal funding so that our office could provide over 800 vaccinations during a one day clinic to the public. I remember how people thanked us that day because we were there providing vaccinations to keep our community healthy. We knew what to do to quickly provide vaccinations in a community setting, and our public health system worked to protect the public. With funding from SB 2333, regional networks for public health services, Central Valley along with their partners in Barnes, Wells and LaMoure counties, are currently exploring shared public health services and we are excited to share the outcome of this project once it is completed in June 2011. One of the items that Central Valley is most proud of is being selected to test the national public health accreditation system. Starting in 2011 health departments across the country will be able apply for national accreditation of local health departments this process will provide recognition of high performing health departments and assurance to policy makers that we have met established national standards. Central Valley helped to test the accreditation process

and plans to share what we have learned with other North Dakota public health departments so that together we can provide the highest level of public health services to our communities.

With all these good things, it appears that our health department is doing quite well. You may ask, why do you need State funding? Many of the projects I mentioned are funded with federal dollars which unfortunately, has remained level or decreased this past year (and won't be available going forward). In 2010, Central Valley's total budget was roughly 2.3 million dollars. Of that only $60,284 is State Aid and $25,000 of that is used to provide environmental health services to the region (8 counties) leaving just $35,284 to support local infrastructure. I am concerned about the increases to ND PERS retirement and BCBS premiums and how these increases will impact our health department. These increases will cost our health department at least an additional $19,000 a year. Will we be able to fund these increases and still maintain the number of staff and to provide the services that the people in our area have come to expect? I believe the answer is no - we cannot.

Local public health departments are asking that you increase the local public health State Aid budget by 1.275 million dollars. Based on input from the local public health departments, this increase will support local infrastructure in the following ways: $625,000 will assist locals for retirements and health insurance increases. $150,000 for loses in federal funding to maintain our maternal child health services (MCH). $500,000 to increase public health services including environmental health, elderly home visits and infrastructure needs. I would like to draw your attention to the handout that outlines the current State Aid funding and how the increase would assist the local public health departments that estimates the additional dollars to each local public health unit with the 1, 275,000 proposed increase to maintain current service levels (orange column).

I hope you will recognize the need and support an increase for state aid to local public health. Our citizens are used to relying on local health departments for many services and assistance. This money will help us to continue to provide level support to our communities. Thank you. At this time, I would be happy to answer any questions you may have.

ND State Association of City and County Health Officials (ND SACCHO) – Improving Local Public Health Units

Local Public Health Units across North Dakota have worked collaboratively together for many years. In August 2010, this relationship was formalized through a Joint Powers Agreement to form the ND SACCHO, a state association for ND Local Public Health Units. SACCHOs have been formed in many states across the nation to streamline communication between state and local public health agencies, and to stay apprised of national public health initiatives such as continuous quality improvement and public health accreditation.

~ ND SACCHO Members ~
Local Public Health Administrators

The purpose of ND SACCHO is to improve coordination of local public health department efforts across the state, enhance consistent messaging and education, improve training and advocacy and share best practices.
ND SACCHO is governed by a ten member Executive Committee with representatives from local public health units, the State Health Department and the North Dakota Association of Counties. There are many challenges that local public health units face today and the overall goal of the association is to provide a collegial environment with the tools and resources necessary to enhance the provision of quality public health programs and the **Ten Essential Public Health Services**. *More on page 2.*

North Dakota Public Health Accreditation Beta Test Site

In 2009, Central Valley Health District (CVHD) was one of 13 local health departments (of 145 applicants) in the nation selected to participate as a beta test site for the public health accreditation process.

More info to come in the next issue.

Public Health
Prevent. Promote. Protect.

North Dakota Local Public Health 2009-2010 Highlights

July 1, 2009 - June 30, 2010

- Over 130,000 seasonal flu vaccinations Fall 2009 - Spring 2010; over 180,000 H1N1 shots administered statewide (with private health partners)
- Women Screened for Breast and Cervical Cancer - 3,220
- 100% Smoke-free ND communities, covering all workers, including bar employees: West Fargo, Fargo, Grand Forks, Napoleon, Bismarck*, and Devils Lake
- Flood Response Support through partnership with other State and local agencies
- Public Health Home Visits -thousands of client visits; School Nurse - Public Health Nurses provide as many school screenings as funding allows
- Car seat checks completed - 86; car seats screened - 1,340
- Number of WIC participants receiving benefits: 13,500 monthly
- Food Establishment Inspections - 6,864 (includes ND Department of Health Food and Lodging Division totals); On-site Sewer Inspections - 1,181
- Four local public health units piloting the Regional Public Health Network
- Maternal Child Health Services: newborn home visits and injury prevention activities for moms and children.
- Family Planning Services: 14,761 services provided to men and women statewide

*pending - currently referred by City Commission

Ten For ND

Striving for Better Health in our Communities

(See Pg. 2 for Essential Services)

Volume 1 Issue 1 January 2011

TEN ESSENTIAL SERVICES OF PUBLIC HEALTH

~This is What We Strive To Do~

1. **Monitor**
   Monitor community health status to identify public health problems.
2. **Investigate**
   Diagnose and investigate health problems and health hazards in the community.
3. **Inform**
   Inform, educate, and empower people about health issues.
4. **Mobilize**
   Mobilize community partners to identify and solve health problems.
5. **Plan**
   Develop policies and plans that support individual and community health efforts.
6. **Enforce**
   Enforce public health laws and regulations that protect health and ensure safety.
7. **Link**
   Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure**
   Assure a competent public health and personal health care workforce.
9. **Evaluate**
   Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research**
    Research for new insights and innovative solutions to health problems.

(National Essential Public Health Services)

Public Health
Prevent. Promote. Protect.
North Dakota SACCHO

Legislative Priorities Affecting Local Public H

Local public health departments are major players
aid allocation to the local public health departmen
total 2010 budget. This funding is the only investm

Local State Aid

Local public health is crucial for preventative health. An investment in public health results in $6.20 savings for every $1.00 spent in ND.

An increase of at least $1,275,000* in State Aid is needed to maintain existing levels of services for Family Health, Public Health Home Visits, and Environmental Health Programs for the 2011-2013 biennium. (* Includes funding for retirement and health insurance premium expense increases for local public health units.)

Only local and state general funding sources allow local flexibility in expenditures.

Family Health

North Dakota is one of only a few states that do not invest in school nurse programs. Local Public Health Departments provide limited health screenings to children in schools. More funding will:

1. Increase nurses who provide essential health services to children and youth.
2. Address increasing numbers of students with chronic health conditions that require management.
3. Restore nutrition, carseat, dental, school screening, and newborn follow-up services.

Federal family health funding to local public health in fiscal year 2011 was cut by $57,959.00.

h Dakota Local Public Health
e lth State Aid

n ND in providing community based services. State represent only five percent of each funding agency's t in public health from the state general health fund.

Environmental Health

Local State Aid dollars support environmental health services to address priorities such as:

- Food facility inspections
- Radon
- West Nile Virus
- Swimming pool and spa inspections
- Tanning and tattoo facility inspections
- Addressing public health nuisances
- On-site Sewer inspections

Federal funding has not been available. Without state investment, many North Dakota citizens will not be protected from dangerous preventable illnesses and diseases.

Public Health Home Visits

Public health nurses provide home visits and assistance by:

- monitoring medications,
- providing health assessments,
- performing foot care services,
- conducting case management and referrals for other services.

The estimated monthly cost for nursing home care is $4,500 in comparison to the cost of in-home services, at $130 per month.

There is considerable economic and social value in caring for a person in their home as long as possible.

"71 Percent of Americans favor an increased investment in disease prevention."

-Greenberg Quinlan Rosner Research and Public Opinion Strategies 2009

Five Keys For You

Policymakers take action

1. **Conversation**
   Talk with your health department leaders about how you are addressing the ten basics of public health now.

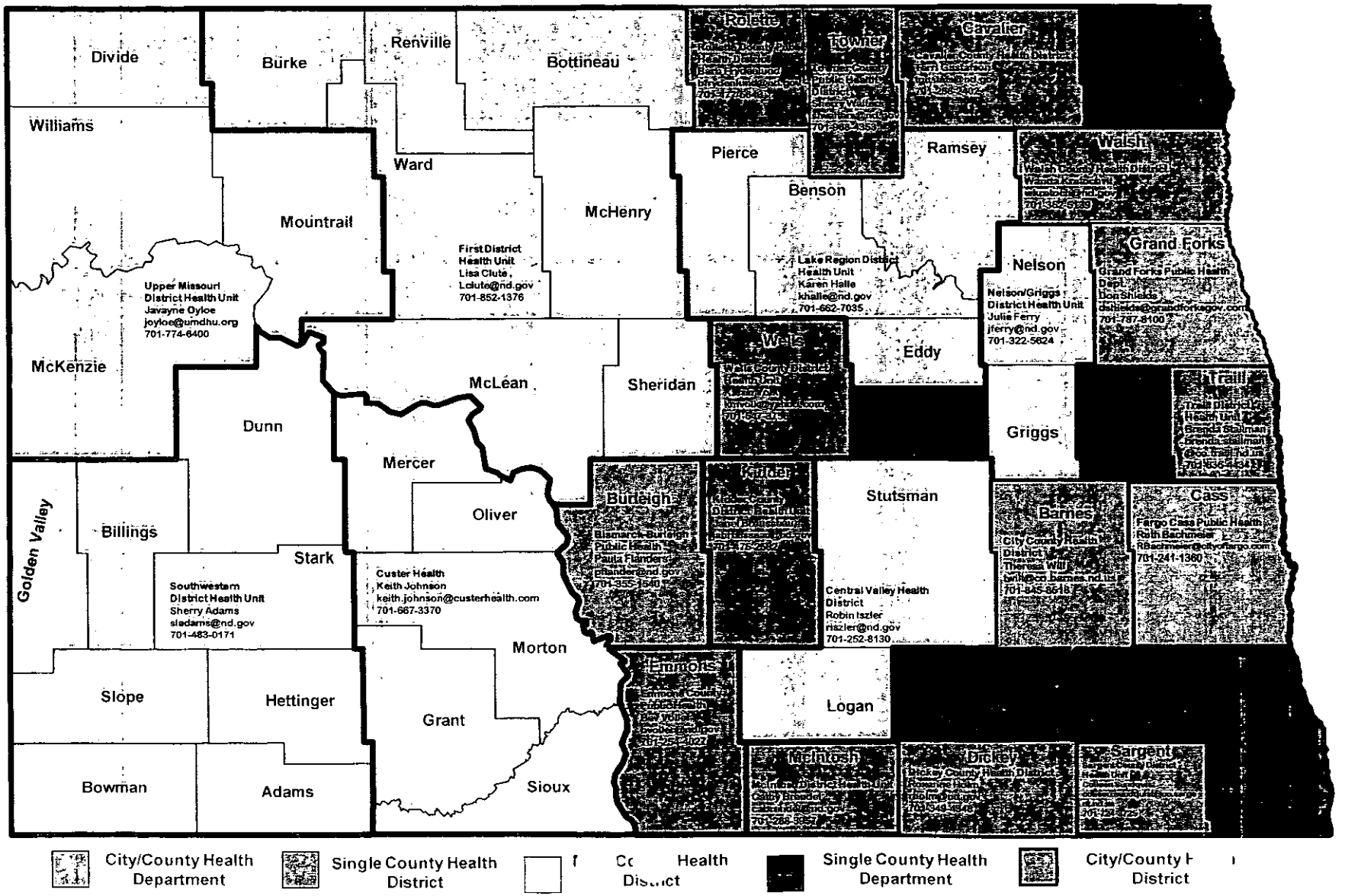
2. **Assessment**
   Take part in an assessment of your health department's capacity using the national voluntary public health accreditation standards.

3. **Vision**
   Work with your health department to create a strategic plan that incorporates the ten essential services of public health.

4. **Improvement**
   Support your health department's quality improvement efforts so that there are processes in place to meet your vision.

5. **Be a Voice**
   Resources for public health often take a back seat to easier-to-see but less critical priorities. Be a voice for prevention - talk with your constituents about how public health ensures your community's health and future.

Your Local Public Health Contacts Serving Your Area



			Current Biennium $6,000 Base Allotment/County				*Projected 2011-2013 Biennium $6,000 Base Allotment/County				Projected Increase over Current
		2008 Census	Base Allotment	Per Capita Amount	EH Component	Total State Aid	Base Allotment	Per Capita Amount	EH Component	Total State Aid	
	Pierce	4,091	6,000	10,727		16,727	6,000	18,858		24,858	8,131
	Ramsey	11,234	6,000	29,456		35,456	6,000	51,785		57,785	22,329
	Total	24,666	$24,000	$64,675	$50,000	$138,675	$24,000	113,702	$50,000	$187,702	49,027
								0			
Nelson/Griggs District	Nelson	3,166	6,000	8,301		14,301	6,000	14,594		20,594	6,293
	Griggs	2,359	6,000	6,185		12,185	6,000	10,874		16,874	4,689
	Total	5,525	$12,000	$14,486	$0	$26,486	$12,000	25,468	$0	$37,468	10,982
								0			
								0			
Multi-county total		246,816	$192,000	$647,165	$300,000	$1,139,165	$192,000	1,137,736	$300,000	$1,629,736	490,572
Counties Single Co. Districts City/County											
	Barnes(City County)	10,682	6,000	28,009		34,009	6,000	49,240		55,240	21,231
	Burleigh	78,689	6,000	206,326		212,326	6,000	362,728		368,728	156,402
	Cavalier	3,841	6,000	10,071		16,071	6,000	17,706		23,706	7,635
	Dickey	5,237	6,000	13,732		19,732	6,000	24,141		30,141	10,409
	Emmons	3,377	6,000	8,855		14,855	6,000	15,567		21,567	6,712
	Fargo/Cass	139,918	6,000	366,873	50,000	422,873	6,000	644,972	50,000	700,972	278,099
	Foster	3,447	6,000	9,038		15,038	6,000	15,889		21,889	6,851
	Grand Forks	66,585	6,000	174,590	50,000	230,590	6,000	306,933	50,000	362,933	132,343
	Kidder	2,290	6,000	6,005		12,005	6,000	10,556		16,556	4,551
	LaMoure	3,986	6,000	10,452		16,452	6,000	18,374		24,374	7,922
	McIntosh	2,639	6,000	6,920		12,920	6,000	12,165		18,165	5,245
	Pembina	7,419	6,000	19,453		25,453	6,000	34,199		40,199	14,746
	Ransom	5,628	6,000	14,757		20,757	6,000	25,943		31,943	11,186
	Richland	16,334	6,000	42,829		48,829	6,000	75,294		81,294	32,465
	Rolette	13,657	6,000	35,809		41,809	6,000	82,954		88,954	27,145
	Sargent	4,048	6,000	10,814		16,814	6,000	18,660		24,660	8,046
	Steele	1,795	6,000	4,707		10,707	6,000	8,274		14,274	3,567
	Towner	2,202	6,000	5,774		11,774	6,000	10,150		16,150	4,376
	Traill	7,820	6,000	20,504		26,504	6,000	36,047		42,047	15,543
	Walsh	10,880	6,000	28,528		34,528	6,000	50,153		56,153	21,625
	Wells	4,191	6,000	10,989		16,989	6,000	19,319		25,319	8,330
Single county total		394,665	$126,000	$1,034,835	$100,000	$1,260,835	$126,000	$1,819,264	$100,000	$2,045,264	$784,429
Multi-county total		246,816	$192,000	$647,165	$300,000	$1,139,165	$192,000	$1,137,736	$300,000	$1,629,736	$490,571
Bismarck Burleigh PHU-City of Bismarck					$0	$0			$0	$0	$0
GRAND TOTAL		641,481	$318,000	$1,682,000	$400,000	$2,400,000	$318,000	$2,957,000	$400,000	$3,675,000	$1,275,000

$2,000,000 Projected Distribution for State Aid with $400,000 EH Component
$6,000 Base Allotment per 53 Counties/Biennium 2009-11

Public Health

Current	
KEY Amounts	
Base Allotment	$6,000
Ttl Amt Distributed	$2,000,000

			Current Biennium				*Projected 2011-2013 Biennium				
			$6,000 Base Allotment/County				$6,000 Base Allotment/County				
		2008 Census	Base Allotment	Per Capita Amount	EH Component	Total State Aid	Base Allotment	Per Capita Amount	EH Component	Total State Aid	Projected Increase over Current
Upper Missouri	Divide	1,986	6,000	5,207	50,000	61,207	6,000	9,155	50,000	[illegible]	5,948
	McKenzie	5,674	6,000	14,878		20,878	6,000	26,155		[illegible]	11,277
	Mountrail	6,511	6,000	17,072		23,072	6,000	30,013		[illegible]	12,941
	Williams	19,846	6,000	52,037		58,037	6,000	91,483		[illegible]	19,446
	Total	34,017	$24,000	$89,194	$50,000	$163,194	$24,000	156,806	$50,000	[illegible]	67,612
								0			
Southwestern District	Adams	2,244	6,000	5,884	50,000	61,884	6,000	10,344	50,000	[illegible]	4,460
	Billings	811	6,000	2,126		8,126	6,000	3,738		[illegible]	1,612
	Bowman	3,019	6,000	7,916		13,916	6,000	13,917		[illegible]	6,001
	Dunn	3,316	6,000	8,700		14,700	6,000	15,295		[illegible]	6,595
	Golden Valley	1,640	6,000	4,300		10,300	6,000	7,560		[illegible]	3,260
	Hettinger	2,378	6,000	6,235		12,235	6,000	10,962		[illegible]	4,727
	Slope	675	6,000	1,770		7,770	6,000	3,112		[illegible]	1,342
	Stark	22,575	6,000	59,193		65,193	6,000	104,063		[illegible]	44,870
	Total	36,660	$48,000	$96,124	$50,000	$194,124	$48,000	168,991	$50,000	[illegible]	72,867
								0			
First District	Bottineau	6,338	6,000	16,619	50,000	72,619	6,000	29,216	50,000	[illegible]	12,597
	Burke	1,820	6,000	4,772		10,772	6,000	8,390		[illegible]	3,618
	McHenry	5,168	6,000	13,551		19,551	6,000	23,823		[illegible]	10,272
	McLean	8,337	6,000	21,860		27,860	6,000	38,431		[illegible]	16,571
	Renville	2,245	6,000	5,887		11,887	6,000	10,349		[illegible]	4,462
	Sheridan	1,266	6,000	3,320		9,320	6,000	5,836		[illegible]	2,516
	Ward	55,988	6,000	146,799		152,799	6,000	258,076		[illegible]	111,277
	Total	81,160	$42,000	$212,808	$50,000	$304,808	$42,000	374,121	$50,000	[illegible]	161,313
								0			
Central Valley	Logan	1,943	6,000	5,095	50,000	61,095	6,000	8,957	50,000	[illegible]	3,862
	Stutsman	20,394	6,000	53,474		59,474	6,000	94,009		[illegible]	40,535
	Total	22,337	$12,000	$58,569	$50,000	$120,569	$12,000	102,966	$50,000	[illegible]	44,397
								0			
Custer District	Grant	2,415	6,000	6,332		12,332	6,000	11,132		[illegible]	4,800
	Mercer	7,854	6,000	20,594		26,594	6,000	36,204		[illegible]	15,610
	Morton	26,255	6,000	68,842	50,000	124,842	6,000	121,026	50,000	[illegible]	52,184
	Oliver	1,695	6,000	4,444		10,444	6,000	7,813		[illegible]	3,369
	Sioux	4,232	6,000	11,097		17,097	6,000	19,508		[illegible]	8,411
	Total	42,451	$30,000	$111,309	$50,000	$191,309	$30,000	195,683	$50,000	[illegible]	84,374
								0			
Lake Region District	Benson	6,953	6,000	18,231	50,000	74,231	6,000	32,051	50,000	[illegible]	13,820
	Eddy	2,388	6,000	6,261		12,261	6,000	11,008		[illegible]	4,747

Veterinarian Loan Repayment Program

			2009-11 Appropriation		2011-13 Executive Budget				
			General Funds	0	General Funds	135,000			
			Special Funds	350,000	Special Funds	310,000			
			Total	350,000	Total	445,000			
		Prior Bien Payments	2009-11 Estimated Expend. FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection		Total Vet. Loan	
CURRENT LOANS:										
FY 08	#1	15,000	15,000						30,000	2 year program only
	#2	15,000	15,000	25,000	25,000				80,000	
	#3	15,000	7,500						22,500	Left program early
FY 09	#1	15,000	15,000	25,000	25,000				80,000	
	#2		15,000	15,000	25,000	25,000			80,000	
	#3		12,500						12,500	Left program early
FY 10	#1		15,000	15,000	10,000				40,000	Total Requested
	#2		15,000	15,000	25,000	5,000			60,000	Total Requested
	#3		15,000	15,000	25,000	25,000			80,000	
FY 11	#1			15,000	15,000	25,000	25,000		80,000	
	#2			15,000	15,000	25,000	25,000		80,000	
	#3			15,000	15,000	25,000	25,000		80,000	
	Subtotal	$ 60,000	$ 125,000	$ 155,000	$ 180,000	$ 130,000	$ 75,000		$ 725,000	
CURRENT LOANS TOTAL				**$ 280,000**		**$ 310,000**		**$ 75,000**		
PROPOSED LOANS:										
FY 12	#1				15,000	15,000	25000	25000	80,000	
	#2				15,000	15,000	25000	25000	80,000	
	#3				15,000	15,000	25000	25000	80,000	
FY 13	#1					15,000	15,000	25000	55,000	To continue
	#2					15,000	15,000	25000	55,000	To continue
	#3					15,000	15,000	25000	55,000	To continue
	Subtotal				$ 45,000	$ 90,000	$120,000	$150,000	$ 405,000	
NEW LOANS TOTAL						**$ 135,000**		**$270,000**		
TOTAL VETERINARIAN LOAN PROGRAM						**$ 445,000**		**$345,000**		

Veterinarian Loan Repayment Program Century Code 43-7.2 $15,000 first 2 years, $25,000 last 2 years = $80,000.
(First payment in 6 months, complete service year for next payment. Allows 3 new Veterinarians per year.)

- Attachment
- HB 1004
- February 3, 2011
- Arvy Smith

Medical Personnel Loan Repayment Program

			2009-11 Appropriation		2011-13 Executive Budget			
			General Funds	75,000	General Funds	345,000		
			Special Funds	272,500	Special Funds	75,000		
			Total	347,500	Total	420,000		
		Prior Biennium Payments	2009-11 Estimated Expend. FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection	Total Loan
CURRENT LOANS:								
PHYSICIANS:								
FY08	#1	22,500	22,500					45,000
FY09	#1	22,500	22,500					45,000
	#2		22,500		22,500			45,000
	#3		22,500			22,500		45,000
FY10	#1			22,500		22,500		45,000
	#2			22,500		22,500		45,000
	#3			22,500		22,500		45,000
	#4			22,500		22,500		45,000
MID LEVEL:								
FY08	#1	2,500	2,500					5,000
	#2	2,500	2,500					5,000
	#3	2,500	2,500					5,000
FY10	#1			7,500	7,500			15,000
	#2			7,500	7,500			15,000
Subtotal		$52,500	$97,500	$105,000	$37,500	$112,500		$405,000
CURRENT LOANS TOTAL				**$202,500**		**$150,000**		
PROPOSED LOANS:								
PHYSICIANS *:								
FY 11	#1				22,500	22,500		45,000
	#2				22,500	22,500		45,000
	#3				22,500	22,500		45,000
FY 12	#1					22,500	22,500	45,000
	#2					22,500	22,500	45,000
	#3					22,500	22,500	45,000
MID LEVEL **:								
FY 11	#1				7,500	7,500		15,000
	#2				7,500	7,500		15,000
	#3				7,500	7,500		15,000
FY 12	#1					7,500	7,500	15,000
	#2					7,500	7,500	15,000
	#3					7,500	7,500	15,000
Subtotal					$90,000	$180,000	$90,000	$360,000
NEW MEDICAL LOANS TOTAL						**$270,000**	**$90,000**	
TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM						**$420,000**	**$90,000**	

*Physician Loan Repayment Program Century Code 43-17.2 Physicians @ $22,500 annually for 2 years = $45,000 (First Payt in 6 months, complete service year for next payment.)

** Medical Personnel Loan Repayment Program Century Code 43-12.2 Originally, Health Care Provider @ $2,500 annually for 2 years. Law changed to increase to $7,500 annually for 2 years = $15,000 (First payment in 6 months, complete service year for next payment)

Dental Loan Repayment Program

2009-11 Appropriation	
General Funds	0
Special Funds	483,448
Total	$483,448

2011-13 Executive Budget	
General Funds	180,000
Special Funds	260,000
Total	$440,000

		Prior Bien Payments	2009-11 Estimated Expenditures FY 2010	2009-11 Estimated Expenditures FY 2011	2011-13 Executive Budget FY 2012	2011-13 Executive Budget FY 2013	2013-15 Projection		TOTAL Contract	
CURRENT LOANS										
FY 06	#1	60,000	20,000						80,000	
	#2	25,344	8,448						33,792	Total requested
	#3	60,000	20,000						80,000	
FY07	#1	40,000	20,000	20,000					80,000	
	#2	40,000	20,000	20,000					80,000	
	#3	40,000	20,000	20,000					80,000	
FY08	#1	20,000	20,000	20,000	20,000				80,000	
	#2	20,000	20,000	20,000	20,000				80,000	
	#3	20,000	20,000	20,000	20,000				80,000	
FY09	#1		20,000	20,000	20,000	20,000			80,000	
	#2		20,000		20,000	20,000	20,000		80,000	
	#3		20,000	20,000	20,000	20,000			80,000	
FY 10	#1		20,000		20,000	20,000	20,000		80,000	
	#2			20,000	20,000		20,000	20,000	80,000	
	#3			20,000		20,000	20,000	20,000	80,000	
Subtotal		$ 325,344	$248,448	$200,000	$160,000	$100,000	$80,000	$40,000	$ 1,153,792	
CURRENT LOANS TOTAL				**$448,448**		**$260,000**		**$120,000**		
PROPOSED LOANS:										
FY 11	#1				20,000	20,000	20,000	20,000	80,000	
	#2				20,000	20,000	20,000	20,000	80,000	
	#3				20,000	20,000	20,000	20,000	80,000	
FY 12	#1					20,000	20,000	20,000	60,000	To continue
	#2					20,000	20,000	20,000	60,000	To continue
	#3					20,000	20,000	20,000	60,000	To continue
Subtotal					$60,000	$120,000	$120,000	$120,000	$ 420,000	
PROPOSED LOANS TOTAL						**$180,000**		**$ 240,000**		
				TOTAL DENTAL LOAN PROGRAM		**$440,000**		**$360,000**		

Dental Loan Repayment Prgm Century Code 43-28.1 $20,000 per year for 4 years = $80,000 (Allows 3 new dentists per year)

Dental New Practice Grants

2009-11 Appropriation		2011-13 Executive Budget	
General Funds	-	General Funds	20,000
Special Funds	10,000	Special Funds	10,000
Total	$10,000	Total	$30,000

	2009-11 Estimated Expenditures FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013	2013-15 Projection		TOTAL Contract	
CURRENT DENTAL NEW PRACTICE								
FY09 #1	5,000	5,000	5,000	5,000	5,000		25,000	
CURRENT GRANTS TOTAL		$10,000		$10,000		$5,000	$ 25,000	
PROPOSED DENTAL NEW PRACTICE								
FY11 #1			5,000	5,000	5,000	5,000	20,000	To continue
FY11 #2			5,000	5,000	5,000	5,000	20,000	To continue
Subtotal			$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 40,000	
PROPOSED GRANTS TOTAL				$20,000		$20,000		
TOTAL NEW DENTAL PRACTICE GRTS				$30,000		$25,000		

Dental New Practice Grants Century Code 43-28.1-10 $5,000 annually for 5 years = $25,000 (Allows 2 grants per year)

Dental - Public Health Non Profit (SB2358)

2009-11 Appropriation		2011-13 Executive Budget	
General Funds	180,000	General Funds	-

	2009-11 Estimated Expenditures FY 2010	FY 2011	2011-13 Executive Budget FY 2012	FY 2013
PROPOSED DENTAL-PH NON PROFIT				
#1	30,000	30,000		
#2	30,000	30,000		
#3	30,000	30,000		
Total	$90,000	$90,000		

Dental Public Non Profit Loan Repayment Program 43-28.1-01.1 $30,000 annually for 2 years =$60,000 (Must serve 3 years) 3 dentists/bien

One time funding - will not continue into 2011-13 biennium

*Attachment TWO *HB1004 *Feb 3, 2011 *Arvy Smith

MEDICAL SERVICES SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	27.25	27.25	30.25	30.00	(0.25)	-1%
Salaries	2,409,723	1,860,421	2,813,311	2,887,349	74,038	3%
Temporary, Overtime	147,543	93,708	138,008	278,000	139,992	101%
Benefits	867,692	703,737	1,112,442	1,206,387	93,945	8%
TOTAL	**3,424,958**	**2,657,865**	**4,063,761**	**4,371,736**	**307,975**	**8%**
General Fund	1,006,238	788,819	1,138,419	1,270,844	132,425	12%
Federal Funds	2,418,720	1,869,046	2,925,342	3,100,892	175,550	6%
Other Funds	0	0	0	0	0	
OPERATING EXPENSES						
Travel	196,113	129,122	267,853	196,747	(71,106)	-27%
Supplies - IT Software	38,133	17,000	43,789	46,008	2,219	5%
Supply/Material Professional	275,722	265,691	404,009	324,209	(79,800)	-20%
Food & Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	8,835	9,355	11,765	12,353	588	5%
Miscellaneous Supplies	286	0	0	0	0	
Office Supplies	40,619	25,047	38,511	41,466	2,955	8%
Postage	65,871	39,710	68,647	72,079	3,432	5%
Printing	115,724	76,340	118,891	126,131	7,240	6%
Utilities	62,712	43,297	60,389	63,409	3,020	5%
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	2,599	1,928	3,315	3,481	166	5%
Rentals/Leases - Bldg/Land	71,125	17,245	24,725	14,000	(10,725)	-43%
Repairs	43,241	35,572	52,882	54,422	1,540	3%
IT - Data Processing	61,438	59,746	81,702	94,265	12,563	15%
IT - Communications	57,587	38,489	57,457	62,130	4,673	8%
IT - Contractual Services	420,072	210,009	366,167	426,167	60,000	16%
Professional Development	55,665	31,987	63,438	66,609	3,171	5%
Operating Fees & Services	873,574	14,716	24,355	25,573	1,218	5%
Professional Services	964,905	635,414	964,197	1,139,500	175,303	18%
Medical, Dental, and Optical	4,300,508	1,408,963	20,767,602	20,617,324	(150,278)	-1%
Sub Total Operating	**7,654,729**	**3,059,631**	**23,419,694**	**23,385,873**	**(33,821)**	**0%**
IT Equip Under $5,000	33,751	8,568	21,671	15,500	(6,171)	-28%
Other Equip Under $5,000	5,313	945	945	0	(945)	
Office Equip/Furn. Supplies	126,038	11,792	9,742	0	(9,742)	
TOTAL	**7,819,831**	**3,080,936**	**23,452,052**	**23,401,373**	**(50,679)**	**0%**
General Fund	2,689,996	436,673	635,875	547,619	(88,256)	-14%
Federal Funds	2,973,169	2,644,263	3,416,177	3,453,754	37,577	1%
Other Funds	2,156,666		19,400,000	19,400,000	0	0%
CAPITAL ASSETS						
Other Capital Paymnts	161,008	187,400	254,485	268,854	14,369	6%
Extraordinary Repairs		0	0	0	0	
Equipment >$5,000	0	0	0	0	0	
IT Equip/Software >$5,000	0	0	0	0	0	
TOTAL	**161,008**	**187,400**	**254,485**	**268,854**	**14,369**	**6%**
General Fund	161,008	133,755	181,035	183,022	1,987	1%
Federal Funds	0	53,645	73,450	85,832	12,382	17%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	1,243,975	1,177,948	2,432,064	1,695,554	(736,510)	-30%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	251,342	1,401,830	608,535	(793,295)	
TOTAL	**1,243,975**	**1,429,290**	**3,833,894**	**2,304,089**	**(1,529,805)**	**-40%**
General Fund	0	410,526	1,200,000	0	(1,200,000)	
Federal Funds	1,243,975	1,018,764	2,633,894	2,304,089	(329,805)	-13%
Other Funds	0	0	0	0	0	
	0					
GRAND TOTAL	**12,649,772**	**7,355,491**	**31,604,192**	**30,346,052**	**(1,258,140)**	**-4%**
General Fund	3,857,242	1,769,773	3,155,329	2,001,485	(1,153,844)	-37%
Federal Funds	6,635,864	5,585,718	9,048,863	8,944,567	(104,296)	-1%
Other Funds	2,156,666	0	19,400,000	19,400,000	0	0%

NORTH DAKOTA DEPARTMENT OF HEALTH
Medical Services Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	2,832	4,000	1,168	41.2%
MedCenter One - tissue preparation for microscopic evaluation	37,118	42,000	4,882	13.2%
National Medical Services - quantify drug toxicology levels	33,117	35,000	1,883	100.0%
Metro Ambulance - delivery to morgue after hours	12,500	12,500	-	0.0%
Viral Hepatitis - LPHU	32,000	32,000	-	0.0%
Viral Hepatitis - Media	20,000	20,000	-	0.0%
Immunization - Media and Evaluation	75,000	175,000	100,000	133.3%
Sexuallly Transmitted Disease (STD) Clinics	7,000	7,000	-	0.0%
AIDS Patient Testing - LPHU and others	222,700	260,000	37,300	16.7%
AIDS Patient Testing - Media, Comm. Action, Red Cross	243,520	242,000	(1,520)	-0.6%
TB Patient Testing - LPHU	66,400	67,000	600	0.9%
Ryan White - LPHU	142,010	163,000	20,990	14.8%
Ryan White - Media	-	10,000	10,000	100.0%
ELC - Campaigns: Influenza and West Nile	70,000	70,000	-	0.0%
Total Professional Services	**$ 964,197**	**$ 1,139,500**	**$ 175,303**	**18.2%**

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Immunization (Maint) - BCBS	290,000	350,000	60,000	20.7%
Consilience Maintenance and Module	76,167	76,167	-	0.0%
Total IT Contractual Services	**$ 366,167**	**$ 426,167**	**$ 60,000**	**16.4%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Medical Services Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Immunization -LPHU	916,510	618,705	297,805	1,060,000		1,060,000	
Epidemiology and Lab Capacity to LPHU	189,386	97,119	92,267	189,386		189,386	
Epidemiology and Lab Capacity to NDSU	106,168	38,844	67,324	106,168		106,168	
Epidemiology and Lab Capactiy Electronic Lab Reporting System			-	320,000		320,000	
Sexually Transmitted Diseases	20,000	12,753	7,247	20,000		20,000	
Statewide Immunization - HB 2333	1,200,000	410,527	789,473	-	-		
Total Grants	**$2,432,064**	**$ 1,177,948**	**$ 464,643**	**$ 1,695,554**	**$ -**	**$1,695,554**	**$ -**

Local Public Health

Allocation

	07-09 Actuals			09-11 Bien			11-13 Bien			11-13 Change from 09-11			
	GF	FF	SF	GF	FF	SF	GF	FF	SF	GF	FF	SF	Total
GRANTS													
Admin Grts													
Local Public Health	1,900,000		2,360	2,400,000			2,400,000			0	0	0	0
Regional Public Health Pilot Prj				275,000			275,000			0	0	0	0
Prev Health Block		14,562								0	0	0	0
Public Health Emerg. Preparedness		1,089								0	0	0	0
Med Srv. Grts													
STD		14,320			14,657			15,000		0	343	0	343
IMMUNIZATION		891,002			916,510			1,060,000		0	143,490	0	143,490
Epidemiology Lab Capacity		220,017			189,386			189,386		0	0	0	0
PROtect ND Kids (Statewide Imm)				1,200,000						(1,200,000)	0	0	(1,200,000)
(funded in fees in 07-09 bien)										0	0	0	0
Comm H Grants													
WW-Comp		49,124			23,700			30,000		0	6,300	0	6,300
WW (CHTF to Gen)							100,000			100,000	0	0	100,000
MCH		1,350,629			1,165,000			1,150,000		0	(15,000)	0	(15,000)
MCH-FP		218,460			105,500			95,000		0	(10,500)	0	(10,500)
Family Planning		1,292,087			1,259,500			1,250,000		0	(9,500)	0	(9,500)
Oral Health					5,000					0	(5,000)	0	(5,000)
Stop Violence		135,835			70,750			70,000		0	(750)	0	(750)
WIC		4,110,909			4,505,009			5,157,718		0	652,709	0	652,709
WIC Peer Counseling		31,753			57,575			64,015		0	6,440	0	6,440
PH Block		20,349			43,628			44,400		0	772	0	772
CDC Tobacco		872,251			627,150			615,000		0	(12,150)	0	(12,150)
Tobacco Cessation			40,297			58,800			55,000	0	0	(3,800)	(3,800)
SF Tobacco State Aid			1,854,515							0	0	0	0
SF Tobacco Public Health			1,877,216							0	0	0	
SF Tobacco Local Health			940,000							0	0	0	0
Env Grants													
AQ Indoor Radon		35,536			35,208			35,500		0	292	0	292
WQ EPA BLOCK		37,767			41,000			41,000		0	0	0	0
MF Public Water Control		64,524			67,400			67,400		0	0	0	0
WM Abandoned Auto			16,059			20,000			15,000	0	0	(5,000)	(5,000)
EPR Grants													
Public Health Emerg. Preparedness (PHEP)		4,101,034			3,930,980			3,986,994		0	56,014	0	56,014
PHEP - H1N1 (received only a small portion of this funding					3,600,000					0	(3,600,000)	0	(3,600,000)

* Attachment THREE * Rep Amy Smith + 1004 * 2011

Local Public Health

Allocation

	07-09 Actuals			09-11 Bien			11-13 Bien			11-13 Change from 09-11			
	GF	FF	SF	GF	FF	SF	GF	FF	SF	GF	FF	SF	Total
PHEP - CRI		422,271			400,000			400,000		0	0	0	0
PHEP-HAN		428,863			526,200			526,200		0	0	0	0
Pandemic Flu		497,049								0	0	0	0
										0	0	0	0
Spec Pop													
MCH Block	27,220	43,377		21,627	49,773		21,627	49,773		0	0	0	0
Total Grants	1,927,220	14,852,808	4,730,447	3,896,627	17,633,926	78,800	2,796,627	14,847,386	70,000	(1,100,000)	(2,786,540)	(8,800)	(3,895,340)
										-28.23%	-15.80%	-11.17%	-18.03%
PROF FEES													
Medical Ser													
Tuberculosis		68,955			66,400			67,000		0	600	0	600
Aids Prev		128,886			222,700			260,000		0	37,300	0	37,300
Ryan White		152,353			140,000			160,000		0	20,000	0	20,000
State Viral Hep	10,395			32,000			32,000			0	0	0	0
PROtect ND Kids	1,087,093									0	0	0	0
Comm H													
Women's Way	109,259	842,022		60,000	841,000	304,000	60,000	850,000	0	0	9,000	(304,000)	(295,000)
Envir													
AQ Air Monitoring/Misc		1,440	640		0	0		0	0	0	0	0	0
Total Fees	1,206,747	1,193,656	640	92,000	1,270,100	304,000	92,000	1,337,000	0	0	66,900	(304,000)	(237,100)
										0.00%	5.27%	-100.00%	-14.23%
Total to Local Public Health	3,133,967	16,046,464	4,731,087	3,988,627	18,904,026	382,800	2,888,627	16,184,386	70,000	(1,100,000)	(2,719,640)	(312,800)	(4,132,440)
										-27.58%	-14.39%	-81.71%	-17.75%

*Attachment FOUR • HB1014 *Amy Smith -Feb 3, 2011

ADMINISTRATIVE SUPPORT SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**37.93**	**38.93**	**38.93**	**38.68**	**(0.25)**	**-1%**
Salaries	2,996,494	2,464,257	3,751,635	4,042,419	290,784	8%
Temporary, Overtime	164,217	114,815	157,924	203,501	45,577	29%
Benefits	1,059,713	919,415	1,463,534	1,592,133	128,599	9%
TOTAL	**4,220,424**	**3,498,487**	**5,373,093**	**5,838,053**	**464,960**	**9%**
General Fund	1,444,518	1,382,284	2,687,288	2,692,355	5,067	0%
Federal Funds	2,680,906	2,021,583	2,587,728	3,000,704	412,976	16%
Other Funds	95,000	94,620	98,077	144,994	46,917	48%
OPERATING EXPENSES						
Travel	80,165	60,851	119,028	107,322	(11,706)	-10%
Supplies - IT Software	49,907	26,581	28,472	29,281	809	3%
Supply/Material Professional	47,262	50,782	52,101	38,333	(13,768)	-26%
Food & Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	4,374	7,245	12,601	13,231	630	5%
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	73,494	55,027	61,075	80,431	19,356	32%
Postage	94,631	135,046	307,593	225,737	(81,856)	-27%
Printing	58,701	35,643	60,765	59,468	(1,297)	-2%
Utilities	1,647	0	0	0	0	
Insurance	76,778	59,682	70,204	79,956	9,752	14%
Rentals/Leases - Equip/Other	2,593	1,817	3,391	3,050	(341)	-10%
Rentals/Leases - Bldg/Land	15,641	11,274	15,548	19,635	4,087	26%
Repairs	11,440	26,200	29,655	13,137	(16,518)	-56%
IT - Data Processing	385,666	171,831	189,572	198,317	8,745	5%
IT - Communications	85,138	42,624	62,654	68,646	5,992	10%
IT - Contractual Services	17,525	19,790	40,870	26,000	(14,870)	-36%
Professional Development	77,379	42,538	69,064	73,017	3,953	6%
Operating Fees & Services	21,475	23,848	25,353	23,950	(1,403)	-6%
Professional Services	210,291	162,371	325,428	326,600	1,172	0%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**1,314,107**	**933,150**	**1,473,374**	**1,386,111**	**(87,263)**	**-6%**
IT Equip Under $5,000	28,321	22,613	14,350	35,550	21,200	148%
Other Equip Under $5,000	12,550	0	0	0	0	
Office Equip/Furn. Supplies	9,289	12,014	11,347	0	(11,347)	
TOTAL	**1,364,267**	**967,777**	**1,499,071**	**1,421,661**	**(77,410)**	**-5%**
General Fund	292,168	212,597	302,614	235,018	(67,596)	-22%
Federal Funds	952,321	548,160	743,608	828,636	85,028	11%
Other Funds	119,778	207,020	452,849	358,007	(94,842)	-21%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	6,854	0	0	0	0	
IT Equip/Software >$5,000	0	0	0	0	0	
TOTAL	**6,854**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	6,854	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	2,043,564	1,867,407	2,675,000	2,675,000	0	0%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Contingency - CHTF	0	0	2,405,371	0	(2,405,371)	
Federal Stimulus	0	0	0	0	0	
TOTAL	**2,043,564**	**1,867,407**	**5,080,371**	**2,675,000**	**(2,405,371)**	**-47%**
General Fund	2,022,000	1,867,407	5,080,371	2,675,000	(2,405,371)	-47%
Federal Funds	19,204	0	0	0	0	
Other Funds	2,360	0	0	0	0	
GRAND TOTAL	**7,635,109**	**6,333,671**	**11,952,535**	**9,934,714**	**(2,017,821)**	**-17%**
General Fund	3,758,686	3,462,288	8,070,273	5,602,373	(2,467,900)	-31%
Federal Funds	3,659,285	2,569,743	3,331,336	3,829,340	498,004	15%
Other Funds	217,138	301,640	550,926	503,001	(47,925)	-9%

NORTH DAKOTA DEPARTMENT OF HEALTH
Administrative Support Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	21,600	21,600	-	0.0%
Certificate of Public Advantage	100,000	100,000	-	0.0%
Employee training (UND)	20,000	20,000		0.0%
Strategic Planning	25,000	25,000	-	0.0%
Audit	50,000	60,000	10,000	20.0%
Healthy ND - Ehren's Consulting	108;828	100,000	(8,828)	-8.1%
Total Professional Services	**$ 325,428**	**$ 326,600**	**$ 1,172**	**0.4%**

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Nexus Reporting System	40,870	26,000	(14,870)	-36.4%
			-	
Total IT Contractual Services	**$ 40,870**	**$ 26,000**	**$ (14,870)**	**-36.4%**

North Dakota Department of Health
Administrative Support Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Local Public Health Regional Pilot Project	275,000	71,497	203,503	275,000	275,000		
Local Public Health- State Aid	2,400,000	1,795,910	604,090	2,400,000	2,400,000		
Total Grants	**$ 2,675,000**	**$ 1,867,407**	**$ 807,593**	**$ 2,675,000**	**$ 2,675,000**	**$ -**	**$ -**

*Attachment FIVE
*HB 1004 *Arvy Smith
*Feb 3, 2011

11-13 Emergency Medical Services Division

	11-13 Exec Rec	EMS Med Serv	EMS Training Grants	EMS Staffing Grants	Replace DOT EMS 402 & 408	EMSC Children Services	HPP EMS
SALARIES AND WAGES							
FTE EMPLOYEES (Number)	8.00						
Salaries	638,762	375,589	0	0	78,816	119,912	64,445
Temporary, Overtime	5,000	5,000	0	0	0	0	0
Benefits	288,643	214,589	0	0	33,618	21,747	18,689
TOTAL	**932,405**	**595,178**	**0**	**0**	**112,434**	**141,659**	**83,134**
General Fund	707,612	595,178	0	0	112,434	0	0
Federal Funds	224,793	0	0	0	0	141,659	83,134
Other Funds	0	0	0	0	0	0	0
OPERATING EXPENSES							
Travel	117,306	26,182	0	0	77,000	14,124	0
Supplies - IT Software	0	0	0	0	0	0	0
Supply/Material Professional	18,566	(3,311)	0	0	18,566	3,311	0
Food & Clothing	0	0	0	0	0	0	0
Bldg/Ground Maintenance	0	0	0	0	0	0	0
Miscellaneous Supplies	15,556	0	0	0	15,556	0	0
Office Supplies	11,302	1,302	0	0	9,000	1,000	0
Postage	7,174	900	0	0	4,674	1,600	0
Printing	18,000	5,250	0	0	12,000	750	0
Utilities	0	0	0	0	0	0	0
Insurance	0	0	0	0	0	0	0
Rentals/Leases - Equip/Other	0	(350)	0	0	0	350	0
Rentals/Leases - Bldg/Land	23,000	(174)	0	0	18,000	5,174	0
Repairs	0	0	0	0	0	0	0
IT - Data Processing	24,415	9,415	0	0	12,000	3,000	0
IT - Communications	27,473	13,173	0	0	12,000	2,300	0
IT - Contractual Services	100,300	25,300	0	0	75,000	0	0
Professional Development	12,001	(2,399)	0	0	12,000	2,400	0
Operating Fees & Services	17,000	5,000	0	0	12,000	0	0
Professional Services	163,900	5,000	0	0	103,900	55,000	0
Medical, Dental, and Optical	0	(1,847)	0	0	0	1,847	0
Sub Total Operating	**555,993**	**83,441**	**0**	**0**	**381,696**	**90,856**	**0**
IT Equip Under $5,000	28,570	5,200	0	0	23,370	0	0
Other Equip Under $5,000	6,400	0	0	0	6,400	0	0
Office Equip/Furn. Supplies	0	0	0	0	0	0	0
TOTAL	**590,963**	**88,641**	**0**	**0**	**411,466**	**90,856**	**0**
General Fund	495,107	83,641	0	0	411,466	0	0
Federal Funds	90,856	0	0	0	0	90,856	0
Other Funds	0	0	0	0	0	0	0
GRANTS\SPECIAL LINE ITEMS							
Grants	2,490,000	0	1,240,000	1,250,000	0	0	0
Federal Stimulus	0	0	0	0	0	0	0
WIC Food Payments	0	0	0	0	0	0	0
TOTAL	**2,490,000**	**0**	**1,240,000**	**1,250,000**	**0**	**0**	**0**
General Fund	1,240,000	0	1,240,000	0	0	0	0
Federal Funds	0	0	0	0	0	0	0
Other Funds	1,250,000	0	0	1,250,000	0	0	0
GRAND TOTAL	**4,013,368**	**683,819**	**1,240,000**	**1,250,000**	**523,900**	**232,515**	**83,134**
General Fund	2,442,719	678,819	1,240,000	0	523,900	0	0
Federal Funds	315,649	0	0	0	0	232,515	83,134
Other Funds	1,250,000	0	0	1,250,000	0	0	0

OTHER FUNDS

1 1,250,000 Insurance Dist Fnd

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

11-13 EMS Professional Services Line Item

Description	11-13 Exec Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Legal	10,000	5,000	-	-	5,000	-
Evaluate Trauma System	-	-	-	-	-	-
EMS Assessment	-	-	-	-	-	-
Medical	-	-	-	-	-	-
Training	-	-	-	-	-	-
Traffic Assessment	-	-	-	-	-	-
Pediatric Training for Ambulance Services	55,000	-	-	-	-	55,000
Regional Coord for Ambulance Service	98,900	-	-	-	98,900	-
						-
Total Professional Services	**163,900**	**5,000**	**-**	**-**	**103,900**	**55,000**

11-13 EMS Information Technology Contractual Services

Description	11-13 Exec Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Traffic Assessment (CDM-Mtce Agrmnt)	-	-	-	-	-	-
Trauma (CDM-Mtce Agrmnt)	34,000	-	-	-	34,000	-
Trauma Registry	-	-	-	-	-	-
Med Media	41,000	-	-	-	41,000	-
iNET Technologies Trauma Program	-	-	-	-	-	-
Ambulance Inspections	14,300	14,300	-	-	-	-
Personnel and Service Registry	11,000	11,000	-	-	-	-
Total IT Contractual Services	**100,300**	**25,300**	**-**	**-**	**75,000**	**-**

CDM-Clinical Data Management

09-11 Emergency Medical Services Division

	09-11 Current Budget	EMS Med Serv	EMS Training Grants	EMS Rural Law Enforcement Grants	EMS QRU Grants	EMS Staffing Grants	DOT EMS 402	DOT Traffic Records 408	EMSC Children Services
SALARIES AND WAGES									
FTE EMPLOYEES (Number)	8.50								
Salaries	640,496	301,333	0	0	0	0	144,438	76,947	117,778
Temporary, Overtime	5,000	5,000	0	0	0	0	0	0	0
Benefits	291,103	132,312	0	0	0	0	67,761	33,297	57,733
TOTAL	**936,599**	**438,645**	**0**	**0**	**0**	**0**	**212,199**	**110,244**	**175,511**
General Fund	438,645	438,645	0	0	0	0	0	0	0
Federal Funds	497,954	0	0	0	0	0	212,199	110,244	175,511
Other Funds	0	0	0	0	0	0	0	0	0
OPERATING EXPENSES									
Travel	109,706	46,553	0	0	0	0	21,820	11,433	29,900
Supplies - IT Software	8,291	1,291	0	0	0	0	2,500	2,000	2,500
Supply/Material Professional	18,586	9,786	0	0	0	0	500	300	8,000
Food & Clothing	0	0	0	0	0	0	0	0	0
Bldg/Ground Maintenance	306	306	0	0	0	0	0	0	0
Miscellaneous Supplies	0	0	0	0	0	0	0	0	0
Office Supplies	12,648	4,908	0	0	0	0	3,540	2,000	2,200
Postage	15,268	768	0	0	0	0	10,000	1,000	3,500
Printing	13,674	8,174	0	0	0	0	3,500	0	2,000
Utilities	0	0	0	0	0	0	0	0	0
Insurance	0	0	0	0	0	0	0	0	0
Rentals/Leases - Equip/Other	1,065	665	0	0	0	0	0	0	400
Rentals/Leases - Bldg/Land	17,982	0	0	0	0	0	9,030	4,176	4,776
Repairs	1,052	1,052	0	0	0	0	0	0	0
IT - Data Processing	17,448	9,903	0	0	0	0	3,645	2,000	1,900
IT - Communications	19,700	12,325	0	0	0	0	3,875	1,300	2,200
IT - Contractual Services	237,500	37,500	0	0	0	0	0	200,000	0
Professional Development	9,715	2,715	0	0	0	0	0	4,500	2,500
Operating Fees & Services	25,072	15,072	0	0	0	0	0	10,000	0
Professional Services	18,925	18,925	0	0	0	0	0	0	0
Medical, Dental, and Optical	711	711	0	0	0	0	0	0	
Sub Total Operating	**527,649**	**170,654**	**0**	**0**	**0**	**0**	**58,410**	**238,709**	**59,876**
IT Equip Under $5,000	11,331	10,284	0	0	0	0	0	1,047	0
Other Equip Under $5,000	0	0	0	0	0	0	0	0	0
Office Equip/Furn. Supplies	269	269	0	0	0	0	0	0	0
TOTAL	**539,249**	**181,207**	**0**	**0**	**0**	**0**	**58,410**	**239,756**	**59,876**
General Fund	181,207	181,207	0	0	0	0	0	0	0
Federal Funds	358,042	0	0	0	0	0	58,410	239,756	59,876
Other Funds	0	0	0	0	0	0	0	0	0
GRANTS\SPECIAL LINE ITEMS									
Grants	4,243,400	0	1,240,000	128,400	125,000	2,750,000	0	0	0
Federal Stimulus	0	0	0	0	0	0	0	0	0
WIC Food Payments	0	0	0	0	0	0	0	0	0
TOTAL	**4,243,400**	**0**	**1,240,000**	**128,400**	**125,000**	**2,750,000**	**0**	**0**	**0**
General Fund	1,068,400	0	940,000	128,400	0	0	0	0	0
Federal Funds	0	0	0	0	0	0	0	0	0
Other Funds	3,175,000	0	300,000	0	125,000	2,750,000	0	0	0
GRAND TOTAL	**5,719,248**	**619,852**	**1,240,000**	**128,400**	**125,000**	**2,750,000**	**270,609**	**350,000**	**235,387**
General Fund	1,688,252	619,852	940,000	128,400	0	0	0	0	0
Federal Funds	855,996	0	0	0	0	0	270,609	350,000	235,387
Other Funds	3,175,000	0	300,000	0	125,000	2,750,000	0	0	0
			1		2	3			

OTHER FUNDS

1	300,000	Comm Hlth Trust Fnd
2	125,000	Health Care Trust Fnd
3	2,750,000	Insurance Dist Fnd

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

09-11 EMS Professional Services Line Item

Description	09-11 Current Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Legal	10,630	10,630	-	-	-	-
Evaluate Trauma System	-	-	-	-	-	-
EMS Assessment	-	-	-	-	-	-
Medical	4,200	4,200	-	-	-	-
Training	4,095	4,095	-	-	-	-
Traffic Assessment	-	-	-	-	-	-
Pediatric Training for Ambulance Services	-	-	-	-	-	-
Regional Coord for Ambulance Service	-	-	-	-	-	-
Total Professional Services	**18,925**	**18,925**	**-**	**-**	**-**	**-**

09-11 EMS Information Technology Contractual Services

Description	09-11 Current Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Traffic Assessment (CDM-Mtce Agrmnt)	17,000	17,000	-	-	-	-
Trauma (CDM-Mtce Agrmnt)	10,000	10,000	-	-	-	-
Trauma Registry	200,000	-	-	200,000	-	-
Med Media	5,500	5,500	-	-	-	-
iNET Technologies Trauma Program	5,000	5,000	-	-	-	-
Ambulance Inspections	-	-	-	-	-	-
Personnel and Service Registry	-	-	-	-	-	-
Total IT Contractual Services	**237,500**	**37,500**	**-**	**200,000**	**-**	**-**

CDM-Clinical Data Management

07-09 Emergency Medical Services Division

	07-09 Budget	EMS Med Serv	EMS Training Grants	EMS QRU Grants	EMS Staffing Grants	DOT EMS 402	DOT Traffic Records 408	EMSC Children Services
SALARIES AND WAGES								
FTE EMPLOYEES (Number)	8.50							
Salaries	580,136	278,052	0	0	0	113,422	66,740	121,922
Temporary, Overtime	5,000	5,000	0	0	0	0		0
Benefits	244,219	101,078	0	0	0	55,885	27,297	59,959
TOTAL	**829,355**	**384,130**	**0**	**0**	**0**	**169,307**	**94,037**	**181,881**
General Fund	384,130	384,130		0	0	0	0	0
Federal Funds	445,225	0	0	0	0	169,307	94,037	181,881
Other Funds	0	0		0	0	0	0	0
OPERATING EXPENSES								
Travel	118,189	81,604	0	0	0	9,350	4,500	22,735
Supplies - IT Software	24,157	20,957	0	0	0	1,700	1,500	0
Supply/Material Professional	24,141	17,220	0	0	0	200	100	6,621
Food & Clothing	0	0	0	0	0	0	0	0
Bldg/Ground Maintenance	41	41	0	0	0	0	0	0
Miscellaneous Supplies	500	500	0	0	0	0	0	0
Office Supplies	9,966	2,638	0	0	0	3,328	2,000	2,000
Postage	17,604	4,604	0	0	0	9,800	0	3,200
Printing	22,072	16,522	0	0	0	2,500	1,500	1,550
Utilities	0	0	0	0	0	0		0
Insurance	0	0	0	0	0	0		0
Rentals/Leases - Equip/Other	2,574	2,224	0	0	0	0	0	350
Rentals/Leases - Bldg/Land	19,224	0	0	0	0	9,450	4,600	5,174
Repairs	0	0	0	0	0	0	0	0
IT - Data Processing	13,109	6,884	0	0	0	3,445	1,005	1,775
IT - Communications	15,065	8,349	0	0	0	3,675	1,141	1,900
IT - Contractual Services	37,000	17,000	0	0	0	0	20,000	0
Professional Development	17,927	12,477	0	0	0	0	3,050	2,400
Operating Fees & Services	23,140	17,073	0	0	0	0	6,067	0
Professional Services	138,330	112,055	0	0	0	18,775	7,500	0
Medical, Dental, and Optical	1,847	0	0	0	0	0	0	1,847
Sub Total Operating	**484,886**	**320,148**	**0**	**0**	**0**	**62,223**	**52,963**	**49,552**
IT Equip Under $5,000	5,630	2,630	0	0	0	0	3,000	0
Other Equip Under $5,000	2,000	2,000	0	0	0	0	0	0
Office Equip/Furn. Supplies	1,227	0	0	0	0	0	0	1,227
TOTAL	**493,743**	**324,778**	**0**	**0**	**0**	**62,223**	**55,963**	**50,779**
General Fund	224,778	224,778	0	0	0	0	0	0
Federal Funds	168,965	0	0	0	0	62,223	55,963	50,779
Other Funds	100,000	100,000	0	0	0	0	0	0
GRANTS\SPECIAL LINE ITEMS								
Grants	2,615,000	0	1,240,000	125,000	1,250,000	0	0	0
Federal Stimulus	0	0	0	0	0	0	0	0
WIC Food Payments	0	0	0	0	0	0	0	0
TOTAL	**2,615,000**	**0**	**1,240,000**	**125,000**	**1,250,000**	**0**	**0**	**0**
General Fund	940,000	0	940,000	0	0	0	0	0
Federal Funds	0	0	0	0	0	0	0	0
Other Funds	1,675,000	0	300,000	125,000	1,250,000	0	0	0
GRAND TOTAL	**3,938,098**	**708,908**	**1,240,000**	**125,000**	**1,250,000**	**231,530**	**150,000**	**232,660**
General Fund	1,548,908	608,908	940,000	0	0	0	0	0
Federal Funds	614,190	0	0	0	0	231,530	150,000	232,660
Other Funds	1,775,000	100,000	300,000	125,000	1,250,000	0	0	0
		1	2	3	4			

OTHER FUNDS

1	100,000	Health Care Trust Fnd
2	300,000	Comm Hlth Trust Fnd
3	125,000	Health Care Trust Fnd
4	1,250,000	Insurance Dist Fnd

Emergency Preparedness and Response Section
2011-13 Executive Budget

07-09 EMS Professional Services Line Item

Description	07-09 Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Legal	6,072	6,072	-	-	-	-
Evaluate Trauma System	80,000	80,000	-	-	-	-
EMS Assessment	20,000	20,000	-	-	-	-
Medical	20,858	2,083	18,775	-	-	-
Training	3,900	3,900	-	-	-	-
Traffic Assessment	7,500	-	-	7,500	-	-
Pediatric Training for Ambulance Services	-	-	-	-	-	-
Regional Coord for Ambulance Service	-	-	-	-	-	-
Total Professional Services	**138,330**	**112,055**	**18,775**	**7,500**	**-**	**-**

07-09 EMS Information Technology Contractual Services

Description	07-09 Budget	EMS Med Services	DOT EMS 402	DOT Traffic Records 408	Replace DOT 402 & 408	EMSC Children Services
Traffic Assessment (CDM-Mtce Agrmnt)	20,000	-	-	20,000	-	-
Trauma (CDM-Mtce Agrmnt)	17,000	17,000	-	-	-	-
Trauma Registry	-	-	-	-	-	-
Med Media	-	-	-	-	-	-
iNET Technologies Trauma Program	-	-	-	-	-	-
Ambulance Inspections	-	-	-	-	-	-
Personnel and Service Registry	-	-	-	-	-	-
Total IT Contractual Services	**37,000**	**17,000**	**-**	**20,000**	**-**	**-**

CDM-Clinical Data Management

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Preparedness and Response Section
2011-13 Executive Budget

Awards/Contracts to EMS Communities

Description	2007-09 Budget	2009-11 Current Budget	2011-13 Executive Budget
GRANTS			
Emerg Medical Services Training Grant (General Fund)	940,000	940,000	940,000
EMS Volunteer Training Grant (General Fund)	-	-	300,000
EMS Volunteer Training Grant (Comm Hlth Trust Fund)	300,000	300,000	-
Emerg Medical Services Staffing Grant (Insurance Dist Fund)	1,250,000	2,750,000	1,250,000
Total	**2,490,000**	**3,990,000**	**2,490,000**
PROFESSIONAL SERVICES			
Pediatric Training Ambulance Services (Federal Fund)	-	-	55,000
Regional Coord for Ambulance Service (General Fund)	-	-	98,900
Total	**-**	**-**	**153,900**
Total Awards/Contracts to EMS Communities	**2,490,000**	**3,990,000**	**2,643,900**

*Attachment SIX
*HB 1004
*Amy Smith
*Feb 3, 2011

Department of Health
Health Reform Programs
2011-13 Executive Budget

Program Name	2011-13 Executive Budget FTE	Amount
1 Public Health Infrastructure	1.00	$ 200,000
2 Abstinence		182,100
3 Home Visiting		1,413,012
Total	1.00	$ 1,795,112

1 This program will assist Department staff in moving forward with strategic and business planning and provide performance/quality improvement training. The program will also provide technical assistance to both Department staff and local health in conducting community assessments and preparing for accreditation.

2 This program supports decisions to abstain from sexual activity until marriage by providing abstinence education. The majority of the funds will be contracted to local entities to administer the program.

3 This program provides evidence-based home visiting services to improve outcomes for at risk families with young children. A contractor will be hired to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention and family support services to children and families through evidence-based home visiting.

- Darlene Bartz - Feb 4, 2011

HB 1004 – Department of Health - Attachment ONE

New Construction and Remodeling Plan Reviews July 1, 2009 – December 31, 2010

Facility Type	Small Project	Medium Project	Large Project	Total
LTC	11	9	4	24
Basic Care	1			1
Hospital	14	19	2	35
Total	26	28	6	60

The estimated time for plans review prior to initial approval was 3 hours for small projects, 16 for medium projects, and 80 plus hours for large project. This does not include the time spent on change orders which occur after the initial approval. We are finding that it takes even longer than the estimated time to complete some of the initial reviews due to the complexity of the projects and the need to request additional information.

Currently there are 10 projects awaiting review and 4 projects that have been reviewed but have not been able to be approved yet.

Change Order Reviews

Since the staff members were added, facilities have increased their submissions of addenda, proposal requests, change orders, architect's supplemental instructions, and so forth for review and approval of by the department prior to implementation. This has been a good change and is consistent with the requirements, but adds significantly to the review time on projects. Approximately **35% of the total staff time** dedicated to plans review is spent on reviewing changes to the approved projects.

For example:

- One LTC facility submitted approximately 12 large change orders for review. This may not seem like a lot, however, the information submitted was resulted in a stack of paper 6 inches high to review.

Other projects have submitted change orders on an ongoing basis. Some examples include:

- A hospital that is currently under construction has already submitted **over 50 change orders** and most likely will submit several more before construction is completed.
- One LTC facility submitted **30 change orders** during construction.
- Another LTC facility that is currently under construction has submitted **over 50 change orders** and will most likely submit more before completion.

It is estimated that we need to plan for an average of 30 change orders will be received on the large projects, and fewer on the medium and small projects. As the size and complexity of the projects decrease, there is a corresponding decrease in the number of changes.

Other:

- The two new positions (0.5 FTE for plans review and 1.5 FTE for onsite construction visits) were filled by October 2009. Subsequently, some time was spent following their hire to orient them to their positions.
- The staff member hired 0.5 FTE for Plans Review and 0.5 FTE for Onsite Construction visits was on Medical Leave for about 4 months in late 2010. At least 90% of this employee's time is currently being spent on plans review.

-HB 1004
- Mary Dasovich
- Feb 4, 2011
- Attachment THREE

State Funds

General and Special funds are used to provide:

- Crisis Line Services
- Crisis Response/Emotional Support
- Criminal Justice Advocacy
- Protection Order Assistance
- Emergency Shelter/Safe Home Services
- Domestic Violence and Sexual Assault Services
- Long-Term Shelter Transitional Housing
- Adult Therapy
- Child and Adolescent
- Child/Youth Support
- General Domestic Violence/Sexual Assault Awareness Education
- Primary Prevention
- Training Community Professionals
- Data Collection
- Domestic Violence Offender Treatment Program
- Supervised Visitation and Exchange Services

- Attachment TWO
-HB 1004

NORTH DAKOTA HEALTH DEPARTMENT
DOMESTIC VIOLENCE\RAPE CRISIS
FEDERAL GRANTS

- Mary Dasovich
- Feb 4, 2011

Stop Violence Against Women Formula Grants Program

Federal Grantor Agency: Office of Justice, Violence Against Women Office

Program Purpose: The focus of the STOP Program is to support communities in their efforts to develop and strengthen effective law enforcement and prosecution strategies to combat domestic violence, sexual assault, dating violence, and stalking crimes against women and to develop and strengthen victim services. Emphasize is on implementing comprehensive strategies that are sensitive to the needs and safety of victims and hold offenders accountable for their crimes.

Funded Activities: Below are examples of how ND uses the funds.

- Victim Services: Provides funds to domestic violence/rape crisis agencies to provide direct services to victims. – Mandated by the grant
- Law Enforcement: Supports special investigators, trainings and investigative equipment
- Prosecution: Supports special prosecutors, victim witness advocates, and trainings
- Discretionary: Supports Sexual Assault Nurse Examiner Programs, outreach sites in rural areas, counseling on college campuses, a tribal shelter, and safe visitation and exchange sites
- Courts: Supports one model family court

Family Violence Prevention and Services Program

Federal Grantor Agency: Department of Health and Human Services

Grant Purpose: To assist in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

Funded Activities:

- 24-hour crisis lines,
- Emergency and long term shelter,
- Crisis intervention,
- Counseling for children who are victims of or witnesses to domestic violence,
- Peer support and counseling,

- Court advocacy, mainly assisting with protection orders,
- Child visitation centers (provide supervised visitation for families and child transfers),
- Public education, each agency shall provide education on domestic violence issues in their service area to community organizations, churches, service clubs, schools, and colleges, and
- Trainings for health care professionals, law enforcement agencies, the judicial system, and human services.

Rape Crisis

Federal Grantor Agency: Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant

Grant Purpose: To provide crisis services to victims of sexual assault.

Funded Activities: The domestic violence/rape crisis agencies provide the following services:

- Crisis hotlines
- Volunteer advocate trainings
- Prevention presentations on dating violence and date rape to middle school, high school, and college students*
- Awareness presentations sexual assault services to professionals, general public, civic organizations and religious groups

Grants to Encourage Arrest

Federal Grantor Agency: Office of Justice, Violence Against Women Office

Grant Purpose:

- Implement pro-arrest programs and policies in police departments, including policies for protection order violations.
- Develop and implement policies and training for police, prosecutors, probation, and parole officers, and the judiciary in recognizing, investigating, and prosecuting instances of sexual assault, with an emphasis on recognizing the threat to the community for repeat crime perpetration by such individuals.
- Address system accountability by conducting a safety audit of the jurisdiction's criminal justice system.

Funded Activities:

- Update and provide technical assistance on the implementation of the model law enforcement domestic violence policies created for North Dakota (ND) through the 2004 GTEA Grant.

- Utilize the assistance of RCJC to conduct an analysis to determine the number of law enforcement agencies in ND which have a sexual assault policy and conduct a comparative analysis to the International Association of Chiefs of Police model policy.

- Utilize the assistance of RCJC to conduct a survey pertaining to the removal of firearms in protection orders and in misdemeanor domestic violence convictions. This information will be collected and compiled into a "Best Practices" procedural manual for statewide distribution.

- Develop and provide a Train-the-Trainer workshop to develop the capacity of advocacy programs and law enforcement agencies to conduct domestic violence and sexual assault training in their communities.

- Develop safety and accountability audit teams in two North Dakota communities to analyze and make recommendations to improve dispatch, law enforcement and domestic violence advocacy response to victims of domestic violence, and in two other North Dakota communities to analyze and make recommendations to improve prosecution, judiciary and probation response to victims of domestic.

- Utilize the assistance of TJI to coordinate and present information on domestic violence and sexual assault dynamics to state and tribal court judges in addition to providing information on how better to handle these cases in court.

- Develop a model policy for ND law enforcement response to sexual assault.

- Develop and distribute a brochure describing the signs and symptoms of strangulation, investigative techniques, and an explanation of ND's new strangulation law in order to increase arrests in cases of domestic violence.

- Provide legal assistance to victims seeking to access the protection order process.

  Proposed 2011 – 2013 grant.

- Goal 1: To establish appropriate and effective advocacy, law enforcement, prosecutorial, and judicial response to domestic violence in Divide, Williams, Burke, Mountrail, McKenzie, and Ward counties (including the Three Affiliated Tribes.

- Goal 2: Implementation and evaluation of the Model Law Enforcement Policy on Sexual Assault Investigation.

Safe Havens: Supervised Visitation and Exchange

Federal Grantor Agency: Office of Justice, Violence Against Women Office

Grant Purpose: Supports a safe place for supervised visitation or exchange of children in situations involving domestic violence, dating violence, child abuse, sexual abuse or stalking.

Funded Activities:
Three established visitation centers, propose the following goals:

- To enhance the safety and well being of children and adult victims using the centers
- To enhance the centers' response to multicultural and diversity concerns and the needs of underserved populations
- To enhance a collaborative community response

Sexual Assault Services Grant

Federal Grantor Agency: Office of Justice, Violence Against Women Office

Grant Purpose: Dedicated funding to provide direct intervention and related assistance to victims of sexual assault.

Funded Activities:

- Crisis lines
- Accompanying and advocacy through medical, criminal justice, and social support systems
- Crisis intervention services
- Referrals to assist victims and family members affected by the assault
- Interpreter services

Rape Prevention and Education

Federal Grantor Agency: Department of Health and Human Services, Centers for Disease Control and Prevention. Division of Injury Prevention and Control

Grant Purpose: These funds are used to develop primary sexual violence prevention plans and programs.

Funded Activities:

- Support educational seminars, training programs for professionals, development of informational materials, and special programs for underserved communities
- NDDoH and NDCAWS provide statewide prevention technical assistance and training to local grantees
- Grantees on needs and resources assessment of their identified target population,
- Develop goals, objectives, and activities to provide overall direction for their sexual violence primary prevention programs.
- Research and select evidence-based curriculums and prevention strategies that will influence changes to one or all of the first three components of the social-ecological model - individuals, relationships, and communities.
- Assess if the chosen strategies to prevent sexual violence will fit into their selected communities.
- Determine if the DV/RC agency and community task force have the capacity needed to implement the selected strategies

Building Comprehensive Prevention Program Planning and Evaluation Capacity for Rape Prevention and Education Funded Programs (EMPOWER)

Federal Grantor Agency: Department of Health and Human Services, Centers for Disease Control and Prevention

Grant Purpose: To increase the comprehensive primary prevention program planning and evaluation capacity of the North Dakota Department of Health and NDCAWS/CASAND office.

Funded Activities: These funds are used to collaborate with other partners on the ND Intimate Partner and Sexual Violence Prevention Team (SPT). The SPT completed the statewide needs and resources assessment, selected goals and outcomes which will help with the RPE work in the state, build the capacity of partners and their organizations and look at better data collections. A state plan has been completed.

Attachment Four - HB 1004 - Feb 4, 2011 - Mary DeSoto

COMMUNITY HEALTH SECTION

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**44.30**	**47.80**	**47.80**	**48.80**	**1.00**	**2%**
Salaries	2,926,385	2,395,637	3,535,826	3,918,582	382,756	11%
Temporary, Overtime	140,918	126,703	255,700	560,096	304,396	119%
Benefits	1,022,111	932,435	1,473,450	1,729,334	255,884	17%
TOTAL	**4,089,414**	**3,454,775**	**5,264,976**	**6,208,012**	**943,036**	**18%**
General Fund	789,421	314,793	638,401	1,022,066	383,665	60%
Federal Funds	3,277,771	3,048,235	4,626,575	5,070,948	444,373	10%
Other Funds	22,222	91,747	0	114,998	114,998	100%
OPERATING EXPENSES						
Travel	291,857	212,552	325,908	442,369	116,461	36%
Supplies - IT Software	58,768	47,267	54,224	59,383	5,159	10%
Supply/Material Professional	443,366	271,086	471,941	625,878	153,937	33%
Food & Clothing	0	0	0	0	0	
Bldg/Ground Maintenance	1,284	1,012	1,181	1,240	59	5%
Miscellaneous Supplies	668	0	0	12,080	12,080	100%
Office Supplies	128,830	34,634	59,264	77,458	18,194	31%
Postage	129,377	41,227	61,315	72,545	11,230	18%
Printing	168,985	119,982	185,397	255,648	70,251	38%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Rentals/Leases - Equip/Other	8,634	4,754	7,389	7,758	369	5%
Rentals/Leases - Bldg/Land	98,648	90,559	158,731	192,628	33,897	21%
Repairs	3,907	1,096	1,864	1,957	93	5%
IT - Data Processing	102,353	108,651	122,240	123,796	1,556	1%
IT - Communications	71,554	58,100	92,931	103,702	10,771	12%
IT - Contractual Services	245,401	187,497	229,461	413,621	184,160	80%
Professional Development	91,713	50,345	76,698	94,733	18,035	24%
Operating Fees & Services	36,561	21,557	29,593	46,373	16,780	57%
Professional Services	3,218,575	2,688,689	4,625,589	4,986,420	360,831	8%
Medical, Dental, and Optical	19,150	6,043	24,693	82,493	57,800	234%
Sub Total Operating	**5,119,631**	**3,945,052**	**6,528,419**	**7,600,082**	**1,071,663**	**16%**
IT Equip Under $5,000	42,323	26,090	31,998	33,150	1,152	4%
Other Equip Under $5,000	2,327	0	0	2,000	2,000	100%
Office Equip/Furn. Supplies	8,555	35,534	32,580	3,300	(29,280)	-90%
TOTAL	**5,172,836**	**4,006,676**	**6,592,997**	**7,638,532**	**1,045,535**	**16%**
General Fund	288,844	119,106	408,899	698,057	289,158	71%
Federal Funds	4,873,992	3,799,108	5,879,766	6,840,474	960,708	16%
Other Funds	10,000	88,462	304,332	100,001	(204,331)	-67%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5,000	0	0	0	30,200	30,200	100%
IT Equip/Software >$5,000	0	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**30,200**	**30,200**	**100%**
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	30,200	30,200	100%
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	14,869,710	10,750,677	19,098,046	22,006,032	2,907,986	15%
WIC Food	19,315,327	12,351,464	25,063,375	24,158,109	(905,266)	-4%
Tobacco Prevention Control	8,428,453	3,221,225	9,080,745	6,162,396	(2,918,349)	-32%
Contingency - CHTF	0	0	0	0	0	
Federal Stimulus	0	523,354	1,937,609	113,166	(1,824,443)	-94%
TOTAL	**42,613,490**	**26,846,719**	**55,179,775**	**52,439,703**	**(2,740,072)**	**-5%**
General Fund	760,000	1,341,656	2,575,900	3,798,758	1,222,858	47%
Federal Funds	35,318,583	23,493,427	45,050,813	44,567,825	(482,988)	-1%
Other Funds	6,534,907	2,011,636	7,553,062	4,073,120	(3,479,942)	-46%
GRAND TOTAL	**51,875,740**	**34,308,170**	**67,037,748**	**66,316,447**	**(721,301)**	**-1%**
General Fund	1,838,265	1,775,555	3,623,200	5,518,881	1,895,681	52%
Federal Funds	43,470,346	30,340,770	55,557,154	56,509,447	952,293	2%
Other Funds	6,567,129	2,191,845	7,857,394	4,288,119	(3,569,275)	-45%

TOBACCO SPECIAL LINE

	2007-09 Actual Expenditures	Expend To Date Nov 2010	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	**7.00**	**7.00**	**7.34**	**7.00**	**(0.34)**	**-5%**
Salaries	550,513	437,359	635,803	653,065	17,262	3%
Temporary, Overtime	686	28,255	10,000	25,000	15,000	150%
Benefits	192,795	163,476	257,238	271,598	14,360	6%
TOTAL	**743,994**	**629,089**	**903,041**	**949,663**	**46,622**	**5%**
General Fund	0	0	0	0	0	
Federal Funds	631,714	556,576	785,940	922,163	136,223	17%
Other Funds	112,280	72,513	117,101	27,500	(89,601)	-77%
OPERATING EXPENSES						
Travel	33,436	29,786	43,935	47,011	3,076	7%
IT - Software/Supp.	19,768	9,919	13,271	13,935	664	5%
Professional Supplies & Mat	4,158	2,464	1,170	1,228	58	5%
Food & Clothing	0	0	0	0	0	
Buildings/Vehicle Maintenan	0	0	0	0	0	
Miscellaneous Supplies	0	0	0	0	0	
Office Supplies	5,295	4,127	5,785	6,019	234	4%
Postage	2,937	3,905	7,182	7,540	358	5%
Printing	11,849	22,066	39,604	42,016	2,412	6%
Utilities	0	0	0	0	0	
Insurance	0	0	0	0	0	
Lease/Rentals - Equipment	1,124	657	1,440	1,512	72	5%
Lease \Rentals-- Buildings./L	18,035	14,756	26,179	27,488	1,309	5%
Repairs	314	115	314	330	16	5%
IT-Data Processing	8,854	8,648	13,524	14,968	1,444	11%
IT-Telephone	12,315	7,269	12,037	12,639	602	5%
IT - Contractual Services	110	26,345	0	0	0	
Professional Development	37,765	19,320	28,272	29,686	1,414	5%
Operating Fees & Services	6,744	0	3,512	3,688	176	5%
Professional Services	1,696,353	1,775,715	3,655,841	3,651,393	(4,448)	0%
Medical, Dental, and Optical	0	0	0	0	0	
Sub Total Operating	**1,859,057**	**1,925,091**	**3,852,066**	**3,859,453**	**7,387**	**0%**
IT Equip Under $5000	6,897	7,725	10,000	5,100	(4,900)	-49%
Other Equip Under $5000	0	0	0	0	0	
Office Equip Under $5000	3,808	14,178	25,180	25,180	0	0%
TOTAL	**1,869,762**	**1,946,994**	**3,887,246**	**3,889,733**	**2,487**	**0%**
General Fund	0	0	0	0	0	
Federal Funds	705,810	435,789	718,852	631,737	(87,115)	-12%
Other Funds	1,163,952	1,511,205	3,168,394	3,257,996	89,602	3%
CAPITAL ASSETS						
Other Capital Paymnts	0	0	0	0	0	
Extraordinary Repairs	0	0	0	0	0	
Equipment >$5000	0	0	0	0	0	
IT Equip >$5000	0	0	0	0	0	
TOTAL	**0**	**0**	**0**	**0**	**0**	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Other Funds	0	0	0	0	0	
GRANTS\SPECIAL LINE ITEMS						
Grants	5,814,697	645,142	4,290,458	1,323,000	(2,967,458)	-69%
WIC Food	0	0	0	0	0	
Tobacco Prevention Control	0	0	0	0	0	
Tobacco Prev Advisory Com	0	0	0	0	0	
TOTAL	**5,814,697**	**645,142**	**4,290,458**	**1,323,000**	**(2,967,458)**	**-69%**
General Fund	0	0	0	0	0	
Federal Funds	969,824	586,771	1,173,824	1,098,000	(75,824)	-6%
Other Funds	4,844,873	58,371	3,116,634	225,000	(2,891,634)	-93%
GRAND TOTAL	**8,428,453**	**3,221,225**	**9,080,745**	**6,162,396**	**(2,918,349)**	**-32%**
General Fund	0	0	0	0	0	
Federal Funds	2,307,348	1,579,136	2,678,616	2,651,900	(26,716)	-1%
Other Funds	6,121,105	1,642,089	6,402,129	3,510,496	(2,891,633)	-45%

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Legal	32,894	27,780	(5,114)	-15.5%
Women's Way-Blue Cross Blue Shield	1,090,000	1,130,000	40,000	3.7%
Women's Way-Local Public Health Units	1,155,000	850,000	(305,000)	-26.4%
Women's Way-Recruitment Campaign	83,000	126,000	43,000	51.8%
Cancer Registry-Data Consultant/Coding Abstract Specialist	75,000	190,000	115,000	100.0%
Comprehensive Cancer-Program Evaluator UND	15,000	30,000	15,000	100.0%
Comprehensive Cancer-Special Projects	35,000	60,000	25,000	71.4%
Division of Cancer-WW Web Based Data System	25,000	0	(25,000)	-100.0%
Heart Disease & Stroke Prevention-Communication Consultant	70,000	30,000	(40,000)	-57.1%
Heart Disease & Stroke Prev-Clinical Information Systems	70,000	0	(70,000)	-100.0%
Heart Disease & Stroke Prevention-Program Consultant	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Partnership Development	60,000	50,000	(10,000)	-16.7%
Heart Disease & Stroke Prevention-Evaluation Consultant	16,000	0	(16,000)	-100.0%
Heart Disease & Stroke Prevention-Disease Mgmt Pilot	60,000	0	(60,000)	-100.0%
Heart Disease & Stroke Prevention-Quality Improvement Project	60,000	100,000	40,000	66.7%
Heart Disease & Stroke Prevention-Capacity Building	0	175,000	175,000	100.0%
Heart Disease & Stroke Prevention-Arnold Project	0	10,000	10,000	100.0%
Stroke Registry	0	60,000	60,000	100.0%
BRFSS-Behavior Risk Survey Federal	350,000	588,000	238,000	68.0%
Diabetes-Disease Management Coordinator (BCBS)	120,000	70,000	(50,000)	-41.7%
Diabetes-Evaluation and Surveillance Consultant	50,000	40,000	(10,000)	-20.0%
Diabetes-ND Diabetes Partnership Collaborative Coordinator	100,000	20,000	(80,000)	-80.0%
Diabetes-Communications Consultant	80,000	20,000	(60,000)	-75.0%
Diabetes-Clinic Registry Projects	30,000	0	(30,000)	-100.0%
Family Planning-Clinical Consultant	45,200	50,600	5,400	11.9%
Maternal and Child Health (MCH)-Medical Fee Contract	115,000	115,000	0	0.0%
(MCH)-Evaluation/Communication Consultant	50,000	134,500	84,500	169.0%
Maternal and Child Health (MCH)-New Parenting/Scoliosis	20,000	0	(20,000)	-100.0%
Oral Health-Public Health Dentist/Coalition Coordinator	12,500	0	(12,500)	-100.0%
Oral Health-Communication	44,000	50,000	6,000	13.6%
Oral Health-Program Evaluator & PANDA	47,000	80,000	33,000	70.2%
Early Childhood Comprehensive System-Program Evaluator	80,000	55,000	(25,000)	-31.3%
School Health-Program Evaluator	71,000	30,000	(41,000)	-57.7%
Home Visiting Federal	0	182,512	182,512	100.0%
Child Safety Program-Program Facilitators	150,000	170,000	20,000	13.3%
Suicide Prevention-GF	0	150,000	150,000	100.0%
Suicide Prevention-Data Collection (UND)	40,000	0	(40,000)	-100.0%
Suicide Prevention-Local Program Consultant	35,000	0	(35,000)	-100.0%
Suicide Prevention-Public Awareness Campaign	13,000	0	(13,000)	-100.0%
Poison Control Hotline	149,000	149,000	0	0.0%
Professional Not Classified	59,715	15,028	(44,687)	-74.8%
Women, Infant and Children (WIC)-Consultants/Speakers	15,000	18,000	3,000	20.0%
Women, Infant and Children (WIC)-Evaluation Consultant	42,280	10,000	(32,280)	-76.3%
Women, Infant and Children (WIC)-EBT	0	200,000	200,000	100.0%
Total Professional Fees	**$ 4,625,589**	**$ 4,986,420**	**$ 360,831**	**7.8%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Information Technology Contractual Services

Description	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Home Visiting CVR	0	50,000	50,000	100.0%
Family Planning	0	42,000	42,000	100.0%
SPSS Annual Maintenance	0	22,000	22,000	100.0%
Cancer Prevention and Control	14,461	14,821	360	2.5%
WIC IT Contractor	215,000	284,800	69,800	32.5%
Total IT Contractual Services	**$ 229,461**	**$ 413,621**	**$ 184,160**	**80.3%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Professional Services Line Item

Description	2009-11 Budget	2011-13 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
Quitline-Fund 316				
Quitline Vendor-Healthways	746,654	1,520,000	773,346	103.57%
Quitline Vendor-UND	322,346	793,238	470,892	146.08%
Quitline Vendor-Results Unlimited	20,000	200,000	180,000	900.00%
Quitline Vendor Evaluation	0	80,000	80,000	100.00%
Quitline Promotion	50,000	150,000	100,000	200.00%
Quitline Promotion-Cameo Communications	0	10,000	10,000	100.00%
QuitNet Vendor-Healthways	334,000	334,000	0	0.00%
State Employee Cessation - Promotion	10,000	10,000	0	0.00%
Tobacco Consultants -Cameo Communications	0	50,000	50,000	100.00%
Adult Tobacco Survey-Advisory Committee	75,000	140,000	65,000	86.67%
Quitline Promotion-CDC Funds				
Quitline Vendor-UND/Other	160,000	0	(160,000)	-100.00%
Quitline Vendor-Results Unlimited	280,000	130,000	(150,000)	-53.57%
ssation Services	0	53,000	53,000	100.00%
obacco Consultants -Cameo Communications	85,850	110,000	24,150	28.13%
Legal - Tobacco & Misc.	12,033	13,155	1,122	9.32%
Tribal Tob Consultants-TBD	50,000	0	(50,000)	-100.00%
Tobacco Program Evaluation-NDSU	20,000	0	(20,000)	-100.00%
Youth Tobacco Survey-Winkelman	40,000	24,000	(16,000)	-40.00%
Kat Communications	17,000	24,000	7,000	41.18%
Arnold Project	0	10,000	10,000	100.00%
Apprn Authority for Tobacco Measure #3	1,432,958	0	(1,432,958)	-100.00%
	$ 3,655,841	**$ 3,651,393**	**$ (4,448)**	**-0.1%**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
Abstinence Education	159,000	14,974	144,026	164,000		164,000	
Sexual Violence Prev.-RPE	168,000	84,165	83,835	165,000		165,000	
Comprehensive Cancer	80,000	19,592	60,408	120,000		120,000	
Colorectal Grants (CHTF)	338,233	49,209	289,024	477,600	477,600		
Domestic Violence (GF & SF)	2,050,000	1,288,458	761,542	2,050,000	1,710,000		340,000
Donated Dental Services (GF)	50,000	27,260	22,740	50,000	50,000		
Early Childhood Comprehensive System	150,000	0	150,000	150,000		150,000	
Family Planning	2,610,000	1,171,482	1,438,518	2,234,500		2,234,500	
Family Violence	1,346,806	875,583	471,223	1,374,800		1,374,800	
Fetal Alcohol Program (GF)	369,900	190,621	179,279	0			
Comm. Defined Solutions End Violence	775,000	340,582	434,418	949,700		949,700	
Home Visiting	0	0	0	845,000		845,000	
Heart Disease and Stroke Prevention	20,000	3,972	16,028	200,000		200,000	
Stroke Registry (CHTF)	472,700	72,689	400,011	394,824	172,200		222,624
MCH Block	1,975,000	1,122,041	852,959	1,651,300		1,651,300	
Mobile Dental Care Program	196,000		196,000	0			
Oral Health	60,000	4,401	55,599	50,000		50,000	
Oral Health Workforce Activities	0		0	343,000		343,000	
Prenatal Alcohol Screening (FAS)	0		0	388,458	388,458		
Preventive Health Block Grant	85,452	67,836	17,616	151,500		151,500	
Sexual Violence RPE	175,000	118,613	56,387	175,000		175,000	
Safe Havens - Going Away	490,000	302,033	187,967	642,000		642,000	
School Health	0		0	14,000		14,000	
Sexual Assault Services	0	84,176	(84,176)	380,000		380,000	
STOP Violence	1,420,000	926,043	493,957	1,493,200		1,493,200	
Suicide Prevention Fed to General	740,000	223,206	516,794	700,000	700,000		
Women's Way Change to CONTRACTS	0	0	0	300,500	300,500 - CHTF		
Women's Way Care Coordination Going Away	0	0	0	400,740		400,740	
WIC Peer Counseling	110,000	40,732	69,268	122,300		122,300	
Women, Infant & Children Program (WIC)	5,256,955	3,723,009	1,533,946	6,018,610		6,018,610	
Total Grants	**$ 19,098,046**	**$ 10,750,677**	**$ 8,347,369**	**$ 22,006,032**	**$ 3,798,758**	**$ 17,644,650**	**$ 562,624**

NORTH DAKOTA DEPARTMENT OF HEALTH
Tobacco Special Appropriation Line
2011-13 Executive Budget

Grant Line Item

Description	2009-11 Current Budget	Expend To Date Nov 2010	2009-11 Amount Remaining	2011-13 Executive Budget	2011-13 General Fund	2011-13 Federal Fund	2011-13 Special Fund
CDC Tobacco Preventions	1,173,824	586,771	587,053	1,098,000		1,098,000	
CHTF Cessation Program	225,000	58,371	166,629	225,000			225,000
CHTF to Local Health Units	2,891,634		2,891,634	-			
Total Grants	**$ 4,290,458**	**$ 645,142**	**$ 3,645,316**	**$ 1,323,000**	**$ -**	**$ 1,098,000**	**$ 225,000**

NORTH DAKOTA DEPARTMENT OF HEALTH
Community Health Section
2011-13 Executive Budget

Equipment > $5,000

Description\Narrative	Dept	Quantity	Base Price	Total Equipment
Dental Portable Operatories	FH	4	6,000	24,000
Portable Autoclave Sterilization Unit	FH	1	6,200	6,200
Community Health Total				**30,200**

This Equipment is funded with federal funds.

-Attachment ONE
- Arvy Smith
- HB 1004
- Feb 7, 2011

Air Quality Contracting with Consultants:

The Department has requested approximately $100,000 of additional spending authority to be used to contract with outside consultants to further the developmental work on air quality models. Specifically, the additional authority will be used to contract with qualified consultants to provide expert peer review of the air quality modeling protocol proposed by the Department. This activity will be conducted prior to soliciting public and the Environmental Protection Agency comment at a cost of approximately $30,000. In addition, the Department will contract with a qualified consultant proficient in air quality modeling to assist in meteorological data review/consolidation, and exploring new methods in improving precipitation air quality model data inputs. The cost of this activity is estimated to be $70,000.

Legal Fees:

The Department has requested additional spending authority to fund anticipated legal challenges in several of the Environmental Health Sections programs. The Department is currently active in pursuing a Petition for Reconsideration from the U.S. Environmental Protection Agency relating to a recently proposed 1 hour SO2 air quality standard. This action is anticipated to carry over into the next biennium. In addition concern regarding proposed rules relating to Greenhouse Gases; water quality determinations impacting operation of the Devils Lake outlet(s) as well as downstream uses of the Sheyenne and Red Rivers; and increased activity in the Underground Storage Tank, Confined Animal Feeding Operation and Stormwater programs are anticipated to result in the Department having to pursue either enforcement of the regulations or defending the Department from outside challenges. In addition, increased oilfield development activity has resulted in an increase in required enforcement actions in all of our media programs needed to ensure compliance with appropriate environmental quality regulations.

North Dakota Department of Health
Environmental Health Section
Air Quality Contracting with Consultants

	2009-11 Current Budget	Expended thru 1/30/2011	2009-11 Total Expended by Funding			2011-13 Executive Budget	2011-13 Funding Source			
			General	Federal	Special		General	Federal	Special	
Collection of air monitoring samples	57,485	46,559		45,459	1,100	57,485		57,485		
Consultant - filter analysis	7,967	19,056		18,939	117	7,967		7,967		
Radiation Education	17,953	16,713	441	15,453	819	17,953		17,953		
Radiation safety evaluations of x-ray registrants	4,725	4,725	1,654		3,071	4,725	1,654		3,071	
Statistcal analysis of air quality modeling systems	16,870	16,377			16,377	16,870			16,870	
Peer review of air quality modeling protocol						30,000			30,000	*
Consultant - review / consolidation of data						70,000			70,000	*
Grand Total	**105,000**	**103,430**	**2,095**	**79,851**	**21,484**	**205,000**	**1,654**	**83,405**	**119,941**	

*Funded with Title V Special Funds

North Dakota Department of Health
Environmental Health Section
Legal Fees

Section	2009-11 Current Budget	Expended thru 1/30/2011	2009-11 Funding Source			2011-13 Executive Budget	2011-13 Funding Source	
			General	Federal	Special		General	Federal/Special
Air Quality	330,500	33,630	656	3,196	29,778	530,500	6,448	524,052
Water Quality	100,000	46,828	8,580	38,248		165,000	30,233	134,767
Municipal Facilities	4,000	971	22	948		5,000	114	4,886
Waste Management	11,000	19,696	7,138	9,710	2,848	26,000	9,422	16,578
Chief's Office		11,434	506	730	10,198			
Microbiology Lab	760	240	98	95	47	760	311	449
Total	446,260	112,799	17,000	52,928	42,871	727,260	46,528	680,732

CHAPTER 23-07.2
HEMOPHILIA ASSISTANCE

- Attachment TWO
- Arvy Smith
- HB 1004 - Feb 7, 2011

23-07.2-01. Definitions. As used in this chapter, unless the context or subject matter otherwise requires:

1. "Hemophilia" means a bleeding tendency resulting from a genetically determined deficiency or abnormality of a blood plasma factor or component.

2. "State health officer" means the state health officer as defined in this title.

23-07.2-02. Blood disorder assistance program. The state health officer shall establish a program of financial assistance to persons suffering from hemophilia and other related congenital bleeding disorders. The program shall assist those persons to purchase the blood derivatives and supplies necessary for home care.

23-07.2-03. Recovery from other sources. The state health officer may enter into agreements with third parties, including any insurer or private sources, for recovery of payments for blood products and supplies used in home care by persons participating in the program.

23-07.2-04. Rulemaking authority. The state health officer shall:

1. Establish a reasonable cost for blood products and supplies used in home care as a basis of reimbursement under this chapter.

2. Determine when reimbursement may not be made under this chapter for any blood products or supplies which are not purchased in compliance with regulations promulgated pursuant to this chapter. Reimbursement may not be made under this chapter for any portion of the costs of blood products or supplies which are payable under any other state or federal program or under any grant, contract, or any other contractual arrangement.

3. Define what constitutes "home care".

4. Define what constitutes "income", "net worth", and "patient eligibility" for assistance.

5. Provide guidelines to determine individual liability.

6. Adopt all rules necessary to implement subsections 1 through 5 pursuant to chapter 28-32.

CHAPTER 23-07.1
TUBERCULOSIS TREATMENT

23-07.1-01. Declaration of legislative intent. It is hereby declared that it is the intent of the legislative assembly, as follows: It is the policy of the state of North Dakota to treat persons having tuberculosis as dangerous to the health and welfare of the citizens of the state. It is also the policy of the state to declare that all cases of tuberculosis should be treated in an appropriate facility in order to complete the course of therapy for tuberculosis to lower the risk of relapse. To this end, it is declared that isolation provisions to achieve treatment of such persons should be accomplished to the fullest extent regardless of such person's ability to pay. It is further declared that such persons with tuberculosis must be given full opportunity to enter treatment voluntarily and to seek treatment from physicians and hospitals of their own choice at their own expense. In order to effectively prevent the spread of this disease it is necessary that the state:

1. Further the discovery, care, supervision, and treatment of persons having tuberculosis.

2. Encourage the use of all available public and private facilities to that end.

3. Regard this tuberculosis program as one of public health and one to be dealt with according to public health requirements rather than those of indigency.

23-07.1-01.1. Definitions. As used in this chapter:

1. "Appropriate facility" includes a licensed hospital, a public or private outpatient clinic, a long-term care facility, a correctional facility, or a person's home, and may also include directly observed therapy under the supervision of the department.

2. "Department" means the state department of health, including local public health boards.

3. "Medically approved course of treatment" means a treatment regimen or therapy prescribed by a licensed physician.

4. "Tuberculosis" includes those cases in which a person is found to have tuberculosis based upon laboratory testing, clinical evidence, or as diagnosed by a physician, the department, or a local health officer.

23-07.1-02. Care and treatment of tuberculosis patients or suspects provided without charge by state. Care and treatment provided by the state of North Dakota for persons suffering from tuberculosis, including diagnosis, tests, studies, and analyses for the discovery of tuberculosis, must be available without cost or charge to anyone who is suffering from tuberculosis or is suspected of having tuberculosis. Any such person who volunteers to assume and pay for the cost of such care and treatment or for the cost of such diagnosis, test, studies, or analyses must be permitted to do so; but no state, county, or other public official may request or require such payment or make or cause to be made any inquiry or investigation for the purpose of determining the ability of such person or of the person's legally responsible relatives to pay therefor. This section in no way bars freedom of the individual to seek treatment from a physician or in an institution of the individual's choice at the individual's own expense.

23-07.1-03. State has prior claim on patient benefits. Notwithstanding any provision in this chapter, this state has prior claim on benefits for the care and treatment of tuberculosis, including diagnosis, tests, studies, and analyses, accruing to patients for whom care and treatment is provided by the state of North Dakota under entitlement by the federal government, medical or hospital insurance contracts, workforce safety and insurance, or the medical care and disability provisions of programs under the supervision of the department of human services.

23-07.1-04. State health officer - Designee - Responsibility. The state health officer or designee is responsible for the inpatient and outpatient care of persons afflicted or suspected of being afflicted with tuberculosis. If the state health officer determines that suspected or actual tuberculous patients may be adequately cared for on an inpatient basis by contract with general hospitals or other appropriate facilities, authority for contracting with such facilities is granted to the state health officer. In addition, the state health officer is authorized to establish and maintain the necessary outpatient clinics for diagnostic workup and evaluation on all suspected or actual tuberculous patients in the state. The state health officer shall pay the contract fee to general hospitals or other appropriate facilities and provide funds to the outpatient evaluation clinics from funds to be appropriated for this purpose by the legislative assembly. The state's claim on patient benefits as provided in section 23-07.1-03 applies insofar as applicable to tuberculous patients in general hospitals and for services rendered in outpatient clinics. The state health officer or a designee has the power to:

1. Do any act necessary and proper in the performance of the functions imposed upon the state health officer by the provisions of this chapter.

2. Issue orders and compel obedience thereto.

3. Administer oaths.

23-07.1-05. Reports - Orders for the custody of persons. Upon a report to or receipt of information by the state health officer or any physician in the state that any person is reasonably suspected to have or to have been exposed to tuberculosis, a report must be made to the state health officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinced that the person may have, or may have been exposed to, tuberculosis, the state health officer shall request the person to voluntarily seek appropriate care and treatment. If the person refuses to accept voluntary care and treatment, the state health officer may issue a temporary order for care and treatment as determined by the state health officer. If the state health officer's temporary order is ignored, the state health officer may issue an order directing the sheriff or any peace officer of the county where the person alleged to have tuberculosis resides to compel the attendance of the person and may provide for suitable housing and care of the person until a hearing is held pursuant to section 23-07.1-08.

Prior to issuing a final order, the state health officer or a designee shall hear all relevant testimony for or against the final order. The examination and hearing on the order must be in the presence of the person alleged to have tuberculosis. The alleged tubercular person and any relative may resist the order and the parties may be represented by counsel.

23-07.1-06. Physician's examination - Findings - Final order. The state health officer may appoint a practicing physician to make a personal examination of a person alleged to have tuberculosis and to make such thorough investigation of that person's condition as will enable the state health officer to determine whether or not that person has tuberculosis. As soon as practical after the return of the physician's statement to the state health officer, the state health officer shall conclude the investigation and make a determination. If the state health officer finds that the alleged tubercular person does not have tuberculosis and is not dangerous to public health, the case shall be dismissed. If the state health officer finds that the person does have tuberculosis, the state health officer shall issue a final order that must:

1. State findings that the person does have tuberculosis;

2. State that the person is not undertaking a medically approved course of treatment for tuberculosis; and

3. Authorize an appropriate facility specified in the order to administer necessary and appropriate care, treatment, quarantine, or isolation until a hearing is held pursuant to section 23-07.1-08.

23-07.1-07. Sheriff's execution of state health officer's final order. The final order of the state health officer, in duplicate, together with the findings of the physician and the findings of the state health officer must be delivered to the sheriff who shall execute the same by conveying the person named therein to the facility specified in the order and delivering the person, together with the findings of the physician and the state health officer's findings and the duplicate of the order, to the person in charge of such facility or to the local health officer or a designee if the person is sent home. The sheriff must be allowed reasonable travel expenses, paid by the county, in the same manner and at the same rate as the expenses of other county officials are paid.

23-07.1-08. Hearing - Order. Unless waived by the alleged tubercular person, a hearing must be held by the district judge serving the county in which the person alleged to have tuberculosis resides within one hundred twenty hours, exclusive of weekends and holidays, after the date of the state health officer's final order. The court may consider all relevant evidence, including the results of a physical examination made pursuant to section 23-07.1-06, and the state health officer and the alleged tubercular person must be afforded an opportunity to testify, to present and cross-examine witnesses, and to be represented by counsel. Upon the request of the state health officer, the state's attorney of the county wherein the hearing is held shall represent the state health officer without additional compensation.

If, upon completion of the hearing, the court finds that the allegation that the person has tuberculosis, and the allegation that that person was not undertaking a medically approved course of treatment for tuberculosis prior to the state health officer's final order, have not been sustained by clear and convincing evidence, the court shall dismiss the case and order that the person alleged to have tuberculosis be discharged if in custody prior to the hearing. If the court finds that the allegations have been sustained by clear and convincing evidence, the court shall issue an order that must:

1. State its findings that the person does have tuberculosis;

2. State that the person has not undertaken a medically approved course of treatment for tuberculosis prior to the state health officer's order; and

3. Authorize the facility specified in the state health officer's final order to receive and keep the person in its facility for necessary and appropriate care, treatment, quarantine, or isolation for so long as the danger to public health exists.

23-07.1-09. Appeal to supreme court - Habeas corpus - Hearing. An appeal from an order of the judge of a district court authorizing a specified medical facility to receive a person for care, treatment, quarantine, and isolation may be taken to the supreme court. In such a proceeding, the state's attorney of the county wherein the appeal is taken, without additional compensation, shall represent the state health officer. The clerk of the district court of the county from which the appeal is taken shall notify the state's attorney of the filing of the appeal. The appeal must be limited to a review of the procedures, findings, and conclusions of the lower court. All persons placed in the custody of the state health officer under the provisions of this chapter for care, treatment, quarantine, and isolation are entitled to the benefit of the writ of habeas corpus and a determination as to whether a person in custody has tuberculosis must be made at the hearing. If the court decides that the person does have tuberculosis, the decision does not preclude a subsequent application for a writ or the issuing of a writ upon a subsequent application, if it is alleged that the person has been restored to health.

23-07.1-10. Discharge - Release. All orders of the state health officer or of a judge of a district court authorizing the reception and retention in custody for care, treatment, quarantine, or isolation of persons having tuberculosis endangering public health are effective only during the continuation of the condition and any person who has completed a medically approved course of treatment for tuberculosis must be discharged immediately from custody. The discharge must be made by the state health officer or a designee. The person in charge of a medical facility may also release any person admitted to the medical facility under the provisions of this chapter at

such times and under such conditions as deemed advisable after consultation with the state health officer or a designee.

23-07.1-11. Liability of officers. The order of the state health officer authorizing the admission of any person to the custody of a medical facility and the reception and detention of such person at such medical facility as a patient, accompanied by the state health officer's findings as provided in this chapter protects the state health officer or the state health officer's designee and the other personnel of the medical facility from all liability, civil or criminal, on account of the reception and detention of such person therein, if such detention is in accordance with the laws of the state of North Dakota.

23-07.1-12. Confinement exception - Quarantine. Any person who observes quarantine regulations as established by the state health officer and undertakes a medically approved course of treatment for tuberculosis may not be subject to confinement under the provisions of this chapter.

23-07.1-13. Indian jurisdiction. Nothing in this chapter requires the admission of an enrolled Indian, resident on any reservation in this state, to any off-reservation institution except upon written request and authorization of the superintendent of the reservation on which said Indian is enrolled. However, in the public interest and with the objective of eradication of tuberculosis in the state of North Dakota, an Indian with tuberculosis off any reservation is subject to this chapter. It is the responsibility of the Indian affairs commission pursuant to the commission's powers and duties, stated in section 54-36-03, to work closely with the tribal councils and other reservation officials to adopt any agreements found necessary in assisting the state health officer in carrying out responsibilities under this chapter so that all residents of this state will benefit, and eradication of tuberculosis in North Dakota can be achieved.

23-07.1-14. Care of tubercular patients - Acceptance of federal funds - General hospital. The state health officer, or a designee, is hereby authorized to contract with public or private agencies for the care of persons having tuberculosis. The state health officer is hereby authorized to accept any federal funds or to enter into any federal programs on behalf of persons having tuberculosis in North Dakota. The state health officer may also utilize general hospitals or other appropriate facilities in the placement of recalcitrant persons having tuberculosis.

23-07.1-15. Penalty.

1. A person is guilty of a class A misdemeanor if:

    a. That person fails to undertake diagnostic examination for tuberculosis upon the request of the state health officer which is based upon the reasonable suspicion that that person has or has been exposed to tuberculosis;

    b. That person has been diagnosed with tuberculosis and fails to undertake a medically approved course of treatment for tuberculosis; or

    c. That person is the parent of a minor or guardian of a person who violates subdivision a or b.

2. Upon conviction, the court may order that person to obtain a supervised medically approved course of treatment for tuberculosis until the treatment is completed, in addition to other penalties or conditions provided by law.

CHAPTER 23-41
CHILDREN WITH SPECIAL HEALTH CARE NEEDS

23-41-01. Definitions. In this chapter unless the context or subject matter otherwise requires:

1. "County agency" means the county social service boards in this state.

2. "Department" means the state department of health.

23-41-02. Administration of services for children with special health care needs. Services for children with special health care needs must be administered by the department in conformity with title 5, part 2, of the federal Social Security Act, as amended through July 1, 2007 [Pub. L. 74-271; 49 Stat. 620; 42 U.S.C. 701 et seq.].

23-41-03. Duties of the department. The department, in administering this chapter, shall:

1. Cooperate with the federal government in the development of plans and policies for services for children with special health care needs.

2. Adopt rules and take any necessary action to entitle the state to receive aid from the federal government for services for children with special health care needs in conformity with title 5, part 2, of the federal Social Security Act and its amendments.

3. Take action, give directions, and adopt rules to carry out the provisions of this chapter, including the adoption and application of suitable standards and procedures to ensure uniform and equitable treatment of all applicants for services for children with special health care needs.

4. Cooperate with the federal government in matters of mutual concern pertaining to services to children with special health care needs, including the adoption of methods of administration found necessary by the federal government for the efficient operation of the plan for assistance.

5. Provide necessary qualified employees and representatives.

6. Establish and enforce a merit system as may be required under the federal Social Security Act, as amended through July 1, 2007 [Pub. L. 74-271; 49 Stat. 620; 42 U.S.C. 701 et seq.].

7. Make reports in the form and containing the information the federal government requires and comply with the provisions, rules, and regulations the federal government makes to assure the correctness and verification of a report.

8. Publish a biennial report and any interim reports necessary.

9. Provide medical food and low-protein modified food products to individuals with phenylketonuria or maple syrup urine disease under chapter 25-17.

10. Establish eligibility criteria for services under this chapter at one hundred eighty-five percent of the poverty line, except for criteria relating to Russell-Silver syndrome, phenylketonuria, or maple syrup urine disease treatment services for which income is not to be considered when determining eligibility. For purposes of this chapter, "poverty line" has the same meaning as defined in section 50-29-01.

23-41-04. Birth report of child with special health care needs made to department. Within three days after the birth in this state of a child born with a visible congenital deformity, the

licensed maternity hospital or home in which the child was born, or the legally qualified physician or other person in attendance at the birth of the child outside of a maternity hospital, shall furnish the department a report concerning the child with the information required by the department.

23-41-05. Birth report of child with special health care needs - Use - Confidential. The information contained in the report furnished to the department under section 23-39-04 concerning a child with a visible congenital deformity may be used by the department for the care and treatment of the child pursuant to this chapter. The report is confidential and is solely for the use of the department in the performance of its duties. The report is not open to public inspection nor considered a public record.

23-41-06. Duties of county agencies. A county agency shall:

1. Cooperate with the department in administering this chapter in its county subject to rules adopted by the department.

2. Make surveys and reports regarding children with special health care needs in the various counties to the department when the department directs and in the way the department directs.

3. Provide for the transportation of a child with special health care needs to a clinic for medical examination and to a hospital or a clinic for treatment.

23-41-07. Russell-Silver syndrome - Services - Definitions.

1. The department shall provide payment of a maximum of fifty thousand dollars per child per biennium for medical food and growth hormone treatment at no cost to individuals through age eighteen who have been diagnosed with Russell-Silver syndrome, regardless of income. If the department provides an individual with services under this section, the department may seek reimbursement from any governmental program that provides coverage to that individual for the services provided. The parent of an individual receiving services under this section shall obtain any health insurance available to the parent on a group basis or through an employer or union, and that insurance must be the primary payer before payment under this program.

2. For purposes of this section:

   a. "Growth hormone treatment" means a drug prescribed by a physician or other licensed practitioner for the long-term treatment of growth failure, the supplies necessary to administer the drug, one out-of-state physician visit per year to obtain expert consultation for the management of Russell-Silver syndrome, appropriate in-state physician visits, and the travel expenses associated with physician visits for the child and one parent.

   b. "Medical food" means a formula that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and is formulated to be consumed or administered under the direction of a physician as well as any medical procedure and supplies necessary for assimilation of the formula.

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Administrative Support Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Provide the fiscal agent support for Tobacco Prevention & Control Executive Committee. This job will be ongoing as long as the Tobacco Committee requires a fiscal agent.	-	40,000	40,000	Special Funds
	-	17,000	17,000	Total - Medically Related Expertise (.25 FTE)
	-	6,800	6,800	General Fund
	-	10,200	10,200	Federal Funds
Temporary staff to provide accounting and budgeting services during heavy workload periods. This is an ongoing cost.	35,000	33,000	(2,000)	Total
	14,000	13,200	(800)	General Fund
	21,000	19,800	(1,200)	Federal Funds
Salaries for Health Council members. This is an ongoing cost.	10,000	10,000	-	Total
	10,000	10,000	-	General Fund
	-	-	-	Federal Funds
Overtime for existing staff in the accounting division during heavy workload periods. That is an ongoing cost.	15,000	15,000	-	Total
	6,000	6,000	-	General Fund
	9,000	9,000	-	Federal Funds
This position develops job action sheets for the Emergency Preparedness and Response Section and compare this information against national core competencies and develop plans for the section. This is an ongoing cost as long as funding is available.	87,924	78,501	(9,423)	Total
	2,340	-	(2,340)	General Fund
	85,584	78,501	(7,083)	Federal Funds
Overtime of existing staff in the Education Technology division. That is an ongoing cost due to increased workload throughout the biennium.	10,000	10,000	-	Federal Funds
	157,924	**203,501**	**45,577**	**Total**
	32,340	**36,000**	**3,660**	**General Fund**
	125,584	**127,501**	**1,917**	**Federal Funds**
	-	**40,000**	**40,000**	**Special Funds**

Temp salaries only - does not include fringe benefits

- Attachment THREE
- Arvy Smith
- HB 1004 - Feb 7, 2011

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Medical Services Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Part-time epidemiologist to assist with West Nile Virus and Influenza surveillance and investigations, surveillance of other zoonotic diseases, rabies exposure follow-ups, surveillance of antibiotic resistant organisms and conduct data analysis of such activities. These are supplemental funds in our ELC program and will end July 2012 and then will be awarded with our regular funding.	-	108,000	108,000	Federal Funds
Provide medical related expertise in situations that may arise within the Department. This is not new activity - reduced a .25 FTE and is now funded in the temporary line item.	-	16,800	16,800	Federal Funds
Assist with HIV Prevention community planning group coordination, data entry related to foodborne outbreak investigations, review hepatitis laboratory reports, classify hepatitis reports for epidemiological purposes, provide Tuberculosis and Ryan White data support. Increase in cost in due to changing from student interns to a degreed employee. This is an ongoing cost.	58,000	78,200	20,200	Total
	10,000	10,000	-	General Fund
	48,000	68,200	20,200	Federal Funds
Reduction due to one-time federal funding with H1N1.	35,000	-	(35,000)	Federal Funds
Assist the medical examiner in conducting autopsies, assist with proper chain of custody of medico-legal purposes, assist with completing appropriate documentation on each case, assist with preparing specimens for shipping to laboratories. Increase in cost due to increased number of autopsy cases. This is an ongoing cost.	45,008	75,000	29,992	General Fund
	138,008	**278,000**	**139,992**	**Total**
	55,008	**85,000**	**29,992**	**General Fund**
	83,000	**193,000**	**110,000**	**Federal Funds**

Temp salaries only - does not include fringe benefits

North Dakota Department of Health
Temporary & Overtime Salaries
2011-13 Executive Budget
Human Resources Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Surveyor - Provides ongoing services to augment existing staff to complete the required federal workload related to the health and Life Safety Code survey process.	**25,000**	**50,000**	**25,000**	Federal Funds

Temp salaries - does not include fringe benefits

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Community Health Section

Duties Timeframe	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Funding Source
Data collection and abstracting of cancer data. General funds are match for the Cancer Registry Program as the federal program requires. Ongoing	143,000	143,000	-	Total
	75,929	75,929	-	General Fund
	67,071	67,071	-	Federal Funds
Shared part-time position between Tobacco and Heart Disease and Stroke program with Health Care Systems Statewide. Working with system change regarding ask - advise - refer for tobacco. Technical assistance calls with hospitals across the state regarding stroke registry. Start 7/1/2009 - Ongoing	25,000	50,000	25,000	Federal Funds
Part-time staff to implement the Evidence-based Home Visiting Program. A decision has been made to contract out implementation of this program; hence this temporary staff will no longer be needed. Start 7/1/2011 - Ongoing		69,151	69,151	Federal Funds
As part of the Oral Health Workforce Grant, four part-time public health hygienists will provide oral health screenings and application of sealants at school-based and school-linked programs. Start 7/1/2011 - Ongoing		96,200	96,200	Federal Funds
Additional staff time needed to catalog the newborn screening bloodspot cards. Start 7/1/2011 - Ongoing		21,090	21,090	Federal Funds
Two part-time Public Health Hygienist to provide oral health education, screening and direct services in schools, head start programs and other local health facilities. Ongoing	87,700	87,700	-	Federal Funds

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Community Health Section

Duties Timeframe	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Funding Source
Full-time Program Manager for the Suicide Prevention Program. The position will conduct a public awareness campaign, monitor and provide technical support to community based programs, expand data collection and evaluate local and state initiatives. Start 7/1/2011 - Ongoing		107,955	107,955	Federal Funds
Budgeted for overtime or temporary employee salaries if needed in federal program. Identify data resources related to nutrition and physical activity, so they could be centralized to make it easier for partners to use this information to conduct needs assessment, evaluate programs, etc. Ongoing	5,000	5,000	-	Federal Funds
Budgeted for overtime or temporary employee salaries if needed in federal program. Assist in completing requirements for the domestic violence programs. Technical assistance to grantees, site visits and completion of grant reporting. Ongoing	5,000	5,000	-	Federal Funds
	265,700	**585,096**	**319,396**	**Total***
	75,929	**75,929**	**107,955**	**General Fund**
	189,771	**509,167**	**319,396**	**Federal Funds**

*Total includes tobacco special line item of $25,000 of federal funds.
Temp Salaries only - does not include fringe benefits

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Environmental Health Section

Duties Timeframe	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Funding Source
Secretarial duties associated with radiation and air quality programs. Ongoing	10,000	10,000	-	Total
	9,400	9,400	-	Federal Funds
	600	600	-	Special Funds
Due to increased sample workload during the summer, temporary (usually students) are hired to assist with sample preparation and analysis responsibilities. Ongoing	60,000	60,000	-	Total
	30,570	30,570	-	General Fund
	29,245	29,245	-	Federal Funds
	185	185	-	Special Funds
In charge of packaging and shipping requirements for chemical specimens for all hazards and conducts outreach to clinics and partners on chemical preparedness issues. Will continue as long as federal funding continues.	49,120	50,700	1,580	Federal Funds
Temporary/overtime for secretarial and staff for flooding and emergency response work. Ongoing	1,500	1,750	250	Total
	150	200	50	General Fund
	1,350	1,550	200	Federal Funds
Work to help with State Implementation Plan and air quality issues in light of potential future challenges to EPA initiatives and proposed requirements. Will be ongoing.		30,000	30,000	Total
		5,000	5,000	General Funds
		20,000	20,000	Federal Funds
		5,000	5,000	Special Funds
Developing modeling protocol for Title V program. Thru Jan 2013	30,000	30,000	-	Special Funds

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Environmental Health Section

Duties Timeframe	2009-11 Current Budget	2011-13 Executive Budget	Executive + (-) Difference	Funding Source
Assist as needed throughout lab with needed lab work (during year) and temporary students assist with increased lab work (sample preparation, glassware cleaning, etc.) during summer months.	88,300	75,000	(13,300)	Total
	30,000	25,500	(4,500)	General Fund
	48,300	41,000	(7,300)	Federal Funds
	10,000	8,500	(1,500)	Special Funds
Epi Lab Capacity Grant. Rotating person that goes where the greatest need is to respond to a variety of diseases. Supplemental funding thru July 31, 2012 and then anticipate funding from regular ELC grant.		108,000	108,000	Federal Funds
Reduction due to one-time funding with H1N1.	45,455	-	(45,455)	Federal Funds
	284,375	**365,450**	**81,075**	**Total**
	60,720	**61,270**	**550**	**General Fund**
	182,870	**259,895**	**77,025**	**Federal Funds**
	40,785	**44,285**	**3,500**	**Special Funds**

Temp salaries - does not include fringe benefits

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Emergency Preparedness and Response Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Subrecipient Monitoring Coordinator - Provides ongoing services by conducting local public health site visits by reviewing their accounting and reporting procedures for the Public Health Perparedness program. Also assists the Emergency Preparedness and Response office with fiscal monitoring and budget management. Increase is due to increased workload in the Public Health Preparedness program.	43,265	99,194	55,929	Federal Funds
Public Health Preparedness Quality Improvement Coordinator - Provides ongoing services as a program representative which conducts performance measurements. This position is also responsible for gathering required data, completion of reports, creation of exercises, completion of the Homeland Security Exercise Evaluation Program documents and the development of written operation protocols for the Public Health Preparedness grant.	73,548	76,832	3,284	Federal Funds
Telephone Triage Coordinator - This temp position was for one biennium. This position coordinated the planning for telephone triage which would allow patients to "call" a physician to limit the enormous number of patients that would otherwise need to be seen by a doctor in person to receive treatment in a pandemic.	62,400	-	(62,400)	Federal Funds
Warehouse Manager - Provides ongoing services by monitoring medical cache supplies in the warehouse and is responsible for inventory tracking of medical supplies in electronic inventory system.	54,080	59,446	5,366	Federal Funds
Warehouse Worker - Provides ongoing services by providing assistance to the warehouse manager who is responsible for maintaining the state's medical cache warehouse activity. Medical cache has increased significantly necessitating additional individual.	-	27,040	27,040	Federal Funds

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Emergency Preparedness and Response Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Administrative Assistant - Provides ongoing services by providing administrative assistance to staff in Emergency Preparedness and Response.	49,504	52,414	2,910	Federal Funds
Pager Pay - Provides ongoing services for the North Dakota Department of Health which utilizes emergency pagers which require 24/7 response. The Emergency Preparedness and Response Section compensates persons who are on call.	34,560	39,000	4,440	Federal Funds
Reduction due to one-time federal funding with H1N1.	315,909	-	(315,909)	Federal Funds
Emergency System for Advance Registration of Volunteer Health Professionals Coordinator - Provides ongoing services by managing the Emergency System for Advance Registration of Volunteer Health Professionals program by developing policies and protocols, verifying credentials, tracking training and deployment.	77,012	68,796	(8,216)	Federal Funds
Hospital Preparedness Program Quality Improvement Coordinator - Provides ongoing administrative support to collect, analyze and report on performance measures. Also manages the Homeland Security Exercise Evaluation Program compliant exercise program.	77,012	76,832	(180)	Federal Funds
Emergency Medical Services Overtime - Overtime on existing staff that is an ongoing cost due to heavy workload throughout the biennium.	5,000	5,000	-	Federal Funds
	792,290	**504,554**	**(287,736)**	**Total**
	-	**-**	**-**	**General Fund**
	792,290	**504,554**	**(287,736)**	**Federal Funds**
	0	**0**	**0**	**Special Funds**

Temp salaries only - does not include fringe benefits

North Dakota Department of Health
Temporary / Overtime Salaries
2011-13 Executive Budget
Special Populations Section

Duties Timeframe	2009-2011 Current Budget	2011-2013 Executive Budget	Executive + (-) Difference	Funding Source
Part-time staff member to help alleviate heavy workload within the division. Will be responsible for some of the direct clinical services that need to be conducted in accordance with NDCC and federal guidelines required in administering the MCH Block Grant.		59,496	59,496	Total
		33,913	33,913	General Fund
		25,583	25,583	Federal Funds
Overtime on existing staff that is an ongoing cost due to increased workload throughout the biennium.	8,000	8,000	-	Total
	4,560	4,560	-	General Fund
	3,440	3,440	-	Federal Funds
	8,000	**67,496**	**59,496**	**Total**
	4,560	**38,473**	**33,913**	**General Fund**
	3,440	**29,023**	**25,583**	**Federal Funds**

Temp salaries only - does not include fringe benefits

Testimony
House Bill 1004
Senate Appropriations Committee
Thursday, March 3, 2011; 8:30 a.m.
North Dakota Department of Health

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. Before we get into our budget details, we feel it is important to give you a brief overview of the department and the status of health in North Dakota. The information that I am going to share with you will demonstrate the health issues in our state that the Department of Health is continuing to diligently and persistently address.

Mission

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. To accomplish this mission, the department is committed to four major strategic goals:

1. Improving the health status of the people of North Dakota
2. Improving access to and delivery of quality health care
3. Preserving and improving the quality of the environment
4. Promoting a state of emergency readiness and response

Department Overview

Public health affects the lives of every North Dakotan every day. To illustrate this, just imagine your activities on an average day. You wake up in the morning and breathe clean North Dakota air, thanks to public health monitoring and clean air programs that protect the air you breathe.

You take a shower and brush your teeth, knowing that the water won't make you sick because safe drinking water is the responsibility of public health. You check your smile in the mirror and realize you can't remember your last cavity, thanks in part to the fluoride public health helps add to the water.

At the breakfast table, your children drink their milk, which is safe to drink because public health checks and monitors it from the dairy to the grocery store.

A family member – who just had her first child – calls. She says her doctor suggested she enroll in the Women, Infants and Children program (WIC), a public health service that ensures children get the proper nutrition to help them grow strong and healthy.

You walk outside, put your children in the car and buckle them up in their car seats. You make sure to buckle your seat belt, too. Public health and safety organizations have worked hard to promote the importance of wearing seat belts and using car seats correctly, helping to reduce highway deaths and injuries. You take your children to a day-care center. You know they'll be safe while you're at work because the day-care staff have been trained about the importance of hand washing and other techniques to avoid the spread of disease. As you leave, you see a sign about the importance of immunizations. Thanks to vaccinations your children have received, you know they're safe from many life-threatening diseases like polio and measles. Vaccination programs are a major mission of public health. Vaccinations have been one of the most effective and important public health interventions in history, saving countless millions of lives.

You arrive at work and find a flyer about a new exercise program to reduce the risk of many diseases tacked to the bulletin board. That flyer was provided by public health and is part of the worksite wellness program supported by the Department of Health. You sign up, remembering the public health studies that show you can reduce the risks of many diseases by staying physically active.

You feel good at work because your company is a smoke-free workplace. Public health has led efforts locally, statewide and nationally to protect workers from the harm of secondhand smoke.

A coworker takes you out for lunch. As you wait to be seated, you notice the food service license, which means the restaurant was inspected by public health specialists. You know the food is sanitary and has been cooked and handled properly.

On the way home after work, you pick up your children and stop at the park. The small pond in the park is clean, and your children are surprised to see a family of ducks on the pond. You realize that, once again, public health has improved the quality of your life by monitoring the environment, including the surface water that feeds the pond.

As you drive home, you meet a garbage truck. Thanks to the efforts of public health, garbage is picked up and disposed of in licensed landfills, keeping the neighborhood clean and safe. You remember hearing about the importance of recycling, so you make a mental note to take your separated items to the recycling center in the morning.

When you get home, you call your father to see how your grandmother is doing. He says she is still in the hospital but is feeling much better. He mentions that she will be back in the nursing home in a few days. You know she is getting quality care at both facilities because public health conducts inspections to ensure a commitment to quality standards. Even the ambulance that took your grandmother to the hospital has met public health standards for emergency medical services.

When you get your mail, you are comforted to see a letter from your cousin, whose son was recently diagnosed with muscular dystrophy. The letter describes how public health is helping to pay for some of his doctor visits and medical treatment.

After supper, you relax and watch the news. The announcer introduces a public health spokesperson who talks about influenza that is making people sick. The spokesperson explains the symptoms of the disease, how many people have gotten sick, and what you and your family can do to protect themselves, including getting vaccinated against the flu.

These are just some examples of what public health does. As you can see, public health affects everybody, every day and everywhere.

Major Accomplishments

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans. I would like to review a few of the many accomplishments of public health (including collaboration with local public health and many stakeholders across the state) in serving North Dakotans during the past two years:

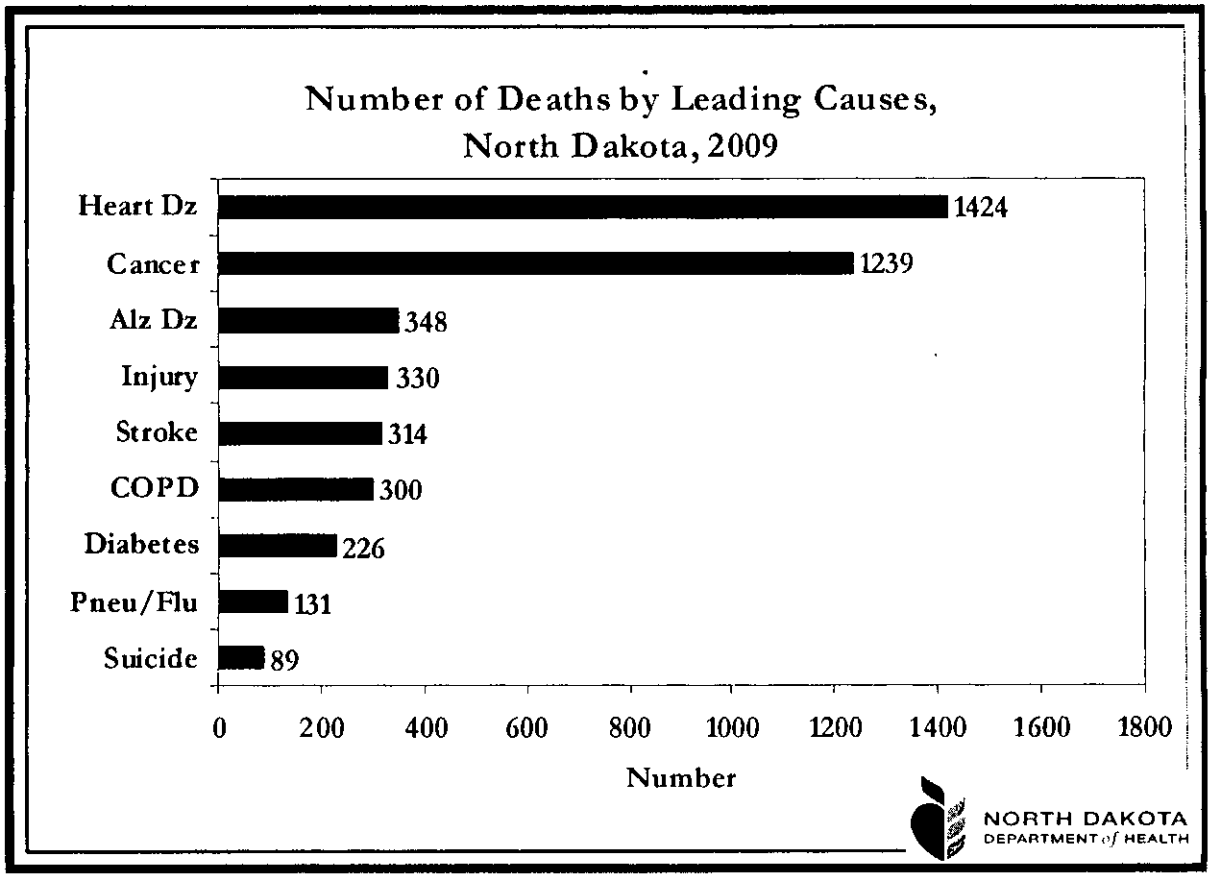
- Worked with critical stakeholders – such as local public health units, health-care facilities, schools, businesses, other state and local agencies and many more – to prepare for and respond to the 2009-2010 H1N1

influenza pandemic; administered 184,087 doses of H1N1 influenza vaccine to North Dakota residents, and tracked more than 3,200 cases of influenza.

- Achieved a perfect 100 percent score for public health emergency preparedness planning for the strategic national stockpile, which is a stockpile of emergency medical supplies and medications.
- Achieved a 33 percent 12-month quit rate for the Tobacco Quitline in fiscal year 2010, and launched an online service to help people quit tobacco use called North Dakota Quitnet.
- Received Gold Certification of the North Dakota Cancer Registry in 2009 and 2010 for data accuracy, completeness and timeliness of reporting.
- Developed and implemented a program for onsite review of construction projects involving health-care facilities licensed by the department to increase the efficiency and timeliness of new facilities opening which serve North Dakotans.
- Established a statewide worksite wellness program through strategic partnerships.
- Enrolled 32 hospitals in the State Stroke Registry Program.
- Maintained a 90 percent or higher rate of compliance with permit requirements or standards in the air, waste, water discharge and public water supply programs.
- Guided implementation of a local public health regional network pilot project to determine a delivery structure for sharing administrative functions and public health services through joint powers agreements.
- Implemented new food rules in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Status of Health

Although our accomplishments are many, public health still faces many challenges. For example, heart disease and cancer continue to be by far the leading causes of death among North Dakotans, accounting for 45 percent of all deaths in 2009. That is shown in the graph provided on the next page. Many of these deaths are preventable. For example, just by reducing the rates of overweight and obesity would markedly decrease heart disease rates in the state.



If you look at the chart provided on the next page, you'll see that the leading causes of death vary by age. I would like to point out a few main points from this chart.

- Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44.
- Suicide is the number two cause of death for people between the ages of 10 and 34.
- The major causes of death we mentioned in the first graph, heart disase and cancer, don't become common killers until the middle of life (45 years and older).
- The challenges vary based on age.

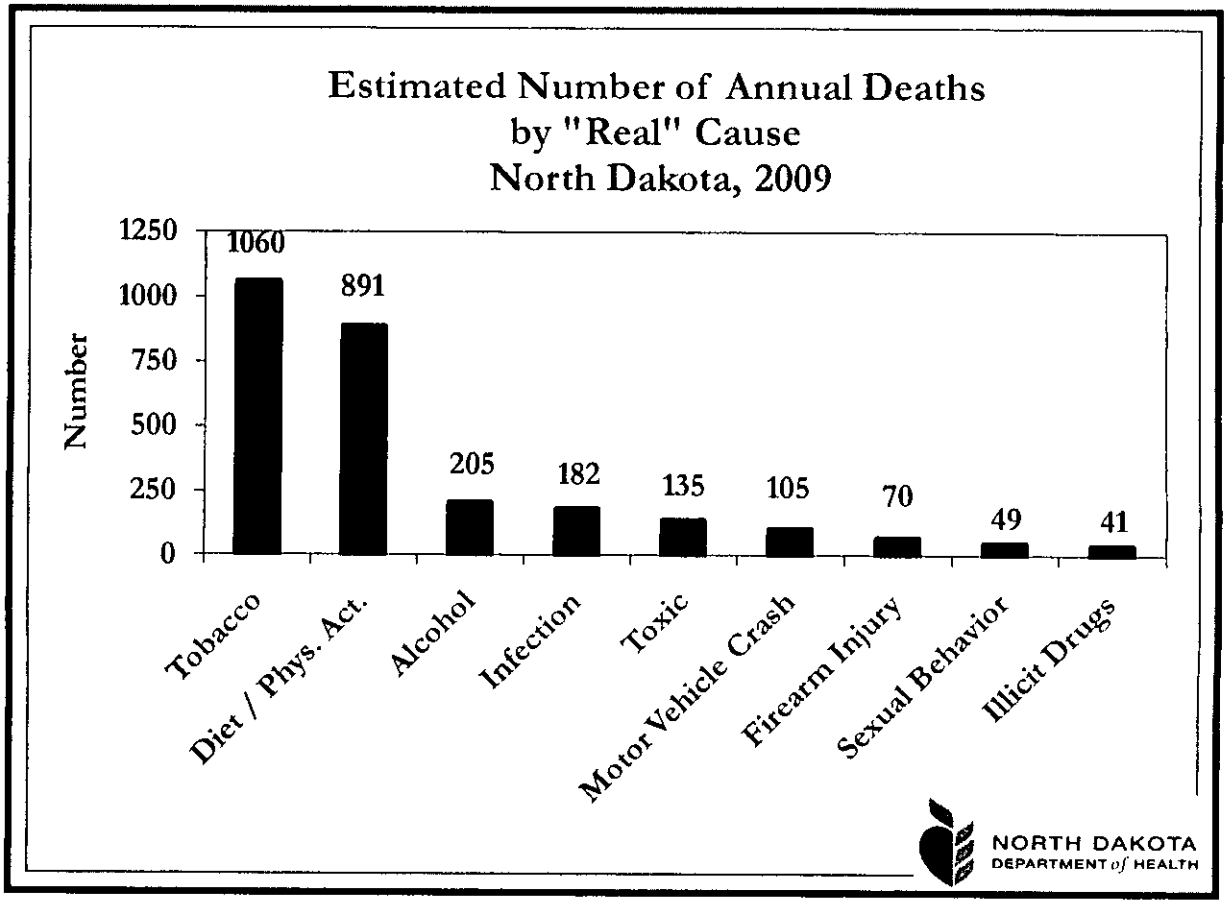
Leading Causes of Death by Age Group
North Dakota, 2008-2009

<1	1 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Anomaly 25	Unint. Injury 3	Unint. Injury 4	Unint. Injury 6	Unint. Injury 73	Unint. Injury 72	Unint. Injury 74	Cancer 183	Cancer 419	[illegible]
SIDS 15	Pneu/Influ 1	Cancer 4	Suicide 2	Suicide 37	Suicide 36	[illegible]	[illegible]	[illegible]	Cancer 1960
Prematurity 15	Anomaly 1	COPD 1	Cancer 1	Anomaly 6	[illegible]	Suicide 34	Unint. Injury 90	Unint. Injury 57	Alzheimer's 801
Comp Preg 7		Pneu/Influ 1	Anomaly 1	Cancer 5	Cancer 9	Cancer 33	Cirrhosis 33	COPD 57	COPD 621
Unint. Injury 4				[illegible]	Cirrhosis 8	Cirrhosis 27	Suicide 32	Diabetes 50	Stroke 557
Resp NB 3				Cirrhosis 2	Stroke 6	Stroke 8	Diabetes 28	Stroke 34	Diabetes 347

Numbers represent the actual number of deaths in 2008-2009

NORTH DAKOTA
DEPARTMENT of HEALTH

Public health works to improve the health status of populations by addressing the risk factors or behaviors that lead to death and disease. This next graph shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease followed closely by poor diets and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer.



We heard from Governor Dalrymple in his state of the state address that economic development, education and infrastructure are major strategic goals for this administration. I would like to briefly discuss how the Department of Health supports those strategic goals.

A major strategy of the Department of Health to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been shown to decrease health-care costs by 26 percent, decrease workers'

compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Conclusion

Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being of families and communities as they stretch with economic development. These infrastructure challenges include the oil field boom in the west, flooding in the Devils Lake basin and the almost yearly spring flood challenges impacting not only the Red River Valley but almost every corner of the state. Many sections of the Department of Health are actively engaged in these infrastructure issues, including Environmental Health which is charged with protecting the environment through permitting, monitoring, and emergency response when needed; and the Division of Food and Lodging which is working hard to make sure that lodging facilities and food establishments are following correct procedures and regulations.

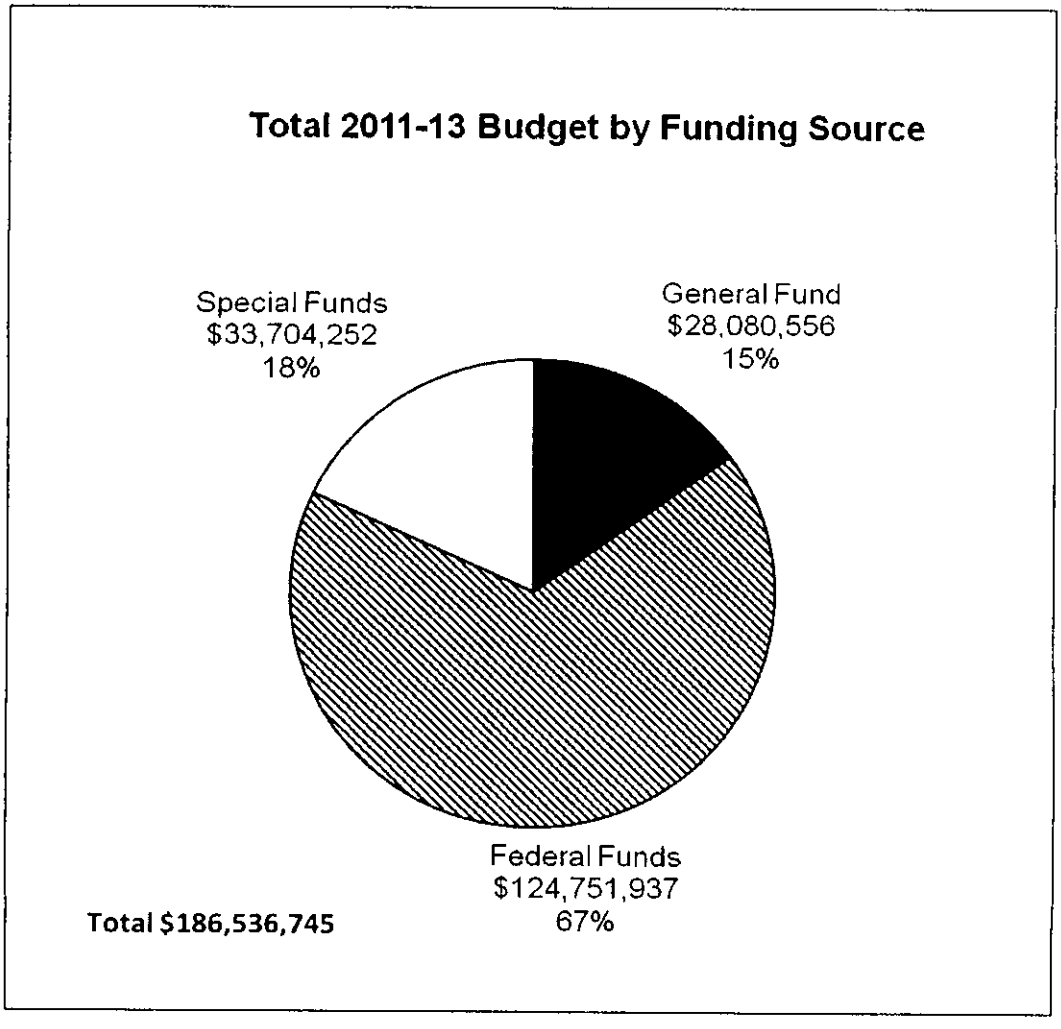
We look forward to working with you during this session as we seek solutions to these infrastructure challenges and other issues related to the health and well-being of all of us who live in this great state.

I'd like to ask Arvy Smith, Deputy State Health Officer, to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Good morning, Chairman Holmberg and members of the committee. My name is Arvy Smith, and I am the Deputy State Health Officer of the North Dakota Department of Health. I am here today to present our budget overview.

The total budget for the North Dakota Department of Health recommended by the governor for the 2011-13 biennium and included in House Bill 1004 is $186,536,745.



State general fund spending is $28,080,556 or 15 percent of the executive budget. That is equivalent to $22 per capita per year. Federal funds are recommended at $124,751,937 (67%), and special funds at $33,704,252 (18%).

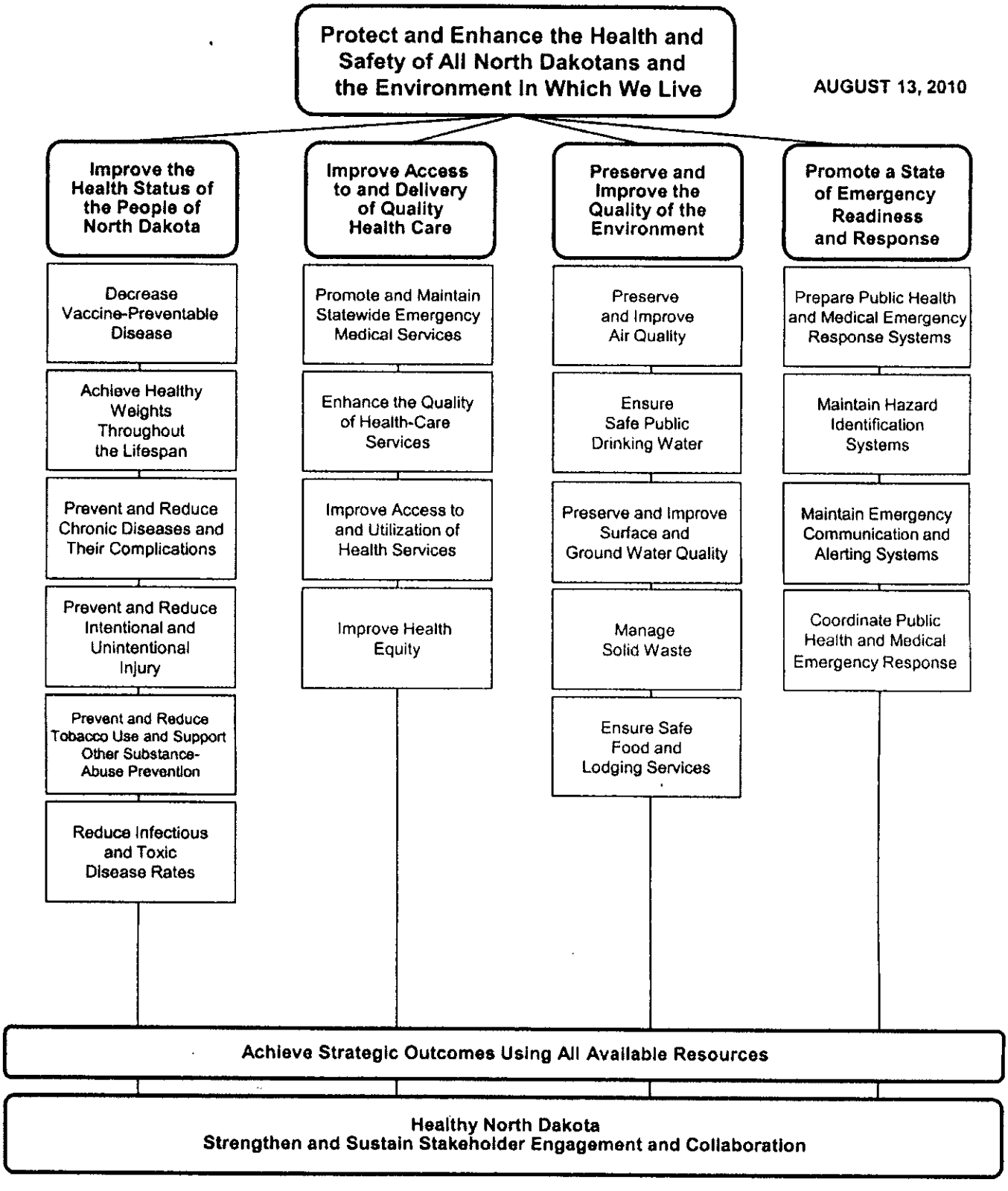
A comparison by funding source and FTE of the department's 2009-11 appropriation, the 2011-13 base budget request (which is the legislative

appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2011-13 executive recommendation as presented in House Bill 1004 is as follows:

	2009-11 Legislative Appropriation	2011-13 Base Budget Request	HB 1004 2011-13 Executive Rec	Inc/(Dec) Leg App to Exec Rec	Inc/(Dec) Percent
General	$27,081,665	$21,895,190	$28,080,556	$998,891	4%
Federal	138,272,849	119,813,878	124,751,937	(13,520,912)	(10%)
Special	39,583,682	33,704,252	33,704,252	(5,879,430)	(15%)
Total	**$204,938,196**	**$175,413,320**	**$186,536,745**	**($18,401,451)**	**(9%)**
FTE	**343.50**	**343.50**	**343.50**	**0.00**	0%

In summary, the executive recommendation for the Department of Health provides for current service level funding. Federal funding decreases are largely due to the completion of economic stimulus projects and the loss of two significant federal grants. Special fund decreases are the result of insufficient revenue in the Community Health Trust Fund to support programs it currently funds and the discontinuation of one-time funding for the emergency medical services study and staffing grants. General fund support is decreasing as the result of several one-time expenses and is increasing for the recommended salary package, replacing the two lost federal grants and funding the programs previously funded from the Community Health Trust Fund. FTE are held even. Later in my testimony I will provide more detail regarding these changes as well as the amendments the House made to this bill.

The funding and staff included in our budget provide the resources we need to carry out our strategic plan. In addition to goals and objectives, the Department of Health's strategic plan is supported by a list of outcome performance measures to assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective. Following on the next page is the department's strategic plan detailing our goals and objectives.


Protect and Enhance the Health and Safety of All North Dakotans and the Environment In Which We Live
AUGUST 13, 2010
Improve the Health Status of the People of North Dakota
Improve Access to and Delivery of Quality Health Care
Preserve and Improve the Quality of the Environment
Promote a State of Emergency Readiness and Response
Decrease Vaccine-Preventable Disease
Achieve Healthy Weights Throughout the Lifespan
Prevent and Reduce Chronic Diseases and Their Complications
Prevent and Reduce Intentional and Unintentional Injury
Prevent and Reduce Tobacco Use and Support Other Substance-Abuse Prevention
Reduce Infectious and Toxic Disease Rates
Promote and Maintain Statewide Emergency Medical Services
Enhance the Quality of Health-Care Services
Improve Access to and Utilization of Health Services
Improve Health Equity
Preserve and Improve Air Quality
Ensure Safe Public Drinking Water
Preserve and Improve Surface and Ground Water Quality
Manage Solid Waste
Ensure Safe Food and Lodging Services
Prepare Public Health and Medical Emergency Response Systems
Maintain Hazard Identification Systems
Maintain Emergency Communication and Alerting Systems
Coordinate Public Health and Medical Emergency Response
Achieve Strategic Outcomes Using All Available Resources
Healthy North Dakota
Strengthen and Sustain Stakeholder Engagement and Collaboration

The department pursues its goals and objectives through seven departmental sections:

- Community Health
- Emergency Preparedness and Response
- Health Resources
- Medical Services
- Special Populations
- Environmental Health
- Administrative Support

Each section is composed of several divisions that house the individual programs in place to carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health, Environmental Health and Medical Services Sections make up 80 percent of our total budget. The Administrative Support Section is only 5 percent of our total budget. However, our actual administrative overhead is only 2.6 percent. The Administrative Support Section budget includes funding for Vital Records, *Healthy North Dakota* and state aid payments to local public health units that are not a part of overhead costs.

A comparison of our overhead rates is as follows:

2003-05	2005-07	2007-09	2009-11	2011-13
4.07%	3.23%	2.22%	2.11%	2.60%

This shows that even though the number of programs and amounts of funding we administer are increasing, our overhead costs to administer them have remained low.

Our goals also are pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $72 million or 39 percent of our budget are passed through to the local public health units and other local entities to provide public

health services. Slightly more than $20.3 million goes to local public health units, and more than $26.8 million goes to other local entities. The remaining $24.9 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

I would now like to go over some of the details of the executive budget for the Department of Health by line item. I will be addressing changes the House made to this bill later in my testimony.

The executive budget for the Department of Health by line item is as follows:

	2009-11 Biennium	2011-13 Biennium
Salaries and Wages	45,665,406	49,614,394
Operating Expenses	45,275,789	45,223,767
Capital Assets	2,013,268	1,998,073
Grants	67,469,743	55,887,778
Tobacco Prevention & Control	9,080,745	6,162,396
WIC Food Payments	25,063,375	24,158,109
Contingency – CHTF	2,405,371	
Federal Stimulus Funds	20,688,463	3,492,228
Total	217,662,160	186,536,745

Salaries and Wages

Salaries and wages make up $49,614,394 million or 27 percent of our budget. Most or 75 percent of our FTEs are employed by our two regulatory sections, Health Resources and Environmental Health, and by our Community Health Section. Most of the increase to the salaries line item is the salary package recommended in the executive budget and the amount necessary to continue the second year of the 2009-11 biennium 5 percent increase. In addition, $70,000 was included in the executive budget for salary equity issues related to Environmental Health Section positions working on energy development issues.

Salary levels have been a major issue for the Department of Health. While our turnover rate has decreased, we still lost more than 10 percent of our employees during the last two years and we still face recruitment and retention issues. Department of Health salaries are not equitable with other state agency salaries

for similar jobs in comparable classifications. The average salaries of 45 percent of our classifications are lower than the state average.

Operating Expenses

Our operating expenses of $45,223,767 make up 25 percent of our budget. Note that $19.4 million of that is to purchase vaccines at federal contract reduced rates and move North Dakota back to universal immunization status. This is the appropriation related to Senate Bill 2276 that you passed and will now be heard in the House. Another $2.5 million is contracted to various local entities. At a department level, operating expenses are down slightly. Looking closer at the details reveals several increases and decreases that net out to a slight decrease.

Capital Assets

Capital assets of $1,998,073 make up only 1 percent of our total budget. The largest portion of this line item is to make the bond payment on our laboratory, the state morgue and a storage building. Equipment more than $5,000 is another significant portion of the capital assets line item. The capital assets line item also is showing a slight decrease.

Grants

Grants that are provided to many local entities across the state are at $55,887,778 and make up 30 percent of our budget. The majority of grants are in the Community Health and Environmental Health Sections. At a departmental level, grants are down 17 percent or $11.6 million. A large portion of that decrease is due to the significant progress made on completing the arsenic trioxide project in southeastern North Dakota. Other significant decreases in the grants line item are in immunizations, emergency response to the H1N1 pandemic flu and the emergency medical services staffing grants and study. There were several different off-setting increases as well.

Special Line Items

There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $6,162,396 million, down from $9.1 million in the current biennium. In the current biennium, there was an appropriation for the Department of Health to receive some of the tobacco settlement funding from the Center for Tobacco Prevention and Control Policy and then subcontract it to the local public health units. As we adjusted to the new scenario, we found that it was better for the Center to contract those payments directly to the local public health units, so this spending authority was removed from the Department of Health's budget, as we requested.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $24,158,109 or 13 percent of our budget. This figure is down slightly from the current biennium, but still well above the 2007-09 level of $19.3 million. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item is for federal economic stimulus funds. In the current biennium, we had $20,688,463 for economic stimulus projects, the largest being $13.8 million for arsenic trioxide in the southeastern part of the state. Many of the economic stimulus projects are either complete or near complete. In the 2011-13 biennium, $3,492,228 remains in the budget for economic stimulus projects, $2 million of that for arsenic trioxide.

Budget Challenges

As we prepared our 2011-13 budget request, we became aware of some funding challenges that significantly affected our request. As mentioned earlier, the state general fund provides only 15 percent of the department's funding. The department is heavily dependent on federal funding. In addition, several key programs have been funded from the Community Health Trust Fund, which is the Department of Health's share of the tobacco settlement dollars. These two funding sources posed our biggest challenges.

Federal Funding Issues

The future of many of our federal funding sources is uncertain right now. President Obama's proposed budget includes cuts that would affect many programs in our department and it's uncertain if cuts will be made even further than the President's recommendations. Decreased federal funding not only affects the North Dakota Department of Health, but leaves less money for provision of service through grants to local entities. We make every effort to decrease the department's costs so that we can grant as much as possible to the local entities and at least try to hold them even. Level or decreased amounts available to local entities, such as local public health units, leaves them little ability to cover their own inflation costs and still provide the same amount of service.

Three years ago the department became the recipient of a three-year federal grant for suicide prevention. Because of continuing suicide issues in the state, in 2009 the legislature awarded the department $250,000 additional authority from the general fund for suicide prevention. During the current biennium, the federal grant has come to an end. As requested by the department, the

governor's recommendation includes the $250,000 current general fund authority and adds $741,493 to continue our efforts in preventing suicide.

For many years, the department has received $620,000 in federal funding from the Department of Transportation (DOT) for emergency medical services core functions. DOT has recently informed us that this funding will no longer be available to us. We reduced the program .5 FTE and approximately $100,000 and requested general funding in our optional package to replace the remainder of the lost federal funds. The executive recommendation provides $523,900 from the general fund to continue our emergency medical services core services as we requested. The House, however removed this funding from our budget. I will talk more about this shortly.

There have been decreases in federal emergency preparedness funding and new match and maintenance of effort requirements. We have been using soft or in-kind match available from the other divisions of the department, local public health units and hospitals and have been making reductions where possible. At this time we are happy to report that we have not had to consider additional general funding to address these issues.

Community Health Trust Fund

As reported at the last legislative session, the revenue in the Community Health Trust Fund (CHTF) is no longer adequate to support the spending from the fund. As you may recall, at the late hours of the last session, several programs were switched from state general funding to CHTF funding. A general fund contingency appropriation for a transfer of up to $2,405,371 was provided to ensure the fund had adequate revenue to support these programs. We are projecting to use only $672,000 of that contingency funding because some spending came in less than estimated and the beginning balance was higher than projected. However, regardless of how little of the contingency appropriation we spend, since the portion of the contingency that we don't spend reverts to the general fund, the CHTF will start the 2011-13 biennium with a beginning balance of zero. With revenue projected at only $4.6 million and current forecasted expenses at $6.3 million, that left us with some significant cuts to make. A schedule of the status of the Community Health Trust Fund is included in Appendix B.

As required by law, 80 percent of the tobacco settlement revenue allocated to the Community Health Trust Fund must be spent on tobacco-related programs. That leaves only 20 percent or $877,624 to be spent on non-tobacco items. We

prioritized the loan repayment programs, to the extent of contracts that would be in place at the end of the current biennium as authorized by the 2009 legislature, above the other programs. Loan repayment grant recipients agree to serve in certain areas of the state and meet other requirements, so we did not want to jeopardize the integrity of the program by breaking any contracts with them even though the contract language allows it. Our next priority was heart disease and stroke prevention. We funded $222,624 of the $472,700 current program from the CHTF and requested the remainder in our optional package as state general funding. The remaining items and the amounts to enter into additional loan repayment contracts next biennium were removed from our base budget request and were requested in our optional package as state general funding as well. All of these requests were approved and included as general funding in our executive budget for 2011-13 and the CHTF was balanced. The House amendments fund an additional $1,604,200 in projects out of the CHTF, putting the fund materially out of balance. I will discuss the individual changes later in my testimony.

Other Budget Challenges

As we prepared our budget, we realigned general funding to address some of our other budget challenges. We moved some general fund savings in the Administrative Support Section and reprioritized some activities in the Environmental Health Section to address critical issues related to energy development. In addition, we used some general fund savings related to the Health Insurance Portability and Accountability Act (HIPAA) to provide additional general fund dollars for activities in the Division of Food and Lodging in order to avoid increasing fees. We also used other general fund savings and moved an FTE into the Division of Injury Prevention and Control to help administer the numerous grant programs in that division.

House Amendments to House Bill 1004

The House amendments to House Bill 1004 are addressed in Appendix C.

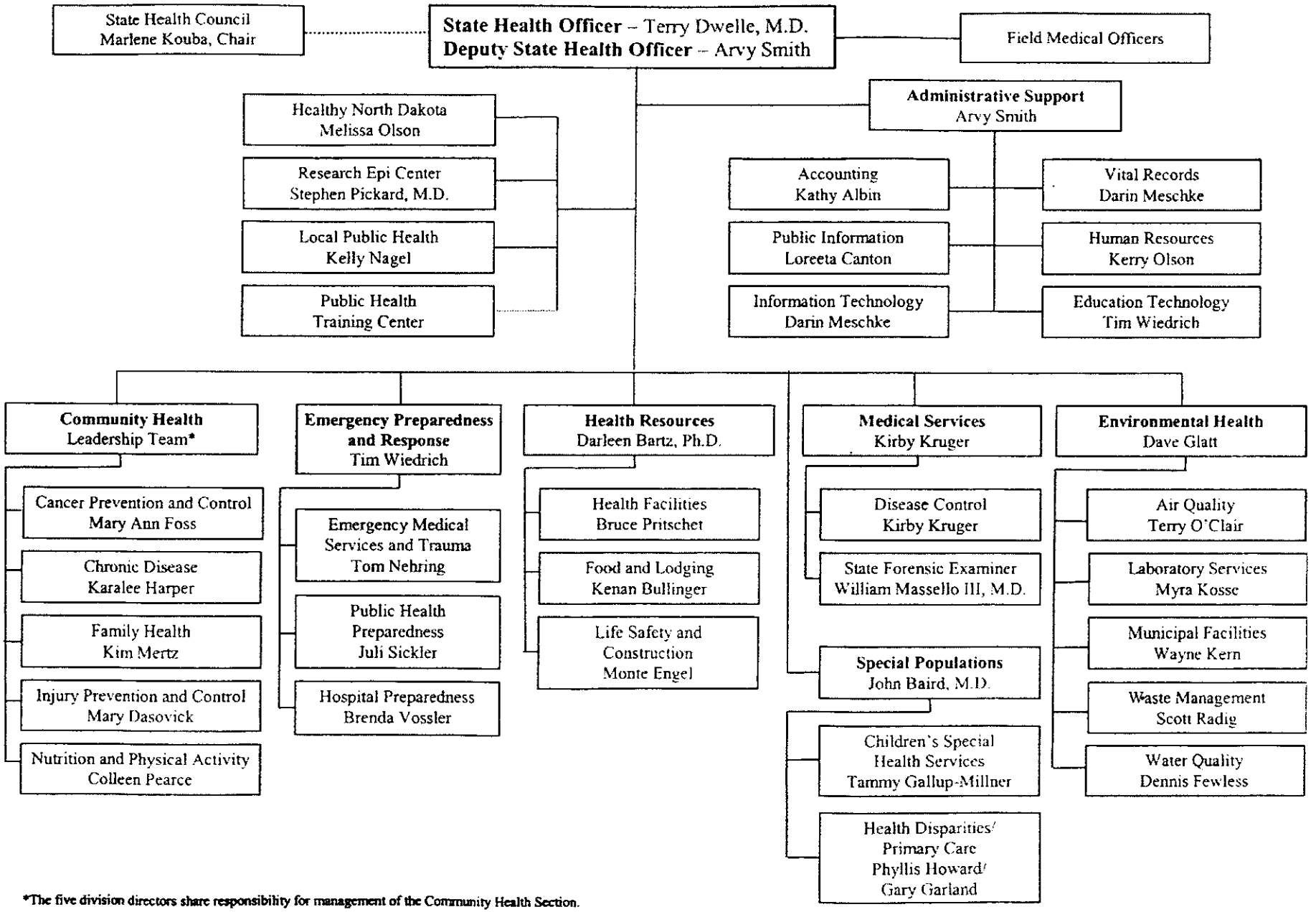
Conclusion

The executive budget for the Department of Health holds FTE at the current level of 343.5; is close to current level state general funding, excluding the salary and benefits package; and provides very close to current service levels. We request that the House cuts be restored, that the funding for EPA litigation be approved and that the Community Health Trust Fund be balanced.

Chairman Holmberg, members of the Committee, this concludes the department's testimony on House Bill 1004. Thank you for your consideration of our request. Our staff and I are available to respond to any questions you may have.

Appendix A

North Dakota Department of Health
Organizational Chart
January 2011



*The five division directors share responsibility for management of the Community Health Section.

Appendix B

Community Health Trust Fund
Status Statement

	2007-09	2009-11		2011-13
	Actual\1	Legislative Forecast	Revised Forecast	Executive Forecast with House Changes
Beginning Balance \1	$2,392,943	$1,235,113	$1,299,379 \2	$0
Revenue:				
Transfers from the Tobacco Settlement Trust	$6,149,540	$4,388,119	$4,373,246	$4,583,119
Contingency Transfer from General Fund \4		2,405,371	671,987	
Total revenue	$6,149,540	$6,793,490	$5,045,233	$4,583,119
Expenditures:				
Dental loan program	($356,896)	($483,448)	($448,448) \3	($260,000)
Dental new practice grant		(10,000)	(10,000) \3	(10,000)
Medical loan repayment program	(39,570)	(272,500)	(127,500) \3	(75,000)
Veterinarian loan repayment program		(350,000)	(245,776) \3	(310,000)
Colorectal cancer screening	(111,767)	(300,000)	(338,233) \3	
EMS training grants	(300,000)	(300,000)	(300,000) \3	
Tobacco coordinator and operating expenses	(119,833)	(139,397) \5	(139,397) \3,5	
Tobacco quit line	(1,090,097)	(1,069,000) \5	(1,069,000) \3,5	
Tobacco prevention and control		(2,302,098) \5	(2,302,098) \3,5	(3,510,495) \5
Advisory committee	(66,302)			
City/county & state employee cessation	(173,142)			
Local health & tobacco programs	(4,671,731)			
Women's way program		(304,332)	(304,332)	
Heart disease and stroke		(472,700)	(472,700)	(222,624)
DHS breast & cervical cancer	(213,904)	(790,015)	(587,128)	
Governor's Prevention and Advisory Council	(99,862)			
State Stroke Registry				(250,700)
Women's Way				(400,500)
Women's Way Care Coordination				(500,000)
Go Red ND Risk Awareness and Action Grants				(453,000)
Total expenditures	($7,243,104)	($6,793,490)	($6,344,612)	($5,992,319)
Ending Balance	$1,299,379	$1,235,113	$0	($1,409,200)

\1 Final revenue and expenditures per state accounting system reports dated June 30, 2009.

\2 Actual July 1, 2009 balance.

\3 Estimated expenditures for the 2009-11 biennium projected by the Health Department.

\4 2009 Senate Bill 2004 provided a contingent appropriation to transfer $2,405,371 from the general fund to the community health trust fund in the event revenue is not sufficient to fund the appropriated programs.

\5 Approved by voters in 2008, Measure #3 provides that 80 percent of the tobacco settlement revenue allocated to the community health trust fund must be spent on tobacco related programs. Eighty percent of the projected revenue for 2009-11 equals $3,510,495. This provision has been removed by the House.

Appendix C

Department of Health
Budget Status Report - House Amendments
2011-13 Biennium

	General Fund	Federal Fund	Special Fund	Total	FTE
2009-11 Legislative Appropriation	27,081,665	138,272,849	39,583,682	204,938,196	343.50
2011-13 Base Budget	21,895,190	119,813,878	33,704,252	175,413,320	343.50
2011-13 Executive Recommendation	28,080,556	124,751,937	33,704,252	186,536,745	343.50
2011-13 House Amendments					
House Reductions					
1) Regional Public Health Network	(275,000)			(275,000)	
2) Salary Equity	(70,000)			(70,000)	
3) Prenatal Alcohol Screening	(388,458)			(388,458)	
4) Emergency Medical Services	(523,900)			(523,900)	
5) Domestic Violence Grants Mgr	(135,517)			(135,517)	(1.00)
6) Protect ND Kids			(19,400,000)	(19,400,000)	
7) Health Reform					
Public Health Infrastructure		(200,000)		(200,000)	
Abstinence		(182,100)		(182,100)	
Home Visiting		(1,413,012)		(1,413,012)	
House Funding Source Changes					
8) Stroke Registry	(250,700)		250,700 *	-	
9) Women's Way	(400,500)		400,500 *	-	
10) Women's Way Care Coordination		(500,000)	500,000 *	-	
House Increases					
11) EPA Lawsuit	500,000		500,000	1,000,000	
12) Local Public Health State Aid	400,000			400,000	
13) Safe Havens	425,000			425,000	
14) Go Red	-		453,000 *	453,000	
Total House Adjustments	(719,075)	(2,295,112)	(17,295,800)	(20,309,987)	(1.00)
2011-13 House Version	27,361,481	122,456,825	16,408,452	166,226,758	342.50

Eliminate the 80% requirement for Tobacco
EPA Lawsuit ($500,000 contingent GF and $500,000 line of credit BND)
Leg Intent - Suicide Program - SDH works with Indian Affairs Commission
Leg Mgmt Study - Regional Public Health Network

* Total of $1,604,200 is from the Community Health Trust Fund

Department of Health
House Amendments to House Bill 1004

1.) Regional Public Health Network $275,000

Through Senate Bill 2333, the 2009 Legislative Assembly provided an appropriation of $275,000 to the Department of Health to fund a regional public health network pilot project. 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 legislation required sharing of at least three administrative functions and at least three public health services identified in NDCC 23-35.1-02. A continuation of the pilot project was included in the executive budget for 2011-13.

Southeast Central Region (Jamestown) was the selected network to be funded. The region includes Central Valley Health District (Jamestown), City-County Health District (Valley City), LaMoure County Public Health Department and Wells County District Health Unit. Central Valley is serving as the lead administrative health unit. The three administrative functions included in the network were billing, community assessment and policy and the three public health services were family planning, chronic disease management and sexual assault response. The network has implemented an electronic billing system in all health unit jurisdictions to process insurance claims, a web-based time record system and standardized policies and procedures. Overall benefits of these shared functions have been access to and shared staff expertise, especially for system training and writing policies and procedures, as well as access to the electronic systems which were purchased at a reduced group cost.

The pilot project start date was July 1, 2010, which allowed for only one full year to pilot the regional network. In this short period of time, there have been cost savings and efficiencies gained in the selected shared administrative functions. However, it will be difficult to implement and demonstrate the efficiencies and effectiveness of the shared public health services in the remaining time.

The pilot project allowed health units that didn't have the means or capacity to recoup revenue for services to now have the capability to do so. As a result, staff who process insurance claims have reduced the time necessary

to process claims by as much as five times and cut the number of steps involved in half. This was accomplished through the implementation of a claims clearinghouse used by all network members that is available from the billing system vendor. The billing system also allows members to track revenue more accurately. Other accomplishments of the pilot project to this point include:

- Completion of a draft community health assessment for all network members.
- Website development for all local public health units.
- Completion of a Family Planning client survey and scheduling of evening clinic hours for network clients.
- Coordination with community partners of network members to provide education about the sexual assault response program.

The intent of the pilot project is to determine a model to more efficiently use limited funding and staff and to provide more equitable access to quality public health services for people in all counties of the state. An opportunity to continue piloting the regional networks would allow for a different health unit structure to be tested. Southeast Central Region's lead health unit is Central Valley, which is a two county health district that encompasses five other single county health districts. An alternative pilot could be a region where the lead health unit is a county health department such as Bismarck, Fargo or Grand Forks.

The House amendments include a study of the pilot project during the next interim.

2.) Salary Equity $70,000

Salary levels have been a major issue for the Department of Health. While our turnover rate has decreased, we still lost more than 10 percent of our employees during the last two years and we still face recruitment and retention issues. Department of Health salaries are not equitable with other state agency salaries for similar jobs in comparable classifications. The average salaries of 45 percent of our classifications are lower than the state average. The executive budget included $70,000 salary equity funding for environmental health positions dealing with the energy industry issues.

3.) Prenatal Alcohol Screening $388,458

This is a pass through grant to UND that was removed from our base budget as a one-time expenditure, but was restored in the executive

recommendation. According to information provided by Larry Byrd from UND:

- In 5 percent of pregnancies, alcohol use continues throughout pregnancy with high levels of exposure to binge drinking resulting in a prevalence rate of fetal alcohol spectrum disorders (FASD) of 1 percent of live births in North Dakota.
- Lifetime costs of caring for a person with FASD in North Dakota exceed $2.4 million per case.
- The recurrence rate for FASD is 70 percent.

The study tests a new tool and protocol to screen for alcohol use during pregnancy and provide brief intervention. This strategy is expected to increase detection of drinking by over 50 percent to current screening strategies.

4.) Emergency Medical Services $523,900

Previously, the Department of Transportation provided Section 402 and Section 408 funding to the Department of Health that funded basic services in the Division of Emergency Medical Services and Trauma (DEMST). The executive budget provided general funding to replace the lost funding.

Section 402 funding is discontinuing due to strict federal ruling regarding supplanting. The state general fund has been paying for the volunteer training costs of $940,000 and we were using the 402 funding for the positions to develop the training and testing and to certify the ambulance volunteers. The federal government says that only 17 percent of the ambulance runs are traffic related so they should pay only 17 percent of the positions. The Department of Health feels the federal government should pay 17 percent of the total costs, including the volunteer training costs (the $940,000). The federal government disagrees saying that if we apply it to the $940,000, which is state funded, it becomes a supplanting issue to them. Without funding to replace 402 funding, we will have grants to defray training costs to ambulance volunteers but the department won't have funding to develop training and to do testing and certification of the volunteers.

Section 408 funding is discontinuing due to a switch in DOT priorities from our ambulance run data to their TraCS system. The Section 408 funding was used to analyze ambulance run data for quality improvement, to analyze numbers of ambulance runs, response time and types of care. Without

funding to replace the 408 funding, DOT will no longer receive data from the department and we won't have the data to identify quality improvement such as numbers of runs, response times and types, and quality of care.

An additional $98,000 was included in our request to allow us to do ambulance inspections and consultations recommended by two previous studies of ambulance services in the state.

5.) Injury Prevention/Domestic Violence Grants Manager $135,517 (1 FTE)
The workload in the domestic violence/injury prevention area has increased dramatically. The department identified efficiencies and made cuts in other areas of our base budget to provide general funding and an FTE to effectively manage the programs in this division. We cannot continue to provide grants to entities with little oversight to determine the criteria for receiving grants, the amounts provided and monitoring whether grant funding was used for its intended purpose. Without this position, there are only five FTE to manage twelve different federal grants or other sources we receive and ten different grant programs provided to various entities, all with different federal requirements.

6.) Protect ND Kids $19,400,000
The executive budget included $19,400,000 special funds to allow the department to establish group purchasing of childhood vaccines by collecting funding from insurance companies and using it to purchase vaccines through the federal contract rate saving 25 percent and more importantly reducing the administrative burden to both local and private providers. This is the funding compatible with Senate Bill 2276 which the Senate passed.

7.) Health Reform
The executive budget includes funding for the following three projects funded through health reform dollars.

- Public Health Infrastructure $200,000
- Abstinence $182,100
- Intensive Home Visiting $1,413,012

The $200,000 for public health infrastructure allows the department to prepare for public health accreditation and perform quality improvement processes. The abstinence funding replaces other federal funding that previously was available for abstinence programs. The abstinence funding is

passed through to Northern Lights Youth Services and Make a Sound Choice. The intensive home visiting funding provides intensive home visiting to high-risk families from prenatal through age two years, if necessary. It is different from other home visiting programs that provide only one or two visits after birth. Intensive home visiting programs are proven to reduce child abuse and neglect by 50 percent and increase education outcomes. The target population is generally low-income and has excess risks for infant mortality, family violence, developmental delays, disabilities, social isolation, unequal access to health care, environmental exposures and other adverse conditions.

8.) Stroke Registry $250,700

The DOH was appropriated $472,700 from the Community Health Trust Fund (CHTF) for the 2009-11 biennium to implement a State Stroke Program, including a stroke registry. In the 2011-13 biennium there is only $222,000 available from the CHTF for this program. The executive budget provided the remaining $250,700 from the general fund to sustain the State Stroke Program at the 2009-11 level.

The State Stroke Program is composed of several grant programs – statewide technology, chart entry, training, technical assistance and community awareness and education. These grants are passed through to local hospitals and other local entities to obtain access to and populate the stroke registry, train pre-hospital and hospital personnel on rapid diagnosis and treatment of acute stroke, provide technical assistance to build regional systems of response and to conduct communication education on recognition of signs and symptoms of stroke and the importance of taking immediate action by calling 9-1-1. With the continued implementation of a State Stroke Program, adherence to guidelines for stroke care will improve treatment, lessen adverse effects of stroke and reduce long-term health-care costs associated with stroke.

In 2009, cardiovascular disease accounted for 32 percent of all deaths in North Dakota. In addition, stroke is the leading cause for admission to long-term health care. Adults 65 and older are at a higher risk for stroke, yet are less likely to recognize the signs and symptoms of stroke and live in medically underserved areas.

9.) Women's Way $400,500

In the current biennium, in addition to the federal funding, $100,000 is provided from the general fund and $300,500 is provided from the Community Health Trust Fund (CHTF) for *Women's Way* breast and cervical screening. Since there is no longer funding available from the CHTF for this program, the executive budget included an additional $300,500 from the general fund to replace the CHTF funding and sustain the *Women's Way* program at the 2009-11 level. The House changed the funding source for the total $400,500 from general fund to the CHTF.

Approximately 24,000 North Dakota women ages 40 through 64 are eligible for *Women's Way*. Since 1997, approximately 38 percent of these eligible women have enrolled and received services. These women would not have mammograms or Pap tests otherwise. *Women's Way* detects breast and cervical cancers and pre-cancers and ensures that these conditions are treated. One hundred ninety-three women have been diagnosed with breast cancer, and 263 women have been diagnosed with cervical cancers or pre-cancers.

A consultant is used to coordinate recruitment of American Indian women and hard-to-reach rural and urban women. The consultant would work with the *Women's Way* state office, health-care providers, and each *Women's Way* local coordinating unit on breast and cervical cancer education activities, recruitment strategies, targeted messaging and one-to-one contacts with eligible women at the local level.

10.) Women's Way Care Coordination $500,000

Women's Way Care Coordination is a new federal grant we applied for and were not awarded. This program works with *Women's Way* clients to help them navigate the Medicaid, insurance and provider systems to improve the chances of them completing their screenings. The House chose to fund this program through the Community Health Trust Fund.

11.) EPA Lawsuit $1,000,000

Subsequent to the release of the executive budget, the department became aware of possible litigation against the Environmental Protection Agency (EPA), which would help protect our energy industry. Governor Dalrymple did approve an amendment to the executive budget for $750,000 from the general fund. The proposal included an emergency clause to allow access to the funds as soon as possible as activities leading up to the litigation will be happening in the near future. The House approved $500,000 from the

general fund and a $500,000 line of credit at the Bank of North Dakota. If agreements can be reached between EPA and the state without litigation, the unobligated funding would be returned to the general fund.

The State of North Dakota has several issues relating to disagreements with EPA that focus on air quality and may lead to possible litigation. Federal Law does not allow states to use grant money or fees to pay for legal services in court actions filed against the federal government. The Department expects to pursue legal challenges to EPA in the three following areas: Regional Haze, Federal Ambient Standard for SO2 and a Best Available Control Technology (BACT) determination in the case of a consent decree that was filed with EPA, the State of North Dakota and Minnkota Power.

12.) Local Public Health State Aid $400,000

The executive budget includes $2.4 million in state aid for local public health units (LPHUs), the same amount as in the current budget. The House provided an additional $400,000 from the general fund in state aid to LPHUs to assist them in covering increases due to inflation, retirement and health insurance increases. The department's optional package included a request for $1,275,000 for the following priority areas that are heavily subsidized by local funds, have unmet needs and/or are increasing in cost:

1) Expenses for the increased health insurance and retirement premium costs.
2) Funding for maintenance of services for programs that received federal cuts such as Maternal and Child Health (MCH).
3) Flexible funding to support local community needs such as adult home nursing visits, immunizations and environmental health services.

13.) Safe Havens $425,000

The executive budget includes $650,000 in federal funding for the Safe Havens program. However, subsequent to submission, the department was informed that we would not be receiving the grant. New federal funding was intended for enhancements to existing projects, not for maintenance. The Safe Havens grants are available to protect children and parents by providing supervised visitation and safe visitation exchange of children by and between parents in situations involving domestic violence, dating violence, child abuse, sexual assault, or stalking. There are seven Safe Haven projects

currently in the state and three have been funded from the federal grant in Wahpeton, Grand Forks and Bismarck.

14.) Go Red $453,000

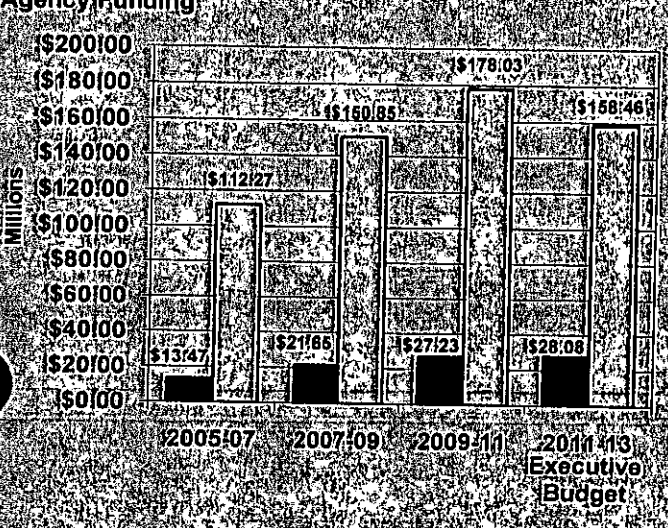
The North Dakota Department of Health was appropriated $453,000 from the Community Health Trust Fund (CHTF) to implement a Go Red initiative, which is a statewide community-based awareness program focusing on heart disease and stroke risk factors. Strategies and activities will focus on educating women about prevention, risk reduction and risk management. The funding also will support a Go Red for Men pilot project that will work with other partners/stakeholders to educate men regarding their risk factors for cardiovascular disease.

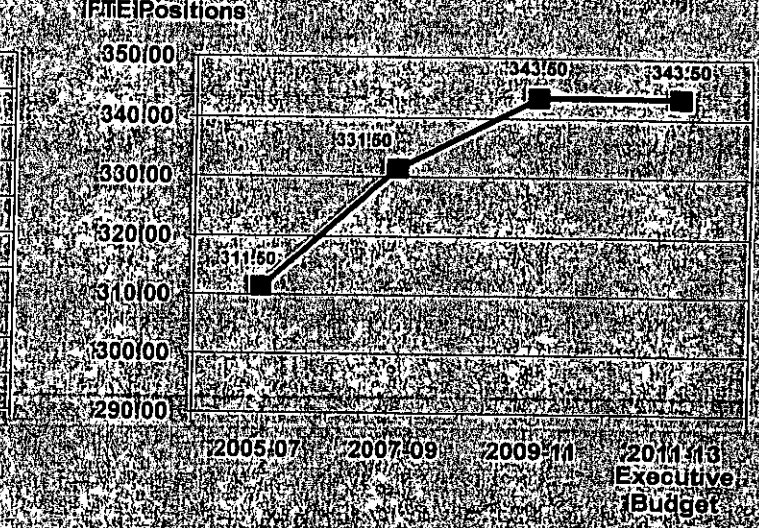
Prepared by the North Dakota Legislative Council staff for Senate Appropriations
March 2, 2011

Department 301 - State Department of Health
House Bill No. 1004

	FTE Positions	General Fund	Other Funds	Total
2011-13 Executive Budget	343.50	$28,080,556	$158,456,189	$186,536,745
2009-11 Legislative Appropriations	343.50	27,231,665	178,028,531	205,260,196
Increase (Decrease)	0.00	$848,891	($19,572,342)	($18,723,451)

The 2009-11 appropriation amounts include $322,000 $150,000 of which is from the general fund for the agency's share of the $16 million funding pool appropriated to the Office of Management and Budget for special market equity adjustments for executive branch employees, the 2009-11 appropriation amounts do not include $2,600 from the general fund for the agency's share of an internship program, $38,239 of additional special funds authority resulting from a carryover of colorectal cancer screening funds from the 2007-09 biennium, and $12,861,138 of additional special funds authority resulting from Emergency Commission action during the 2009-11 biennium.





Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2011-13 Executive Budget	$27,805,556	$275,000	$28,080,556
2009-11 Legislative Appropriations	23,155,294	4,076,371	27,231,665
Increase (Decrease)	$4,650,262	($3,801,371)	$848,891

First House Action

Attached is a summary of first house changes.

Executive Budget Highlights
(With First House Changes in Bold)

	General Fund	Other Funds	Total
Administrative Support			
1. Removes one-time funding from the general fund provided in the 2009-11 biennium relating to a contingent transfer from the general fund to the community health trust fund.	($2,405,371)		($2,405,371)
2. Removes one-time funding for a regional health network pilot project grant.	($275,000)		($275,000)
3. Provides one-time funding for a regional health network incentive grant. **The House removed this funding.**	$275,000		$275,000
4. Decreases funding for operating expenses, including the following major decreases:	($67,596)	($29,449)	($97,045)

	Decrease	Total Provided
Travel	$19,124	$107,822
Postage	$88,086	$225,737
Repairs	$16,518	$18,187

5. Adds funding for 1 FTE position for a performance improvement manager and health infrastructure improvements, including salaries and wages ($174,108) and operating expenses ($19,635). The House removed funding for federal health care reform, including health infrastructure funding for salaries and wages ($174,108) and operating expeses ($25,897), including indirect cost allocations.

	$193,738	$193,738

6. Deletes 1.25 FTE positions to provide for positions added in administrative support and the Community Health Section

Medical Services

7. Decreases funding for operating expenses, including the following major increases (decreases):

($88,256)	$20,778	($67,478)

	Increase (Decrease)	Total Provided
Travel	($71,107)	$195,747
Supply/material - Professional	($79,800)	$324,209
Information technology contractual services and repairs	$60,000	$426,167
Fees - Professional services	$176,308	$1,139,300
Medical, dental, and optical	($150,278)	$20,617,324

8. Increases grants to local health units for the federal immunization program

	$148,490	$148,490

9. Removes one-time funding from the general fund provided in the 2009-11 biennium for immunization program grants

($1,200,000)		($1,200,000)

10. Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($138,623), operating costs ($16,800), and grants ($320,000)

	$475,423	$475,423

11. Removes 2009-11 biennium funding for capital bond payments

($181,035)	($73,450)	($254,485)

12. Provides funding for capital bond payments

$183,022	$85,832	$268,854

13. Removes federal fiscal stimulus funding provided in the 2009-11 biennium

	($1,218,870)	($1,218,870)

14. Adds federal fiscal stimulus funding for the 2011-13 biennium for the immunization program ($528,207) and health care associated infections ($80,378)

	$608,585	$608,585

15. Deletes .25 FTE position to provide for positions added in administrative support and the Community Health Section

Health Resources

16. Increases funding for operating expenses, including the following major increases (decreases):

($19,493)	$157,096	$137,603

	Increase (Decrease)	Total Provided
Travel	$59,327	$79,542
Supplies - Information technology software	$19,400	$45,890
Office equipment, furniture and supplies	($51,342)	$7,600
Rentals/leases - Building/land	$18,050	$113,705
Information technology data processing	$33,229	$116,450
Fees - Professional services	$25,189	$135,800

17. Removes federal fiscal stimulus funding provided in the 2009-11 biennium

	($4,072)	($4,072)

18. Provides funding for information technology equipment over $5,000

	$15,000	$15,000

Community Health

19. Increases funding for operating expenses including the following major increases (decreases):

	Increase (Decrease)	Total Provided
Travel	$22,813	$442,369
Supply/material - Professional	$23,597	$625,878
Office equipment, furniture, and supplies	($29,280)	$3,300
Rentals/leases - Building/land	$33,897	$192,628
Information technology contractual services and repairs	$133,800	$413,162
Fees - Professional services	$272,651	$4,986,420

20.	Removes funding added in the 2009-11 biennium relating to domestic violence grants.	($1,000,000)	($1,000,000)
21.	Increases funding for the domestic violence/rape crisis program grants to provide $1.7 million.	$1,000,000	$1,000,000
22.	Removes funding provided in the 2009-11 biennium relating to fetal alcohol syndrome grants.	($369,900)	($369,900)
23.	Provides funding for prenatal alcohol screening and intervention grants. **The House removed this funding.**	$388,458	$388,458
24.	Removes one-time funding from the general fund provided in the 2009-11 biennium relating to mobile dental care grants.	($196,000)	($196,000)
25.	Increases (decreases) federal funding for grants including the following major changes:	$684,697	$684,697

	Increase (Decrease)	Total Provided
Cardiovascular health	$50,000	$50,000
Cardiovascular health program capacity building	150,000	150,000
Community defined solutions	(174,700)	1,949,700
Family planning program	(375,500)	2,234,500
Maternal and child health	(323,700)	1,651,300
Preventative health block	(66,000)	120,000
STOP violence against women	73,200	1,493,200
Safe Havens	152,000	642,000
Sexual assault service program	380,000	980,000
Suicide prevention	(490,000)	0
Women, infants and children	761,655	6,018,610
Other grants	466,342	2,041,600
Total	$684,697	$15,730,910

The House removed federal funding for health care reform including funding for abstinence education totaling $182,100 including operating expenses ($18,100) and grants ($164,000).

The House provided $425,000 from the general fund for the Safe Havens program.

26.	Decreases spending authority for the distribution of tobacco prevention and control grants to be provided by the Comprehensive Tobacco Prevention and Control Advisory Committee by $2,967,458 and increases tobacco prevention and control operating expenses by $2,487 to provide a total of $6,162,396.	($2,964,971)	($2,964,971)
27.	Decreases funding for the women, infants, and children food payments line item to provide a total of $24,158,109.	($905,266)	($905,266)
28.	Increases funding for suicide prevention and early intervention including temporary salaries and wages ($118,751), operating costs ($172,742), and grants ($450,000). Funding from the general fund for grants totals $700,000.	$741,493	$741,493
29.	Removes federal fiscal stimulus funding provided in the 2009-11 biennium including operating expenses ($384,736) and grants ($1,462,081).	($1,846,817)	($1,846,817)

30	Increases funding from the general fund for state stroke registry operating expenses ($78,800) and grants ($172,200) to replace funding from the community health trust fund during the 2009-11 biennium and to provide for a total of $479,324, of which $222,624 is from the community health trust fund. The House changed the source of funding for the state stroke registry to provide a total of $479,324 from the community health trust fund.	$250,700	($250,076)	$624
31	Decreases funding for Women's Way grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $400,500, all of which is from the general fund. The House changed the source of funding for Women's Way to provide $400,500 from the community health trust fund.	$800,500	($801,362)	($862)
32	Provides funding from federal funds for Women's Way state coordination, including operating expenses ($99,260) and grants ($400,740). The House changed the source of funding from federal funds to the community health trust fund.	$500,000		$500,000
33	Adds federal Hospital Trust Fund funding for the 2011-13 biennium for Healthy Communities.	$113,166		$113,166
34	Increases funding for colorectal cancer screening grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $177,600, all of which is from the general fund.	$177,600	($38,238)	$139,362
35	Increases funding from federal funds for at home visiting program, including temporary salaries and wages ($224,768), operating expenses ($836,236), and grants ($845,000). The House removed funding for federal health care reform, including home visiting program funding for temporary salaries and wages ($224,768), operating expenses ($849,244), and grants ($845,000), including indirect cost allocations.	$1,998,004		$1,998,004
36	Provides funding from federal funds for rural health workforce life program, including temporary salaries and wages ($105,820), operating expenses ($2,640), capital assets ($30,200), and grants ($948,000).	$1,086,660		$1,086,660
37	Provides funding from charities for the operating expenses of a Cribs for Kids safe crib program.	$100,000		$100,000
38	Adds funding for a FTE position ($126,557) and operating costs ($9,960) for injury prevention. The House removed this funding and the related FTE position.	$136,517		$136,517
	Environmental Health			
39	Provides funding to address salary equity issues for all quality and environmental sanitarians. The House removed this funding.	$70,000		$70,000
40	Decreases funding for operating costs, including the following major changes:	$50,004	($805,695)	($755,691)

	Increase (Decrease)	Total Provided
Travel	($120,886)	$751,119
Supplies, information technology software	($18,585)	$168,939
Information technology equipment under $5,000	($41,137)	$179,051
Other equipment under $5,000	($67,400)	$70,500
Utilities	$17,495	$879,618
Rentals/leases - Building/land	$46,493	$887,909
Repairs	($15,225)	$587,785
Information technology contractual services	($180,000)	$80,000
Medical, dental, and optical	($124,358)	$1,582,413

41	Decreases funding for bond payments to provide a total of $438,129.	($844)	($10,669)	($11,513)
42	Increases funding for extraordinary repairs to provide a total of $816,329.	$79,663		$79,663

43	Decreases funding for equipment over $5,000 to provide a total of $528,400		($134,030)	($134,030)
44	Increases funding for information technology equipment over $5,000 to provide a total of $83,000		$60,200	$60,200
45	Decreases funding in the grants line item to provide a total of $17,277,400		($7,950,000)	($7,950,000)
46	Removes federal fiscal stimulus funding provided in the 2009-11 biennium		($15,365,759)	($15,365,759)
47	Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($118,800) and operating costs ($18,270)		$137,070	$137,070
48	Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health arsenic trioxide		$2,000,000	$2,000,000
49	Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health water quality		$50,000	$50,000
50	Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health clean water		$360,156	$360,156
51	Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health drinking water		$318,101	$318,101
	Emergency Preparedness and Response			
52	Decreases funding for operating costs, including the following major changes:		$3 ($649,226)	($649,223)

	Increase (Decrease)	Total Provided
Travel	($23,421)	$193,708
Supplies, information technology software	($25,900)	$65,119
Information technology equipment under $5,000	($41,702)	$62,070
Other equipment under $5,000	($37,045)	$6,400
Rentals/leases, Building/land	$50,665	$441,827
Information technology contractual services	($65,667)	($492,183)
Fees, Professional services	($7,815)	$372,200
Medical, dental, and optical	($464,884)	$192,361

53	Decreases federal funding in the grants line item to provide a total of $6,937,754 from federal funds		($4,123,758)	($4,123,758)
54	Removes funding provided from the community health trust fund for grants to ambulance services in the 2009-11 biennium and provides funding for the grants from the general fund during the 2011-13 biennium to provide a total of $300,000	$300,000	($600,000)	($300,000)
55	Removes funding from the insurance tax distribution fund for ambulance staffing grants provided in the 2009-11 biennium to provide a total of $1,250,000		($1,000,000)	($1,000,000)
56	Removes funding from the insurance tax distribution fund for an emergency management services study grant provided in the 2009-11 biennium		($500,000)	($500,000)
57	Removes funding for emergency management services rural law enforcement grants provided in the 2009-11 biennium		($128,400)	($128,400)
58	Removes funding from the health care trust fund for ambulance quick response unit pilot project grants		($125,000)	($125,000)
59	Provides funding from the general fund to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including funding for salaries and wages ($112,434) and operating expenses ($411,466). **The House removed this funding.**	$523,900		$523,900
60	Decreases funding for equipment over $5,000 to provide a total of $292,500		($94,745)	($94,745)
61	Provides funding for information technology equipment over $5,000		$18,000	$18,000

62. Due to a reduction in federal funding, the executive recommendation deletes 5 FTE positions to provide for positions added in other divisions and reduces funding for Emergency Medical Services and Trauma Division operating expenses. ($97,539) ($267,184) ($364,723)

Special Populations

68. Decreases funding for operating costs, including a decrease in fees, professional services, and $20,222. ($82,675) $15,472 ($67,203)

64. Provides funding for equipment over $5,000. $7,661 $7,661

65. Increases (decreases) in funding for grants to provide $2,806,038, including the following major changes: $648,675 ($884,958) $570,717

	Increase (Decrease)	Total Provided
Catastrophic relief funds	$80,000	$80,000
Rhesus (RH) syndrome grants	(50,000)	0
Veterinarian loan program	95,000	445,000
Medical personnel loan repayment program	72,500	420,000
Dental loan repayment program	(45,448)	440,000
Nonprofit dental loan repayment program	(160,000)	0
Rural physician repayment program	62,500	62,500
Dental new practice grants	120,000	240,000
Multidisciplinary training grants	30,757	400,000
Medicaid management information system grants	14,751	14,751
Federal primary care contracts	(11,667)	118,000
Increase in special populations grants	$570,717	$3,005,251

66. Removes federal health reform funding provided in the 2009-11 biennium for special population primary care grants. ($56,475) ($56,475)

67. Adds federal health reform funding in the 2011-13 biennium for special population primary care grants. $42,270 $42,270

Other Sections in Bill

Environment and rangeland protection fund. Section 3 authorizes the department to spend $272,310 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $80,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.

Indirect cost recoveries. Section 4 allows the State Department of Health to deposit indirect cost recoveries from federal programs and special funds in its operating account.

Litigation and administrative proceedings. A section is added providing $500,000 of the general fund appropriation and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and expend on the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Suicide prevention program. A section is added to provide legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.

Regional public health network pilot project study. A section is added to provide for a Legislative Management study of the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost savings to state and local governments, and possible improvements to the program.

Tobacco settlement trust fund. A section is added to amend North Dakota Century Code Section 54-27-25 relating to the tobacco settlement trust fund.

Continuing Appropriations

Combined purchasing with local public health units. Section 23-01-28 - Vaccines are not always available to local health units so it is necessary for the State Department of Health to purchase the vaccine and request the payment from the local health units. When the vaccines are delivered and payment is received, the net effect is zero.

Environmental quality restoration fund. - Sections 23-01-01 and 23-31-02 - Allows the State Department of Health to provide immediate and timely response to catastrophic events that threaten the public and environmental health and when the responsible party is late in responding or cannot be located.

Organ tissue transplant fund. - Sections 23-01-05.1 and 57-38.3-01.1 provides financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than $5 are transfered to the organ

tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds.

Veterinarian loan repayment - Section 43-29-11.08 - The Health Council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of veterinarians' education loans. All money received as gifts, grants, or donations under this section are appropriated as a continuing appropriation to the Health Council for the purpose of providing funds for the repayment of additional veterinarians' education loans. If an entity desires to provide funds to the Health Council to allow an expansion of the program beyond three veterinarians, the entity must fully fund the expansion for a period of four years.

Major Related Legislation

House Bill No. 1041 transfers registration of nurse aides, home health aides, and medication assistants I and II from the Board of Nursing to the State Department of Health.

House Bill No. 1044 creates a statewide funding plan for emergency medical services and provides $2 million from the general fund to the State Department of Health to provide state assistance grants to emergency medical services operations and related administrative costs.

House Bill No. 1202 provides $160,000 from the general fund to the State Department of Health for an automated external defibrillator maintenance and readiness grant to provide training to individuals in each of the state's regional education associations.

House Bill No. 1266 provides $50,000 from the general fund to the State Department of Health for support of the comprehensive state trauma system.

House Bill No. 1297 relates to the regulation of abortion.

House Bill No. 1325 extends the moratoriums on nursing home and basic care beds and allows facilities to delicense beds.

House Bill No. 1335 relates to exemptions from enforcement actions for water transfers used to control flooding.

House Bill No. 1352 requires the State Department of Health to register music therapists.

Senate Bill No. 2035 allows pharmacists to administer immunizations and vaccinations to minors.

Senate Bill No. 2067 relates to newborn disease screening and research regarding metabolic and genetic diseases.

Senate Bill No. 2084 relates to orders for the treatment of individuals with tuberculosis.

Senate Bill No. 2146 allows for in-kind matching by the community for new dental practice grants.

Senate Bill No. 2215 requires the State Department of Health to prepare a pamphlet relating to umbilical cord blood donation.

Senate Bill No. 2276 relates to creating a state vaccine fund and a North Dakota vaccine group purchasing board.

Senate Bill No. 2341 relates to the veterinarian loan repayment program.

Senate Bill No. 2354 relates to an eating disorder training program.

ATTACH:1

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - Funding Summary

	Executive Budget	House Changes	House Version
State Department of Health			
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50
Bill Total			
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

Department 301 - State Department of Health - Detail of House Changes

	Removes Funding for Women's Way Care Coordination [1]	Adds Funding for Women's Way Care Coordination	Changes Funding Source for State Stroke Registry	Changes Funding Source for Women's Way Program	Adds Funding for Go Red North Dakota Program	Removes One-Time Funding for a Regional Health Network Grant
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			450,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($500,000)	$500,000	$0	$0	$450,000	($275,000)
Less estimated income	(500,000)	500,000	260,700	400,500	450,000	0
General fund	$0	$0	($260,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform	Removes Salary Equity Funding	Removes Funding for Universal Vaccines	Increases Grants to Local Public Health Units	Removes Funding for Prenatal Alcohol Screening and Prevention	Adds Funding for Safe Havens Program
Salaries and wages	(128,871)	(70,000)				
Operating expenses	(1,387,241)		(12,400,000)			
Capital assets						
Grants	(1,000,000)			400,000	(688,458)	426,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,796,112)	($70,000)	($12,400,000)	$400,000	($688,458)	$426,000
Less estimated income	(1,796,112)	0	(12,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($688,458)	$426,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention	Removes Funding for Statewide Trauma Program	Adds Contingent Funding for Litigation and Administrative Proceedings	Total House Changes
Salaries and wages	(125,567)	(112,434)		(708,862)
Operating expenses	(9,950)	(416,466)		(20,278,667)
Capital assets				
Grants				(694,858)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($528,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($528,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[12] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[13] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[14] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[15] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[16] One-time funding is removed for a regional health network incentive grant.

[17] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[18] Salary equity funding for air quality and environmental engineers is removed.

[19] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[20] Grants to local public health units are increased to provide a total of $2.8 million.

[21] Funding for prenatal alcohol screening and intervention grants is removed.

[22] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[23] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[24] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($1,112,434) and operating expenses ($411,466) is removed.

[25] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

MMWR
Weekly
April 02, 1999 / 48(12);241-243

Ten Great Public Health Achievements -- United States, 1900-1999

During the 20th century, the health and life expectancy of persons residing in the United States improved dramatically. Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health (1). To highlight these advances, MMWR will profile 10 public health achievements (see box) in a series of reports published through December 1999.

Many notable public health achievements have occurred during the 1900s, and other accomplishments could have been selected for the list. The choices for topics for this list were based on the opportunity for prevention and the impact on death, illness, and disability in the United States and are not ranked by order of importance.

The first report in this series focuses on vaccination, which has resulted in the eradication of smallpox; elimination of poliomyelitis in the Americas; and control of measles, rubella, tetanus, diphtheria, Haemophilus influenzae type b, and other infectious diseases in the United States and other parts of the world.

Ten Great Public Health Achievements -- United States, 1900-1999

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water

- Recognition of tobacco use as a health hazard

Future reports that will appear in MMWR throughout the remainder of 1999 will focus on nine other achievements:

- Improvements in motor-vehicle safety have resulted from engineering efforts to make both vehicles and highways safer and from successful efforts to change personal behavior (e.g., increased use of safety belts, child safety seats, and motorcycle helmets and decreased drinking and driving). These efforts have contributed to large reductions in motor-vehicle-related deaths (2).

- Work-related health problems, such as coal workers' pneumoconiosis (black lung), and silicosis -- common at the beginning of the century -- have come under better control. Severe injuries and deaths related to mining, manufacturing, construction, and transportation also have decreased; since 1980, safer workplaces have resulted in a reduction of approximately 40% in the rate of fatal occupational injuries (3).

- Control of infectious diseases has resulted from clean water and improved sanitation. Infections such as typhoid and cholera transmitted by contaminated water, a major cause of illness and death early in the 20th century, have been reduced dramatically by improved sanitation. In addition, the discovery of antimicrobial therapy has been critical to successful public health efforts to control infections such as tuberculosis and sexually transmitted diseases (STDs).

- Decline in deaths from coronary heart disease and stroke have resulted from risk-factor modification, such as smoking cessation and blood pressure control coupled with improved access to early detection and better treatment. Since 1972, death rates for coronary heart disease have decreased 51% (4).

- Since 1900, safer and healthier foods have resulted from decreases in microbial contamination and increases in nutritional content. Identifying essential micronutrients and establishing food-fortification programs have almost eliminated major nutritional deficiency diseases such as rickets, goiter, and pellagra in the United States.

- Healthier mothers and babies have resulted from better hygiene and nutrition, availability of antibiotics, greater access to health care, and technologic advances in maternal and neonatal medicine. Since 1900, infant mortality has decreased 90%, and maternal mortality has decreased 99%.

- Access to family planning and contraceptive services has altered social and economic roles of women. Family planning has provided health benefits such as smaller family size and longer interval between the birth of children; increased opportunities for preconceptional counseling and screening; fewer infant, child, and maternal deaths; and the use of barrier contraceptives to prevent pregnancy and transmission of human immunodeficiency virus and other STDs.

- Fluoridation of drinking water began in 1945 and in 1999 reaches an estimated 144 million persons in the United States. Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care. Fluoridation has played an important role in the reductions in

tooth decay (40%-70% in children) and of tooth loss in adults (40%-60%) (5).

- Recognition of tobacco use as a health hazard and subsequent public health anti-smoking campaigns have resulted in changes in social norms to prevent initiation of tobacco use, promote cessation of use, and reduce exposure to environmental tobacco smoke. Since the 1964 Surgeon General's report on the health risks of smoking, the prevalence of smoking among adults has decreased, and millions of smoking-related deaths have been prevented (6).

The list of achievements was developed to highlight the contributions of public health and to describe the impact of these contributions on the health and well being of persons in the United States. A final report in this series will review the national public health system, including local and state health departments and academic institutions whose activities on research, epidemiology, health education, and program implementation have made these achievements possible.

Reported by: CDC.

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4. Anonymous. The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Arch Intern Med 1997;157:2413-46.

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Page converted: 04/01/99

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This page last reviewed 5/2/01

NORTH DAKOTA STATE HEALTH COUNCIL

SENATE APPROPRIATIONS COMMITTEE
HARVEST ROOM – STATE CAPITOL BUILDING
THURSDAY – MARCH 3, 2011

Chairman Holmberg and Members of the Senate Appropriations Committee – thank you for the opportunity to speak with you today.

I have been asked by your Health Council to address some of the issues they felt were important relative to the North Dakota Health Department's budget.

As many of you may know, your Health Council has oversight of the Health Department, is made up of a majority of consumers and works with your staff at the Health Department to provide as many health related services to the people of North Dakota as we can.

As is always the case, as an administrative agency under the Governor's Office, the Health Department works closely with the Governor to develop a budget, which is then presented to you in the form of an appropriations bill, in this case House Bill #1004.

The Health Council is concerned with providing services to the people of North Dakota and setting priorities for the state Health Council's body of work within North Dakota. We do not generally get involved in the dollar details of the budget, although do discuss them conceptually and ask the Health Department to review them with us. We leave the details to the administrators at the Health Department, Governor's Office and you.

Your Health Council wishes to reinforce the information you have heard from Dr. Dwelle and Arvy Smith relative to the importance of the initiatives outlined in the original budget, to the people of North Dakota. Many of the cuts initiated by the House Appropriations Committee, if left to stand, will serve to limit the Departments ability to provide some very important services, as Dr. Dwelle and Ms Smith have indicated.

I would like to touch on some of the specific items that have been discussed by the Health Council:

1) <u>The Regional Public Health Network</u>. The Health Department and the Health Council often discuss the coordination of activities with public health units. These are the people out there every day delivering services to the people of North Dakota. Whenever there are more resources available they will find more work to do. The continuation of the pilot will allow the study, which is added into the House Bill, to glean much more information over the next biennium than has been able to be generated in the short period of time since July 1, 2010 when the project began.

2) The Prenatal Alcohol Screening. This program is not performed within the Health Department, but is very important to the long term goal of the Health Department, which is prevention and healthy living. It is always difficult to focus on items which have a long term hoped for benefit, as opposed to immediate services. However, this is one of the functions which is currently being performed by the University of ND and can have significant long term benefits when the effects as we studied the effects and give caregivers the information they need to prevent the very expensive results of such things as fetal alcohol syndrome .

3) Emergency Medical Services. This item was reduced in the budget as there is some disagreement between the department of transportation, both in North Dakota and of course through Federal funding, how these funds might be spent. However, it is very important that the department have the funds necessary to develop training programs to monitor and track compliance with required training and to support our emergency medical services throughout the state.

4) Injury Prevention / Domestic Violence Grants Manager. This is an important item to the budget, as proper administration of these programs is very important and although we have 12 different federal grant programs available, we are short on staff to manage these programs.

5) Protect North Dakota Kids. This is a budget item which seems large, but has been explored extensively with stakeholders on a very active committee to develop this program and put forward the legislation embodied in Senate Bill #2276. There are alternatives which cause public health units and those handling the vaccines some additional costs. The cost savings on the federal contract are only available if we provide these vaccinations for free. This also eliminates the necessity for having two inventories of vaccines on the shelves of the vaccination providers. It does restrict the ability of the pharmaceutical companies to sell their products outside of the federal contract rate and this may be the reason why many of them oppose this approach. We should look at what is best for North Dakota.

6) Then there are several items that have been discussed needing money from the community health trust fund. Between the Senate and the House, you will need to decide what the final outcome of this funding will be, and we certainly do not want, as is the case currently, to have more money budgeted to come out of this fund than is projected to be available. Careful consideration will need to be given to important programs such as the Stroke Registry and the women's way program, placing them back into the general fund budget, if community health trust funds appear not to be available.

In summary, there are always good ideas and as I have said, the department and the care-givers of North Dakota can always find more services to provide and more work to do. We would be remiss if we did not suggest to you those things which we feel are good for the health and wellbeing of North Dakotans. Your judgment, in the final analysis, will determine which of those programs will get funded.

Howard C. Anderson, Jr, R.Ph.
Member – State Health Council

HB 1004

Senate Appropriations Committee

Testimony

March 3, 2011

Good morning, Chairman Ray Holmberg and members of the Senate Appropriations committee. My name is Robin Iszler and I am the Unit Administrator of Central Valley Health District the local public health agency located in Jamestown, North Dakota. Our agency supports HB 1004 and the amendment to increase local public health state aid. I have provided a couple handouts to you. Please refer to pages two and three of the colored handout, which gives specifics about the importance of local public health state aid as a source of state funding that local public health departments use to provide important health services to the communities they serve.

I would like to tell you about a couple of exciting things our health department has done in the past two years and how important it is to continue to support your local public health infrastructure. Since 2009 Central Valley has responded to real world events including the flood of 2009 and H1N1. During the H1N1 outbreak we received one time federal funding so that our office could provide over 800 vaccinations during a one day clinic to the public. I remember how people thanked us that day because we were there providing vaccinations to keep our community healthy. We knew what to do to quickly provide vaccinations in a community setting, and our public health system worked to protect the public. With funding last session from SB 2333, regional networks for public health services, Central Valley along with their partners in Barnes, Wells and LaMoure counties, are currently exploring shared public health services and we are excited to share the outcome of this project once it is completed in June 2011. One of the items that Central Valley is most proud of is being selected to test the national public health accreditation system. Starting in 2011 health departments across the country will be able apply for national accreditation of local health departments this process will provide recognition of high performing health departments and assurance to policy makers that we have met established national standards. Central Valley helped to test the accreditation process and plans to share what we have learned with other North Dakota

public health departments so that together, here in North Dakota, we can assure our policy makers and citizens that local public health is providing the highest level of public health services to our communities.

With all these good things, it appears that our health department is doing quite well. You may ask, why do you need State funding? Many of the projects I mentioned are funded with federal dollars which unfortunately, has remained level, decreased, or possibility eliminated in the future. In 2010, Central Valley's total budget was roughly 2.3 million dollars. Of that only $60,284 is State Aid and $25,000 of that is used to provide environmental health services to the region (8 counties) leaving just $35,284 to support local infrastructure. I am concerned about the increases to ND PERS retirement and BCBS premiums and how these increases will impact our health department. These increases will cost our health department at least an additional $19,000 a year. And I am concerned about losses to federal funding which is about 54% or about $1,253,251 of the total budget. Will we be able to maintain staff and to provide the services that the people in our area have come to expect? I believe the answer is no - we cannot.

Local public health departments are asking that you increase the local public health State Aid budget by 1.275 million dollars. Based on input from the local public health departments, this increase will support local infrastructure in the following ways: $625,000 will assist locals with increases to BCBS and ND PERS. $150,000 for loses in federal funding to maintain our maternal child health services (MCH). $500,000 to increase public health services including environmental health, elderly home visits and infrastructure. I would like to draw your attention to the handout that outlines the current State Aid funding and how the increase would assist the local health departments with the additional dollars at the 1, 275,000 increase (orange column).

I hope you will recognize the need and support an increase for state aid to local public health. Our citizens are used to relying on local health departments for many services and assistance. This money will help us to continue to provide level support to our communities. Thank you. At this time, I would be happy to answer any questions you may have.

ND State Association of City and County Health Officials (ND SACCHO) – Improving Local Public Health Units

Local Public Health Units across North Dakota have worked collaboratively together for many years. In August 2010, this relationship was formalized through a Joint Powers Agreement to form the ND SACCHO, a state association for ND Local Public Health Units. SACCHOs have been formed in many states across the nation to streamline communication between state and local public health agencies, and to stay apprised of national public health initiatives such as continuous quality improvement and public health accreditation.

~ ND SACCHO Members ~
Local Public Health Administrators

The purpose of ND SACCHO is to improve coordination of local public health department efforts across the state, enhance consistent messaging and education, improve training and advocacy and share best practices.
ND SACCHO is governed by a ten member Executive Committee with representatives from local public health units, the State Health Department and the North Dakota Association of Counties. There are many challenges that local public health units face today and the overall goal of the association is to provide a collegial environment with the tools and resources necessary to enhance the provision of quality public health programs and the **Ten Essential Public Health Services**. *More on page 2.*

North Dakota Public Health Accreditation Beta Test Site

In 2009, Central Valley Health District (CVHD) was one of 13 local health departments (of 145 applicants) in the nation selected to participate as a beta test site for the public health accreditation process.

More info to come in the next issue.

Public Health
Prevent. Promote. Protect.

North Dakota Local Public Health 2009-2010 Highlights

July 1, 2009 - June 30, 2010

- Over 130,000 seasonal flu vaccinations Fall 2009 – Spring 2010; over 180,000 H1N1 shots administered statewide (with private health partners)
- Women Screened for Breast and Cervical Cancer - 3,220
- 100% Smoke-free ND communities, covering all workers, including bar employees: West Fargo, Fargo, Grand Forks, Napoleon, Bismarck*, and Devils Lake
- Flood Response Support through partnership with other State and local agencies
- Public Health Home Visits - thousands of client visits; School Nurse - Public Health Nurses provide as many school screenings as funding allows
- Car seat checks completed - 86; car seats screened - 1,340
- Number of WIC participants receiving benefits: 13,500 monthly
- Food Establishment Inspections - 6,864 (includes ND Department of Health Food and Lodging Division totals); On-site Sewer Inspections - 1,181
- Four local public health units piloting the Regional Public Health Network
- Maternal Child Health Services: newborn home visits and injury prevention activities for moms and children
- Family Planning Services: 14,761 services provided to men and women statewide

*pending - currently referred by City Commission

Ten For ND Striving for Better Health in our Communities
(See Pg. 2 for Essential Services) Volume 1 Issue 1 January 2011

TEN ESSENTIAL SERVICES OF PUBLIC HEALTH

~This is What We Strive To Do~

1. **Monitor**
   Monitor community health status to identify public health problems.
2. **Investigate**
   Diagnose and investigate health problems and health hazards in the community.
3. **Inform**
   Inform, educate, and empower people about health issues.
4. **Mobilize**
   Mobilize community partners to identify and solve health problems.
5. **Plan**
   Develop policies and plans that support individual and community health efforts.
6. **Enforce**
   Enforce public health laws and regulations that protect health and ensure safety.
7. **Link**
   Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure**
   Assure a competent public health and personal health care workforce.
9. **Evaluate**
   Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research**
    Research for new insights and innovative solutions to health problems.

(National Essential Public Health Services)

Public Health
Prevent. Promote. Protect.
North Dakota SACCHO

Legislative Priorities Affecting Local Public

Local public health departments are major player
aid allocation to the local public health departmer
total 2010 budget. This funding is the only investm

Local State Aid

Local public health is crucial for preventative health. An investment in public health results in $6.20 savings for every $1.00 spent in ND.

An increase of at least $1,275,000* in State Aid is needed to maintain existing levels of services for Family Health, Public Health Home Visits, and Environmental Health Programs for the 2011-2013 biennium. (* Includes funding for retirement and health insurance premium expense increases for local public health units.)

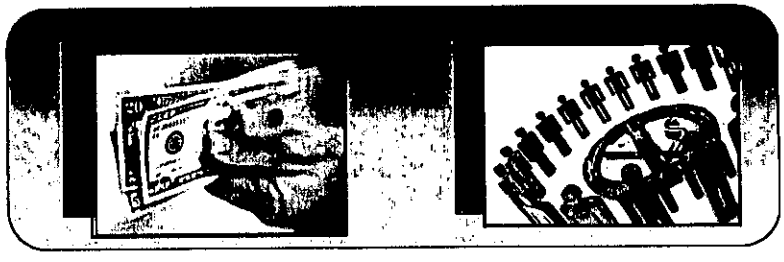
Only local and state general funding sources allow local flexibility in expenditures.

Family Health

North Dakota is one of only a few states that do not invest in school nurse programs. Local Public Health Departments provide limited health screenings to children in schools. More funding will:

1. Increase nurses who provide essential health services to children and youth.
2. Address increasing numbers of students with chronic health conditions that require management.
3. Restore nutrition, carseat, dental, school screening, and newborn follow-up services.

Federal family health funding to local public health in fiscal year 2011 was cut by $57,959.00.



[o h Dakota Local Public Health [ealth State Aid

n ND in providing community based services. State represent only five percent of each funding agency's t in public health from the state general health fund.

Environmental Health

Local State Aid dollars support environmental health services to address priorities such as:

- Food facility inspections
- Radon
- West Nile Virus
- Swimming pool and spa inspections
- Tanning and tattoo facility inspections
- Addressing public health nuisances
- On-site Sewer inspections

Federal funding has not been available. Without state investment, many North Dakota citizens will not be protected from dangerous preventable illnesses and diseases.

Public Health Home Visits

Public health nurses provide home visits and assistance by:

- monitoring medications,
- providing health assessments,
- performing foot care services,
- conducting case management and referrals for other services.

The estimated monthly cost for nursing home care is $4,500 in comparison to the cost of in-home services, at $130 per month.

There is considerable economic and social value in caring for a person in their home as long as possible.

"71 Percent of Americans favor an increased investment in disease prevention."

-Greenberg Quinlan Rosner Research and Public Opinion Strategies 2009

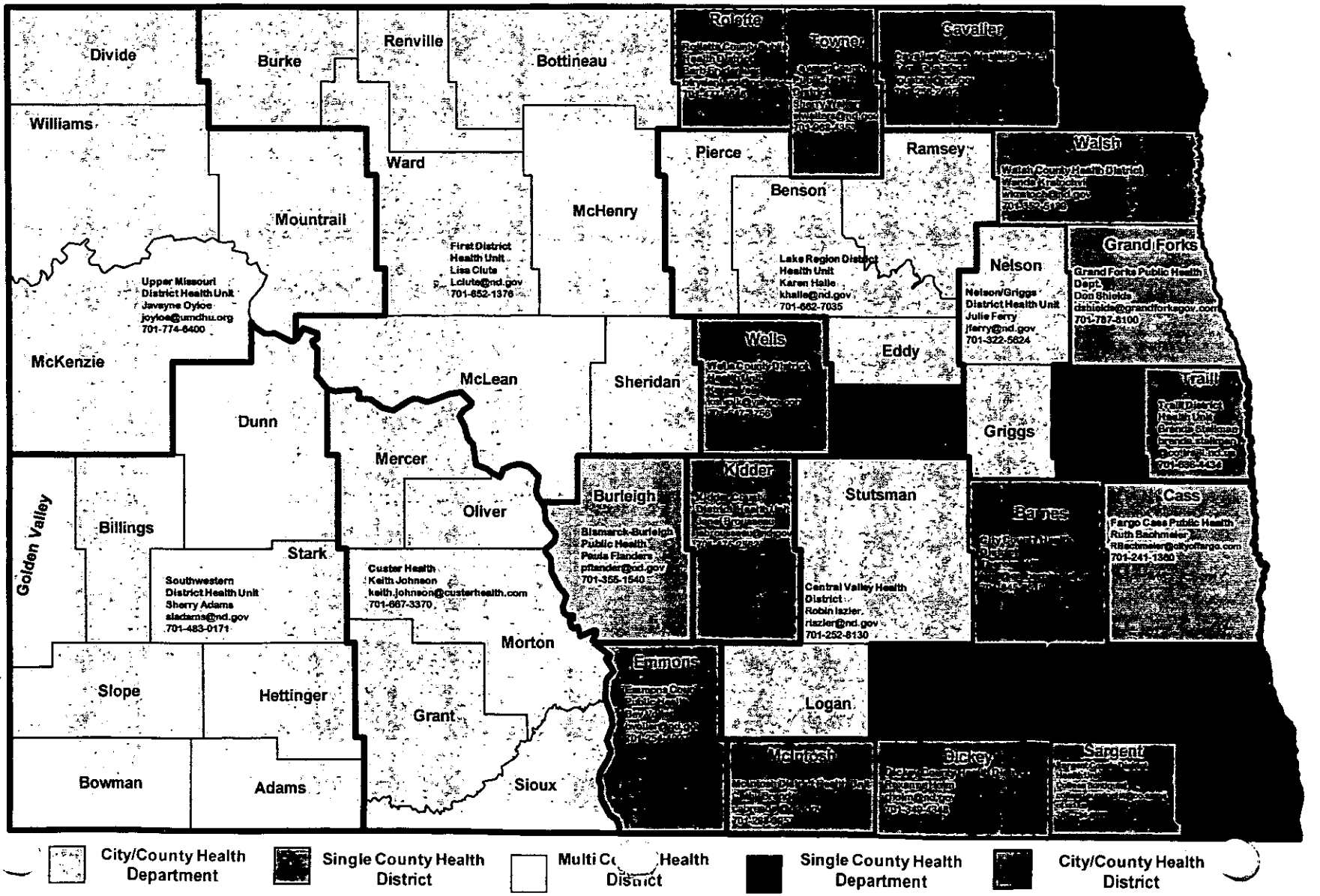
Five Keys For You

Policymakers take action

1. **Conversation**
   Talk with your health department leaders about how you are addressing the ten basics of public health now.
2. **Assessment**
   Take part in an assessment of your health department's capacity using the national voluntary public health accreditation standards.
3. **Vision**
   Work with your health department to create a strategic plan that incorporates the ten essential services of public health.
4. **Improvement**
   Support your health department's quality improvement efforts so that there are processes in place to meet your vision.
5. **Be a Voice**
   Resources for public health often take a back seat to easier-to-see but less critical priorities. Be a voice for prevention - talk with your constituents about how public health ensures your community's health and future.

ND SACCHO ~ PO Box 880, James[illegible]n ND 58402-0880 ~ 701-252-8130

Your Local Public Health Contacts Serving Your Area



			Current Biennium $6,000 Base Allotment/County				*Projected 2011-2013 Biennium $6,000 Base Allotment/County				Projected Increase over Current
		2008 Census	Base Allotment	Per Capita Amount	EH Component	Total State Aid	Base Allotment	Per Capita Amount	EH Component	Total State Aid	
	Pierce	4,091	6,000	10,727		16,727	6,000	18,858		24,858	8,13
	Ramsey	11,234	6,000	29,456		35,456	6,000	51,785		57,785	22,32
	Total	24,666	$24,000	$64,675	$50,000	$138,675	$24,000	113,702	$50,000	$187,702	49,02
								0			
Nelson/Griggs District	Nelson	3,166	6,000	8,301		14,301	6,000	14,594		20,594	6,29
	Griggs	2,359	6,000	6,185		12,185	6,000	10,874		16,874	4,68
	Total	5,525	$12,000	$14,486	$0	$26,486	$12,000	25,468	$0	$37,468	10,98
								0			
								0			
Multi-county total		246,816	**$192,000**	**$647,165**	**$300,000**	**$1,139,165**	**$192,000**	**1,137,736**	**$300,000**	**$1,629,736**	490,57
Counties Single Co. Districts City/County											
	Barnes(City County)	10,682	6,000	28,009		34,009	6,000	49,240		55,240	21,23
	Burleigh	78,689	6,000	206,326		212,326	6,000	362,728		368,728	156,40
	Cavalier	3,841	6,000	10,071		16,071	6,000	17,706		23,706	7,63
	Dickey	5,237	6,000	13,732		19,732	6,000	24,141		30,141	10,40
	Emmons	3,377	6,000	8,855		14,855	6,000	15,567		21,567	6,71
	Fargo/Cass	139,918	6,000	366,873	50,000	422,873	6,000	644,972	50,000	700,972	278,09
	Foster	3,447	6,000	9,038		15,038	6,000	15,889		21,889	6,85
	Grand Forks	66,585	6,000	174,590	50,000	230,590	6,000	306,933	50,000	362,933	132,34
	Kidder	2,290	6,000	6,005		12,005	6,000	10,556		16,556	4,55
	LaMoure	3,986	6,000	10,452		16,452	6,000	18,374		24,374	7,92
	McIntosh	2,639	6,000	6,920		12,920	6,000	12,165		18,165	5,24
	Pembina	7,419	6,000	19,453		25,453	6,000	34,199		40,199	14,74
	Ransom	5,628	6,000	14,757		20,757	6,000	25,943		31,943	11,18
	Richland	16,334	6,000	42,829		48,829	6,000	75,294		81,294	32,46
	Rolette	13,657	6,000	35,809		41,809	6,000	62,954		68,954	27,14
	Sargent	4,048	6,000	10,614		16,614	6,000	18,660		24,660	8,04
	Steele	1,795	6,000	4,707		10,707	6,000	8,274		14,274	3,56
	Towner	2,202	6,000	5,774		11,774	6,000	10,150		16,150	4,37
	Traill	7,820	6,000	20,504		26,504	6,000	36,047		42,047	15,54
	Walsh	10,880	6,000	28,528		34,528	6,000	50,153		56,153	21,62
	Wells	4,191	6,000	10,989		16,989	6,000	19,319		25,319	8,33
Single county total		**394,665**	**$126,000**	**$1,034,835**	**$100,000**	**$1,260,835**	**$126,000**	**$1,819,264**	**$100,000**	**$2,045,264**	$784,42
Multi-county total		246,816	$192,000	$647,165	$300,000	$1,139,165	$192,000	$1,137,736	$300,000	$1,629,736	$490,57
Bismarck Burleigh PHU-City of Bismarck					$0	$0			$0	$0	
GRAND TOTAL		**641,481**	**$318,000**	**$1,682,000**	**$400,000**	**$2,400,000**	**$318,000**	**$2,957,000**	**$400,000**	**$3,675,000**	$1,275,00

$2,000,000 Projected Distribution for State Aid with $400,000 EH Component
$6,000 Base Allotment per 53 Counties/Biennium 2009-11

Public Health

Current	
KEY Amounts	
Base Allotment	$6,000
Ttl Amt Distributed	$2,000,000

Proposed	
KEY Amounts	
Base Allotment	$6,000
Ttl Amt Distributed	$3,275,000

			Current Biennium $6,000 Base Allotment/County				*Projected 2011-2013 Biennium $6,000 Base Allotment/County				Projected Increase over Current
		2008 Census	Base Allotment	Per Capita Amount	EH Component	Total State Aid	Base Allotment	Per Capita Amount	EH Component	Total State Aid	
Upper Missouri	Divide	1,986	6,000	5,207	50,000	61,207	6,000	9,155	50,000	65,155	3,948
	McKenzie	5,674	6,000	14,878		20,878	6,000	26,155		32,155	11,277
	Mountrail	6,511	6,000	17,072		23,072	6,000	30,013		36,013	12,941
	Williams	19,846	6,000	52,037		58,037	6,000	91,483		97,483	39,446
	Total	34,017	$24,000	$89,194	$50,000	$163,194	$24,000	156,806	$50,000	$230,806	67,612
								0			
Southwestern District	Adams	2,244	6,000	5,884	50,000	61,884	6,000	10,344	50,000	66,344	4,460
	Billings	811	6,000	2,126		8,126	6,000	3,738		9,738	1,612
	Bowman	3,019	6,000	7,916		13,916	6,000	13,917		19,917	6,001
	Dunn	3,318	6,000	8,700		14,700	6,000	15,295		21,295	6,595
	Golden Valley	1,640	6,000	4,300		10,300	6,000	7,560		13,560	3,260
	Hettinger	2,378	6,000	6,235		12,235	6,000	10,962		16,962	4,727
	Slope	675	6,000	1,770		7,770	6,000	3,112		9,112	1,342
	Stark	22,575	6,000	59,193		65,193	6,000	104,063		110,063	44,870
	Total	36,660	$48,000	$96,124	$50,000	$194,124	$48,000	168,991	$50,000	$266,991	72,867
								0			
First District	Bottineau	6,338	6,000	16,619	50,000	72,619	6,000	29,216	50,000	85,216	12,597
	Burke	1,820	6,000	4,772		10,772	6,000	8,390		14,390	3,618
	McHenry	5,168	6,000	13,551		19,551	6,000	23,823		29,823	10,272
	McLean	8,337	6,000	21,860		27,860	6,000	38,431		44,431	16,571
	Renville	2,245	6,000	5,887		11,887	6,000	10,349		16,349	4,462
	Sheridan	1,266	6,000	3,320		9,320	6,000	5,836		11,836	2,516
	Ward	55,986	6,000	146,799		152,799	6,000	258,076		264,076	111,277
	Total	81,160	$42,000	$212,808	$50,000	$304,808	$42,000	374,121	$50,000	$466,121	161,313
								0			
Central Valley	Logan	1,943	6,000	5,095	50,000	61,095	6,000	8,957	50,000	64,957	3,862
	Stutsman	20,394	6,000	53,474		59,474	6,000	94,009		100,009	40,535
	Total	22,337	$12,000	$58,569	$50,000	$120,569	$12,000	102,966	$50,000	$164,966	44,397
								0			
Custer District	Grant	2,415	6,000	6,332		12,332	6,000	11,132		17,132	4,800
	Mercer	7,854	6,000	20,594		26,594	6,000	36,204		42,204	15,610
	Morton	26,255	6,000	68,842	50,000	124,842	6,000	121,026	50,000	177,026	52,184
	Oliver	1,695	6,000	4,444		10,444	6,000	7,813		13,813	3,369
	Sioux	4,232	6,000	11,097		17,097	6,000	19,508		25,508	8,411
	Total	42,451	$30,000	$111,309	$50,000	$191,309	$30,000	195,683	$50,000	$275,683	84,374
								0			
Lake Region District	Benson	6,953	6,000	18,231	50,000	74,231	6,000	32,051	50,000	88,051	13,820
	Eddy	2,388	6,000	6,261		12,261	6,000	11,008		17,008	4,747

HB 1004
Senate Appropriations Committee Testimony
March 2011

Good morning, Chairman Ray Holmberg and members of the Senate Appropriations committee. My name is Beverly Voller and I am the Unit Administrator, Director of Nurses, Emergency Preparedness Coordinator, School Nurse, In-Home Health Nurse, Immunization Nurse, etc. at Emmons County Public Health. I have been in this position for 27 years. I am here in support of the amendment to HB 1004 to increase local public health State aid ($1.275 Million). Our single county Public Health Unit provides for comprehensive public health services for the residents of Emmons County. We provide all of the public health services that other larger public health units provide for their residents. My entire staff consists of an Administrative Assistant, and 3 other registered nurses all who work part-time, and myself as the administrator, who is also employed part-time. We have a total FTE of 2.4 for a population of 3,377. All of my nursing staff has been working for Emmons County Public Health for the past 20 years. This arrangement works in our small rural community and our staff work above and beyond to make sure public health services are provided. We care about our community and work hard to maintain the programs we provide.

Our community's population is predominantly elderly who need a multitude of services. Because of the services we provide, many of our elderly residents have been able to continue to remain in their homes. Our small health unit provided 840 in-home nursing visits this year with only part-time staff. You may be surprised by what we do with limited part-time staff. In addition to the home visits, we conduct five Senior Citizen nursing clinics monthly, provide school nursing services, administer all child-hood and adult immunizations (our local clinic does not provide this service), flu shots, newborn home visits, well-child checks, pre-natal classes, tobacco prevention programs, county wellness activities, disease outbreak and surveillance, environmental health services, in-office nursing assessments, foot care, emergency preparedness activities, and the list goes on. Our public health services fill a gap in health care services in our rural community. At a recent newborn home visit provided by my nurse, she was able to detect a critical heart defect on a newborn that was discharged early due to lack of health insurance and encouraged the family to seek prompt medical care to avoid a future medical crisis. During the flood of 2009 in the Linton area and last year's, H1N1 flu activity, public health played a major role in response efforts. Without our public health unit,

our residents would only have the health care of our local hospital and clinic and none of these services would be provided.

Our nursing salaries fall far below salaries of staff in similar positions across the state, but our staff continue to work for lower salaries because of the benefits we provide, which include health insurance and retirement for those who are eligible. Our agency provides employment opportunities for part-time staff with benefits allowing for staff to stay in the community for employment. We have not been able to provide raises for the past 2 years because of lack of increased funding sources. Our funding sources include our local tax mill levy which is at the maximum of 5 mills, federal funding sources, small one time grants and a very limited amount of State Aid. Our state aid amount is $14,855 this year. The operating budget for my health unit was $178,422.15 for 2010.

I am extremely concerned about the future of our health department. The recent projected increases in both health insurance and retirement will take a toll on my overall budget. As I mentioned, staff continue to work in our agency because of the benefits of health insurance or retirement and finding experienced nurses in public health in rural communities on "below market" salaries is nearly impossible. My employees are from farm families, who do not have health insurance or retirement benefits, so these benefits are extremely important to my employees. Each year, I need to write multiple grants, to find additional funds to keep my staff employed. Because of the decrease in federal funds, as well as available grants, I am at a point where I will need to consider reducing staff hours, which will cut benefits, eliminating needed services or totally eliminating positions.

Public Health traditionally operates on a shoe-string budget and has been able to make do with what we have to work with. We are great stewards of the money we receive and provide quality services on very little funds. Unfortunately, we cannot continue with the limited resources we have and will need to look at discontinuing valuable preventative services in the very near future. I am asking you as legislators to increase the local public health state aid by $1.275 million so that much needed services can continue to be provided in Emmons County and statewide. Thank you. I would be happy to address any questions at this time.

Emmons County Public Health

Sources of Revenue

As of December 31, 2010

Revenue Source		Total Revenue Collected
Mill Levy		88,228.67
State Aid		11,435.00
*Federal Grants		21,311.04
*Immunization Grant	10,411.51	
*KESS/HMC	6,629.13	
*MCH	2,473.08	
*West Nile Grant	500.00	
*WIC	729.60	
*Other	567.72	
Donations		6,184.61
Influenza Vaccine		13,528.16
Interest		470.78
Miscellaneous		445.13
Private Pay Vaccines		12,865.45
Emergency Preparedness		37,209.07
Health Alert Network		2,880.00
Tobacco Prevention		5,202.27
Total Revenue		199,760.18

Senate Appropriation Committee
HB 1004
Testimony in Support of OAR # 26 – Heart Screenings for Woman's Way Clients

Chairman Holmberg, and members of the Senate Appropriations Committee. For the record, I am Sherry Adams, Executive Officer, with the Southwestern District Health Unit. Thank you for your time and this opportunity to testify in support of the Optional Appropriations Request for Women's Way with Heart.

Woman's Way with Heart is Optional Appropriation Request #26, for the amount of $983,200. This highly rated OAR from the Department of Health provides for statewide heart screenings in conjunction with the client services already provided by the Woman's Way program.

Our Southwestern District Health Unit is working with the inclusion of heart screenings as part of "The Pathways to Healthy Lives" program. Building upon high area awareness of the Go Red North Dakota initiative, we provide low cost or free cardiovascular screenings to those without insurance coverage, underinsured and/or low income. Since the addition of the cardiovascular disease screenings, awareness and education activities to our program, the response has been overwhelming. At the midpoint of the grant cycle, we are experiencing a 70% increase in participation in the community screenings.

Key components:

- Eligibility- Women's Way clients ages 40-64
- Heart Health Screenings to include: Body Mass Index (BMI), blood pressure, cholesterol (total, HDL, LDL, Triglycerides), tobacco use, personal medical history and family history for cardiovascular disease and diabetes, and current lifestyle.
- Individual risk reduction counseling by healthcare professional.
- Physician referral for follow-up and medical treatment when indicated based on pre-established medical guidelines.
- Lifestyle intervention counseling, education, tools and strategies to help the women develop healthy lifestyle behaviors.
- Follow-up screenings to assess changes in risk factors and lifestyle.
- The Pilot Project enrollment was limited to 50 women. Enrollment was opened on January 21st, 2010.

My Heart My Health Pilot Program Results
Health Risk Factors

- 26% had high blood pressure (35% had pre-hypertension)
- 51% had high cholesterol
- 38% smoked
- 65% were overweight or obese (49% obese)

Intervention and Results

- 28% were referred to a physician
  - 25% had no history of previous heart health screening
  - 50% were prescribed prescription medication (half for high blood pressure and half for high cholesterol)
  - 83% indicated that they had made lifestyle changes as a result of the program
    - 60% increased physical activity
    - 25% lost weight
    - 83% made dietary changes
- 16% participated in the lifestyle intervention program
  - 57% had cholesterol levels drop to the normal range at the follow-up screenings (an average of 14% reduction in 6 months)

Cardiovascular disease, including heart disease and stroke, are the leading cause of death of women and costly health problems facing our state today, yet among the most preventable. Early detection and treatment of risk factors can lead to prevention of cardiovascular disease. Many uninsured and underinsured women cannot afford these preventative screenings. Increasing the access to quality care is essential if we are to impact the rate of cardiovascular disease among North Dakota women, ages 40 to 64 that are Women's Way clients. The goal is to eliminate the cost of treating the disease which carries a much larger expense to the state.

Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective. Studies of the WISEWOMAN program found that its programs have extended women's lives at a cost of $4,400 per estimated year-or-life saved. The cost to provide cardiovascular disease risk reduction services to a WISEWOMAN participant is approximately $400.

I encourage your consideration of funding Women's Way with Heart, an optional appropriation request in the Department of Health budget. Below are three funding levels of consideration for legislative consideration:

Funding Request: Pilot Project - $280,000

Description	FTE	General Fund	Special Fund	Total
Base – Pilot Project - $280,000 Pilot Project with 2 Women's Way Provider Programs	-0-	$280,000	-0-	$280,000

Funding Request: Enhanced - $701,200

Description	FTE	General Fund	Special Fund	Total
Year 1 funds: 2 Women's Way program sites (previous heart health screening for women experience recommended) and hiring of a statewide coordinator to facilitate expansion of the Women's Way with Heart program to all Women's Way locations in year 2.	-0-	$701,200	-0-	$701,200

Funding Request: Fully Funded at OAR Requested $983,200

Description	FTE	General Fund	Special Fund	Total
Program administration (including statewide program coordinator) $149,200 • Program marketing - $50,000 Direct Client services for all Women's Way participants (statewide) Screening, results & risk factor counseling, lifestyle intervention program for those screened at risk, and physician visit based on pre-established medical criteria $784,000	-0-	$983,000	-0-	$983,200

Together we can save lives – one heart at a time.

At this time, I am available to response to any questions you may have.

Background Information

The Pathways to Healthy Lives program is part of the Southwestern District Health Unit serving an eight county region of Southwest region of North Dakota - Stark, Dunn, Billings, Golden Valley, Bowman, Hettinger, Adams, Slope, and Billings County.

The initial components of the Pathways to Healthy Lives program included lung, prostate, skin, colorectal, female breast cancer, and promotion of healthy lifestyles. In 2009, Pathways to Healthy Lives was awarded an unprecedented third HRSA (Health Resources and Services Administration) grant which expanded the program focus to include cardiovascular disease prevention including screenings. The need to provide low cost or free cardiovascular screenings to those without insurance coverage, underinsured and/or low income was identified as a result of the Dickinson community participation in the Go Red ND Community grant funding. Since the addition of the cardiovascular disease screenings, awareness and education activities to our program, the response has been overwhelming. At the midpoint of the grant cycle, we are experiencing a 70% increase in participation in the community screenings.

My Heart My Health Pilot Program Overview

My Heart My Health is a pilot project of Pathways in collaboration with the American Heart Association Go Red North Dakota Initiative with approval of HRSA to assist Women's Way clients in Stark County in accessing heart health screenings and lifestyle intervention services. Knowing ones heart health numbers is an important step in identifying and treating heart disease risk factors.

My Heart My Health, is modeled after the CDC WiseWoman program. WiseWoman is the sister program to what is known as Women's Way in North Dakota. CDC funds WiseWoman in only 21 states including Minnesota and South Dakota. Both programs shared their materials which we used as resources for our program.

The vision is to provide women with the opportunity to "know their numbers" for heart health, and provide knowledge, skills, and opportunities to improve diet, physical activity and other lifestyle behaviors to prevent, delay and/or control cardiovascular diseases.

Summary

My Heart My Health pilot project in Stark County built on the success of the Women's Way program in North Dakota; reaching out to a group of low income, underinsured or uninsured women ages 40 – 64 with heart disease risk factor screening, lifestyle assessment, education, lifestyle intervention and referral services in an effort to prevent cardiovascular disease.
We are excited about the results of this program to save the lives of women in our service area and to serve as a model for the state of North Dakota.

CDC WISEWOMAN

Program Results

Between January 2000 and June 2008, WISEWOMAN participants were found to have the following health risk factors:

- 28% had high blood pressure.
- 40% had high blood cholesterol.
- 23% had diabetes.
- 29% smoked.
- 74% were overweight or obese.

Reduction In Cardiovascular Risk

WISEWOMAN participants after 1 year saw a reduction in Cardiovascular Disease Risk (January 2000-June 2007)

- Reduction in 5-Year Cardiovascular Disease Risk among WISEWOMAN Participants
  - White 8.1%
  - Black 8.6%
  - Hispanic 10.7%
  - American Indian/Alaska Native 7.4%
- Reduction in Smoking Rates (Self reported)
  - White 6.5%
  - Black 10.0%
  - Hispanic 13.8%
  - American Indian/Alaska Native 6.1%

By having access to screening services, many women learn for the first time that they have high blood pressure, high blood cholesterol, and/or diabetes. The lifestyle intervention services result in the reduction in risk factors such as cardiovascular disease and tobacco use.

WISEWOMAN: Program That is Low Cost and High Yield

Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective. Studies of the WISEWOMAN program found that its programs have extended women's lives at a cost of $4,400 per estimated year-or-life saved. The cost to provide cardiovascular disease risk reduction services to a WISEWOMAN participant is approximately $400.

Success Story: Nebraska

Since the Nebraska WISEWOMAN program begin in 2000, more than 19,000 women with low incomes have been screened. When risk factors are found, participants are offered medical referrals as needed and ongoing health y lifestyle counseling and intervention support.

Half of Nebraska residents live in rural areas of the state, the other half live in three counties. To meet the challenges of a large state with few large communities, the program has set up a network of lifestyle interventionists, who contact participants by phone. These lifestyle interventionists provide tailored counseling and tools to clients, based on their identified health risks and support women as they increase their physical activity, improve their dies and quit using tobacco products.

The Nebraska WISEWOMAN program has been a 5.4% reduction in 10-year estimated chronic heart disease risk and a 7.5% reduction in 5-year estimated cardiovascular disease risk. Smoking incidence has also declined 7.1% since the start of the program.

March 3, 2011

Testimony for HB 1004

Senate Appropriations

Chairperson Holmberg and Members of the Senate Appropriations Committee,

My name is Tim Hathaway, Executive Director of Prevent Child Abuse North Dakota. Our organization exists for the purpose of eliminating child maltreatment in its various forms.

I am speaking today in support of an amendment to include evidence based home visitation. This human infrastructure element is designed to provide targeted assistance to North Dakota's hard working families.

Last year, when this funding became available, the North Dakota Department of Health conducted an assessment of all counties looking at such factors as unemployment, high school dropout rates, and child abuse rates. The result was the fv of the two highest risk counties in our state, Benson and Rolette counties.

Funding from this amendment will open the door to community coordinated, evidence based home visits. This type of necessary service, focused on the highest risk families, has been proven to deliver better health outcomes for children, put parents back to work more quickly following child birth, increase educational outcomes and reduce both, child abuse and juvenile delinquency.

The model for delivering these good results is simple. It has been used in this country for over 150 years. Put trained professionals, which are linked with community health services, into the homes of the children at highest risk for harm. The home visitors provide parenting skills training, health education and resource development skills. Visits happen from two to three times each month and are designed to reach children ages 0-5.

Research reports that current home-visitation programs cost between $1000 and $2500 per family per year depending on the level andfrequency of services provided. Even the most expensive programs pay for themselves by the time the children are 4 years old. Approximately 80% of the cost savings comes from reduction in welfare payments and food stamps, with one third of the savings coming from reduction in unintended subsequent pregnancies.

Thank you for your time and I appreciate your attention to these at risk families and children. I will stand for questions.

March 3, 2011
HB 1004

Thank you for the opportunity to speak to the issue of lack of funding for nutrition and physical activity and obesity prevention in the state of North Dakota and specifically in the North Dakota Department of Health budget. I am Karen Ehrens, a Registered Dietitian for 19 years with 17 years' experience in public health settings.

I understand that the Department proposed to include a plan and funding for a Healthy Eating and Physical Activity Program in an Optional Package Request. This request was not included in the Governor's Budget Proposal; neither was a similar request in 2009.

Spending a small amount of money now could help address the tremendous outlays that are already being put toward treating people that have disease, lost workdays and decreased productivity while at work, and the incalculable costs of human suffering and loss of life. The Society of Actuaries estimates the total economic cost of overweight and obesity the U.S. **$270 billion**. In North Dakota alone, the Milken Foundation estimates that businesses lose **$2.1 billion** each year from lost workdays and decreased productivity in unhealthy workers. Two children in Minot recently lost their father due to premature heart failure to which unhealthy eating and physical inactivity contributed.

In a workplace of 25 North Dakota adults,

- 1 has diabetes
- 4 have high blood pressure
- 7 have high cholesterol
- 16 are overweight or obese
- 20 have two or more risk factors for heart disease.

One out of 3 Americans is estimated to develop diabetes by the year 2050 if things continue as they have been, according to the U.S. Centers for Disease Control and Prevention (CDC). The medical costs for people with diabetes are more than 2 times the costs than for people without diabetes, and in our state current costs of diabetes are **$308 million**, or about **$477 per person.**

Working to help people eat more healthfully and move more can help to control not only obesity, but also will impact chronic diseases such as heart disease, diabetes and cancer. What works? Best practices recommended by the CDC can be simple. Yet there needs to be planning, coordination, and assistance for this to get done in communities across the state. I know of only one person in the whole state whose full-time job is that of helping a community plan and implement practices like these:

- Create or publicize places where people can be physically active and let people know how to find them and get to them.
- Work with planners so that people can ride bike or walk when possible when carrying out their day-to-day activities, like going to school or work.
- Make it easier for people to find fruits and vegetables.
- Make healthy food choices available in public places.
- Make it easier for mothers to breastfeed their babies.
- Provide more physical activity and physical education in schools.

There is a lot of talk this session about infrastructure. Are not all the people in this room infrastructure, and all the children in school across the state? I believe that we need to start paying attention to this human infrastructure, putting some time and resources to our human infrastructure, or like the roads in Western North Dakota, will need a lot more time and resources to fix them once they're broken.

For about $1.00 per resident, this small investment at the state level could provide a start to keeping our residents healthier and reducing the future burden on our state's, our communities', and our individual health expenditures. Please consider funding for a Healthy Eating and Physical Activity Program.

Testimony HB1004
Submitted by Jody Bettger Huber, MSW
Healthy Families/Lutheran Social Services of North Dakota

Mr. Chairman and Members of the Committee, my name is Jody Bettger Huber, Program Director for Healthy Families, of Lutheran Social Services of North Dakota. We are an evidence-based home visitation program with an emphasis on primary prevention and have been doing so for the past 11 years.

I am here today to provide testimony in support of HB1004 and its opportunity to offer home visits to North Dakota's vulnerable children and at risk families. It is important to note that the funding for the home visitation section of the Department of Health's budget is without cost to North Dakota and without any required federal match.

We are all aware that our state has several important issues to address involving the future of North Dakota. I think most of us would agree no issue is more important than raising, protecting and educating our children, as well as promoting responsibility and self-sufficiency of their parents.

Unfortunately, some families are facing serious issues such as a lack of affordable housing, transportation, economic distress and domestic violence. Many parents at risk for child abuse or neglect are single, have not completed high school, and have a history of alcohol and/or drug abuse, and experiencing depression or mental illness. Most at risk parents have been physically or sexually abuse, or neglect as children, and/ or witnessed domestic violence in their home. We know that factors such as these negatively impact skills necessary for optimal parenting and financial stability.

In 2009, these factors resulted in 6,944 children as suspected victims of abuse or neglect. Tragedy strikes all of our communities far too often with the physical and emotional harm, and the loss of life of innocent children allegedly beaten or neglected by caregivers. When even one of the children in our districts is harmed or killed it affects each and every one of us.

I have listening to the stories of hundreds of parents, many of them young. I'm often disheartened to discover that the parents seen as "at risk" where once our states infants and toddlers whose own parents struggled to nurture or care for them. Some were children placed in foster care or in residential treatment centers, or involved in our juvenile or adult court system. They may have been the child going to school with

hidden bruises, missed meals, or failing grades that no one took the time to notice. Or if noticed didn't act.

Now they are adults, they lack positive role models, knowledge and opportunities to learn the skills necessary for parenting and community responsibility. As a result, there is a strong possibility that a third generation or fourth generation of children will also struggle. *Evidence-based Home Visitation programs are designed to prevent child abuse and neglect breaking the generational cycles of abuse and economic distress. They are designed and proven successful in promoting the parental responsibility and self-sufficiency desired of our North Dakota families.*

Home visitors are positive role models for parents, assisting parents in going back to school and finding employment, decreasing dependence on economic assistance programs. They empower *both fathers and mothers in providing for the financial, physical, and emotional needs of their child, and most importantly, prevent child abuse and neglect greatly reducing the cost for foster care and juvenile delinquency.*

They include fathers in the life of their child whether they are married to the mother or not. For example in Healthy Families 80% of parents are single, however, almost *60% of father were involved* in our service. This has the potential to make a positive impact not only in the child's life but also in North Dakota. Research shows fathers involved in their child's life are more apt to financially support their children.

While at risk families have great challenges to overcome, *we must not wait to address those challenges with costly interventions or punitive services.* Instead, we can accept the opportunity this funding offers to intervene early in the lives of vulnerable children and parents. To say yes to programs where investments can have the biggest payoff and help prevent problems that become more costly to address later. Home visitation programs are a means in which we can begin doing just that.

Thank you for your time and for your commitment to our state's children and families. I would be willing to try and answer any questions you may have.

STATISTICAL SUPPORT FOR EVIDENCE-BASED

HOME VISITING PROGRAMS FOR NORTH DAKOTA

Home Visiting Outcomes

- In 2008, Grand Forks North Dakota had 6.1% of its children as suspected victims of child abuse or neglect. In strong contrast home visitation program (Healthy Families) participants, who are some of the most at risk families, had 1.49% of children as suspected victims of child abuse or neglect, with 0% substantiated.
- In 2009-2010, of the families participating in our program in both the Grand Forks area and Burleigh/Morton Counties, 0% of our at risk children were victims of abuse or neglect!
- 95% of at risk parents are working or in school
- 96% of children are immunized compared to 77% of the general population.

All vulnerable children, and at risk families in North Dakota, deserve to have equal opportunity to preventative home visiting programs.

Why Is Primary Prevention Necessary?

- Over 60% of people in drug rehabilitation centers report abuse or neglect as a child.
- About 80% of 21 year olds abused as children met criteria for at least one psychological disorder.
- 44% of all men in prison in the USA were abused as children
- 36% of all women in prison abused as children
- Estimated annual cost of child abuse and neglect in the United States for 2007 is $104 billion.
- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are 3 times less likely to practice safe sex, putting them at greater risk for STDs.
- Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
- A report of child abuse is made every 10 seconds.
- Almost five children nationally die daily of child abuse. Three out of four are under the age of 4.
- Between 60-85% of child fatalities due to maltreatment are not recorded as such on death certificates.
- 90% of child sexual abuse victims know the perpetrator in some way; 68% are abused by family members.
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education

ISSUE BRIEF

MAY 2010

THE PEW CENTER ON THE STATES

The Case for Home Visiting

Strong families start with a solid foundation

Nothing transforms a home—and the people in it—quite like the arrival of a new baby. All parents need support during this transition. But for those facing the additional hurdles of being young, single or low income, help in making needed adjustments is all the more critical to ensuring that families grow and thrive.

Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child's first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: Children are safer, healthier, better prepared to learn and more likely to become successful adults.

A Bright Future Begins before Birth

Home visitors partner with expectant moms to encourage them to make regular prenatal care visits, quit smoking and drinking and eat a balanced diet—all behaviors that dramatically decrease their chances of having a low birthweight or substance-exposed baby. This support does not just save families the emotional cost of these dangerous and expensive conditions; it saves states money, too.

- Every low birthweight or preterm birth costs states between $28,000 and $40,000 in medical care and other related costs.[1]
- One Cincinnati program found that infant death rates fell by 60 percent among home visiting participants.[2]
- In New York's Healthy Families home visiting program, mothers who received home visits were half as likely to deliver low birthweight babies as mothers who were not enrolled.[3]

Stronger Bonds, Better Lives

Home visiting helps parents find healthy solutions to stressful circumstances by connecting them with safe and stable housing and counseling for substance abuse or depression, as well as by teaching them to build positive, loving relationships with their children. Research shows

In this Brief

that kids who have strong bonds with their parents have better lifelong emotional health and have a lower risk of later problems, including alcoholism, depression, eating disorders, heart disease, cancer and other chronic illnesses.[4]

- Studies have found that mothers who participated in home visits were more sensitive and supportive in interactions with their children,[5] and they reported less stress than those in the control group.[6]
- One review of home visiting programs found significant improvements in parenting behaviors and attitudes.[7]

Healthy and Safe at Home

The ever-changing demands of raising an infant or toddler can prove challenging for even the best-prepared parent. In 2008, there were more than 750,000 victims of child abuse or neglect in the United States and almost half of the abuse-related fatalities were babies less than one year old.[8] By helping parents understand their children's development, set realistic expectations for behavior and improve the safety of their homes, home visiting programs have been shown to cut incidences of child abuse and neglect in half.[9]

- By age two, children in one national home visiting program, the Nurse-Family Partnership (NFP), were 35 percent less likely to end up in the emergency room and 40 percent less likely to need treatment for injuries and accidents.[10]

- The NFP home visiting program also has been shown to decrease abuse and neglect among children of low-income, single mothers by 79 percent.[11]

A Foundation for Lifelong Learning

Babies start learning from the day they are born, but they need their parents to guide them. By teaching parents to stimulate their children's early learning, home visiting programs help build critical pre-literacy skills and improve achievement test scores.

- At age six, children who participated in the NFP home visiting program in Memphis had higher cognitive and vocabulary scores than those in the control group.[12]
- At age nine, these children had higher grade point averages and achievement test scores in math and reading in first through third grades than those in the control group.[13]

Lasting Benefits Beyond the Home

By encouraging parents to continue their education, apply for jobs and improve relationships with the people in their lives, home visitors help families increase their ability to help themselves—and to build a lasting, stable future for their children. Fifteen years after their participation in a nurse home visiting program, mothers had:

- An 83 percent increase in employment by their child's fourth birthday;
- A 20 percent reduction reduction in welfare use; and
- A 46 percent increase in father's presence in the household.[14]

Pew believes that proven programs supporting parents as they welcome a new baby into their lives are critical for laying the foundation for children's

healthy development. States should invest in quality, evidence-based home visiting programs, which offer moms (and dads) access to information about their child's health and developmental and safety needs, as well as resources to go back to school and find stable jobs. Fostering positive parenting skills and family responsibility and health today sows the seeds for safer, healthier children who are better prepared to learn tomorrow. And tax payers reap the benefit when many of our nation's costliest social problems—school failure, child abuse and welfare dependence—are prevented. ■

The Pew Home Visiting Campaign partners with policy makers and advocates to promote smart state investments in quality, voluntary home-based programs for new and expectant families. Learn more about our campaign at www.pewcenteronthestates.org/homevisiting

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Testimony of Eric Volk, Executive Director

ND Rural Water Systems Association

House Bill 1004

Senate Appropriations Committee - Harvest Room – March 3, 2011

Chairman Holmberg and members of the committee, my name is Eric Volk and I am the executive director of the North Dakota Rural Water Systems Association (NDRWSA). We serve a membership of more than 250 cities, 28 rural/regional water systems, and four tribal systems.

One of NDRWSA's missions is to provide training and technical assistance to small and rural water and wastewater systems. Today I am submitting testimony in support of a ND Department of Health budget that allows for adequate funding to meet the critical training and educational needs of North Dakota's small water and wastewater systems.

Originally funded by a grant from the Environmental Protection Agency (EPA), the North Dakota Water Operator Reimbursement Program provides funding for initial certification and renewal training credit requirements for operators of small public drinking water systems. This was a one-time grant, administered by the ND Department of Health, allocated to help small water systems with operator training expenses. Unfortunately, this grant is coming to an end. The funding for this grant will run out during the summer of 2011.

The ND Department of Health requested supplemental funding to be included in the Governor's Budget to continue the Operator Reimbursement Program. This request also addressed small wastewater systems. These funds **were not** included in the Executive Budget. **$200,000** for Drinking Water and **$180,000** for Wastewater were requested. No additional Full-Time Equivalents would be required.

ND Rural Water Systems Association (NDRWSA) and our members are requesting the state continue funding this worthwhile program. We believe drinking water and wastewater operator certification and training is critical for the protection of public health and the maintenance of safe, optimal, and reliable operations of water and wastewater facilities. It is crucial that funding is available to help operators become & remain certified without placing a hardship on the small system.

Who would be eligible for reimbursement?

Operators from community water systems, non-transient non-community water systems and wastewater systems serving 3,300 or fewer persons would be eligible for certification and training reimbursement. Over 90% of all systems serve 3,300 or less, so this program benefits a majority of ND systems.

Basically the program works as follows:

Operators or system owners must initially pay for their training costs and then request reimbursement using forms provided by the ND Department of Health. Costs that are eligible and how much will be reimbursed are outlined in section below:

- **Certification and renewal fees:** Initial certification and subsequent annual certification renewal fees of $5 are reimbursable.
- **Operator training cost needed to complete the required 12 (CEU's)** that operators must earn to maintain their certification. Training costs include the cost of registration fees, manuals and/or study guides.
- **Vehicle Miles:** Mileage is limited to one vehicle per system and one round trip per event at the current federal mileage rate. Carpooling must be implemented.

- **Lodging and Meals:** Per Diem rates are eligible at state rates. Reimbursement is only allowed if meals are not furnished.
- **Exam Fees:** When an operator takes an operator exam there is a $10 fee.

The Benefits:

- Operators have increased training opportunities
- Operators can obtain reimbursement for certification costs
- Operators can attend valuable training courses with little or no out-of-pocket cost
- Small Systems save on training dollars
- Operators are more qualified
- Protection of public health through properly trained and certified small system operators.

This is a Program that Works:

According to the ND Department of Health, *Small public water systems have benefitted financially from this program. The program has also been instrumental in: improving the percentage of properly certified water operators statewide from approximately **70%** in 2001 to nearly **90%** in 2009; and, maintaining the high compliance rate (**95%**) of public water systems statewide with health-based standards under the Safe Drinking Water Act. Continuation of the program will extend these financial, regulatory, and public health benefits for North Dakota public water systems and its citizens.*

In Summary:

This program would provide money to small system operators to enable them to attend training that will help them qualify for the operator certification exams as well as training that will satisfy the continuing education requirements for renewing certifications. This program provides an opportunity to obtain valuable training courses that might not otherwise be possible.

With that said, the NDRWSA supports a ND Department of Health budget that allows for adequate funding to meet the critical training and educational needs of North Dakota's small \water & wastewater systems. Our members urge you to invest in them to help provide safe drinking water and clean wastewater for the citizens of our great state. Thank you for giving me the opportunity to provide testimony on behalf of the members of the NDRWSA.

Testimony of Alice Pekarski

Auditor & Water Operator, City of Montpelier

House Bill 1004

Senate Appropriations Committee-March 3, 2011

Chairman Holmberg and members of the committee, my name is Alice Pekarski. I am the Auditor and Water Operator for the City of Montpelier, which is a City of approximately 100 people.

The Law states we must be certified to treat, test and distribute our City water. In order to be certified, we must attend training and pass various tests, depending how large our system is. Then retain the certification by obtaining so many hours of continuing education. The expense of sending our operators to the training is not something our smaller cities are able to pay for. Our City, along with most small Cities, does not have the revenue to send anyone to obtain the important Certification or maintain it.

We have been so thankful for the help of the State Health Department for reimbursing us for the expense of our operators to attend conferences and training sessions so that we can maintain certification. We rely on this funding.

We understand this funding will be depleted sometime this summer. I ask, on behalf of the smaller Cities of North Dakota, that this Committee includes funding for Water & Wastewater Operator Reimbursement, so that we may maintain the standards the State has set for our system. Thank you for your time and consideration.

American Heart Association. | American Stroke Association.
Learn and Live.

House Bill 1004

Senate Appropriation Committee

AHA Testimony

Chairman Holmberg and members of the Senate Appropriations Committee. For the record, I am June Herman, Vice President of Advocacy for the American Heart Association in North Dakota. I am here today to testify in support of heart disease and stroke funding within HB 1004. The news is not good. By 2030, the direct cost of treating cardiovascular disease in the U.S. will triple, reaching a total of $818 billion. The prevalence of cardiovascular disease will also grow to the point where it affects more than four of 10 U.S. adults. These are the projections of a new AHA policy statement published in *Circulation.*

In the past 30 years, obesity in this country has more than doubled among children and more than tripled among teenagers. As these rates continue to rise, we are putting an entire generation at risk for serious health conditions like type 2 diabetes, high blood pressure and even heart disease and stroke. Inactivity along with the overconsumption of unhealthy foods and sugar sweetened beverages is a leading cause.

We've come a long way in our ability to treat cardiovascular disease in the past 50 years. Yet a concurrent surge in risk factors like obesity, along with an aging population, mean more people than ever before are developing cardiovascular disease and thus requiring treatment.

HB 1004 includes a number of funding requests that address these issues.

1) **Stroke Registry Appropriation:** In 2009, the legislature included $472,700 for establishing a statewide stroke registry. Almost 80% of North Dakota hospitals have joined the registry and the state is already beginning to explore the richness of data to guide interventions. (attachments A and B). Contrast that with the total cost for the one stroke (highlighted on attachment 3) - medical care and nursing home care paid (includes Medicare coverage): <u>$371,971.70</u>
   - Optional Request #6/Governor's Budget - $250,700
   - Community Health Trust Fund - $222,000

   <u>House Action:</u> $472,700 – Community Health Trust Fund

2) **Stroke Optional Appropriation Request - #27:** This OAR has several elements within it as it came forward from the Department of Health.

- Go Red ND – $453,000 fully funded, reaching 20 communities
- Stroke Standardization and Training - $100,000

House Action: $353,000 – Go Red ND – Community Health Trust Fund
$100,000 – Stroke Standardization/Training – Community Health TF

* Trigger language for Heart Disease and Stroke Program Director position

3) **Woman's Way with Heart OAR - #26** ($283,000 base - $983,200)

- Adding heart screenings for Woman's Way clients (testimony)

House Action: Not included, although additional Woman's Way funding advanced

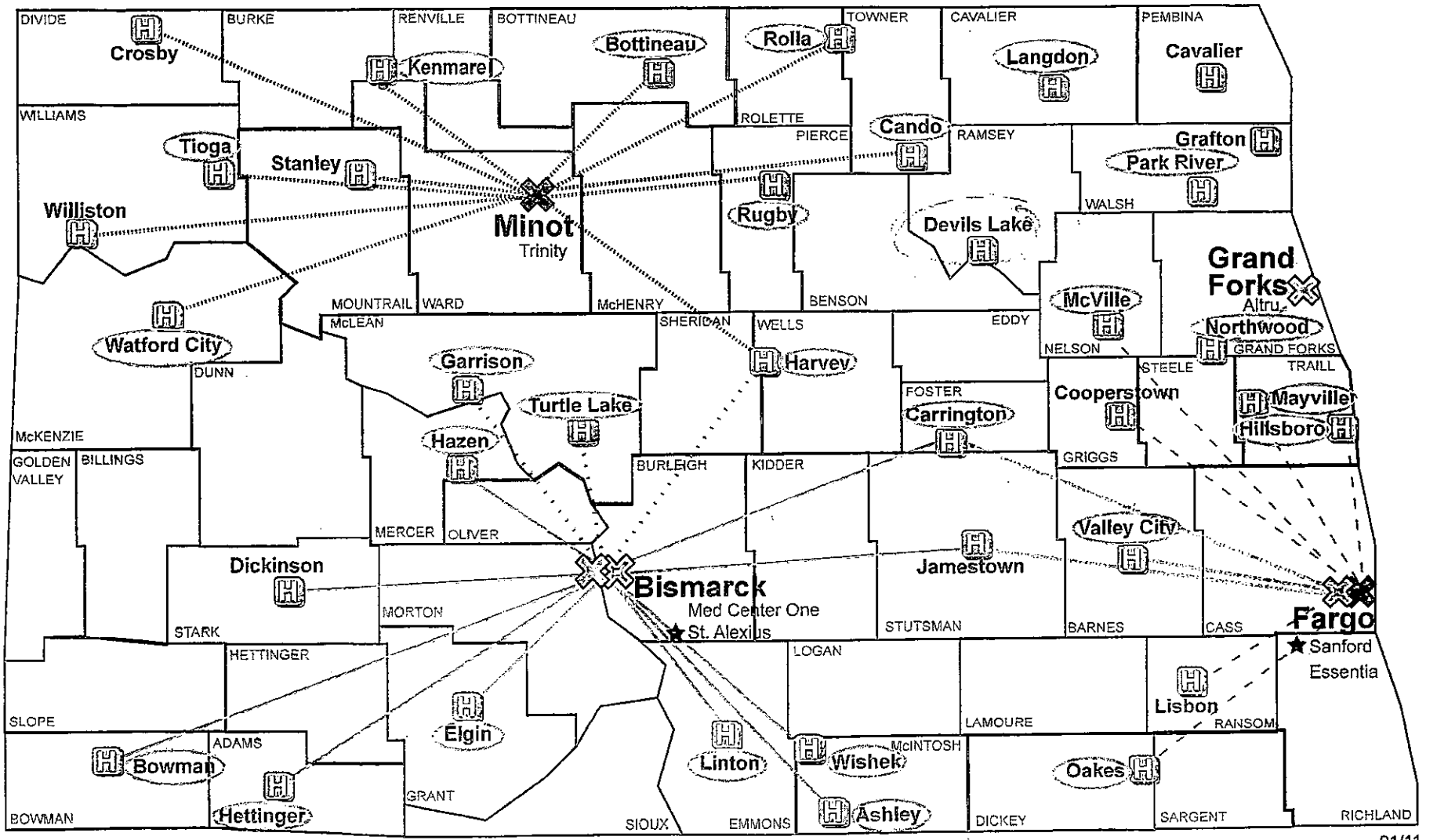
Our final item for your consideration is a funding opportunity for a major heart system of care project –

4) **Mission: Lifeline, targeting ST-elevated-MIs**. Attached to my testimony is a map showing North Dakota's classification as a Category 5 state for STEMI deaths, and an attachment which provides an overview of the project.

As noted, a private foundation is willing to step forward with over $4 million for the statewide project, if a match amount of 1/3 can be secured in the state. This opportunity came to us on December 9, well after the submission of the Department of Health budget. Given the scope of the project, and the impact on North Dakota lives, we ask for your consideration of a partial portion of the match. Attached is a budget overview we are finalizing for funding partners and possible submission.

At this time, I am available to respond to any questions you may have.

North Dakota Hospitals & Referral Centers



01/11

Referral Centers

Trinity Hospital .....
St. Alexius Medical Center . . . . . .
MedCenter One & St. Alexius ——
Participating in NDDoH State Stroke Program ⬭
Critical Access Hospitals Ⓗ

Altru Hospital . . . . . .
Sanford Health – – – – – –
Sanford & Essentia Health .....
Designated Primary Stroke Centers ★

Center *for* Rural Health
The University of North Dakota
School of Medicine & Health Sciences

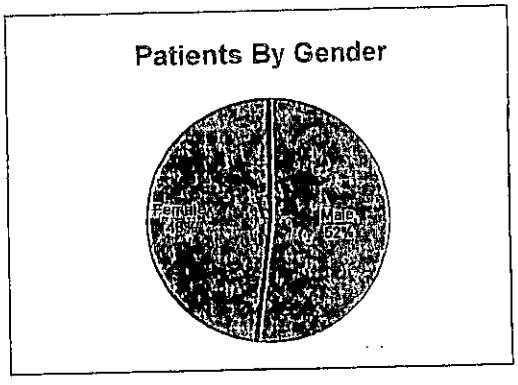
North Dakota State Stroke Registry (SSR)

Powered by the American Heart Association's
Get With The Guidelines® – Stroke

This report includes data retrieved from the North Dakota State Stroke Registry on January 6, 2011. It reflects 1,078 records of admission that have been entered for the period January 1, 2009 through December 31, 2010. The registry data points will continue to become more robust as participating hospitals enter baseline data and new stroke cases. The following charts highlight data collected by the North Dakota State Stroke Registry:

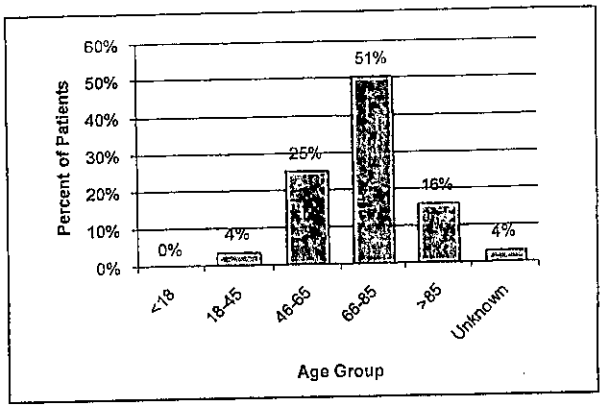
- North Dakota hospitals treated more male patients than female patients.

Gender	Number of Patients	Percent of Patients
Male	560	52%
Female	516	48%
Unknown	2	0%
Total	1,078	100%



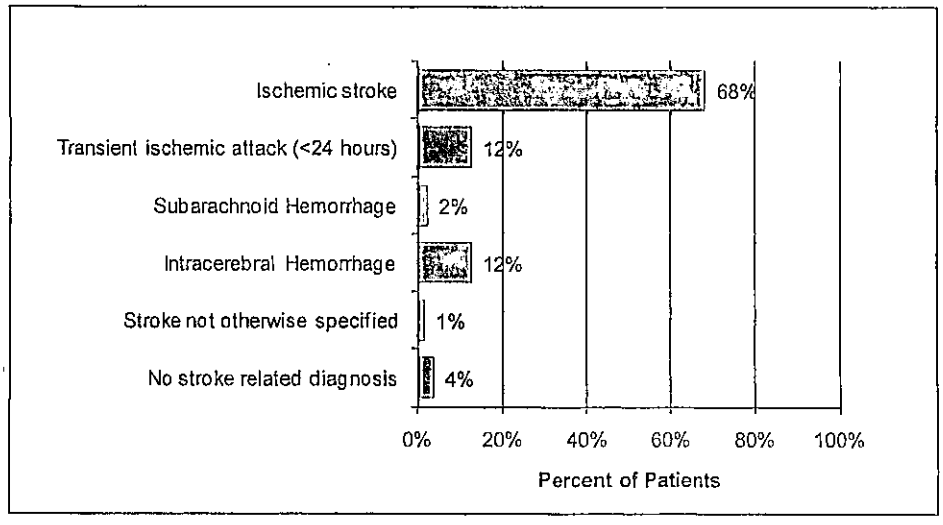
- Most stroke cases occurred in patients between age 65 and 85.

Age Group	Number of Patients	Percent of Patients
<18	0	0%
18-45	43	4%
46-65	273	25%
66-85	548	51%
>85	176	16%
Unknown	38	4%
Total	1,078	100%



- The most prevalent diagnosis was ischemic stroke which occurs as a result of an obstruction within a blood vessel supplying blood to the brain.

Diagnosis	Number of Patients	Percent of Patients
Ischemic stroke	736	68%
Transient ischemic attack (<24 hours)	133	12%
Subarachnoid Hemorrhage	23	2%
Intracerebral Hemorrhage	132	12%
Stroke not otherwise specified	16	1%
No stroke related diagnosis	38	4%
Total	**1,078**	**100%**



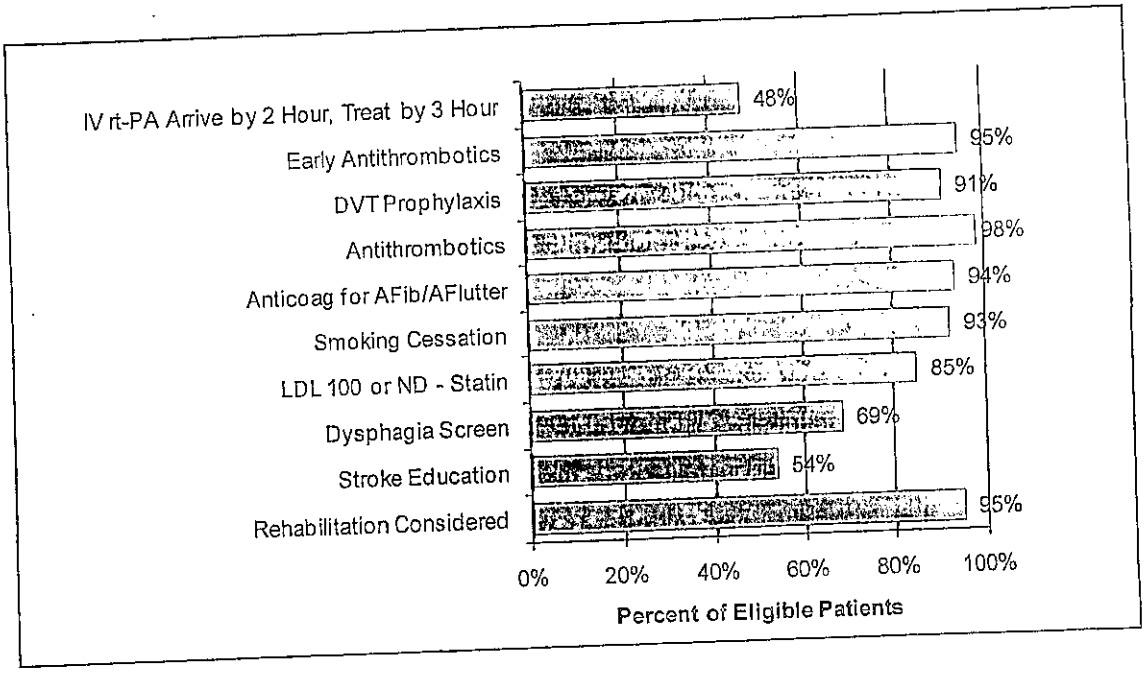
Primary stroke centers are hospitals which have been certified by the Joint Commission as centers that comply with the latest hospital guidelines for the treatment of stroke. The Department of Health designates hospitals as North Dakota Primary Stroke Centers upon verification of Joint Commission certification. To date, two of the six tertiary (general acute) hospitals have obtained Joint Commission certification.

The following data reflect the Primary Stroke Center Consensus Measures. These measures include the harmonized set of measures created by the American Stroke Association, the Joint Commission and the Centers for Disease Control and Prevention.

- Approximately half of Ischemic or hemorrhagic stroke patients or their caregivers were given education materials during the hospital stay addressing **all** of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke and warning signs and symptoms.

Consensus Measures
North Dakota Tertiary Hospitals

Consensus Measure	Percent of Eligible Patients	Numerator	Denominator
IV rt-PA Arrive by 2 Hour, Treat by 3 Hour	48%	20	42
Early Antithrombotics	95%	541	570
DVT Prophylaxis	91%	258	283
Antithrombotics	98%	640	651
Anticoag for AFib/AFlutter	94%	101	108
Smoking Cessation	93%	111	120
LDL 100 or ND - Statin	85%	262	308
Dysphagia Screen	69%	458	667
Stroke Education	54%	208	385
Rehabilitation Considered	95%	626	660



Using these data, hospitals and the State Stroke Program are able to assess the use of best practice guidelines to measure and enhance the quality of patient care and improve stroke outcomes.

Attachment C -

The Faces of Stroke –

- Cristal Larsen – Valley City. 35 year old mother of two young daughters. Struck down by stroke in March 2010. Received prompt emergency treatment, including tPA. When she was discharged, her physical deficits caused her two year old to fear her, and no long give her mom hugs and kisses. But due to the quick intervention, Cristal was able to quickly gain back her abilities, and more importantly, gain back the hugs and kisses of her daughter.

- A farmer in a rural community. Family noted problems with his speech in the morning (around 8 am). He denied any need to see a physician - did his "chores" (milking cows, etc) and then walked back to the house. Had breakfast, went back outside to work, but was "dizzy" for a bit so didn't go out in the field, but worked on repairs of machinery in his shop. (full story attached). This person displayed signs and symptoms of a stroke noted by the patient himself, as well as his family for a period of time of at least 14 hours, before medical assistance was called for and he arrived for assessment and treatment.

  Medicare was utilized twice during his nursing home stay - once when he was first admitted, and a second time in 2007 after his second stroke occurred.

  Total amt. paid by Medicare: $ 38,552.36

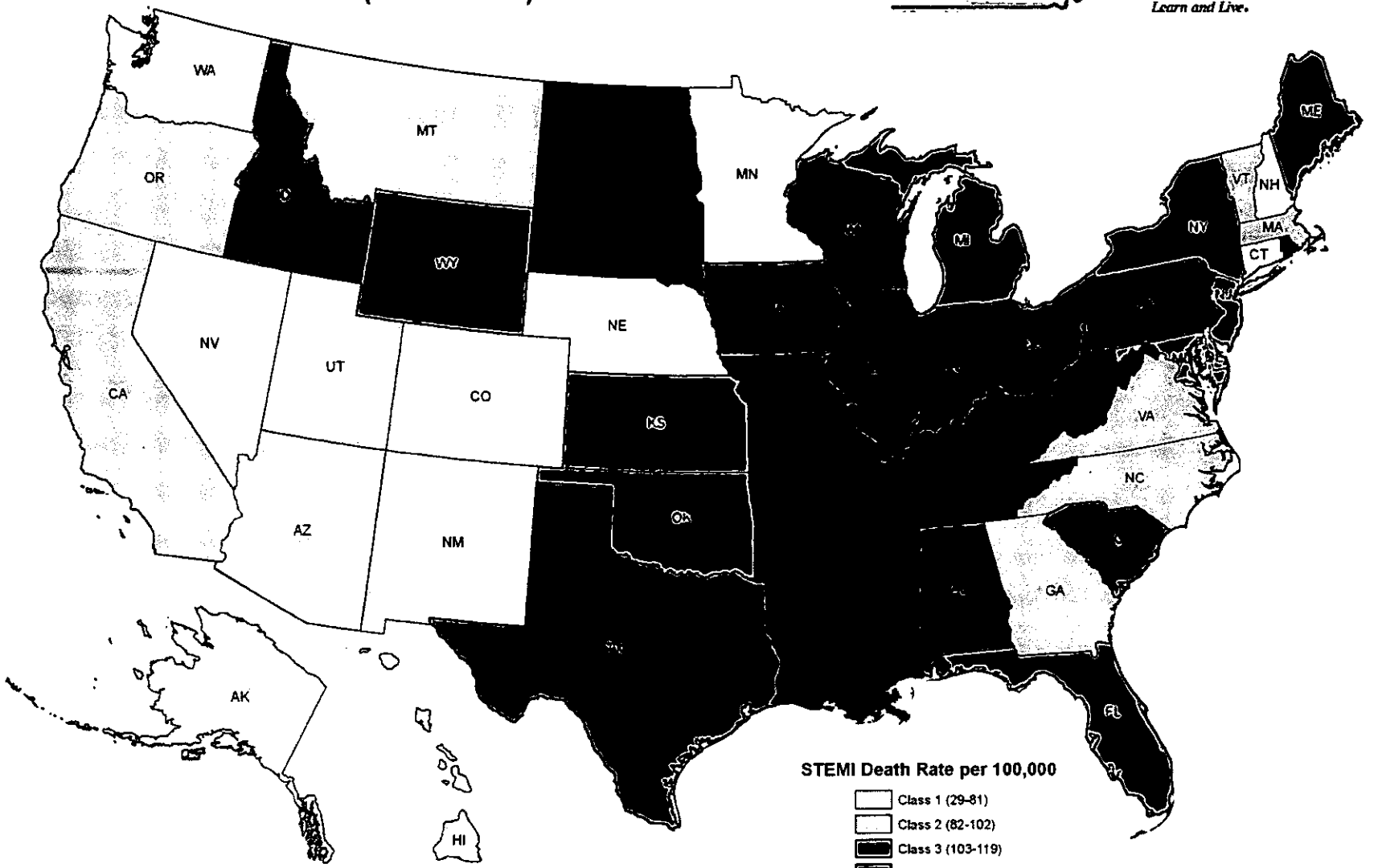
  The cost of his nursing home care from admission to death:

  Total 325,303.84

  Total cost for his nursing home care paid (includes Medicare coverage): **$371,971.70**

- Fargo Business Owner and member of the AHA stroke care advocacy committee. In seeing a chart that I'm about to share with you on the Stroke Optional Appropriation Request, he encouraged that a portion of base funding be directed to physician awareness. Concerned over minor warnings he was experiencing, he did make several visits to his provider with his ailment undiagnosed. Then he was struck by a significant stroke. Fortunately, he received early treatment, and was able to return to his business.

Age 35+ STEMI Death Rate per 100,000 by State (2002-2006)



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2006. CDC WONDER On-line Database. ICD 10 I21 - I22.

Mission: Lifeline Saving Lives in North Dakota

CONFIDENTIAL DRAFT	Foundation Request	AHA In-Kind	Other Revenue Source	Total
Infrastructure (staff, travel, business needs)				
Year 1	$177,060.00	$121,371.25		$298,431.25
Year 2	$180,204.75	$127,439.81		$307,644.56
Year 3	$185,493.99	$133,811.81		$319,305.80
Total Infrastructure	**$542,758.74**	**$382,622.87**		**$925,381.61**
EMS (12 leads, transmission, training)				
Year 1	$1,264,630.00	$3,200.00	$1,000,000.00	$2,267,830.00
Year 2	$476,387.50	$3,200.00	$238,625.00	$718,212.50
Year 3	$258,252.60	$3,200.00		$261,452.60
Total EMS	**$1,999,270.10**	**$9,600.00**	**$1,238,625.00**	**$3,247,495.10**
Hospital Clinical Improvement (data registry software, partial FTE support, training)				
Year 1	$828,300.00		$225,000.00	$1,053,300.00
Year 2	$161,200.00		$337,500.00	$498,700.00
Year 3	$59,100.00		$450,000.00	$509,100.00
Total Hospital Clinical Improvement	**$1,048,600.00**	**$0.00**	**$1,012,500.00**	**$2,061,100.00**
Public Awareness (paid media, evaluations)				
Year 1	$110,000.00			$110,000.00
Year 2	$110,000.00			$110,000.00
Year 3	$110,000.00			$110,000.00
Total Public Awareness	**$330,000.00**	**$0.00**	**$0.00**	**$330,000.00**
Program Evaluation				
Year 1	$30,000.00		$40,000.00	$70,000.00
Year 2	$60,000.00		$40,000.00	$100,000.00
Year 3	$60,000.00		$40,000.00	$100,000.00
Total Program Evaluation	**$150,000.00**	**$0.00**	**$120,000.00**	**$270,000.00**
Project Total	**$4,070,628.84**	**$392,222.87**	**$2,371,125.00**	**$6,833,976.71**

Collision Course:
America's Baby Boomers and Cardiovascular Disease

Forecasting the Future of Cardiovascular Disease in the United States

American Heart Association | American Stroke Association.

CVD Prevalence and Costs Heading in the Wrong Direction

According to a new study by the American Heart Association, America's Baby Boomers and Cardiovascular Disease (CVD) are on a collision course of alarming proportions. By 2030, it is projected that 40.5% of Americans—116 million people—will have some form of CVD.

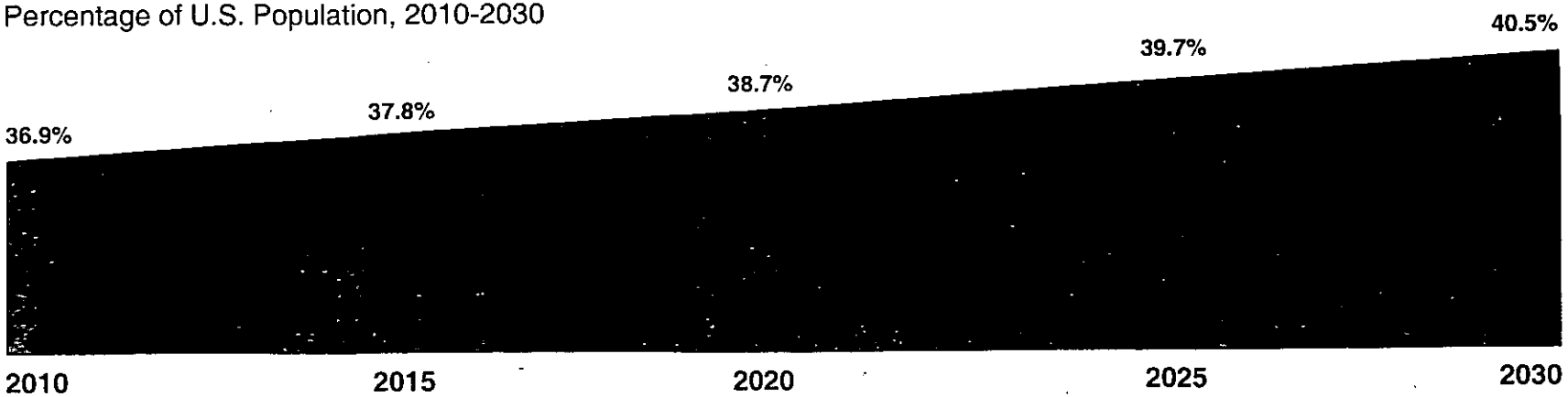
In spite of enormous advances in prevention and treatment, and a decline in mortality rates, heart disease and stroke remain respectively the number one and four killers of Americans. But can an already bad situation get even worse? The answer is a frightening "yes."

Treating cardiovascular disease is already an enormous drain on resources. In fact, CVD not only ranks as the leading killer in America, but as the most costly disease in the nation. The share of overall medical costs for CVD is seventeen percent.

The projected toll in death, human suffering and health care costs to the Nation are as staggering and crippling as the disease itself. And CVD is blind with respect to gender and ethnicity. In 2030, 39% of men and 42% of women will have some form of CVD, and blacks suffer at higher rates than whites and Hispanics.

Projections of Cardiovascular Disease Prevalence

Percentage of U.S. Population, 2010-2030



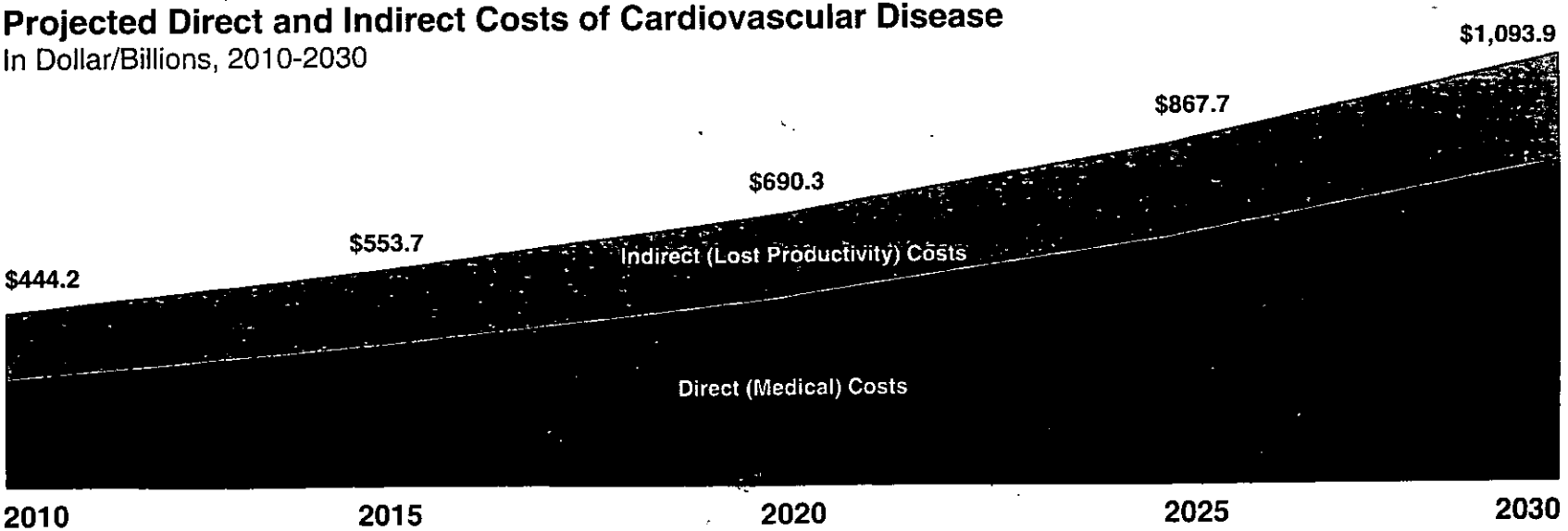
Between 2010 and 2030, total direct medical costs of CVD are projected to triple, from $273 billion to $818 billion. Real indirect costs—due to lost productivity—for all forms of CVD are estimated to increase from $172 billion in 2010 to $276 billion in 2030, an increase of more than 60 percent. The combined costs are projected to exceed $1 trillion by 2030.

What's Driving the Cost Increase?

America's 78 million Baby Boomers are babies no more. The advance guard has already reached retirement age and will be eligible for Medicare when they turn 65 in 2011. The graying of the population combined with the explosive growth in medical spending are the primary drivers of increased CVD costs, which are expected to grow the fastest for ages 65 and over. Annual CVD costs for persons age 65 to 79 are projected to increase by a whopping 238 percent, from $135 billion to $457 billion per year.

Projected Direct and Indirect Costs of Cardiovascular Disease

In Dollar/Billions, 2010-2030



The Status Quo is a Killer

Under current prevention and treatment trends, CVD will grow by nearly 10 percent over the next 20 years, while direct costs will increase almost threefold. Direct costs of CVD will continue to account for a relatively stable and large share of the nation's overall medical expenditures.

However, if some risk factors, such as diabetes and obesity continue to increase rapidly, we may see a greater increase in CVD prevalence and its associated costs.

Recent studies project that current overweight adolescents will bump up future adult obesity rates by 5 percent to 15 percent by 2035, resulting in more than 100,000 cases of coronary heart disease, while associated costs will increase by $254 billion.

Is Prevention the Silver Lining in a Very Dark Cloud?

Using a different kind of model, researchers evaluated the impact of 11 widely-recognized prevention services for reducing cardiovascular disease, such as smoking cessation, preventive aspirin therapy, cholesterol-lowering medications and weight reduction.

They found that if everyone received the 11 prevention services, myocardial infarctions (MI) and strokes would be reduced by 63 percent and 31 percent respectively in the next 30 years. At more feasible success levels—those that have been actually achieved in clinical practice—MIs and strokes would be reduced by 36 percent and 20 percent.

Researchers found that using these CVD clinical prevention measures to their fullest potential could add about 220 million life-years over the next 30 years, or an average of 1.3 years of life expectancy for each adult in the United States. About 78 percent of U.S. adults ages 20 to 80 are candidates for at least one of these clinical prevention activities.

That's the good news. The bad news is that the current use of these prevention activities is way below where it should be, contributing to the projected upsurge in CVD and stroke.

Prevention: A Chance to Change Course

Cardiovascular disease is largely preventable. We must never forget that fact because it could drive a whole new way that we as a nation look at CVD. Rather than treating the illness when it is far advanced, we should promote heart healthy habits and wellness at an early age.

Several studies show that individuals with fewer atherosclerosis (hardening and narrowing of the arteries) risk factors have a marked reduction in the onset of coronary heart disease and heart failure. Similarly, persons who follow a healthy lifestyle of regular exercise and a heart healthy diet reduce their risk of coronary heart disease and stroke. Therefore, a greater focus on prevention may help us avoid the projected CVD explosion. And history may be on our side.

Eliminating risk factors on a population-wide scale has contributed significantly to reducing CVD death rates in the U.S. For example, smoking has declined dramatically since the Surgeon General first issued his report on smoking's health risks in 1964. This was followed by nationwide awareness efforts to reduce dietary fat intake, detect and treat high blood pressure and improve cholesterol levels. All of these programs to reduce risk factors helped slash CVD death rates. They are literally life savers.

The Sooner the Better

Emerging evidence suggests that CVD prevention should begin early in life—the sooner the better. Modest improvements in risk factors earlier in life have a far greater impact than more substantial reductions later on in life. The payoffs can be huge. For example, a modest 28 percent reduction in LDL (bad) cholesterol from birth resulted in an 88 percent reduction in the risk of coronary heart disease. Contrast that to the 20-30 percent reduction in CVD seen with a 30 percent reduction in LDL with statin medications initiated in middle and older ages.

Getting a Grip on High Blood Pressure

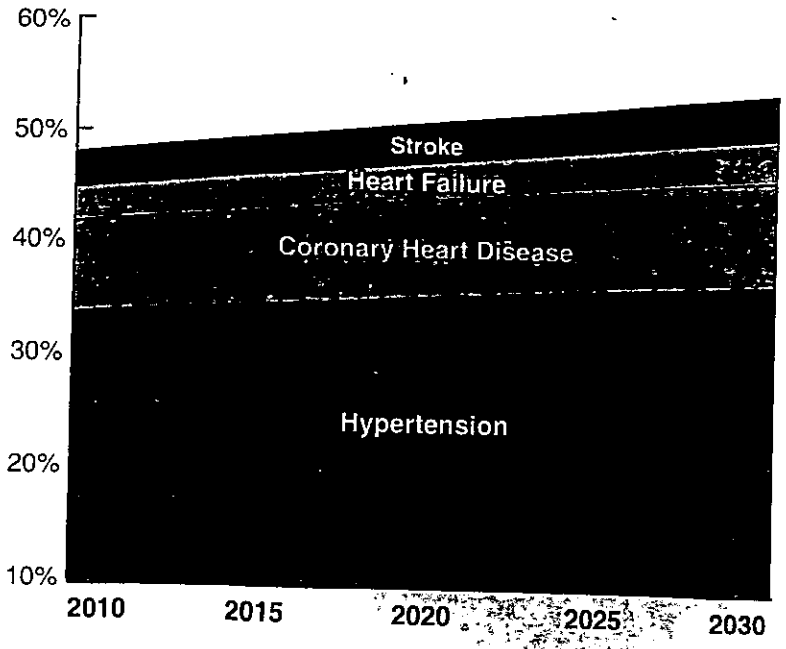
One out of three Americans currently have hypertension—a silent killer that accounts for 18 percent of CVD deaths in Western countries. It is also a major risk factor for stroke, coronary heart disease, and heart failure.

Hypertension is the most costly form of CVD. The total medical cost for hypertension makes it a particularly valuable target to reign in CVD's future costs.

Annual medical costs directly attributable to hypertension are projected to increase by $130 billion over the next 20 years for a total projected annual cost of $200 billion by 2030. And that is just scratching the surface. If the cost is expanded to include how much the presence of hypertension contributes to the treatment of related diseases, such as coronary heart disease and stroke, the increase of annual spending for 2010 to 2030 almost doubles.

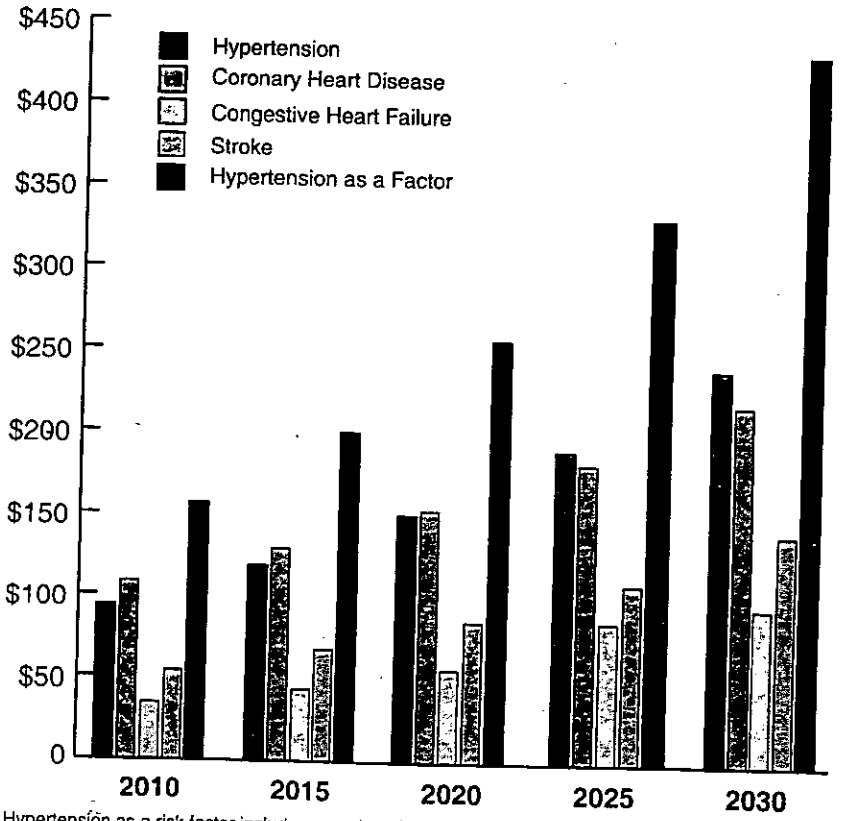
Projections of Cardiovascular Prevalence

Percentage of U.S. Population, 2010-2030



Projected Direct and Indirect Costs of CVD

In Dollar/Billions, 2010-2030



Hypertension as a risk factor includes a portion of the costs and prevalence of complications associated with hypertension, including heart failure, coronary heart disease, stroke, and other CVD.

Will the Provider Workforce be Adequate?

Primary and secondary prevention of CVD requires a team approach with professionals in medicine, nursing, pharmacy, nutrition, social work, and other disciplines. But will they be there? Not if current trends continue.

The projected lack of U.S. health professionals in the fields of nursing, pharmacy, and medicine is well documented and alarming. For example, in less than 15 years, we could experience a shortage of 260,000 registered nurses. Currently, over 8,000 vacancies exist in retail pharmacies, hospitals, clinics, and other industry sectors, and these figures are expected to worsen over time. And a looming shortage of physicians most recently prompted the president of the Association of American Medical Colleges to recommend that U.S. medical schools increase the annual number of graduates by 30 percent.

While primary care physicians are already in short supply, there is a growing and significant shortage in cardiac specialty care—currently, there is a projected shortfall of 1,600 general cardiologists and 2,000 interventional cardiologists.

If the trend continues, we would need to double by 2050 the current number of cardiologists to erase the expected shortage of 16,000 cardiologists. The looming shortfall for cardiac surgeons is even worse. Only 100 new cardiothoracic residents are being certified each year. At this rate and taking into account death, retirement, and attrition, it is estimated that only 3,000 practicing cardiothoracic surgeons will be in practice by the year 2030.

Game Changer

The prevalence and costs of CVD are projected to increase substantially in the future. Fortunately, CVD is largely preventable and our health-care system should promote prevention and early intervention. In the public health arena, more evidence-based effective policy, combined with systems and environmental approaches should be applied to the prevention, early detection and management of CVD risk factors. Through a combination of improved prevention and treatment of established risk factors, the dire projected health and economic impact of CVD can be diminished.

The U.S. health system often rewards practices that treat disease and injury rather than those that prevent them and promote wellness. The result: Americans' health has remained relatively unchanged this decade despite huge and unprecedented increases in health care spending.

As our nation implements and refines new health reform policies, we must realize that a variety of policy and practice-related measures will be necessary to effect meaningful and lasting change in the health care system.

Expanding access to affordable health care coverage may provide important benefits for individuals with CVD. However, we must also reorient our health care system toward implementing effective health promotion and disease prevention. This game-changing strategy is not unrealistic, and provides an exciting opportunity and call to action.

For example, prevention at the community level is one such avenue for reducing the projected burden of CVD. Community prevention efforts may include greater tobacco control, elimination of trans fat, reducing sodium intake, cutting air pollution, reducing obesity and increasing physical activity with a focus on children.

It should be recognized that while prevention will delay or even prevent the onset of CVD and the cost of treatment, patients will need medical care longer and life-time cost of care may not be reduced. Thus, prevention strategies should not be evaluated solely on their ability to reduce cost of care, but should instead be based on a combination of cost and impact on patient well-being, including length and quality of life.

All content in this paper and the research studies upon which it is based can be found in Heidenreich, PA. Trogdon JG. Khavjou OA. Butler J. Dracup K. Ezekowitz MD. Finkelstein EA. Hong Y. Johnston SC. Khera A. Lloyd-Jones DM. Nelson SA. Nichol G. Orenstein D. Wilson PWF. Woo J. Forecasting the future of cardiovascular disease in the United States: A policy statement from the American Heart Association. **Circulation.** Published online ahead of print January 24, 2011.

For More Information, Contact:
The American Heart Association Office of Federal Advocacy
1150 Connecticut Ave., NW, Suite 300, Washington, DC 20036
Ph: 202-785-7900/www.heart.org

Hypertension Facts
North Dakota

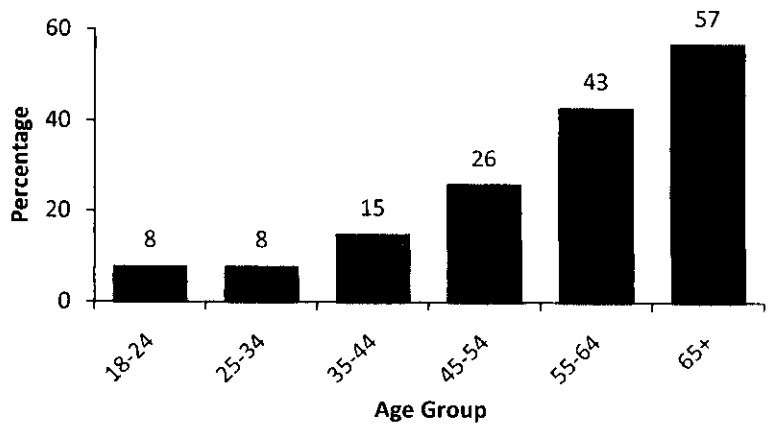
November 2010

High blood pressure: the silent killer

Elevated blood pressure often is ignored and under treated because it causes few symptoms. Over one in four North Dakotans (27%) have been diagnosed with high blood pressure, also called hypertension. Hypertension damages blood vessels throughout the body, increasing the risk for many common chronic diseases including heart attack, strokes, heart failure, kidney failure, and even blindness.

Lowering the blood pressure to normal levels greatly reduces the risk. Medications are often necessary to control blood pressure, but reducing body weight to normal, increasing physical activity and reducing salt intake are the first steps in blood pressure control. A blood pressure of 140/90 or higher is abnormal; an optimum blood pressure is less than 120/80.

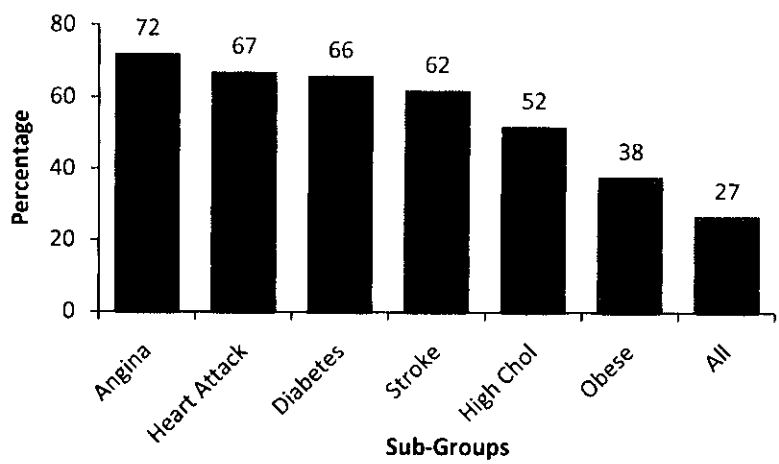
Figure 1: Percentage of Respondents Ever Told by a Doctor That They Had Hypertension, by Age North Dakota, 2009



Hypertension rises with age

- Fifty-seven percent of respondents age 65 and older reported being diagnosed with hypertension. (Figure 1) (North Dakota, 2009)
- Hypertension afflicts men (28%) and women (26%) equally. (North Dakota, 2009)
- Hypertension was common among respondents who reported ever having heart disease or angina (72%), a heart attack (67%), or a stroke (62%). (Figure 2) (North Dakota, 2009)
- Respondents who reported other risk factors for cardiovascular disease (obesity, diabetes, high cholesterol) also frequently reported hypertension. (Figure 2) (North Dakota, 2009)

Figure 2: Prevalence of Hypertension Among Sub-Groups, North Dakota, 2009



Source: North Dakota Behavioral Risk Factor Surveillance System

House Bill 1004
Go Red ND - Optional Appropriation Request #27

AHA Go Red ND Testimony

Chairman Holmberg and members of the Senate Appropriations Committee. For the record, I am Carrie McLeod, volunteer chair of the American Heart Association's State Advocacy Committee. I am here to testify in support of heart disease and stroke prevention funding within Optional Appropriation Request # 27 – the portion addressing Go Red ND.

As noted earlier, this request moved forward as a recommendation of the Stroke System of Care Task Force, convened through legislative action in 2009. Core to addressing North Dakota's stroke challenge is the ability to reach North Dakotans about their risk of stroke, to know their numbers and to undertake appropriated actions.

Go Red North Dakota is a highly successful statewide health initiative launched in 2006 as a partnership between the American Heart Association and Dakota Medical Foundation as 3 year project to improve the cardiovascular health of women and their families in North Dakota. The goal is the engagement of individuals and communities in a disease prevention campaign targeted at a population group, with results in risk awareness and lifestyle change. The Go Red ND initiative results:

- ✓ Increase in awareness of heart disease and stroke as leading cause of death to 87% (compared to 64% national survey results)
- ✓ Over 15,000 women joined the Go Red For Women movement in North Dakota
- ✓ 92% of women responding to a Go Red survey made at least one lifestyle change to reduce their heart disease risk
    - 64% increased their exercise
    - 60% made heart healthy dietary changes
    - 40% lost weight

In this final year of demonstration funding from the Dakota Medical Foundation, Go Red ND has focused on community awareness of hypertension risk and stroke, with the goal of helping targeted populations to know their numbers, and to undertake appropriate actions to reduce their risks.

The facts -

- ✓ Hypertension is the single most significant risk factor for heart disease and stroke
- ✓ High Blood Pressure (hypertension) affects millions of persons in the United States. It is common, deadly, easily treatable and preventable.
- ✓ Less than half of those with high blood pressure (hypertension) have it under control. People who lack health insurance have even lower rates of control.

Reducing risk factors for heart disease and stroke saves lives and money.

- ✓ Reducing systolic (the number above the line in a reading, as in 120/80) blood pressure just 12 – 13 mm HG over 4 years can reduce:
  - o Coronary heart disease by 21%
  - o Stroke by 37%
  - o Cardiovascular disease deaths by 25%
- ✓ Reducing cholesterol levels by 10% can reduce the number of heart attacks and stroke by 30%

Go Red ND serves as an engagement system that attracts involvement, helps to deliver service, and encourages life style changes. Elements of this OAR include:

- ✓ Action Grants for Communities – blood pressure focus
- ✓ Native American tribal community outreach
- ✓ Men's Heart Health Pilot
  - o Target a specific interest group geared to men (sport, leisure activity, etc)
  - o Initial focus to raise awareness of warning signs, risk level, resources for lifestyle change.

The House Appropriation Committee considered 3 levels of funding, and selected the base level of $353,000 – with interventions targeted to 10 communities. Attached to my testimony is the chart showing enhanced and fully funded levels, with service up to 20 communities.

At this time, I am available to respond to any questions you may have.

Heart and Stroke Funding Priorities

Optional Appropriation Request for Stroke Funding – OAR # 27

Recommended Elements	Base Funding	Enhanced	Fully Funded
Heart Disease and Stroke Prevention (Hypertension, community-based effort, awareness, worksite/NDPERS support: **Go Red ND**	• Contract support, 10 funded communities, $283,000 • Native American tribal community (3 communities) $20,000 • Men's Heart Health Pilot (in 2-3 communities) - $50,000 **$353,000**	• Contract support, 15 funded communities $313,000 • Native American tribal communities, $20,000 • Men's Heart Health Pilot Initiative - $50,000 **$383,000**	• Contact support, 20 funded communities, $333,000 • Native American Tribal communities $20,000 • Men's Heart Health Expanded Initiative (Statewide) - $100,000 **$453,000**
Statewide coordination of integrated system of care	*Trigger language: if CDC funding lost in 2012, Dept of Health shall maintain statewide Heart Disease and Stroke Coordination through adjustments from existing stroke appropriations	Funding continued for 1 FTE for one year - $92, 200	$368,802 – 2 FTEs, biennium
Public Education of timely notification of 9-1-1 (*need shows in registry chart)*	$200,000	$275,000	$550,400
Stroke standardization and training	$100,000	?	
Primary Stroke Center certification assistance grants			$60,000

#27 - **$1,532,402**

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Testimony
in Opposition to
Engrossed House Bill 1004 – First Engrossment
Senate Appropriations Committee
8:30 a.m., Thursday, March 3, 2011
North Dakota Center for Tobacco Prevention and Control Policy
North Dakota Tobacco Prevention and Control Advisory/Executive Committee

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. I am Jeanne Prom, executive director of the Center for Tobacco Prevention and Control Policy. The Center is the office created with the funding from the North Dakota Tobacco Prevention and Control Executive Committee. I am here to testify in opposition to Engrossed House Bill 1004 – First Engrossment, as passed by the North Dakota House, which is the version of the bill before you today. We support funding of the Department of Health, but we oppose language that was amended into HB 1004 that changes current law relating to funding for comprehensive tobacco prevention.

Just over two years ago, North Dakota voters passed initiated Measure 3 into law that guarantees a small portion of tobacco settlement dollars be used for the their intended purpose – comprehensive and effective tobacco prevention.

Current law provides that:

- A minimum of 8 percent of the tobacco settlement Annual Payments are invested on tobacco prevention and control. (This equals 80 percent of the amount that is transferred into the Community Health Trust Fund from each settlement Annual Payment.)
  - These Annual Payments will continue to be deposited into the North Dakota treasury in perpetuity – these payments do not end. This section of the law ensures that the state will be able to maintain efforts to keep tobacco use rates extremely low after the Strategic Contribution Fund reserves are depleted.
- 9 of 10 tobacco settlement Strategic Contribution Fund (SCF) payments are used to support tobacco prevention for enough time to significantly reduce tobacco use and its health and economic costs.
  - These SCF payments end in 2017, but the reserved funds will support tobacco prevention for a very important period of time – the time in which we will significantly reduce tobacco use and exponentially increase related healthcare cost savings.
- Only the most effective approaches proven to prevent and reduce tobacco use will be funded.
  - These are the most researched and evaluated interventions in public health, and are described in *Best Practices for Comprehensive Tobacco Control Programs, October 2007* (U.S. Centers for Disease Control and Prevention -- CDC).

The Center is opposed to language in Engrossed House Bill 1004 – First Engrossment that affects all of the above. Engrossed HB 1004 amends a voter-initiated measure by:

- Eliminating the guarantee any portion of the tobacco settlement Annual Payments be spent on tobacco prevention.
- Opening up the Community Health Trust Fund to allow for funding of chronic disease programs that are not CDC Best Practices for Comprehensive Tobacco Control Programs -- without first guaranteeing full funding of effective tobacco prevention and cessation programs, including funding of the statewide quitline/net.
- Severely limiting the health and economic improvements that can be made with funding for effective tobacco prevention from only the time-limited Strategic Contribution Funds.

The current law is working.

Next week I will testify in support of HB1025, the appropriation for the Center. HB1025, along with HB1004, provide full funding of the comprehensive tobacco prevention program required by law. During that testimony, I will show that the new comprehensive program is working.

CDC Best Practices for Comprehensive Tobacco Control Programs prevent and reduce tobacco use. Lower tobacco use = less chronic disease.

- Comprehensive tobacco prevention programs funded and sustained at the CDC-recommended level reduce tobacco use and chronic disease.
  - ➢ *Conversely, underfunding tobacco prevention and cessation results in more tobacco use and more chronic disease.*
- Reducing tobacco use will reduce heart disease, stroke and cancer.
  - ➢ *Tobacco use is a major contributor to the chronic diseases that afflict the most North Dakotans: heart disease, stroke and cancer.*
- Tobacco prevention is a cost-saving investment, because it pays off by preventing heart attacks, strokes, and cancers.
  - ➢ *Eliminating funding for tobacco prevention and cessation and instead funding treatment of chronic disease, is doubly costly: the result is less prevention leading to more and more treatment.*

The following chart outlines what the CDC defines as Best Practices for Tobacco Control Programs, taken from Best Practices for Comprehensive Tobacco Control Programs, October 2007, page 26 (also attached):

CDC Best Practices – State & community interventions, chronic disease programs

State & community interventions -- general	• Provide funding & technical assistance & training to community organizations & partners to build & sustain capacity to change social norms around tobacco use; includes working with local coalitions • Collaborate with partners/programs to use evidence-based interventions to reduce tobacco use • Provide statewide & local public education about health effects of tobacco use & exposure to secondhand smoke & how to access cessation services • Use tobacco taxes to fund both tobacco prevention & chronic disease prevention & treatment • Link chronic disease programs to quitline
State & community interventions specific to chronic disease programs	• Use tobacco taxes to fund both tobacco prevention & chronic disease prevention & treatment • Collaborate on shared goals, objectives related to reducing tobacco use: prevent use, refer to cessation services, educate on tobacco-free policies • Link tobacco prevention interventions, such as smoke-free policies, with cardiovascular disease prevention & cancer prevention programs • Increase awareness of secondhand smoke as trigger for asthma & increased risk for heart attacks • Link chronic disease management programs for diabetes & cardiovascular disease to state quitline • Promote insurance coverage for a package of preventive services including high blood pressure, high cholesterol, & tobacco use treatment

Alcohol, Drug, Tobacco, and Risk-Associated Behavior Programs in North Dakota agencies, prepared by North Dakota Legislative Council, January 2011

The total amount state agencies plan to invest in tobacco prevention is $9.5 million/year in 2011-2013. Of this amount, only $6.45 million/year is required to be used for "CDC Best Practice" strategies proven cost-effective in reducing tobacco use. The U.S. Centers for Disease Control and Prevention (CDC) requires that North Dakota invest $9.3 million/year on Best Practices to reduce tobacco use. The following attachment shows that although some health-related programs might ask about tobacco use or report tobacco survey data, only the tobacco use prevention programs in the North Dakota Center for Tobacco Prevention and Control Policy and the Department of Health invest in programs designed to reduce tobacco use. The Department of Human Services is required by federal law to conduct a compliance survey of tobacco retailers.

In conclusion, the North Dakota Tobacco Prevention and Control Executive Committee and its Center for Tobacco Prevention and Control Policy oppose the parts of Engrossed House Bill 1004 that repeal Measure 3 language. Please honor the voters of North Dakota who passed this measure into law. Please amend Engrossed HB 1004 with PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004. These proposed amendments restore the language of the law as passed by the voters. These amendments restore the guarantee that a portion of tobacco settlement dollars will be used for their intended purpose – comprehensive and effective tobacco prevention.

Chronic Disease Programs

State-based tobacco prevention and control programs can collaborate with other programs to address diseases for which tobacco is a major cause, including multiple cancers, heart disease and stroke, and chronic lung and respiratory diseases. Addressing tobacco control strategies in the broader context of tobacco-related diseases is beneficial for three reasons. First, it is critical that interventions are implemented to alleviate the existing burden of disease from tobacco. Second, the incorporation of tobacco prevention and cessation messages into broader public health activities ensures wider dissemination of tobacco control strategies. Finally, tobacco use in conjunction with other diseases and risk factors, such as sedentary lifestyle, poor diet, and diabetes, poses a greater combined risk for many chronic diseases than the sum of each individual degree of risk. Collaboration in these areas has potential to synergistically increase reach and desired outcomes in states.

Examples of activities to reduce the burden of tobacco-related diseases include the following:

- Collaborating with related public health programs on shared goals and objectives
- Implementing community interventions that link tobacco control interventions, such as smoke-free policies with cardiovascular disease and cancer prevention programs
- Developing counter-marketing strategies to increase awareness of secondhand smoke as a trigger for asthma and an increased risk for heart attacks
- Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment
- Linking chronic disease management programs for diabetes and cardiovascular disease to the state tobacco cessation quitline
- Promoting insurance coverage for a package of preventive services, including high blood pressure, high cholesterol, and tobacco use treatment

CDC's Division for Heart Disease and Stroke Prevention has developed *A Public Health Action Plan to Prevent Heart Disease and Stroke* and supporting guidance materials to provide public health professionals and decision makers with targeted recommendations and specific action steps to reverse the trend in heart disease and stroke through effective prevention.[34] Guidance materials include *Translating the Public Health Action Plan into Action* and *Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities.*[35,36]

CDC's Division of Cancer Prevention and Control's National Comprehensive Cancer Control Program funds 50 states, the District of Columbia, seven territories, and seven tribes or tribal-serving organizations to develop and implement comprehensive cancer control plans. The Division has developed *Guidance for Comprehensive Cancer Control Planning,* which includes a guideline and a toolkit for implementing and evaluating a comprehensive cancer control plan.[37] In addition, the Cancer Control P.L.A.N.E.T. website provides links to comprehensive cancer control resources, including tobacco control activities.[38]

CDC's Division of Diabetes Translation has made smoking prevention and cessation for people with diabetes a major program goal. At the time *Best Practices—2007* went to press, the Division of Diabetes Translation, in collaboration with CDC's Office on Smoking and Health, was in the process of identifying best practices pertinent to people with diabetes as well as measures to monitor and evaluate smoking prevalence and cessation among people with diabetes.

Colorado provides an example of implementing a more integrated chronic disease prevention and tobacco control program. The objectives from the state's tobacco prevention and control strategic plan have been incorporated into Colorado's Cancer Plan and Cardiovascular Plan. Cancer, cardiovascular disease, asthma, and diabetes interventions reflect the relationship between smoking and each disease by including promotion of the state's quitline; asthma messages also were integrated into a recent Secondhand Smoke and Children campaign that encouraged calls to the state's quitline. In 2004, a Colorado voter referendum secured all new tobacco excise tax revenues for health initiatives, including chronic disease programs that address cancer, heart disease, and lung diseases; tobacco prevention and control; and expansion of Medicaid and the Children's Health Insurance Program, community health centers, and the Old Age Pension Fund.[39]

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source		2011-13 Executive Budget Amount and Funding Source		Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds	Amount of Funds Used for Tobacco Prevention
	Federal and Special Funds	Total Funds	Federal and Special Funds	Total Funds				
Department of Health								
Tobacco Cessation	$ 3,510,495.00	$ 3,510,495.00	$ 3,510,495.00	$ 3,510,495	Community Health Trust Fund	Funds support a statewide toll-free telephone and web-based counseling and tobacco surveillance.	100 % of funds will support the tobacco cessation statewide and tobacco surveillance.	100% tobacco prevention and control, but not Best Practice.
Tobacco Prevention	$ 2,678,616.00	$ 2,678,616.00	$ 2,651,900.00	$ 2,651,900	CDC - Centers for Disease Control and Prevention	Restricted to tobacco control, cannot be used for direct services or cessation services.	100% for tobacco control.	100% - tobacco prevention
Title X Family Planning and Title V Supplement	$ 474,315.00	$ 474,315.00	$ 440,727.00	$ 440,727.00	CDC	Funds to be used for the provison of family planning, medical, laboratory, and counseling services.	All family planning clients provide a health history which includes tobacco, alcohol, and drug use, along with other risky behaviors, such as unprotected sex, etc. Counseling and referral is provided as appropriate.	0%
Abstinence Education	$ 172,990.00	$ 172,990.00	$ 172,995.00	$ 172,995.00	HRSA - Health Resources and Services Administration	Funds are used to target youth and young adults aged 12 to 29.	Funds are used for curriculum and program development that focus on abstinence, which includes other risk reduction topics, including tobacco, alcohol, and other drugs.	0%
Department of Human Services								
Data Information Systems	$ 250,000.00	$ 250,000.00	$ 387,542.00	$ 387,542.00	Drug and alcohol services information system - $387,542	Must be used to develop and implement substance abuse data management.	Contracts - $387,542/100%	0%
State Epidemiological Outcomes Workgroup (SEOW)	$ 250,261.00	$ 250,261.00	$ 221,572.00	$ 221,572.00	SEOW - $221,572.00	Must be used for prevention strategies.	Utilizing the principles of outcome-based prevention, the SEOW is designed to create and oversee the strategic use of data to inform and guide substance abuse prevention policy and program development in ND. Through ongoing and integrated data analyses, the SEOW will implement SAMHSA's strategic prevention framework. The five-step process includes: *Assessment of population needs, resources, and readiness; *Mobilization and capacity building to address needs; *Prevention planning and funding decisions; *Implementation of evidence-based prevention programs; and *Evaluation of key outcomes and plan adjustments. State- and county-level epidemiological profiles are being produced that summarize alcohol, tobacco, and other drug consumption patterns and associated consequences across the lifespan. Grants/contracts - $221,572/100%.	0% However, $30,000 of the Federal Substance Abuse & Prevention Block Grant is used for a statewide compliance survey of tobacco retailers

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source		2011-13 Executive Budget Amount and Funding Source		Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds	Amount of Funds Used for Tobacco Prevention
	Federal and Special Funds	Total Funds	Federal and Special Funds	Total Funds				
Department of Public Instruction								
Title IV Safe and Drug-Free Schools and Communities Program - Funding for reducing alcohol, drug, and tobacco use through education and prevention activities	$ 2,277,356.00	$ 2,277,356.00			Department of Education	For prevention- and education-related activities in kindergarten through grade 12 in the areas of drugs, alcohol, tobacco, weapons, violence, bullying, school climate, and crisis management. Not to be used for treatment or entertainment.	93% of funds are allocated to local education agencies based on a formula of poverty and enrollment. The remaining 7% is for the state education agency to use for technical assistance (4%) and administration (3%).	0%
Tobacco Prevention and Control Executive Committee								
Total - Tobacco Prevention and Control Executive Committee	$ 12,882,000.00	$ 12,882,000.00	$ 12,922,614.00	$ 12,922,614	Special funds - Tobacco Master Settlement Agreement strategic contribution funds	Funds must be used for evidence-based programs according to the CDC *Best Practices for Comprehensive Tobacco Control Programs*	Funds will be used to support state and community tobacco prevention and control interventions, cessation interventions, health communications, surveillance and evaluation, and administration and management of the programs. Grants and contracts will be awarded to local public health units, special population groups with disparities in tobacco use, and partner groups that can advance the goals of the state plan.	100% for tobacco prevention and 100% for CDC Best Practices
				$ 19,085,009				
				$ 9,542,505				

11.9094.01000

Prepared by the North Dakota Legislative Council staff

January 2011

SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PREVENTION PROGRAMS

During the 2001-02 interim, the Budget Committee on Government Services studied programs dealing with prevention and treatment of alcohol, tobacco, and drug abuse and other kinds of risk-associated behavior which are operated by various state agencies. The committee studied whether better coordination among the programs within those agencies may lead to more effective and cost-efficient ways of operating the programs and providing services. At that time, a survey of agency alcohol, drug, tobacco, and risk-associated behavior programs was conducted and reviewed.

Since the original survey in the 2001-02 interim, similar surveys have been conducted each interim.

In January 2011 state agencies were requested to update the information for the 2009-11 biennium and to provide information for the 2011-13 biennium based on the executive recommendation. The table below summarizes 2009-11 biennium and 2011-13 biennium programs and related funding.

	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program					
Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds	Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
State Department of Health Statewide tobacco cessation for primary prevention, including city/county/state programs and the quitline/quitnet and tobacco surveillance		$3,510,495	$3,510,495		$3,510,495	$3,510,495	Community health trust fund	Funds support a statewide toll-free telephone and web-based counseling and tobacco surveillance.	One hundred percent of funds will support the tobacco cessation statewide and tobacco surveillance.
Tobacco prevention and control for disease control and prevention		2,678,616	2,678,616		2,651,900	2,651,900	Centers for Disease Control and Prevention (CDC)	Restricted to tobacco control, cannot be used for direct services or cessation services	One hundred percent for tobacco control
Rape prevention and education		231,452	231,452		231,500	231,500	CDC	The grant is restricted to sexual violence prevention and/or surveillance.	The funds are used for developing programs to address primary prevention of sexual violence at the local level.
Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER)		200,000	200,000		200,000	200,000	CDC	Increase the comprehensive primary prevention program planning and evaluation capacity of the State Department of Health and the North Dakota Council on Abused Women's Services	Collaborate with other partners on a statewide basis to enhance and train local domestic violence/rape crisis agencies to provide primary prevention to violence
State/tribal suicide youth prevention	$250,000	465,000	715,000	$991,493		991,493	Substance Abuse and Mental Health Services Administration (SAMHSA)	Federal funds are used for prevention and early intervention of suicide among youth aged 10 to 24.	Data collection on completed and attempted suicides of North Dakota youths and develop local suicide prevention and awareness programs
Title X family planning and Title V supplement		474,315	474,315		440,727	440,727	CDC	Funds to be used for the provision of family planning, medical, laboratory, and counseling services	All family planning clients provide a health history which includes tobacco, alcohol, and drug use, along with other risky behaviors, such as unprotected sex, etc. Counseling and referral is provided as appropriate. The total identified represents the funding for risky behavior which is 15 percent of funds received.
Abstinence education		172,990	172,990		172,995	172,995	Health Resources and Services Administration (HRSA)	Funds are used to target youth and young adults aged 12 to 29.	Funds are used for curriculum and program development that focus on abstinence, which includes other risk reduction topics, including tobacco, alcohol, and other drugs.

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Child passenger safety	41,280	457,220	498,500	47,472	464,428	511,900	Department of Transportation and Title V (maternal and child health block grant)	Funds to be used for child passenger safety projects for school-age populations	Used to purchase car seats, training, and projects designed to increase child restraint and seatbelt use by young children
Comprehensive sexually transmitted disease prevention systems and human immunodeficiency virus (AIDS) prevention programs		2,050,395	2,050,395		1,966,583	1,966,583	CDC	Limited to prevention of syphilis, gonorrhea, chlamydia, and AIDS prevention services	Funding is used for grant administration for sexually transmitted disease counseling and intervention. It is also used to support chlamydia and AIDS testing in high-risk individuals. Approximately 3 percent to 5 percent of total funds are directed to risky behavior, recognition, reduction. Funding is generally used for disease intervention.
Total - State Department of Health	$291,280	$10,240,483	$10,531,763	$1,038,965	$9,638,628	$10,677,593			
Attorney General									
Residential substance abuse treatment for state prisoners grant program - A passthrough grant for addiction treatment of state prisoners		$93,500	$93,500		$320,000	$320,000	Residential substance abuse treatment for state prisoners grant program - Corrections Program Office, United States Department of Justice	Residential substance abuse treatment grant funds are awarded to states to assist them in implementing and enhancing residential treatment activities for offenders operated by state and local correctional agencies.	Funds are available to the Department of Corrections and Rehabilitation and local agencies that meet the requirements. Funds are used for the treatment unit located at the State Penitentiary. Funds are used exclusively for program operations.
Narcotics section - Includes enforcement activities for all Bureau of Criminal Investigation agents who investigate drug crimes, dealers, and manufacturers	$2,900,000		2,900,000	$3,207,565		3,207,565			Ninety-five percent of the funds are used for operations. Five percent of the funds are used for equipment.
Midwest high-intensity drug trafficking area - Federal cooperative agreement aimed at the growing methamphetamine problem in this region		1,064,184	1,064,184		1,253,939	1,253,939	Midwest high-intensity drug trafficking area - Office of National Drug Control Policy, Office of the President	Funds must be used to measurably reduce and disrupt the importation, distribution, and clandestine manufacturing of methamphetamine in the six-state region--Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota.	Funds are used for personnel, operating expenses, and confidential funds in methamphetamine investigation and eradication efforts.
Justice assistance grant (formerly known as the Edward Byrne Memorial law enforcement assistance grant program)		1,656,378	1,656,378		1,652,213	1,652,213	Justice assistance grant program - United States Department of Justice	A certain percentage of the funds must be provided to local jurisdictions. There are six legislative purpose areas for which the funds can be used.	Administrative funds (approximately 10 percent) are used to manage grant contracts to ensure compliance with federal regulations. Grant funds (approximately 90 percent) are awarded to local units of government, state agencies, and Indian tribes for criminal justice purposes.

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Justice assistance grant (American Recovery and Reinvestment Act of 2009)		1,581,168	1,581,168		1,413,189	1,413,189	Justice assistance grant program - American Recovery and Reinvestment Act of 2009) United States Department of Justice	A certain percentage of the funds must be provided to local jurisdictions. There are six legislative purpose areas for which the funds can be used.	Administrative funds (approximately 10 percent) are used to manage grant contracts to ensure compliance with federal regulations. Grant funds (approximately 90 percent) are awarded to local units of government, state agencies, and Indian tribes for criminal justice purposes.
Community Oriented Policing Services methamphetamine initiative		831,328	831,328		795,000	795,000	Office of Community Oriented Policing Services, United States Department of Justice	Funds may be used to establish and enhance the methamphetamine reduction effort and increase coordination efforts and information sharing.	Funds are used for the postseizure analysis team efforts to share intelligence on local, state, and federal levels.
24/7 sobriety program	329,826		329,826	329,826		329,826			Support efforts to remove intoxicated drivers from the road and improve their ability to succeed in their treatment choices
Total - Attorney General	$3,229,826	$5,226,558	$8,456,384	$3,537,391	$5,434,341	$8,971,732			
Department of Corrections and Rehabilitation									
Bismarck Transition Center - A community-based transition center located in Bismarck. The program provides employment, treatment, and other transitional programming for offenders to achieve meaningful stability and lasting sobriety before release from prison.	$5,039,555		$5,039,555	$5,480,256		$5,480,256			Contract for transitional services and staff to manage the program
Tompkins Rehabilitation and Correction Center - The center is a drug and alcohol intensive treatment program located on the campus of the State Hospital. The program requires a minimum of 100 days of treatment followed by community supervision.	4,764,035		4,764,035	5,409,447		5,409,447			Purchase services from the State Hospital
Female inmate transition and community placement - This program provides a continuum of treatment and program services for females to transition from prison to the community.	1,151,476		1,151,476	2,585,047		2,585,047			Contract for transitional services

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Jail-based treatment - The department contracts with the North Central Correctional and Rehabilitation Center located in Rugby for drug and alcohol treatment for male inmates.	1,625,813		1,625,813	1,677,723		1,677,723			Contract for treatment services
Male inmate transition - This program provides transitional services to male inmates located in Fargo.	1,842,362		1,842,362	1,049,185		1,049,185			Contract for transitional services
Alternatives to incarceration - Programs providing alternatives to incarceration, including halfway houses, treatment, detention, and other correctional programming	3,292,535		3,292,535	2,454,034		2,454,034			Contract for services
Faith-based programming	760,475		760,475	843,150		843,150			Contract for housing
Institutional treatment - Adult - Conduct assessments and provide treatment for inmates with addiction and mental health issues	4,549,114		4,549,114	5,098,686		5,098,686			Salaries - Approximately $4.8 million Operating expenses - Approximately $200,000
Institutional treatment - Juvenile - Conduct assessments and provide treatment for inmates with addiction and mental health issues	1,286,151	$519,375	1,805,526	2,329,763		2,329,763			Salaries - Approximately $2.2 million Operating expenses - Approximately $100,000
Community services - Juvenile - The majority of this funding is provided to political subdivisions for juvenile programs and is not required to be used for drug or alcohol programs.	1,487,039	2,548,561	4,035,600	1,511,900	$2,483,609	3,995,509	Federal funds OJJDP - $1.25 million Title IV-E/XIX reimbursements - $630,000 Title V - $100,000 JAIBG - $500,000	Majority of funding must be provided to local units of government.	Grants and contracts
Total - Department of Corrections and Rehabilitation	$25,798,555	$3,067,936	$28,866,491	$28,439,191	$2,483,609	$30,922,800			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Department of Human Services									
Treatment services provided at the human service centers	$13,606,437	$11,457,677	$25,064,114	$16,041,611	$10,532,646	$26,574,257	Substance abuse prevention and treatment (SAPT) block grant - $7,011,567	The state shall not expend grant funds on the following: • To provide inpatient hospital services. • To make cash payments to intended recipients of services. • To purchase or improve land; purchase, construct, or permanently improve any building or other facility; or purchase major medical equipment. • To satisfy any requirement for the expenditure of nonfederal funds. • To provide financial assistance to any entity other than a public or nonprofit private entity. • To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.	To provide treatment of substance abuse, including alcohol and other drugs Preference for admission into treatment services is in the following order: • Pregnant injecting drug users. • Pregnant substance users. • Injecting drug users. • All other substance abusers.
							Social Service block grant - $486,249	None	
							Medical assistance - $1,506,091	None	
							Collections - $1,528,739	None	
Treatment services provided at the State Hospital	2,739,315	6,245,121	8,984,436	2,358,068	7,555,204	9,913,272	Insurance collections and payments from the Department of Corrections and Rehabilitation - $7,555,204	Payments from the Department of Corrections and Rehabilitation need to be spent toward the population placed by the Department of Corrections and Rehabilitation.	To provide inpatient treatment of substance abuse, including alcohol and other drugs Program operations - $9,913,272/100 percent
Prevention related to substance abuse	194,445	2,290,124	2,484,569	181,899	6,912,413	7,094,312	SAPT block grant - $2,495,702	Funds are limited to primary prevention activities only. See additional restrictions for the SAPT grant under the first item listed for the Department of Human Services	Four tribal contracted prevention coordinators and six role-based prevention specialists to provide prevention efforts throughout the state and tribal areas. This framework for the substance abuse prevention program provides strategic consultation, training, and research-based tools. The Prevention Resource and Media Center (PRMC) provides free materials and resources regarding substance use prevention, provides clearinghouse materials, and designs media kits and messaging support for prevention efforts across the state. Program operations - $1,782,201/25 percent Grants/contracts - $5,312,111/75 percent
							Strategic prevention framework state incentive grant (SPFSIG) - $4,416,711	Funds are limited to primary prevention activities only.	

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Methamphetamine and other substance abuse residential treatment services	1,481,573		1,481,573	1,594,025		1,594,025			To provide residential treatment for methamphetamine and other substance users Grants/contracts - $1,594,025/100 percent
Program and policy related to substance abuse	474,392	849,397	1,323,789	454,220	939,424	1,393,644	SAPT block grant - $939,424	See additional restrictions for the SAPT grant under the first item listed for the Department of Human Services.	To provide technical assistance, training, regulatory oversight and outcome management policy to treatment and prevention fields Program operations - $1,393,644/100 percent
Data information systems		250,000	250,000		387,542	387,542	Drug and alcohol services information system - $387,542	Must be used to develop and implement substance abuse data management	Contracts - $387,542/100 percent
Governor's fund for safe and drug-free schools and communities - Funding is provided as grants to high-risk areas for enforcement and education. (This funding source will end when the current grant is expended.)		596,340	596,340		240,000	240,000	Safe and drug-free schools and communities grant - $240,000	At least 10 percent of this amount shall be used for law enforcement education partnerships. No more than 5 percent of this amount can be used for administrative costs.	Baseline community readiness surveys completed in regions and in the process of completion in tribal areas of the state. Community-focused best practices using community readiness survey results are being implemented. Prevention conference held in collaboration with the Department of Public Instruction and the State Department of Health. Grants/contracts - $240,000/100 percent
State Epidemiological Outcomes Workgroup (SEOW)		250,261	250,261		221,572	221,572	SEOW - $221,572	Must be used for prevention strategies	Utilizing the principles of outcome-based prevention, the SEOW is designed to create and oversee the strategic use of data to inform and guide substance abuse prevention policy and program development in North Dakota. Through ongoing and integrated data analyses, the SEOW will implement SAMHSA's strategic prevention framework. The five-step process includes: • Assessment of population needs, resources, and readiness; • Mobilization and capacity building to address needs; • Prevention planning and funding decisions; • Implementation of evidence-based prevention programs; and • Evaluation of key outcomes and plan adjustments. State- and county-level epidemiological profiles are being produced that summarize alcohol, tobacco, and other drug consumption patterns and associated consequences across the lifespan. Grants/contracts - $221,572/100 percent

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
United States Department of Justice underage drinking grant - Funding is used for underage drinking prevention programs.		696,644	696,644		712,872	712,872	Enforcing underage drinking laws grant. This program is funded by the United States Department of Justice - $712,872.	Cannot be used to supplant state or local funds Funding can be suspended if: • Failure to adhere to requirements or conditions placed on the grant. • Failure to submit reports timely. • Filing a false certification. • Other good cause shown.	Alcohol beverage server campaign in collaboration with Attorney General's office; in collaboration with Highway Patrol, compliance checks, shoulder taps, point-of-purchase operations, and party patrols are implemented; overtime hours for officers in order to provide the enforcement activities listed; Youth Advisory Board activities; and safety and educational messaging and media involvement Operating expenses - $65,072/9 percent Grants/contracts - $647,800/91 percent
Total - Department of Human Services	$18,496,162	$22,635,564	$41,131,726	$20,629,823	$27,501,673	$48,131,496			
Department of Transportation Impaired driving prevention program							National Highway Traffic Safety Administration (NHTSA) - Section 410 incentive funds. These are funds provided to states based on the state's ability to meet stringent criteria related to impaired driving/alcohol laws, program operations, or data elements:	Funds are restricted for alcohol countermeasures. Funds may not be used to support state or local funds.	
SCRAM units for Attorney General's 24/7 sobriety program					$100,000	$100,000	NHTSA Section 410		Funds to the Attorney General's Office to purchase SCRAM units for continuous alcohol monitoring of driving under the influence (DUI) offenders participating in the Attorney General's 24/7 sobriety program
Parents listen, educate, and discuss (LEAD)		$150,000	$150,000		150,000	150,000	NHTSA Section 410		Parents LEAD educates parents to talk about alcohol with their children. The North Dakota Department of Transportation Traffic Safety Office, the Department of Human Services Division of Mental Health and Substance Abuse, and the North Dakota Higher Education Consortium for Substance Abuse are program partners for program expansion and outreach.
Impaired driving enforcement programs		700,000	700,000		1,000,000	1,000,000	NHTSA Section 410		Conduct saturation patrols, sobriety checkpoints, alcohol sales compliance checkers, and server training

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Digital surveillance equipment to law enforcement		400,000	400,000		500,000	500,000	NHTSA Section 410		Funds for law enforcement to purchase digital surveillance cameras to facilitate DUI arrests and adjudication
Alcohol content testing equipment		400,000	400,000		400,000	400,000	NHTSA Section 410		Funds to the Attorney General's state toxicology office to purchase alcohol testing equipment for use by law enforcement and in the laboratory
Traffic safety resource prosecutor		200,000	200,000		400,000	400,000	NHTSA Section 410		Funds to contract with an attorney to provide training, technical assistance, and resources to prosecutors and other court personnel to facilitate the prosecution of DUIs
Media/public information and education		750,000	750,000		900,000	900,000	NHSTA Section 410		Paid media and coordination of earned media for impaired driving prevention. Includes electronic (television and radio) and print (billboard, indoor ads, etc.) media, editorials, public service announcements, appearances on news shows, etc., to promote various enforcement and social norms messages.
Community traffic safety program (formerly safe communities)		900,000	900,000		500,000	500,000	NHTSA Section 402		Community traffic safety programs are community programs that address data-driven traffic safety issues (primarily seatbelt use and impaired driving) through various public information and education programs. This amount reflects about half of total program funding. Community traffic safety programs allocate about half of their time to impaired driving prevention and seatbelt use respectively.
Total - Department of Transportation		$3,500,000	$3,500,000		$3,950,000	$3,950,000			
Department of Public Instruction									
Title IV safe and drug-free schools and communities program - Funding for reducing alcohol, drug, and tobacco use through education and prevention activities		$2,277,356	$2,277,356				Department of Education	For prevention- and education-related activities in kindergarten through grade 12 in the areas of drugs, alcohol, tobacco, weapons, violence, bullying, school climate, and crisis management Not to be used for treatment or entertainment	Ninety-three percent of funds are allocated to local education agencies based on a formula of poverty and enrollment. The remaining 7 percent is for the state education agency to use for technical assistance (4 percent) and administration (3 percent).
21st century community learning centers provide funds for out-of-school programs, including academics, enhanced academic programming, arts, and recreation		11,085,426	11,085,426		$11,879,992	$11,879,992	Department of Education	Must serve students attending school with 40 percent or greater free and reduced lunches, must have a community-based partner, and must occur when school is not in session	Ninety-five percent to local education agencies and community-based organizations Three percent for technical assistance Two percent for administration
Total - Department of Public Instruction		$13,362,782	$13,362,782		$11,879,992	$11,879,992			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Judicial branch Juvenile drug court	$780,000		$780,000	$780,000		$780,000		N/A	Ninety percent of the funds are used for alcohol and drug testing and analysis and monitoring. Ten percent of the funds are used for education and training.
Total - Judicial branch	$780,000		$780,000	$780,000		$780,000			
National Guard State military counterdrug operations - Supports law enforcement agencies in interdiction efforts with intelligence analysis and aviation reconnaissance, along with supporting state and local coalitions and school education and prevention programs		$600,000	$600,000		$2,000,000	$2,000,000	Department of Defense through the National Guard Bureau	To be used only for drug interdiction and substance abuse	Will be used for working with law enforcement and community based organizations. Will also be used for drug testing, prevention, and awareness for members of the North Dakota National Guard.
Total - National Guard		$600,000	$600,000		$2,000,000	$2,000,000			
North Dakota Higher Education Consortium for Substance Abuse Prevention Coordinates and supports the prevention efforts and programs of each North Dakota University System campus	$222,487		$222,487	$233,310		$233,310	N/A	N/A	To develop and implement a statewide environmental management model in higher education to provide campuses with skills, attitudes, abilities, and knowledge that will enable them to address collegiate alcohol and substance abuse
Total - North Dakota Higher Education Consortium for Substance Abuse Prevention	$222,487		$222,487	$233,310		$233,310			
Tobacco Prevention and Control Executive Committee Tobacco prevention and control		$12,882,000	$12,882,000		$12,922,614	$12,922,614	Special funds - Tobacco Master Settlement Agreement strategic contribution funds	Funds must be used for evidence-based programs according to the CDC *Best Practices for Comprehensive Tobacco Control Programs*	Funds will be used to support state and community tobacco prevention and control interventions, cessation interventions, health communications, surveillance and evaluation, and administration and management of the programs. Grants and contracts will be awarded to local public health units, special population groups with disparities in tobacco use, and partner groups that can advance the goals of the state plan.
Total - Tobacco Prevention and Control Executive Committee		$12,882,000	$12,882,000		$12,922,614	$12,922,614			

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			2011-13 Executive Budget Amount and Funding Source for Each Program			Detail of 2011-13 Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal And Special Funds	Total Funds	General Fund	Federal and Special Funds	Total Funds			
Indian Affairs Council									
Indian youth leadership program	$40,000		$40,000	$60,000		$60,000			Facilitate a camp for Indian youth, meeting academic requisites, to learn and enhance leadership skills and provide opportunities that will advance spiritual, intellectual, emotional, and physical attributes
Suicide prevention and education				$100,000		$100,000			Suicide prevention and education for Indian youth through the development of a crisis team to react to suicide threats and coordination with tribal agencies currently assisting with crisis
Total - Indian Affairs Council	$40,000		$40,000	$160,000		$160,000			

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Renumber accordingly

15

WRITTEN TESTIMONY ON THE EVIDENCE BASE FOR COMPREHENSIVE STATE TOBACCO CONTROL PROGRAMS

TERRY PECHACEK, PhD
ASSOCIATE DIRECTOR FOR SCIENCE
OFFICE ON SMOKING AND HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
AND HEALTH PROMOTION
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

MARCH 3, 2011
North Dakota Senate Appropriations Committee

Introduction

Thank you for the opportunity to provide information on the dramatic health gains and economic savings that can be achieved with adequate funding and evidence-based interventions for tobacco control. I am Dr. Terry Pechacek with the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. I am an author of the original and updated versions of the CDC guidance document *Best Practices for Comprehensive Tobacco Control Programs* and have been involved in the writing or scientific review of all U.S. Surgeon General's Reports on the health consequences of tobacco use since 1979. In addition, I have provided senior technical advice on the planning, implementation, and evaluation of comprehensive tobacco control programs in Arizona, Arkansas, California, Florida, Georgia, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Mississippi, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Washington, and West Virginia.

For the record, I have submitted this written testimony at the request of Jeanne Prom, the Executive Director of the Center for Tobacco Prevention & Control Policy, to summarize the scientific evidence regarding best practices in comprehensive tobacco prevention and control and the effectiveness of comprehensive state tobacco control programs. Also for the record, this written testimony is not for or against any specific legislative proposal.

Effects of State Tobacco Control Programs

Tobacco use is the leading preventable cause of illness and death in the United States. From 2000 to 2004, an average of 900 North Dakota residents died per year from smoking-related diseases; and North Dakota ranks 4th highest among states in its smoking-related death rate with 225.6 of every 100,000 people over age 35 dying due to tobacco use. In addition, studies have shown that, for every person who dies of a smoking-related disease, another 20 persons are living with a serious chronic disease caused by smoking.

The good news is that we know what works and how to reduce tobacco use. If North Dakota were to continue to fully fund tobacco control programs and implement proven tobacco control strategies, including full implementation of smoke-free environments in all workplaces and public places, increases in tobacco product prices, hard-hitting media campaigns, ensuring tobacco users can get help quitting, and youth empowerment initiatives that counteract tobacco industry marketing, North Dakota could make significant progress in reducing the staggering toll that tobacco use takes on its families and communities.

State tobacco control programs coordinate these and other proven tobacco control approaches to ensure maximum impact. States that have made large and sustained investments in tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole. Smoking prevalence among youth and adults declines faster as spending for tobacco control programs increases. States such as Maine, New York and Washington, have achieved 45 to 60 percent reductions in youth smoking through sustained implementation of coordinated

tobacco control programs. As another example, between 1998 and 2002, a comprehensive tobacco control program in Florida that included an aggressive youth-oriented media campaign reduced smoking rates by 50 percent among middle school students and by 35 percent among high school students.

State tobacco control programs that are sustained over time also generate a high return on investment. For example, a study of California's tobacco control program found that the state realized a 50-to-1 return on the monies invested in the program during its first 15 years – saving $86 billion in health care costs from 1989 to 2004, while investing $1.8 billion in the program. These findings provide further evidence that investments in tobacco control not only prevent disease and save lives, but also dramatically reduce health care costs.

States can achieve substantial reductions in tobacco use and tobacco-related disease and death by sustaining support for comprehensive, evidence-based tobacco control programs over time. In combination with other evidence-based tobacco control interventions – including enacting 100 percent smoke-free laws, increasing the price of tobacco products, implementing media campaigns, and making cessation services available to all populations – adequately funded comprehensive state tobacco control can bring an end to the tobacco use epidemic.

Effects of Reducing State Funding for Tobacco Control Programs

The experiences of a number of states show that reducing funding for state tobacco control programs leads to rapid reversals of previous progress in reducing tobacco use. For example, after funding for the Massachusetts program was cut by 95 percent in Fiscal Year 2004, cigarette sales to minors increased, declines in youth smoking stalled, and the state's per capita cigarette consumption rose. Similarly, after funding for Florida's highly successful youth-oriented "truth" campaign was drastically reduced, youth smoking rates, which had been falling sharply, stabilized and then began creeping up again. Finally, within six months of the elimination of the youth-oriented Target Market media campaign in Minnesota, awareness of the campaign among youth fell sharply and youth susceptibility to initiating smoking increased.

Conclusion

The tobacco use epidemic can be stopped. We know what works. If we were to fully implement proven strategies, we could prevent the staggering toll that tobacco takes on our families and our communities. With sustained implementation of state tobacco control programs and policies, the Institute of Medicine report's best-case scenario of reducing adult tobacco prevalence to 10 percent by 2025 would be attainable.

Tobacco use will remain the leading cause of preventable illness and death in the United States until our efforts to address this problem are on a par with the harm it causes. We look forward to working with you to address this urgent public health issue. Thank you.

A

North Dakota Department of Health
Summary of Federal Programs
2011-13 Biennial Budget

CFDA #	Program

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

10.578 Women, Infants and Children - EBT
10.557 Women, Infants and Children Breastfeeding Peer Group
10.557 Women, Infants and Children Food Program

DEPARTMENT OF JUSTICE

Violence Against Women Office

16.017 Sexual Assault Services Program
16.527 Supervised Visitation, Safe Havens for Children
16.588 STOP Violence Against Women Formula Grants
16.590 Grants to Encourage Arrest Policies and Enforcement of Protection Orders

ENVIRONMENTAL PROTECTION AGENCY

Office of Air and Radiation

66.034 Particulate Matter 2.5 Ambient Air Monitoring
66.040 State Clean Diesel Grant Program

Office of the Chief Financial Officer

66.202 State Tribal Assistance Grant (Water Infrastructure Grants)

Office of Water

66.419 Water Quality Monitoring
66.454 Water Quality Management Planning
66.461 Regional Wetland Program Development Grants
66.458 Capitalization Grants for Clean Water State Revolving Funds
66.460 Nonpoint Source Implementation Grants
66.468 Capitalization Grants for Drinking Water State Revolving Funds

Office of the Administrator

66.605 Performance Partnership Grants (EPA Block Grant)

Office of Environmental Information

66.608 Environmental Information Exchange Network Grant Program

Office of Solid Waste and Emergency Response

66.818 Brownfields Assessment and Cleanup Cooperative Agreements
66.802 Arsenic Trioxide
66.804 Underground Storage Tank Prevention, Detection and Compliance Program
66.805 Leaking Underground Storage Tank Trust Fund Corrective Action Program

North Dakota Department of Health
Summary of Federal Programs
2011-13 Biennial Budget

CFDA #	Program
	DEPARTMENT OF HEALTH AND HUMAN SERVICES
	Centers for Medicare and Medicaid Services
93.777	State Survey and Certification of Health Care Providers and Suppliers - Medicare
93.777	Clinical Laboratory Improvement Act & Certificate of Waiver (CLIA)
93.778	Medical Assistance Program - Medicaid (Pass through from ND Human Services)
	Centers for Disease Control and Prevention
93.069	Public Health Emergency Preparedness
93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Programs
93.136	Injury Prevention and Control Research and State and Community Based Programs (Rape Prevention & Education)
93.136	Building Comprehensive Prevention Program Planning and Evaluation Capacity for Rape Prevention and Education (EMPOWER)
93.268	Immunization Grants
93.270	Adult Viral Hepatitis
93.283	Epidemiology and Laboratory Capacity
93.283	Cancer Prevention and Control - Women's Way
93.283	Cancer Prevention and Control - Cancer Registry
93.283	Cancer Prevention and Control - Comprehensive Cancer
93.283	Women's Way Care Coordination (Currently not funded)
* 93.505	Maternal Infant and Early Childhood Home Visiting Program
* 93.507	Strengthening Public Health Infrastructure for Improved Outcomes
93.283	State Heart Disease & Stroke
93.283	Tobacco
93.283	Behavior Risk
93.283	Healthy Communities
93.283	CDC Oral Disease Prevention
93.283	Diabetes
93.940	Human Immunodeficiency Virus (HIV) Prevention Activities
93.944	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance
93.977	Sexually Transmitted Diseases Control Grants
93.991	Preventive Health and Human Services Block Grant
	Administration for Children and Families
* 93.235	Abstinence Education Program
93.671	Family Violence Prevention and Services/Grants for Battered Women's Shelters - Grants to States and Indian Tribes
	Office of the Secretary
93.089	Emergency System for Advance Registration of Volunteer Health Professionals
93.296	State Partnership Grant Program to Improve Minority Health
93.889	National Bioterrorism Hospital Preparedness Program
	Office of Population Affairs
93.217	Family Planning Services
	Health Resources and Services Administration
93.110	Early Childhood Comprehensive Systems
93.110	State Systems Development Initiative

North Dakota Department of Health
Summary of Federal Programs
2011-13 Biennial Budget

CFDA #	Program
93.127	Emergency Medical Services for Children
93.130	Primary Care Office Grant
93.236	Oral Health Workforce Act
93.917	HIV Care Formula Grants (Ryan White)
93.994	Maternal and Child Health Services Block Grant to the States

* Affordable Care Act

Pass Thru Programs

Consumer Product Safety
ND Dept. of Transportation - Child Passenger Safety
Dept. of Public Instruction - School Health
Food and Drug Administration - Mammography Quality Standards Act
Influenza Incidence Pilot - Council of State and Territorial Epidemiologist
Montana National Laboratory Science Grant
ND Dept. of Emergency Services - Hazardous Materials Training Grant
New Parent Newsletter (ND Human Services)
Social Security Administration and Centers for Disease Control - Vital Records

Federal ARRA Funds

66.454	ARRA ND Water Quality 604B
66.458	ARRA Clean Water
66.468	ARRA Drinking Water
66.802	ARRA Arsenic Trioxide
93.414	ARRA Primary Care
93.712	ARRA Immunization
93.717	ARRA Epidemiology and Laboratory Capacity (Healthcare Associated Infections)
93.723	ARRA Prevention and Wellness (Healthy Communities)

B
#1

North Dakota Department of Health
Projected Effects of Refusing PPACA Funds to Health and Prevention Programs
March, 2011

A decision by the North Dakota Legislature to refuse to accept Patient Protection and Affordable Care Act (PPACA) dollars may mean the end of a number of existing programs like Abstinence, Diabetes Prevention and Control and Heart Disease and Stroke, as well as the inability to begin new programs such as the Intensive Home Visiting Program.

Immediate Impact on Chronic Disease Programs and Prevention

Currently CDC is planning to restructure chronic disease programs into a block grant (called the Chronic Disease Prevention and Health Promotion Grant Program) that would be funded at least partially with PPACA dollars. If the PPACA funds are refused, these programs and the important services they provide would cease to exist, potentially in September 2011 unless funding sources are identified.

The following is the most current information regarding the proposed packaging of chronic disease programs:

"The FY 2012 budget requests $705.378 million, including $157.740 million from the (PP)ACA Prevention and Public Health Fund, for the new Chronic Disease Prevention and Health Promotion Grant Program." – National Association of Chronic Disease Directors, March 2011 http://bit.ly/dKFgv3

This grant program will include competitive grant awards for state health departments, Territories and some Tribes to coordinate chronic disease prevention programming.

ND Program	FY 2010 CDC funding
Cancer Prevention and Control	$2,027,826
Diabetes	$265,538
Healthy Communities	$40,000
Heart Disease and Stroke	$200,063
Oral Health	$304,408
School Health	$573,723
Preventive Health and Health Services Block Grant (Healthy North Dakota)	$255,938
Total	**$3,667,496**

Although we have not seen a list of specific programs that would be categorized under this proposed Chronic Disease Prevention and Health Promotion Grant Program, CDC defines "Chronic Disease Prevention and Health Promotion" specifically as the first seven programs in the chart above. NDDoH utilizes the PHHS Block Grant in line 8 to focus on the prevention of the death and disability that arise from these chronic diseases.

The funding for these chronic disease programs is 100% federal; there are not state funds currently allotted for these programs. The change in the federal source of funding could take effect prior to the proposed special session of the legislature in late 2011. If the decision to accept these funds were

delayed until then, NDDoH would have to potentially quit the current programs, reduce staff and then try to re-hire if the legislature does choose to accept funds. The department would probably lose some good, experienced staff that would leave to look for other employment because they cannot afford to be unemployed.

There are several other public health programs where the federal government is considering replacing funding cuts with PPACA dollars including immunizations, injury prevention and HIV/AIDS Prevention. If these programs are partially funded with PPACA dollars beginning FY 2012 (Oct 2011) and North Dakota chooses not to accept PPACA funding, then current NDDoH chronic disease programs and these other public health programs would cease to exist without alternate funding sources. The potential loss of this funding affects not only programs, but also state and local jobs.

Current and Future Impact on Health Programs

The NDDoH has applied for and been approved to receive funding from the CDC that originates from PPACA; the Governor's budget includes flow-through funding for these three projects.

- Public Health Infrastructure funding allows the department to equip itself to meet accreditation standards, improve the quality of programs and show accountability in the use of funding.
- The abstinence education funding replaces federal funding from another source that previously was available for abstinence programs. The abstinence funding is passed through to Northern Lights Youth Services and Make a Sound Choice. This programming is currently in place; a delay in this funding would potentially require them to quit the current programs, reduce staff and then try to re-hire later when funding may be accepted.
- The intensive home visiting funding provides intensive home visiting to high-risk families from prenatal through up to the age of two years. Intensive home visiting programs are proven to reduce child abuse and neglect by 50 percent and increase education outcomes. The target population is generally low-income with excess risks for infant mortality, family violence, developmental delays, disabilities, social isolation, unequal access to health care, environmental exposures and other adverse conditions.

ND Program	2011-13 Biennium Funding
Public Health Infrastructure	$200,000
Abstinence education	$182,100
Intensive Home Visiting	$1,413,012
Total	**$1,795,112**

Preventing disease and injury is the most effective, common-sense way to improve health. This funding provides the state and local communities with infrastructure, tools and information to support individuals and families who want to take personal responsibility for their health and lives, saves health care dollars, and improves the economy and quality of life.

c

#2

Senate Appropriations Subcommittee
March 18, 2011
Presented by
North Dakota Department of Health
L. David Glatt, P.E.

The North Dakota Department of Health and industry currently maintain a network of 13 air quality monitoring sites located throughout the state. These monitoring sites operate on a 24/7 basis collecting data which has historically been used to determine the state's attainment status with federal and state air quality standards.

In June 2010 EPA finalized the 1-hour SO_2 National Ambient Air Quality standard. This standard identified the use of monitoring data to determine compliance in the body of the rule. However, for the first time the preamble indicated that air quality modeling would also be used to determine a state's attainment status. This "new" EPA direction appeared only after the public comment process and was not vetted in an open public forum. The state is concerned for several reasons:

1. Air quality models are not robust enough to accurately determine actual air quality conditions without a significant degree of uncertainty. Model data input limitations and assumptions can often reduce the accuracy of air quality models and often result in higher concentration estimates than what would really be observed in the environment. Studies have shown that some models may overpredict by as much as 200 percent or under predict by 50 percent of ambient air quality concentrations. It is our contention that to use modeling to determine if an area is nonattainment would not be as accurate as actual monitoring data from the area.

2. In the 1-hour SO_2 rule preamble EPA has stated if an area is designated nonattainment, both monitoring and modeling will be required to justify re-designation to attainment. Due to the question of model accuracy, the state is concerned that use of inaccurate model outputs when compared to the monitoring data could result in the state being inappropiratly designated as a nonattainment state for SO_2. This could result in North Dakota suffering unnecessary economic hardship and require construction of unnessary pollution controls costing industry and the general public.

3. North Dakota is concerned that if EPA expands this idea of modeling for determining attainment or nonattainment to other pollutants it could cause undue economic hardship.

D

#3

HB1041 – Based on March 14, 2011 Fiscal Note

Comparison between Costs for Operating Federal CNA Registry and Projected Costs of Addition of Nurse Aides, Home Health Aides, and Medication Assistants I and II

	ND DoH Federal CNA Registry	NEW Cost related to Transfer from BON
Salaries and Wages		
Administrator	$ 124,776 (1.0 FTE)	$117,744 (1.0 FTE)
Fringe	$ 44,987	$ 43,651
Admin Supp.	$ 62,388 (1.0 FTE)	$ 28,656 (.5 FTE)
Fringe	$ 33,134	$ 16,085
Total Salaries and Wages	$265,285	$206,136
Operating Costs		
Travel	$10,000	$1,000
IT-Software/Supp	$11,480	$8,320
Misc Supplies	$ 10,000	$4,000
Office Supplies	$ 5,540	$ 800
IT – Data Processing	$ 9,480	$7,320
IT – Telephone	$18,000	$5,000
Prof. Development	$ 4,000	$2,000
Legal Costs	$16,000	$4,000
Total Operation (without Start Up Costs)	$84,500	$32,440
Start up Costs (one-time costs)		
IT Registry Data Migration/Web Changes		$42,794
Other Equip <$5,000		$ 1,500
Rulemaking		$ 5,000
Total One Time Operating Costs		$49,294
Total Operating Costs	$84,500	$81,734
Total Biennial	$349,785	$238,576 plus One- time costs of $49,734 =
With one time costs		$287,870

Annual Workload Analysis Based on March 14, 2011 Fiscal Note

ND DoH CNA Registry	BON UAP Registry (Nurse Aides, Home Health Aides, Medication Assistants I and II
Approximately 14,000 Current CNAs : • General program oversight/phone calls/ receipt of allegations/correspondence: **Average 10 hours per week.** • Individuals who are on the CNA registry are eligible to work in LTC, however are also used in other settings. • An individual must complete a department approved training program and a department approved national written and skills competency test to be placed on the department's registry. • Applications have been reviewed initially by the test vendor; those identified with concerns go through an additional review by management. o There are **approximately 2,600 Initials** applications per year with an average processing time of 10 minutes each by Admin Support o Additional is review required on about 130 of the 2,600 initial applications which takes approximately an additional 15 minutes each • Renewals are every two years o There are approximately 5,000 renewals processed each year which take an average of 8 minutes each. o Endorsements from other states approximately 720 annually at an	For 2008-2009, the BON reported 4009 active UAPs on their registry. • General program oversight/ phone calls/ receipt of allegations/ correspondence – unknown – **estimated 10 hours per week.** • Individuals on the BON registry work in hospitals, home health, assisted living, basic care, developmental disabilities, and in consumer directed situations. • Individuals can be placed on the BON registry through **competency evaluation by an employer or licensed nurse,** or **through taking a national nurse aide competency evaluation testing program.** The BON reported in April 2010 that they have approximately **2,700 new applications each year**. The BON reported that it took approximately **25-30 minutes** to process a new application. It was also reported that **158** applicants needed extensive review due to history. **(No estimate of time provided for the additional review).** For Budgeting purposes we used the 15 minutes average it takes the DoH to do additional reviews. • Also, there is a process for placement on the BON registry as Medication Assistants I or II which would require the individual to complete initial registration as a certified/nurse aide. For 2008-2009, **1565** individuals on the registry were Medication Assistants I and II. **The additional time related review application to become a Medication Assistant I or II was not identified, and therefore is not included in the projected costs.** • Renewals are every two years o The BON reported that there are 2,000 renewals annually which take 15-20 minutes to process.

average of 15 minutes each.
• Quality Assurance
  ○ Is completed on approximately 10 percent (average of 500 annually) of the online renewals and takes approximately 5 minutes each. This includes telephone or email verification with the employer that the information submitted online by the applicant is correct.
 	
• Telephone/Email Verifications/Information Requests
  ○ Approximately 110 per month – 5 minutes each
 	
• Complaints Investigated – Ave 22/year
  ○ Average time 24 hours/case
  ○ Manager review of each investigation takes an additional 2 hours/case.
  ○ Admin Supp 1 hour per case
  ○ If a hearing is requested, it takes approximately an additional 27 hours/case. There is an average of hearings annually.
 	
• Training Programs
  ○ Currently, there are 59 training programs in the state that are reviewed onsite every two years. The time to complete the preparation, onsite review, and follow-up is 16 hours per program.
	• Complaints Investigated – 35-40/year (There were 45 Potential Violation Reports validated on UAPs in 2008-2009)
	  ○ Can come from any setting the UAP works in.
	  ○ **Please note that no information was received related to the time or costs related to the complaint investigations or the hearing process for complaints.** For the purposes of this estimate 24 hours per case for investigation was included.
	
	• Medication Assistant Training Program Renewals
	  ○ There are 3 Medication Assistant I programs and 11 Medication Assistant II Programs. The average time to review the programs is 14 hours/program every 4 years.

Time: Administrative: 1458 hours annually Admin Support: 1597 hours annually Total: 3055 hours	Time: Total hours: 3025-3537 hours annually
For Federal Budgeting purposes, an FTE is considered to produce 1500 work hours per year. The other 580 included holiday time, annual leave, sick leave, training, required breaks, and meetings.	BON reported their **annual cost** of running their UAP program to be **$155,835 ($311,760** for two years). This does not include the 3% which is to be added to projected budget each year for the next two years.

E

North Dakota Department of Health
Summary of Federal Programs
2011-13 Executive Budget

CFDA #	Program	Amount	Total
	DEPARTMENT OF AGRICULTURE		
	Food and Nutrition Service		
10.578	Women, Infants and Children - EBT	200,000	
10.557	Women, Infants and Children Breastfeeding Peer Group	130,000	
10.557	Women, Infants and Children Food Program	30,960,758	
	TOTAL DEPARTMENT OF AGRICULTURE		31,290,758
	DEPARTMENT OF JUSTICE		
	Violence Against Women Office		
16.017	Sexual Assault Services Program	400,000	
16.527	Supervised Visitation, Safe Havens for Children	650,000	
16.588	STOP Violence Against Women Formula Grants	1,613,108	
16.590	Grants to Encourage Arrest Policies and Enforcement of Protection Orders	950,500	
	TOTAL DEPARTMENT OF JUSTICE		3,613,608
	ENVIRONMENTAL PROTECTION AGENCY		
	Office of Air and Radiation		
66.034	Particulate Matter 2.5 Ambient Air Monitoring	384,870	
66.040	State Clean Diesel Grant Program	705,882	
	Office of the Chief Financial Officer		
66.202	State Tribal Assistance Grant (Water Infrastructure Grants)	72,525	
	Office of Water		
66.419	Water Quality Monitoring	1,048,000	
66.454	Water Quality Management Planning	300,210	
66.461	Regional Wetland Program Development Grants	600,000	
66.458	Capitalization Grants for Clean Water State Revolving Funds	514,275	
66.460	Nonpoint Source Implementation Grants	12,438,860	
66.468	Capitalization Grants for Drinking Water State Revolving Funds	1,405,827	
	Office of the Administrator		
66.605	Performance Partnership Grants (EPA Block Grant)	9,511,689	
	Office of Environmental Information		
66.608	Environmental Information Exchange Network Grant Program	400,525	
	Office of Solid Waste and Emergency Response		
66.818	Brownfields Assessment and Cleanup Cooperative Agreements	145,000	
66.802	Arsenic Trioxide	3,540,350	
66.805	Underground Storage Tank Prevention, Detection and Compliance Program	612,875	
66.805	Leaking Underground Storage Tank Trust Fund Corrective Action Program	1,193,525	
	TOTAL ENVIRONMENTAL PROTECTION AGENCY		32,874,413

North Dakota Department of Health
Summary of Federal Programs
2011-13 Executive Budget

	CFDA #	Program	Amount	Total
		DEPARTMENT OF HEALTH AND HUMAN SERVICES		
		Centers for Medicare and Medicaid Services		
	93.777	State Survey and Certification of Health Care Providers and Suppliers - Medicare	3,145,437	
	93.777	Clinical Laboratory Improvement Act & Certificate of Waiver (CLIA)	148,563	
	93.778	Medical Assistance Program - Medicaid (Pass through from ND Human Services)	2,088,451	
		Centers for Disease Control and Prevention		
	93.069	Public Health Emergency Preparedness	10,148,966	
	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	331,646	
	93.136	Injury Prevention and Control Research and State and Community Based Programs (Rape Prevention & Education)	200,000	
	93.136	Building Comprehensive Prevention Program Planning and Evaluation Capacity for Rape Prevention and Education (EMPOWER)	200,000	
	93.268	Immunization Grants	3,035,581	
	93.270	Adult Viral Hepatitis	119,960	
	93.283	Epidemiology and Laboratory Capacity	2,165,896	
	93.283	Cancer Prevention and Control - Women's Way	2,942,800	
	93.283	Cancer Prevention and Control - Cancer Registry	575,058	
	93.283	Cancer Prevention and Control - Comprehensive Cancer	690,028	
	93.283	Women's Way Care Coordination (Currently not funded)	500,000	
*	93.505	Maternal Infant and Early Childhood Home Visiting Program	1,413,012	
*	93.507	Strengthening Public Health Infrastructure for Improved Outcomes	200,000	
	93.283	State Heart Disease & Stroke	1,103,424	
	93.283	Tobacco	2,710,900	
	93.283	Behavior Risk	799,693	
	93.283	Healthy Communities	130,000	
	93.283	CDC Oral Disease Prevention	597,606	
	93.283	Diabetes	645,681	
	93.940	Human Immunodeficiency Virus (HIV) Prevention Activities	1,679,187	
	93.944	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	126,965	
	93.977	Sexually Transmitted Diseases Control Grants	519,156	
	93.991	Preventive Health and Human Services Block Grant	578,392	
		Administration for Children and Families		
*	93.235	Abstinence Education Program	182,100	
	93.671	Family Violence Prevention and Services/Grants for Battered Women's Shelters - Grants to States and Indian Tribes	1,447,381	
		Office of the Secretary		
	93.089	Emergency System for Advance Registration of Volunteer Health Professionals	200,000	
	93.296	State Partnership Grant Program to Improve Minority Health	343,365	
	93.889	National Bioterrorism Hospital Preparedness Program	2,511,759	
		Office of Population Affairs		
	93.217	Family Planning Services	2,813,883	
		Health Resources and Services Administration		
	93.110	Early Childhood Comprehensive Systems	284,356	
	93.110	State Systems Development Initiative	215,704	

North Dakota Department of Health
Summary of Federal Programs
2011-13 Executive Budget

CFDA #	Program	Amount	Total
93.127	Emergency Medical Services for Children	251,145	
93.130	Primary Care Office Grant	321,990	
93.165	Federal Physician Loan Program Grant	52,500	
93.236	Oral Health Workforce Act	559,940	
93.917	HIV Care Formula Grants (Ryan White)	1,383,176	
93.994	Maternal and Child Health Services Block Grant to the States	4,871,677	

* Affordable Care Act

TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES		52,235,378

PASS THRU PROGRAMS

Consumer Product Safety	1,700	
ND Dept. of Transportation - Child Passenger Safety	401,553	
Dept. of Public Instruction - School Health	292,312	
Food and Drug Administration - Mammography Quality Standards Act	106,175	
ND Dept. of Emergency Services - Hazardous Materials Training Grant	34,000	
New Parent Newsletter (ND Human Services)	41,000	
Social Security Administration and Centers for Disease Control - Vital Records	363,812	
Express Grant for SIDS	5,000	
TOTAL PASS THRU PROGRAMS		1,245,552

FEDERAL ARRA FUNDS

66.454	ARRA ND Water Quality 604B	50,000	
66.458	ARRA Clean Water	360,156	
66.468	ARRA Drinking Water	318,101	
66.802	ARRA Arsenic Trioxide	2,000,000	
93.414	ARRA Primary Care	42,270	
93.712	ARRA Immunization	528,207	
93.717	ARRA Epidemiology and Laboratory Capacity (Healthcare Associated Infections)	80,328	
93.723	ARRA Prevention and Wellness (Healthy Communities)	113,166	
	TOTAL FEDERAL ARRA FUNDS		3,492,228
	GRAND TOTAL FEDERAL FUNDS		**124,751,937**

Prepared by the North Dakota Legislative Council staff for Senator Robinson
March 2011

F

HOUSE AMENDMENTS TO HOUSE BILL NO. 1004

The following is a summary of House changes made to House Bill No. 1004:

As Introduced	House Changes
Section 1. Appropriation. This section provides the appropriations for the State Department of Health.	**Section 1. Appropriation.** See Statement of Purpose of Amendment attached as an appendix for detail of House changes.
Section 2. One-time funding. This section identifies one-time funding for the State Department of Health.	**Section 2. One-time funding.** The House removed one-time funding of $275,000 from the general fund for a regional health network grant.
Section 3. Environment and rangeland protection fund. This section authorizes the department to spend $272,310 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	**Section 3. Environment and rangeland protection fund.** The House did not change this section of the bill.
N/A	**Section 4. Contingent appropriation and bank of North Dakota line of credit - Litigation and administrative proceedings costs - Report to budget section.** The House added this section to provide a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.
N/A	**Section 5. Amendment. Section 54-27-25 of the North Dakota Century Code.** The House added this section to amend Section 54-27-25 of the relating to the tobacco settlement trust fund. The amendment removes the requirement that 80 percent of the tobacco settlement revenues deposited in the community health trust fund be used for tobacco prevention and control.
Section 4. Intent - Indirect cost recoveries. This section allows the State Department of Health to deposit indirect cost recoveries from federal programs and special funds in its operating account.	**Section 6. Intent - Indirect cost recoveries.** The House did not change this section of the bill.
N/A	**Section 7. Legislative intent - Suicide prevention program.** The House added this section to provide legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
N/A	**Section 8. Legislative management study - Regional public health network pilot project.** The House added this section to provide for a Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.

ATTACH:1

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - Funding Summary

	Executive Budget	House Changes	House Version
State Department of Health			
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50
Bill Total			
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

Department 301 - State Department of Health - Detail of House Changes

	Removes Funding for Women's Way Care Coordination[1]	Adds Funding for Women's Way Care Coordination[2]	Changes Funding Source for State Stroke Registry[3]	Changes Funding Source for Women's Way Program[4]	Adds Funding for Go Red North Dakota Program[5]	Removes One-Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for Safe Havens Program[12]
Salaries and wages	(398,871)	(70,000)				
Operating expenses	(387,241)		(19,400,000)			
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	425,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$425,000
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$425,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention[13]	Removes Funding for Statewide Trauma Program[14]	Adds Contingent Funding for Litigation and Administrative Proceedings[15]	Total House Changes
Salaries and wages	(125,557)	(112,434)		(706,862)
Operating expenses	(9,960)	(411,466)		(20,208,667)
Capital assets				
Grants				(394,458)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($523,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($523,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[6] One-time funding is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

[11] Funding for prenatal alcohol screening and intervention grants is removed.

[12] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[13] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[14] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466) is removed.

[15] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

G

Appendix B

Community Health Trust Fund
Status Statement

	2007-09	2009-11		2011-13
	Actual\1	Legislative Forecast	Revised Forecast	Executive Forecast with House Changes
Beginning Balance \1	$2,392,943	$1,235,113	$1,299,379 \2	$0
Revenue:				
Transfers from the Tobacco Settlement Trust	$6,149,540	$4,388,119	$4,373,246	$4,583,119
Contingency Transfer from General Fund \4		2,405,371	671,987	
Total revenue	$6,149,540	$6,793,490	$5,045,233	$4,583,119
Expenditures:				
Dental loan program	($356,896)	($483,448)	($448,448) \3	($260,000)
Dental new practice grant		(10,000)	(10,000) \3	(10,000)
Medical loan repayment program	(39,570)	(272,500)	(127,500) \3	(75,000)
Veterinarian loan repayment program		(350,000)	(245,776) \3	(310,000)
Colorectal cancer screening	(111,767)	(300,000)	(338,233) \3	
EMS training grants	(300,000)	(300,000)	(300,000) \3	
Tobacco coordinator and operating expenses	(119,833)	(139,397) \5	(139,397) \3,5	
Tobacco quit line	(1,090,097)	(1,069,000) \5	(1,069,000) \3,5	
Tobacco prevention and control		(2,302,098) \5	(2,302,098) \3,5	(3,510,495) \5
Advisory committee	(66,302)			
City/county & state employee cessation	(173,142)			
Local health & tobacco programs	(4,671,731)			
Women's way program		(304,332)	(304,332)	
Heart disease and stroke		(472,700)	(472,700)	
DHS breast & cervical cancer	(213,904)	(790,015)	(587,128)	(222,624)
Governor's Prevention and Advisory Council	(99,862)			
State Stroke Registry				(250,700)
Women's Way				(400,500)
Women's Way Care Coordination				(500,000)
Go Red ND Risk Awareness and Action Grants				(453,000)
Total expenditures	($7,243,104)	($6,793,490)	($6,344,612)	($5,992,319)
Ending Balance	$1,299,379	$1,235,113	$0	($1,409,200)

\1 Final revenue and expenditures per state accounting system reports dated June 30, 2009.

\2 Actual July 1, 2009 balance.

\3 Estimated expenditures for the 2009-11 biennium projected by the Health Department.

\4 2009 Senate Bill 2004 provided a contingent appropriation to transfer $2,405,371 from the general fund to the community health trust fund in the event revenue is not sufficient to fund the appropriated programs.

\5 Approved by voters in 2008, Measure #3 provides that 80 percent of the tobacco settlement revenue allocated to the community health trust fund must be spent on tobacco related programs. Eighty percent of the projected revenue for 2009-11 equals $3,510,495. **This provision has been removed by the House.**

Prepared by the North Dakota Legislati[illegible]uncil
staff for Senator Kilzer
March 2011

H

ESTIMATED MASTER SETTLEMENT FUNDING AND EXPENDITURES AVAILABLE FOR TOBACCO PREVENTION AND CONTROL FROM THE 2009-11 BIENNIUM THROUGH THE 2023-25 BIENNIUM

This memorandum provides information on funding available for tobacco prevention and control, including estimated tobacco settlement payments to be received by the state under the Master Settlement Agreement. Payments are expected from two subsections of the agreement. Subsection IX(c)(1) of the agreement provides payments on April 15, 2000, and on April 15 of each year thereafter in perpetuity, while subsection IX(c)(2) of the agreement provides for additional strategic contribution payments that began on April 15, 2008, and continue each April 15 thereafter through 2017.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the agreement. This payment was received prior to the approval of initiated measure No. 3 and was deposited in the tobacco settlement trust fund and disbursed as provided for in North Dakota Century Code Section 54-27-25 prior to amendment by the measure. In 2009 tobacco settlement payments began to be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25 as amended by the measure.

ESTIMATED REVENUES

The following chart provides the allocation of the estimated collections of the tobacco settlement payments for the period 2008 through 2025:

			Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)			Estimated Master Settlement Funding Available for Tobacco Prevention and Control Pursuant to Initiated Measure No. 3		
	Actual and Estimated Total Tobacco Settlement Proceeds (Amounts Shown in Millions)	Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund (Amounts Shown in Millions)	Common Schools Trust Fund (Amounts Shown in Millions)	Water Development Trust Fund (Amounts Shown in Millions)	Community Health Trust Fund (Amounts Shown in Millions)	Master Settlement Agreement Subsection IX(c)(2) (Amounts Shown in Millions)	Eighty Percent of the Community Health Trust Fund (Amounts Shown in Millions)	Total Estimated Master Settlement Funding Available for Tobacco Prevention and Control (Amounts Shown in Millions)
Actual payment April 2008	$36.4	N/A	$16.4	$16.4	$3.6	N/A	N/A	N/A
Actual payment April 2009	39.2	$14.1	11.3	11.3	2.5	$14.1	$2.0	$16.1
Estimated 2009-11 biennium	68.8	26.1	19.2	19.2	4.3	26.1	3.4	29.5
Estimated 2011-13 biennium	73.7	27.6	20.8	20.8	4.5	27.6	3.6	31.2
Estimated 2013-15 biennium	73.7	27.6	20.8	20.8	4.5	27.6	3.6	31.2
Estimated 2015-17 biennium	73.7	27.6	20.8	20.8	4.5	27.6	3.6	31.2
Estimated 2017-19 biennium	52.5	N/A	23.6	23.6	5.3	N/A	4.2	4.2
Estimated 2019-21 biennium	52.5	N/A	23.6	23.6	5.3	N/A	4.2	4.2
Estimated 2021-23 biennium	52.5	N/A	23.6	23.6	5.3	N/A	4.2	4.2
Estimated 2023-25 biennium	52.5	N/A	23.6	23.6	5.3	N/A	4.2	4.2
Total	$575.5	$123.0	$203.7	$203.7	$45.1	$123.0	$33.0	$156.0

Interest earned on the balance in the tobacco prevention and control trust fund is deposited in the fund. Investment income to be deposited in the tobacco prevention and control trust fund during the 2009-11 biennium is estimated to total $127,255, and investment income to be deposited in the tobacco prevention and control trust fund during the 2011-13 biennium is estimated to total $213,616. Estimated investment income is not included in the amounts provided in the chart above.

EXPENDITURES

Section 35 of 2009 House Bill No. 1015 appropriated $12,882,000 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee for the purpose of providing a level of funding that will meet the annual level recommended by the Centers for Disease Control and Prevention for North Dakota as published in its *Best Practices for Comprehensive Tobacco Control* for the 2009-11 biennium. The executive recommendation for the Tobacco Prevention and Control Executive Committee includes the same level of funding--$12,882,000--for the 2011-13 biennium. In addition, the 2011-13 biennium executive recommendation for the State Department of Health includes $6,162,396 for tobacco prevention, of which $2,651,900 is from federal funds and $3,510,496 is from the community health trust fund (tobacco settlement funds) to provide a total of $19,044,396 for tobacco prevention and control.

11.9275.01000

North Dakota Legislative Council

STATE CAPITOL, 600 EAST BOULEVARD, BISMARCK, ND 58505-0360

I

Jim W. Smith
Director

Jay E. Buringrud
Assistant Director

Allen H. Knudson
Legislative Budget
Analyst & Auditor

John Walstad
Code Revisor

March 28, 2011

Honorable Tom Fischer
State Senator
Senate Chamber
State Capitol
Bismarck, ND 58505

Dear Senator Fischer:

This is in response to your request for information relating to North Dakota Century Code Sections 23-42-05 and 54-27-25 and the authority of the Legislative Assembly regarding those sections.

Initiated measure No. 3 created the Tobacco Prevention and Control Advisory Committee. This measure, which has been codified as Chapter 23-42, requires that committee to develop an initial comprehensive plan within 180 days of the initial meeting of the advisory committee. Section 23-42-05 further provides that the comprehensive plan must be funded at a level equal to or greater than the Centers for Disease Control and Prevention's recommended level funding, and funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of the chapter would be or has been provided for the community health trust fund or other health initiatives. The measure also amended Section 54-27-25 to create a tobacco prevention and control trust fund that consists of the tobacco settlement dollars obtained by the state and interest earned on the fund. Section 54-27-25 provides that money received into the fund must be administered by the executive committee of the advisory committee for the purpose of creating and implementing the comprehensive plan.

You asked whether the amendment to Section 54-27-25, which was adopted by the House to 2011 House Bill No. 1004, violates Section 23-42-05 or any other provisions of the initiated measure. The House amendment to Section 54-27-25 would remove the words "of which a minimum of eighty percent must be used for tobacco prevention and control" from subdivision a of subsection 1 of that section. This language was added to Section 54-27-25 by the initiated measure. Article III, Section 8, of the Constitution of North Dakota relates to initiated and referred measures and provides, in part, that a "measure approved by the electors may not be repealed or amended by the legislative assembly for seven years from its effective date, except by a two-thirds vote of the members elected to each house." The removal of this language also would appear to be contrary to Section 23-42-05, which provides that the funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of Chapter 23-42 would be or has been provided for the community health trust fund. While this amendment technically does not violate the initiated measure, it is safe to say that this change is a direct amendment to Section 54-27-25 and an indirect amendment to Section 23-42-05, either of which constitutionally would require a two-thirds vote. Engrossed House Bill No. 1004 passed the House by a vote of 63 to 30, a vote that was sufficient to meet the constitutional two-thirds vote requirement.

You also asked, in light of Engrossed House Bill No. 1004, if Section 23-42-05 is not amended, whether funding from the tobacco prevention and control trust fund may be used to fund the tobacco activities currently funded by the community health trust fund. The initiated measure amended Section 54-27-25 to create the tobacco prevention and control trust fund. In addition, the initiated measure language in this section provides that the tobacco settlement dollars deposited into this fund and the interest earned on the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. When read together with Section 23-42-05, it appears that the use of money in the tobacco prevention and control trust fund is restricted for use only by the executive committee for the comprehensive plan and that the funding of the comprehensive plan must supplement and may not be used in place of money that is in the community health trust fund for tobacco prevention activities. Based on these statutes, it appears that the use of the funds in the tobacco prevention and control trust fund for any other purpose would be contrary to these two sections and to the intent of the initiated measure.

Finally, you asked, in light of Engrossed House Bill No. 1004, if Section 23-42-05 is amended, whether funding from the tobacco prevention and control trust fund may be used to fund the tobacco activities currently funded by the community health trust fund. Based upon the analysis in the preceding paragraph, it appears that both Section 23-42-05 and subsection 2 of Section 54-27-25 would need to be amended to allow the funds in the tobacco prevention and control trust fund to be used for tobacco activities currently funded by the community health trust fund. Again, because the amendment of either of these sections would be a direct amendment of the initiated measure, a two-thirds vote would be required for passage.

We hope this information will be helpful to you. Please contact this office if you have further questions.

Sincerely,

Vonette J. Richter
Counsel

VJR/BM

11.8135.02006
Title.
Fiscal No. 4

Prepared by the Legislative Council staff for
Senator Kilzer
March 31, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, replace line 15 with:

"Operating expenses	44,635,794	(398,454)	44,237,340"

Page 1, replace line 17 with:

"Grants	62,160,510	(7,527,296)	54,633,214"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	($4,025,608)	$183,588,892
Less estimated income	164,609,206	(8,270,253)	156,338,953
Total general fund	$23,005,294	$4,244,645	$27,249,939"

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Executive Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$49,614,394	$48,907,532		$48,907,532
Operating expenses	45,223,767	25,015,100	19,222,240	44,237,340
Capital assets	1,998,073	1,998,073		1,998,073
Grants	55,887,778	55,493,320	(860,106)	54,633,214
Tobacco prevention	6,162,396	6,162,396		6,162,396
WIC food payments	24,158,109	24,158,109		24,158,109
Federal stimulus funds	3,492,228	3,492,228		3,492,228
Contingency		1,000,000		1,000,000
Total all funds	$186,536,745	$166,226,758	$18,362,134	$184,588,892
Less estimated income	158,456,189	138,865,277	17,973,676	156,838,953
General fund	$28,080,556	$27,361,481	$388,458	$27,749,939
FTE	343.50	342.50	0.00	342.50

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

Restores Funding for Universal Vaccines[1]	Removes Funding for Women's Way Care Coordination[2]	Removes Funding for Heart Disease & Stroke Prevention[3]	Removes Funding for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]

Salaries and wages						
Operating expenses	19,400,000	(99,260)		(78,500)		
Capital assets						
Grants		(400,740)	(222,624)	(172,200)	(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$19,400,000	($500,000)	($222,624)	($250,700)	($453,000)	$388,458
Less estimated income	19,400,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$0	$0	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	
Operating expenses	19,222,240
Capital assets	
Grants	(860,106)
Tobacco prevention	
WIC food payments	
Federal stimulus funds	
Contingency	
Total all funds	$18,362,134
Less estimated income	17,973,676
General fund	$388,458
FTE	0.00

[1] Funding included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a universal immunization system is restored.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed. The executive recommendation includes $500,000 from federal funds for Women's Way care coordination. The House did not remove the federal funding.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is removed. The House did not change this funding.

[4] Funding from the community health trust fund provided by the House for a state stroke registry, including operating expenses ($78,500) and grants ($172,200), is removed. The executive recommendation provided funding for the state stroke registry from the general fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor.

This amendment removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of money in the community health trust fund for tobacco prevention and control. This amendment was not included in the executive recommendation, but was added by the House.

HB 1004
Subcommittee
3-8-11

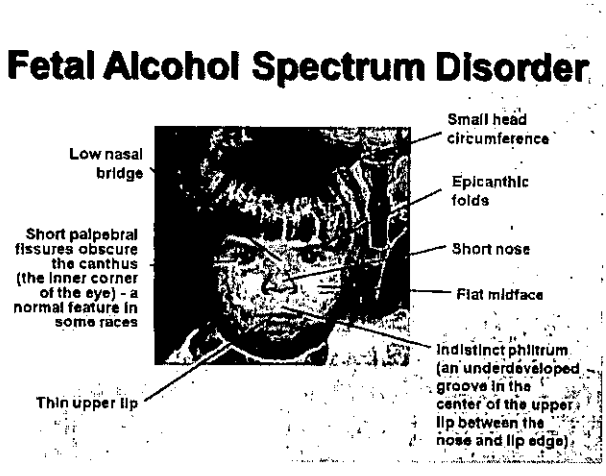
Chairman Holmberg and Committee Members:

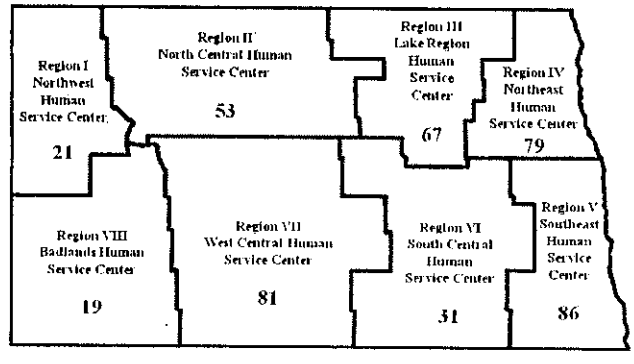
I am here today to report on our efforts to improve detection of alcohol use during pregnancy and to decrease the prevalence of fetal alcohol spectrum disorders (FASD) in North Dakota. I have attached an appendix summarizing the fetal alcohol spectrum disorders in North Dakota.

I would like to call the committee's attention to **four** points about FASD.

1) It is the leading identifiable cause of mental retardation in the United States and North Dakota.
2) It is a very common factor leading to foster care placement, special education services, developmental disabilities eligibility, and entry into the corrections system.
3) The lifetime cost of care is $ 2.0 to 2.6 million per case.
4) The adult outcomes are poor–over 60% end up in corrections systems, 80% have substance abuse disorders, and 3 out of 4 have mental illness.
5) FASD is one of the most recurrent disorders in medicine. If the mother continues to drink the recurrence risk exceeds 70%.
6) FASD is preventable.

The distribution of diagnosed FASD cases by region is presented below.





In North Dakota a case of FASD prevented reduces health care costs by $12,810 each year of the person's life and excess costs of care for parents by $17,400 per year. We do not have data on costs to the other systems of care for North Dakota.

Progress as of 2-2-2011

We have 62 prenatal care providers in North Dakota.

A

As of January 2011, we have personally visited 100% of the prenatal clinics in North Dakota at least twice. This includes all Indian Health Service prenatal care sites. Of the 62 sites, 52 (85%) have agreed to change their prenatal care to use our strategies. The clinics that chose not to adopt our specific tool are all screening for alcohol use during prenatal care visits or are waiting to transition to an electronic medical record system. One site will continue to use their current screen which is adequate.

Progress

1) We have evaluated 6 women between pregnancies and 4 have quit drinking.
2) The change to electronic medical records necessitated the development of an electronic version of the tool.
3) Several clinics have asked for resource information on referral for women identified by the screening. We have supplied this information and are developing training materials for the clinics to use in discussing treatment options with these women. Each clinic will be provided training on strategies to improve rates of women entering treatment.
5) We have found that it will be necessary to continue to visit many of the sites due to staff turnover and to improve the referral process for women identified by the screening.

Budget

The program funding of $369,900 is currently included in the Health Department budget. This includes personnel costs--$132,000, fringe benefits--$33,650 and travel and supplies--$19,300 annually. We did propose an increase in the budget to $388,458 for next biennium (2011-2013).

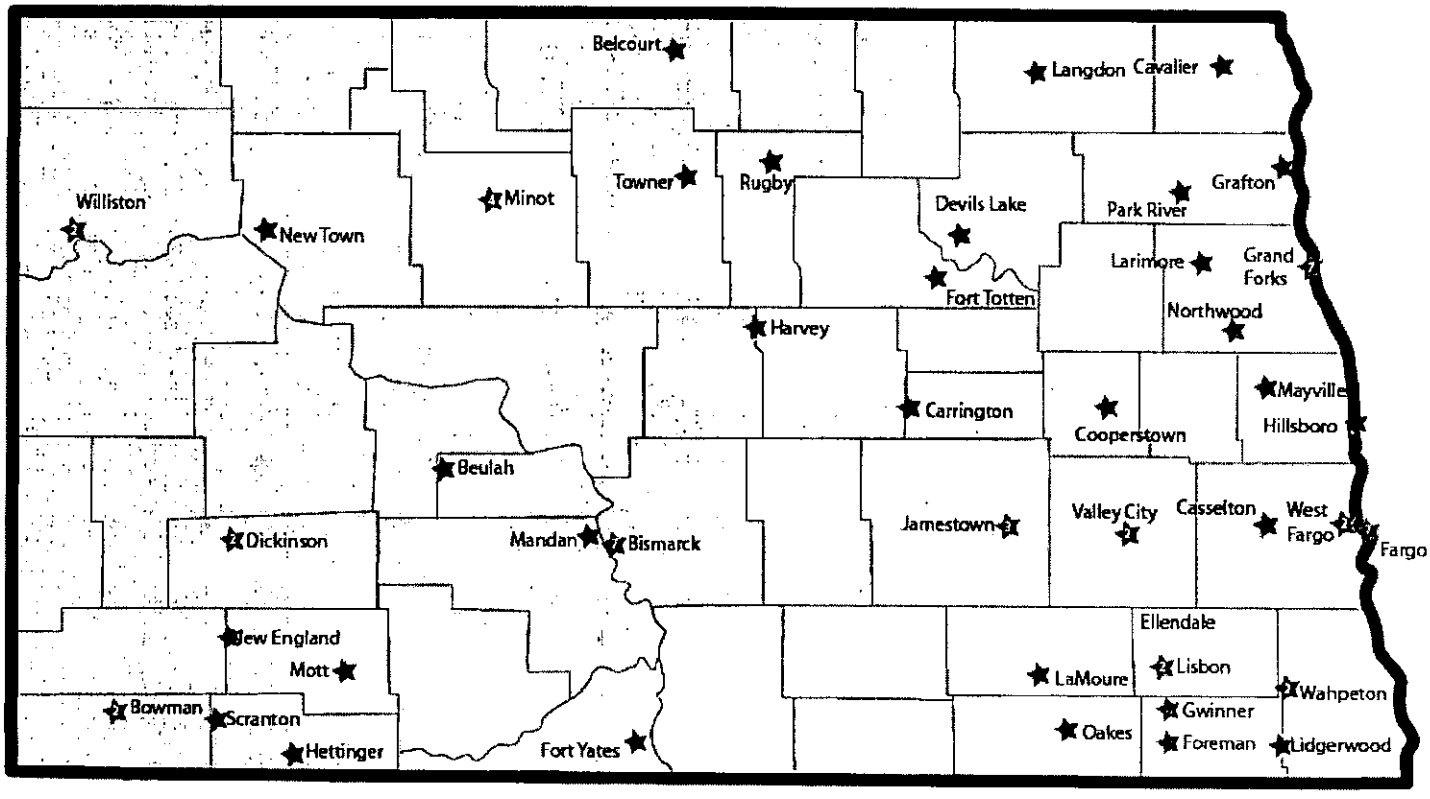
Objectives

1) We have planned provider training to improve entry rates into treatment.
2) Recording data in infants' charts. This is still an ongoing concern at some sites. We are working to improve transfer of this data to the infants' charts.
3) We are going to confirm the improvement in screening by a chart audit.

Conclusions:

In 18 months, we have implemented an evidence based assessment strategy for systematic screening for alcohol use during pregnancy for over 85% of North Dakota births. The uptake of the assessment tool by North Dakota prenatal care providers has exceeded our expectations.

Prenatal Care Sites in North Dakota



Fetal Alcohol Spectrum Disorders in North Dakota

Fetal alcohol spectrum disorders are the result of alcohol exposure during pregnancy. In North Dakota we have 70-80 new cases each year(1,2). Nearly all will require life long care. The mortality rate is high for the mother, the affected child and all their siblings (3,4).

Four Important Facts about Fetal Alcohol Spectrum Disorders in North Dakota

1. FASD is the most common identifiable cause of Mental Retardation.
2. It is the most preventable cause of mental retardation and birth defects in North Dakota.
3. Early identification, intervention and prevention in FASD result in a $16.00 to $18.00 dollar return for each dollar spent (perhaps the best return of any prevention effort).
4. The recurrence rate for FASD is 75% in each subsequent pregnancies making FASD one of the most recurrent disorders in medicine and an unusually important disorder for public health prevention efforts.

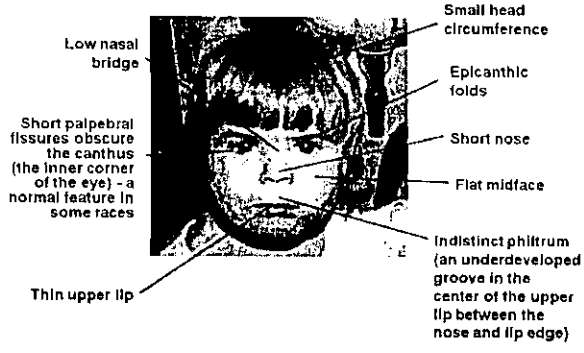
The lifetime cost of care for FASD exceeds $2.0 million dollars per case (5,6). Prevention of only one case each year would result in actual, not predicted, cost savings of $128,810 in 10 years and in $491,820 in publicly funded health care costs (6). This does not include the large additional cost savings from reduced burden on Human Services, special education, and corrections systems. We have used research funding from the National Institutes of Health to develop and test FASD prevention program (8). We can prevent one third of new cases of FASD each year in North Dakota (7,8). Prevention efforts will have an additional benefit of reducing infant and child mortality rates in North Dakota (3,4).

We have recently evaluated the effects of technical assistance and intervention in FASD and have found greatly improved outcomes as a result (9).

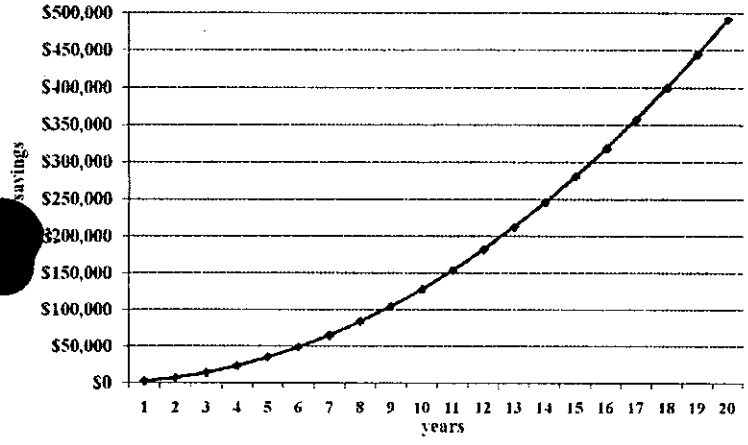
Diagnosis of Fetal Alcohol Spectrum Disorders (1,2)

- Alcohol exposure during pregnancy.
- Brain damage
- Growth impairments
- Common associated conditions:
  - Birth defects of the heart
  - Visual impairment
  - Mental illness
  - Substance abuse
  - Behavior Disorders

Fetal Alcohol Spectrum Disorder



Cost savings from prevention of one case of FASD in North Dakota each year (6).



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2. Burd, L., Cotsonas-Hassler, T.M., Martsolf, J.T., & Kerbeshian, J. Recognition and Management of Fetal Alcohol Syndrome. *Neurotoxicology and Teratology* 2003, 25(6), 681-688.
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3. Burd, L. & Wilson, H. Fetal, Infant, and Child Mortality in a Context of Alcohol Use. *American Journal of Medical Genetics Part C (Semin. Med. Genet.)* 2004, 127C, 51-58.
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8. Burd, L., Klug, M.G., Martsolf, J., Martsolf, C., Deal, E., & Kerbeshian, J. A Staged Screening Strategy for Prenatal Alcohol Exposure and Maternal Risk Stratification. *Journal of The Royal Society for the Promotion of Health* 2006, 126(2), 86-94.
9. Burd, L. Getting an Early Start on Fetal Alcohol Spectrum Disorders. Appeared in *Head Start Newsletter*, July 2006.

HB 1004 Subcommittee 3-8-11

Chairman Holmberg and Committee Members:

My name is Judy Noyes, from Grand Forks. I work as an administrative assistant for a non-profit organization in Grand Forks. I have two children, Dakota, 21, and Lance, 34. I am here today to support funding for the prevention of Fetal Alcohol Syndrome in North Dakota. My eldest son, Lance, was diagnosed with FAS nearly 25 years ago.

Lance was adopted when he was 6 months old. He was taken away from his birth mother because she abused drugs and alcohol. Knowing this about his birth mother, I knew there was a possibility that Lance may have developmental and behavioral problems. I was not prepared for how severe these problems would become.

When Lance was about 4 years old, he began speech therapy and occupational therapy. Because his mother drank during pregnancy, Lance's arms and hands did not develop correctly, causing him difficulty accomplishing simple tasks such as getting dressed each day. Around this time Lance also began having behavior problems. Lance often wanders off if not being supervised and one day he walked down a road and into a neighbor's field that was being plowed.

Lance had been in special education classes since the beginning of his education. Throughout school Lance was bullied because of his arms and hands, and would come home crying. There were times when Lance wanted to cut his arms off to avoid any more harassment. He continued having behavior and learning problems in school and was diagnosed with Fetal Alcohol Syndrome when he was about 10. With this diagnosis I knew that Lance's developmental and behavior

problems would persist throughout life. Even today, Lance's intellectual capabilities are more like a 6 or 7 year old than a 34 year old man.

As Lance entered adolescence, he became interested in girls. Due to FAS, Lance's social skills are lacking. In school he would often get in trouble for saying inappropriate things or touching someone in the wrong way. Later in life these behaviors have led to police being called and him spending a few nights in jail. Thankfully, he has never been imprisoned due to these actions.

My husband was an abuser and an alcoholic who was never home. We divorced my husband when Lance was 13. I found out I was pregnant with my son Dakota during the divorce proceedings. I became a single mother with an infant, and a teenage child with disabilities who needed constant care. Lance's behavior caused me to fear for the safety of my younger child and myself. Lance would hit his younger brother and break dishes and other household items. Several times I woke up in the middle of the night with Lance standing over me with a knife. This led to Lance being placed in a group home when he was 18.

Lance has been moved in and out of area group homes 6 or 7 times over the past 16 years. These moves are usually required due to Lance's behavior – he stole the medicine cabinet keys and spent the night in jail at his very first group home. Each move is very difficult on Lance and myself. Many times, these moves have signaled another fight to find appropriate services for Lance, and this can add to the significant financial burden I have to provide for Lance.

Even though Lance's I.Q. is very low, it is not low enough to be eligible for full disability benefits. During his adult years, I have provided for rent, medical services,

and human service costs that Lance needs on a near daily basis. When Lance was a child, the extra expenses were tens of thousands of dollars. Today, I pay nearly $4,500 a year so my adult son can receive the care he needs, and Lance has significant medical needs.

As I mentioned previously, Lance's arms and hands are underdeveloped causing him to need occupational therapy services, which he no longer receives. Problems with his legs have led to several knee surgeries throughout his life. Lance has scoliosis and bad bone density. In the past six years he has also begun having seizures. Lance also has severe bouts of depression that lead to suicidal thoughts – when I visit Lance today he tells me he has cut himself on his arms. When he is depressed he often asks, "Why did my mom do this to me?"

I have a good relationship with Lance and I love my son, and my biggest concern is how Lance will be taken care of once I pass away.

These few examples are what my life with Lance has been like day in and day out since he was adopted. If for no other reason, Fetal Alcohol Syndrome prevention should be funded in order to spare the child a lot of pain that lasts a lifetime.

Thank you.

HB 1004
Subcommittee
3-8-11

Chairman Holmberg and Committee Members:

My name is Rodell Ottum, from Buxton, ND. My wife and I are the adoptive parents of 3 children. Our children were all removed from their birth homes because of alcohol abuse or neglect by their mothers. The reason I'm here today is because our oldest son, Sterling, has Fetal Alcohol Syndrome, and I support funding to prevent future cases of FAS in North Dakota.

Sterling is 14 years old, and my wife and I adopted him 6 years ago. Before we adopted Sterling, he was in the foster care system for about 2 years. We knew that Sterling had been diagnosed with Fetal Alcohol Syndrome before we adopted him. Our son has been in special education classes since the beginning of school, and his low IQ limits the pace of education and amount of material he can handle. We know that Sterling's maturity and intellectual capabilities won't progress much further than that of a 5 year old, even as he grows into adulthood.

Fetal Alcohol Syndrome has caused Sterling to have many mental health problems. Oppositional Defiance Disorder, Attention Deficit Hyperactivity Disorder, and Obsessive Compulsive Disorder combine to make Sterling the unique person he is; however, these disorders also combine to make everyday into an argument. ~~His defiant and destructive behaviors have led him to cut himself, attack my wife and myself, trash his own bedroom, and is cause of us to constantly supervise him. We're concerned for our other children's safety to the point that we've installed security cameras in our home~~. Three or four times a year I receive a call from Sterling's school and must leave work to solve a problem due to his behavior.

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Medical issues are also a large concern for Sterling. At 14 years old, Sterling has had 21 surgeries, and we know more are in the future. Sterling's heart and lungs have been operated on several times, a pacemaker has been installed, he has a leaky heart valve that will be replaced, and even had his skull repaired because it didn't develop correctly. Our son is very small for his age, and needs special dietary items in hopes that he gains weight. Sterling has been in speech, occupational, and physical therapy during his lifetime. He is also on a regimen of drugs for his mental health issues. All of this is very expensive, but my family has been fortunate in finding assistance.

We carry insurance that covers many of Sterling's needs, and North Dakota Medical Assistance minimizes a great number of our expenses. The Mayo Clinic heart doctors have also provided free care for Sterling. While our out-of-pocket expense is not great, North Dakota Medical Assistance has spent over 1 million dollars on Sterling in just over 14 years.

Sterling's doctors are surprised he has survived to be 14 years old. My wife and I will probably lose Sterling before our own time has come. As hard as that day will be, we know it's the reality when raising a child as severely affected by FAS as Sterling is.

Fetal Alcohol Syndrome is completely preventable. My wife and I know that Sterling's quality of life has been greatly diminished because of FAS. Preventing future cases of FAS will ensure for a high quality of life for other children, and give them a chance at a normal, healthy childhood.

Thank you.

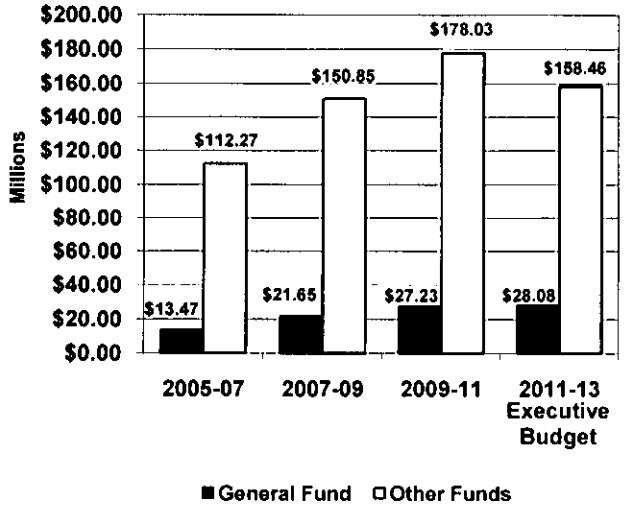
Prepared by the North Dakota Legislative Council staff for Senate Appropriations
March 2, 2011

Department 301 - State Department of Health
House Bill No. 1004

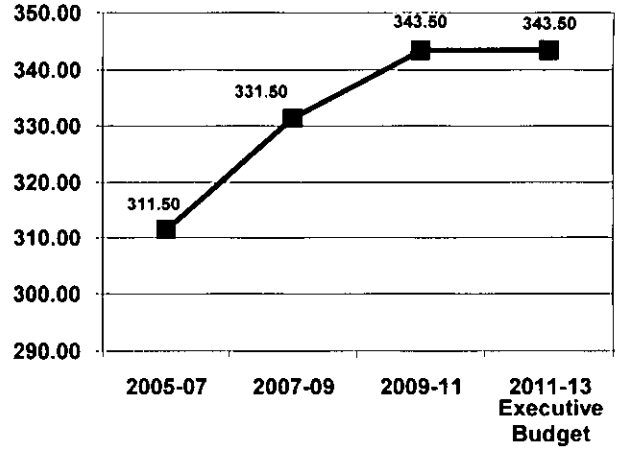
	FTE Positions	General Fund	Other Funds	Total
2011-13 Executive Budget	343.50	$28,080,556	$158,456,189	$186,536,745
2009-11 Legislative Appropriations	343.50	27,231,665	178,028,531	205,260,196[1]
Increase (Decrease)	0.00	$848,891	($19,572,342)	($18,723,451)

[1]The 2009-11 appropriation amounts include $322,000, $150,000 of which is from the general fund, for the agency's share of the $16 million funding pool appropriated to the Office of Management and Budget for special market equity adjustments for executive branch employees. The 2009-11 appropriation amounts do not include $2,600 from the general fund for the agency's share of an internship program, $38,233 of additional special funds authority resulting from a carryover of colorectal cancer screening funds from the 2007-09 biennium, and $12,361,138 of additional special funds authority resulting from Emergency Commission action during the 2009-11 biennium.

Agency Funding



FTE Positions



Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2011-13 Executive Budget	$27,805,556	$275,000	$28,080,556
2009-11 Legislative Appropriations	23,155,294	4,076,371	27,231,665
Increase (Decrease)	$4,650,262	($3,801,371)	$848,891

First House Action

Attached is a summary of first house changes.

Executive Budget Highlights
(With First House Changes in Bold)

	General Fund	Other Funds	Total
Administrative Support			
1. Removes one-time funding from the general fund provided in the 2009-11 biennium relating to a contingent transfer from the general fund to the community health trust fund	($2,405,371)		($2,405,371)
2. Removes one-time funding for a regional health network pilot project grant	($275,000)		($275,000)
3. Provides one-time funding for a regional health network incentive grant. **The House removed this funding.**	$275,000		$275,000
4. Decreases funding for operating expenses, including the following major decreases:	($67,596)	($29,449)	($97,045)

	Decrease	Total Provided
Travel	$19,124	$107,322
Postage	$83,056	$225,737
Repairs	$16,518	$13,137

5.	Adds funding for 1 FTE position for a performance improvement manager and health infrastructure improvements, including salaries and wages ($174,103) and operating expenses ($19,635). **The House removed funding for federal health care reform, including health infrastructure funding for salaries and wages ($174,103) and operating expeses ($25,897), including indirect cost allocations.**		$193,738	$193,738
6.	Deletes 1.25 FTE positions to provide for positions added in administrative support and the Community Health Section			
Medical Services				
7.	Decreases funding for operating expenses, including the following major increases (decreases):	($88,256)	$20,778	($67,478)

	Increase (Decrease)	Total Provided
Travel	($71,107)	$196,747
Supply/material - Professional	($79,800)	$324,209
Information technology contractual services and repairs	$60,000	$426,167
Fees - Professional services	$175,303	$1,139,500
Medical, dental, and optical	($150,278)	$20,617,324

8.	Increases grants to local health units for the federal immunization program		$143,490	$143,490
9.	Removes one-time funding from the general fund provided in the 2009-11 biennium for immunization program grants	($1,200,000)		($1,200,000)
10.	Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($138,623), operating costs ($16,800), and grants ($320,000)		$475,423	$475,423
11.	Removes 2009-11 biennium funding for capital bond payments	($181,035)	($73,450)	($254,485)
12.	Provides funding for capital bond payments	$183,022	$85,832	$268,854
13.	Removes federal fiscal stimulus funding provided in the 2009-11 biennium		($1,218,870)	($1,218,870)
14.	Adds federal fiscal stimulus funding for the 2011-13 biennium for the immunization program ($528,207) and health care-associated infections ($80,328)		$608,535	$608,535
15.	Deletes .25 FTE position to provide for positions added in administrative support and the Community Health Section			
Health Resources				
16.	Increases funding for operating expenses, including the following major increases (decreases):	($19,493)	$157,096	$137,603

	Increase (Decrease)	Total Provided
Travel	$59,327	$794,542
Supplies - Information technology software	$19,400	$45,890
Office equipment, furniture, and supplies	($51,342)	$7,600
Rentals/leases - Building/land	$18,050	$113,703
Information technology data processing	$33,229	$116,460
Fees - Professional services	$25,189	$135,800

17.	Removes federal fiscal stimulus funding provided in the 2009-11 biennium		($4,072)	($4,072)
18.	Provides funding for information technology equipment over $5,000		$15,000	$15,000

Community Health

19. Increases funding for operating expenses, including the following major increases (decreases): $27,956 $462,575 $490,531

	Increase (Decrease)	Total Provided
Travel	$22,813	$442,369
Supply/material - Professional	$23,597	$625,878
Office equipment, furniture, and supplies	($29,280)	$3,300
Rentals/leases - Building/land	$33,897	$192,628
Information technology contractual services and repairs	$133,800	$413,621
Fees - Professional services	$272,651	$4,986,420

20. Removes funding added in the 2009-11 biennium relating to domestic violence grants ($1,000,000) ($1,000,000)

21. Increases funding for the domestic violence/rape crisis program grants to provide $1.7 million $1,000,000 $1,000,000

22. Removes funding provided in the 2009-11 biennium relating to fetal alcohol syndrome grants ($369,900) ($369,900)

23. Provides funding for prenatal alcohol screening and intervention grants. **The House removed this funding.** $388,458 $388,458

24. Removes one-time funding from the general fund provided in the 2009-11 biennium relating to mobile dental care grants ($196,000) ($196,000)

25. Increases (decreases) federal funding for grants, including the following major changes: $684,697 $684,697

	Increase (Decrease)	Total Provided
Cardiovascular health	$50,000	$50,000
Cardiovascular health program capacity building	150,000	150,000
Community defined solutions	174,700	949,700
Family planning program	(375,500)	2,234,500
Maternal and child health	(323,700)	1,651,300
Preventative health block	66,000	120,000
STOP violence against women	73,200	1,493,200
Safe Havens	152,000	642,000
Sexual assault service program	380,000	380,000
Suicide prevention	(490,000)	0
Women, infants, and children	761,655	6,018,610
Other grants	66,342	2,041,600
Total	$684,697	$15,730,910

The House removed federal funding for health care reform, including funding for abstinence education totaling $182,100, including operating expenses ($18,100) and grants ($164,000).

The House provided $425,000 from the general fund for the Safe Havens program.

26. Decreases spending authority for the distribution of tobacco prevention and control grants to be provided by the Comprehensive Tobacco Prevention and Control Advisory Committee by $2,967,458 and increases tobacco prevention and control operating expenses by $2,487 to provide a total of $6,162,396 ($2,964,971) ($2,964,971)

27. Decreases funding for the women, infants, and children food payments line item to provide a total of $24,158,109 ($905,266) ($905,266)

28. Increases funding for suicide prevention and early intervention, including temporary salaries and wages ($118,751), operating costs ($172,742), and grants ($450,000). Funding from the general fund for grants totals $700,000. $741,493 $741,493

29. Removes federal fiscal stimulus funding provided in the 2009-11 biennium, including operating expenses ($384,736) and grants ($1,462,081) ($1,846,817) ($1,846,817)

30. Increases funding from the general fund for state stroke registry operating expenses ($78,500) and grants ($172,200) to replace funding from the community health trust fund during the 2009-11 biennium and to provide for a total of $473,324, of which $222,624 is from the community health trust fund. **The House changed the source of funding for the state stroke registry to provide a total of $473,324 from the community health trust fund.**	$250,700	($250,076)	$624
31. Decreases funding for Women's Way grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $400,500, all of which is from the general fund. **The House changed the source of funding for Women's Way to provide $400,500 from the community health trust fund.**	$300,500	($304,332)	($3,832)
32. Provides funding from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740). **The House changed the source of funding from federal funds to the community health trust fund.**		$500,000	$500,000
33. Adds federal fiscal stimulus funding for the 2011-13 biennium for Healthy Communities		$113,166	$113,166
34. Increases funding for colorectal cancer screening grants and replaces funding from the community health trust fund during the 2009-11 biennium to provide for a total of $477,600, all of which is from the general fund	$477,600	($338,233)	$139,367
35. Increases funding from federal funds for a home visiting program, including temporary salaries and wages ($224,768), operating expenses ($326,236), and grants ($845,000). **The House removed funding for federal health care reform, including home visiting program funding for temporary salaries and wages ($224,768), operating expenses ($343,244), and grants ($845,000), including indirect cost allocations.**		$1,396,004	$1,396,004
36. Provides funding from federal funds for an oral health workforce life program, including temporary salaries and wages ($105,820), operating expenses ($72,640), capital assets ($30,200), and grants ($343,000)		$551,660	$551,660
37. Provides funding from charities for the operating expenses of a Cribs for Kids safe crib program		$100,000	$100,000
38. Adds funding for 1 FTE position ($125,557) and operating costs ($9,960) for injury prevention. **The House removed this funding and the related FTE position.**	$135,517		$135,517
Environmental Health			
39. Provides funding to address salary equity issues for air quality and environmental engineers. **The House removed this funding.**	$70,000		$70,000
40. Decreases funding for operating costs, including the following major changes:	$50,004	($505,635)	($455,631)

	Increase (Decrease)	Total Provided
Travel	($120,666)	$751,119
Supplies - Information technology software	$18,585	$168,939
Information technology equipment under $5,000	($41,137)	$119,051
Other equipment under $5,000	($67,400)	$70,500
Utilities	$17,495	$379,618
Rentals/leases - Building/land	$46,393	$877,909
Repairs	($15,225)	$687,783
Information technology contractual services	($180,000)	$80,000
Medical, dental, and optical	($124,353)	$1,632,413

41. Decreases funding for bond payments to provide a total of $438,129	($844)	($10,669)	($11,513)
42. Increases funding for extraordinary repairs to provide a total of $316,329		$79,663	$79,663

43. Decreases funding for equipment over $5,000 to provide a total of $528,400		($134,030)	($134,030)
44. Increases funding for information technology equipment over $5,000 to provide a total of $83,000		$60,200	$60,200
45. Decreases funding in the grants line item to provide a total of $17,277,400		($7,950,000)	($7,950,000)
46. Removes federal fiscal stimulus funding provided in the 2009-11 biennium		($15,365,759)	($15,365,759)
47. Provides federal funding for an increase in epidemiology laboratory capacity, including temporary salaries and wages ($118,800) and operating costs ($18,270)		$137,070	$137,070
48. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health arsenic trioxide		$2,000,000	$2,000,000
49. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health water quality		$50,000	$50,000
50. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health clean water		$360,156	$360,156
51. Adds federal fiscal stimulus funding for the 2011-13 biennium for environmental health drinking water		$318,101	$318,101
Emergency Preparedness and Response			
52. Decreases funding for operating costs, including the following major changes:	$3	($649,226)	($649,223)

	Increase (Decrease)	Total Provided
Travel	($23,421)	$193,708
Supplies - Information technology software	($25,900)	$65,119
Information technology equipment under $5,000	($41,702)	$62,070
Other equipment under $5,000	($37,045)	$6,400
Rentals/leases - Building/land	$50,665	$441,327
Information technology contractual services	($65,667)	$492,133
Fees - Professional services	($71,815)	$372,200
Medical, dental, and optical	($464,884)	$192,361

53. Decreases federal funding in the grants line item to provide a total of $6,937,754 from federal funds		($4,123,758)	($4,123,758)
54. Removes funding provided from the community health trust fund for grants to ambulance services in the 2009-11 biennium and provides funding for the grants from the general fund during the 2011-13 biennium to provide a total of $300,000	$300,000	($300,000)	
55. Removes funding from the insurance tax distribution fund for ambulance staffing grants provided in the 2009-11 biennium to provide a total of $1,250,000		($1,000,000)	($1,000,000)
56. Removes funding from the insurance tax distribution fund for an emergency management services study grant provided in the 2009-11 biennium		($500,000)	($500,000)
57. Removes funding for emergency management services rural law enforcement grants provided in the 2009-11 biennium	($128,400)		($128,400)
58. Removes funding from the health care trust fund for ambulance quick response unit pilot project grants		($125,000)	($125,000)
59. Provides funding from the general fund to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including funding for salaries and wages ($112,434) and operating expenses ($411,466). **The House removed this funding.**	$523,900		$523,900
60. Decreases funding for equipment over $5,000 to provide a total of $292,500		($94,745)	($94,745)
61. Provides funding for information technology equipment over $5,000		$18,000	$18,000

62. Due to a reduction in federal funding, the executive recommendation deletes .5 FTE position to provide for positions added in other divisions and reduces funding for Emergency Medical Services and Trama Division operating expenses	($97,569)	($267,184)	($364,753)
Special Populations			
63. Decreases funding for operating costs, including a decrease in fees - professional services of $80,222	($83,675)	$16,472	($67,203)
64. Provides funding for equipment over $5,000		$7,661	$7,661
65. Increases (decreases) in funding for grants to provide $2,806,038, including the following major changes:	$458,675	($384,958)	$73,717

	Increase (Decrease)	Total Provided
Catastrophic relief funds	$50,000	$50,000
Russell-Silver Syndrome grants	(50,000)	0
Veterinarian loan program	95,000	445,000
Medical personnel loan repayment program	72,500	420,000
Dental loan repayment program	(43,448)	440,000
Nonprofit dental loan repayment program	(180,000)	0
Federal loan repayment program	52,500	52,500
Dental new practice grants	20,000	30,000
Multidisciplinary clinic grants	30,757	400,000
Medicaid management information system grants	14,751	14,751
Federal primary care contract grants	11,657	114,000
Increase in special populations grants	$73,717	$1,966,251

66. Removes federal fiscal stimulus funding provided in the 2009-11 biennium for special populations primary care grants		($56,475)	($56,475)
67. Adds federal fiscal stimulus funding for the 2011-13 biennium for special populations primary care grants		$42,270	$42,270

Other Sections in Bill

Environment and rangeland protection fund - Section 3 authorizes the department to spend $272,310 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.

Indirect cost recoveries - Section 4 allows the State Department of Health to deposit indirect cost recoveries from federal programs and special funds in its operating account.

Litigation and administrative proceedings - A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Suicide prevention program - A section is added to provide legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.

Regional public health network pilot project study - A section is added to provide for a Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.

Tobacco settlement trust fund - A section is added to amend North Dakota Century Code Section 54-27-25 relating to the tobacco settlement trust fund.

Continuing Appropriations

Combined purchasing with local public health units - Section 23-01-28 - Vaccines are not always available to local health units so it is necessary for the State Department of Health to purchase the vaccine and request the payment from the local health units. When the vaccines are delivered and payment is received, the net effect is zero.

Environmental quality restoration fund - Sections 23-31-01 and 23-31-02 - Allows the State Department of Health to provide immediate and timely response to catastrophic events that threaten the public and environmental health and when the responsible party is late in responding or cannot be located.

Organ tissue transplant fund - Sections 23-01-05.1 and 57-38-35.1 - Provides financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than $5 are transferred to the organ

tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds.

Veterinarian loan repayment - Section 43-29.1-08 - The Health Council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of veterinarians' education loans. All money received as gifts, grants, or donations under this section are appropriated as a continuing appropriation to the Health Council for the purpose of providing funds for the repayment of additional veterinarians' education loans. If an entity desires to provide funds to the Health Council to allow an expansion of the program beyond three veterinarians, the entity must fully fund the expansion for a period of four years.

Major Related Legislation

House Bill No. 1041 transfers registration of nurse aides, home health aides, and medication assistants I and II from the Board of Nursing to the State Department of Health.

House Bill No. 1044 creates a statewide funding plan for emergency medical services and provides $2 million from the general fund to the State Department of Health to provide state assistance grants to emergency medical services operations and related administrative costs.

House Bill No. 1202 provides $160,000 from the general fund to the State Department of Health for an automated external defibrillator maintenance and readiness grant to provide training to individuals in each of the state's regional education associations.

House Bill No. 1266 provides $50,000 from the general fund to the State Department of Health for support of the comprehensive state trauma system.

House Bill No. 1297 relates to the regulation of abortion.

House Bill No. 1325 extends the moratoriums on nursing home and basic care beds and allows facilities to delicense beds.

House Bill No. 1335 relates to exemptions from enforcement actions for water transfers used to control flooding.

House Bill No. 1352 requires the State Department of Health to register music therapists.

Senate Bill No. 2035 allows pharmacists to administer immunizations and vaccinations to minors.

Senate Bill No. 2067 relates to newborn disease screening and research regarding metabolic and genetic diseases.

Senate Bill No. 2084 relates to orders for the treatment of individuals with tuberculosis.

Senate Bill No. 2146 allows for in-kind matching by the community for new dental practice grants.

Senate Bill No. 2215 requires the State Department of Health to prepare a pamphlet relating to umbilical cord blood donation.

Senate Bill No. 2276 relates to creating a state vaccine fund and a North Dakota vaccine group purchasing board.

Senate Bill No. 2341 relates to the veterinarian loan repayment program.

Senate Bill No. 2354 relates to an eating disorder training program.

ATTACH:1

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - Funding Summary

	Executive Budget	House Changes	House Version
State Department of Health			
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50
Bill Total			
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

House Bill No. 1004 - State Department of Health - House Action

	Executive Budget	House Changes	House Version
Salaries and wages	$49,614,394	($706,862)	$48,907,532
Operating expenses	45,223,767	(20,208,667)	25,015,100
Capital assets	1,998,073		1,998,073
Grants	55,887,778	(394,458)	55,493,320
Tobacco prevention	6,162,396		6,162,396
WIC food payments	24,158,109		24,158,109
Federal stimulus funds	3,492,228		3,492,228
Contingency		1,000,000	1,000,000
Total all funds	$186,536,745	($20,309,987)	$166,226,758
Less estimated income	158,456,189	(19,590,912)	138,865,277
General fund	$28,080,556	($719,075)	$27,361,481
FTE	343.50	(1.00)	342.50

Department 301 - State Department of Health - Detail of House Changes

	Removes Funding for Women's Way Care Coordination[1]	Adds Funding for Women's Way Care Coordination[2]	Changes Funding Source for State Stroke Registry[3]	Changes Funding Source for Women's Way Program[4]	Adds Funding for Go Red North Dakota Program[5]	Removes One-Time Funding for a Regional Health Network Grant[6]
Salaries and wages						
Operating expenses	(99,260)	99,260				
Capital assets						
Grants	(400,740)	400,740			453,000	(275,000)
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($500,000)	$500,000	$0	$0	$453,000	($275,000)
Less estimated income	(500,000)	500,000	250,700	400,500	453,000	0
General fund	$0	$0	($250,700)	($400,500)	$0	($275,000)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Health Care Reform[7]	Removes Salary Equity Funding[8]	Removes Funding for Universal Vaccines[9]	Increases Grants to Local Public Health Units[10]	Removes Funding for Prenatal Alcohol Screening and Intervention[11]	Adds Funding for Safe Havens Program[12]
Salaries and wages	(398,871)	(70,000)				
Operating expenses	(387,241)		(19,400,000)			
Capital assets						
Grants	(1,009,000)			400,000	(388,458)	425,000
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	($1,795,112)	($70,000)	($19,400,000)	$400,000	($388,458)	$425,000
Less estimated income	(1,795,112)	0	(19,400,000)	0	0	0
General fund	$0	($70,000)	$0	$400,000	($388,458)	$425,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Removes Funding for Injury Prevention[13]	Removes Funding for Statewide Trauma Program[14]	Adds Contingent Funding for Litigation and Administrative Proceedings[15]	Total House Changes
Salaries and wages	(125,557)	(112,434)		(706,862)
Operating expenses	(9,960)	(411,466)		(20,208,667)
Capital assets				
Grants				(394,458)
Tobacco prevention				
WIC food payments				
Federal stimulus funds				
Contingency			1,000,000	1,000,000
Total all funds	($135,517)	($523,900)	$1,000,000	($20,309,987)
Less estimated income	0	0	500,000	(19,590,912)
General fund	($135,517)	($523,900)	$500,000	($719,075)
FTE	(1.00)	0.00	0.00	(1.00)

[1] Funding is removed from federal funds for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[2] Funding is provided from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740).

[3] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the general fund to the community health trust fund to provide a total of $473,324 from the community health trust fund.

[4] The source of funding for the Women's Way program, including operating expenses ($100,000) and grants ($300,500), is changed from the general fund to the community health trust fund.

[5] Funding is provided from the community health trust fund for grants to implement the Go Red North Dakota risk awareness and action grants program.

[6] One-time funding is removed for a regional health network incentive grant.

[7] Federal funding is removed for health care reform programs, including salaries and wages ($398,871), operating expenses ($387,241), and grants ($1,009,000).

[8] Salary equity funding for air quality and environmental engineers is removed.

[9] Funding for operating expenses related to the purchase of vaccines under a universal immunization system is removed.

[10] Grants to local public health units are increased to provide a total of $2.8 million.

[11] Funding for prenatal alcohol screening and intervention grants is removed.

[12] This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program.

[13] Funding for 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention is removed.

[14] Funding from the general fund added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, including salaries and wages ($112,434) and operating expenses ($411,466) is removed.

[15] A section is added providing a $500,000 contingent appropriation from the general fund and authorization for a $500,000 line of credit with the Bank of North Dakota to provide funding for costs associated with litigation and other administrative proceedings involving the United States Environmental Protection Agency. The department may spend the general fund money and access the line of credit only upon approval by the Attorney General. The department must report quarterly to the Budget Section regarding the status of any litigation and other administrative proceedings.

Sections are added relating to:

- Legislative intent that the State Department of Health work in conjunction with the Indian Affairs Commission to develop, implement, and coordinate a suicide prevention program, including outreach, education, and administration of grants for suicide prevention activities.
- A Legislative Management study of a regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.
- An amendment to Section 54-27-25 relating to the tobacco settlement trust fund.

(#1) B

North Dakota Department of Health
Projected Effects of Refusing PPACA Funds to Health and Prevention Programs
March, 2011

A decision by the North Dakota Legislature to refuse to accept Patient Protection and Affordable Care Act (PPACA) dollars may mean the end of a number of existing programs like Abstinence, Diabetes Prevention and Control and Heart Disease and Stroke, as well as the inability to begin new programs such as the Intensive Home Visiting Program.

Immediate Impact on Chronic Disease Programs and Prevention
Currently CDC is planning to restructure chronic disease programs into a block grant (called the Chronic Disease Prevention and Health Promotion Grant Program) that would be funded at least partially with PPACA dollars. If the PPACA funds are refused, these programs and the important services they provide would cease to exist, potentially in September 2011 unless funding sources are identified.

The following is the most current information regarding the proposed packaging of chronic disease programs:
"The FY 2012 budget requests $705.378 million, including $157.740 million from the (PP)ACA Prevention and Public Health Fund, for the new Chronic Disease Prevention and Health Promotion Grant Program." – National Association of Chronic Disease Directors, March 2011 http://bit.ly/dKFgv3

This grant program will include competitive grant awards for state health departments, Territories and some Tribes to coordinate chronic disease prevention programming.

ND Program	FY 2010 CDC funding
Cancer Prevention and Control	$2,027,826
Diabetes	$265,538
Healthy Communities	$40,000
Heart Disease and Stroke	$200,063
Oral Health	$304,408
School Health	$573,723
Preventive Health and Health Services Block Grant (Healthy North Dakota)	$255,938
Total	**$3,667,496**

Although we have not seen a list of specific programs that would be categorized under this proposed Chronic Disease Prevention and Health Promotion Grant Program, CDC defines "Chronic Disease Prevention and Health Promotion" specifically as the first seven programs in the chart above. NDDoH utilizes the PHHS Block Grant in line 8 to focus on the prevention of the death and disability that arise from these chronic diseases.

The funding for these chronic disease programs is 100% federal; there are not state funds currently allotted for these programs. The change in the federal source of funding could take effect prior to the proposed special session of the legislature in late 2011. If the decision to accept these funds were

(#2)
C

Senate Appropriations Subcommittee
March 18, 2011
Presented by
North Dakota Department of Health
L. David Glatt, P.E.

The North Dakota Department of Health and industry currently maintain a network of 13 air quality monitoring sites located throughout the state. These monitoring sites operate on a 24/7 basis collecting data which has historically been used to determine the state's attainment status with federal and state air quality standards.

In June 2010 EPA finalized the 1-hour SO_2 National Ambient Air Quality standard. This standard identified the use of monitoring data to determine compliance in the body of the rule. However, for the first time the preamble indicated that air quality modeling would also be used to determine a state's attainment status. This "new" EPA direction appeared only after the public comment process and was not vetted in an open public forum. The state is concerned for several reasons:

1. Air quality models are not robust enough to accurately determine actual air quality conditions without a significant degree of uncertainty. Model data input limitations and assumptions can often reduce the accuracy of air quality models and often result in higher concentration estimates than what would really be observed in the environment. Studies have shown that some models may overpredict by as much as 200 percent or under predict by 50 percent of ambient air quality concentrations. It is our contention that to use modeling to determine if an area is nonattainment would not be as accurate as actual monitoring data from the area.

2. In the 1-hour SO_2 rule preamble EPA has stated if an area is designated nonattainment, both monitoring and modeling will be required to justify re-designation to attainment. Due to the question of model accuracy, the state is concerned that use of inaccurate model outputs when compared to the monitoring data could result in the state being inappropiratly designated as a nonattainment state for SO_2. This could result in North Dakota suffering unnecessary economic hardship and require construction of unnessary pollution controls costing industry and the general public.

3. North Dakota is concerned that if EPA expands this idea of modeling for determining attainment or nonattainment to other pollutants it could cause undue economic hardship.

(#3) D

HB1041 – Based on March 14, 2011 Fiscal Note

Comparison between Costs for Operating Federal CNA Registry and Projected Costs of Addition of Nurse Aides, Home Health Aides, and Medication Assistants I and II

	ND DoH Federal CNA Registry	NEW Cost related to Transfer from BON
Salaries and Wages		
Administrator	$ 124,776 (1.0 FTE)	$117,744 (1.0 FTE)
Fringe	$ 44,987	$ 43,651
Admin Supp.	$ 62,388 (1.0 FTE)	$ 28,656 (.5 FTE)
Fringe	$ 33,134	$ 16,085
Total Salaries and Wages	$265,285	$206,136
Operating Costs		
Travel	$10,000	$1,000
IT-Software/Supp	$11,480	$8,320
Misc Supplies	$ 10,000	$4,000
Office Supplies	$ 5,540	$ 800
IT – Data Processing	$ 9,480	$7,320
IT – Telephone	$18,000	$5,000
Prof. Development	$ 4,000	$2,000
Legal Costs	$16,000	$4,000
Total Operation (without Start Up Costs)	$84,500	$32,440
Start up Costs (one-time costs)		
IT Registry Data Migration/Web Changes		$42,794
Other Equip <$5,000		$ 1,500
Rulemaking		$ 5,000
Total One Time Operating Costs		$49,294
Total Operating Costs	$84,500	$81,734
Total Biennial	$349,785	$238,576 plus One- time costs of $49,734 =
With one time costs		$287,870

Annual Workload Analysis Based on March 14, 2011 Fiscal Note

ND DoH CNA Registry	BON UAP Registry (Nurse Aides, Home Health Aides, Medication Assistants I and II
Approximately 14,000 Current CNAs : • General program oversight/phone calls/ receipt of allegations/correspondence: **Average 10 hours per week.** • Individuals who are on the CNA registry are eligible to work in LTC, however are also used in other settings. • An individual must complete a department approved training program and a department approved national written and skills competency test to be placed on the department's registry. • Applications have been reviewed initially by the test vendor; those identified with concerns go through an additional review by management. o There are **approximately 2,600 Initials** applications per year with an average processing time of 10 minutes each by Admin Support o Additional is review required on about 130 of the 2,600 initial applications which takes approximately an additional 15 minutes each • Renewals are every two years o There are approximately 5,000 renewals processed each year which take an average of 8 minutes each. o Endorsements from other states approximately 720 annually at an	For 2008-2009, the BON reported 4009 active UAPs on their registry. • General program oversight/ phone calls/ receipt of allegations/ correspondence – unknown – **estimated 10 hours per week.** • Individuals on the BON registry work in hospitals, home health, assisted living, basic care, developmental disabilities, and in consumer directed situations. • Individuals can be placed on the BON registry through **competency evaluation by an employer or licensed nurse**, or **through taking a national nurse aide competency evaluation testing program.** The BON reported in April 2010 that they have approximately **2,700 new applications each year**. The BON reported that it took approximately **25-30 minutes** to process a new application. It was also reported that **158** applicants needed extensive review due to history. **(No estimate of time provided for the additional review).** For Budgeting purposes we used the 15 minutes average it takes the DoH to do additional reviews. • Also, there is a process for placement on the BON registry as Medication Assistants I or II which would require the individual to complete initial registration as a certified/nurse aide. For 2008-2009, **1565** individuals on the registry were Medication Assistants I and II. **The additional time related review application to become a Medication Assistant I or II was not identified, and therefore is not included in the projected costs.** • Renewals are every two years o The BON reported that there are 2,000 renewals annually which take 15-20 minutes to process.

average of 15 minutes each. • Quality Assurance o Is completed on approximately 10 percent (average of 500 annually) of the online renewals and takes approximately 5 minutes each. This includes telephone or email verification with the employer that the information submitted online by the applicant is correct. • Telephone/Email Verifications/Information Requests o Approximately 110 per month – 5 minutes each • Complaints Investigated – Ave 22/year o Average time 24 hours/case o Manager review of each investigation takes an additional 2 hours/case. o Admin Supp 1 hour per case o If a hearing is requested, it takes approximately an additional 27 hours/case. There is an average of hearings annually. • Training Programs o Currently, there are 59 training programs in the state that are reviewed onsite every two years. The time to complete the preparation, onsite review, and follow-up is 16 hours per program.	• Complaints Investigated – 35-40/year (There were 45 Potential Violation Reports validated on UAPs in 2008-2009) o Can come from any setting the UAP works in. o **Please note that no information was received related to the time or costs related to the complaint investigations or the hearing process for complaints.** For the purposes of this estimate 24 hours per case for investigation was included. • Medication Assistant Training Program Renewals o There are 3 Medication Assistant I programs and 11 Medication Assistant II Programs. The average time to review the programs is 14 hours/program every 4 years.
Time: Administrative: 1458 hours annually Admin Support: 1597 hours annually Total: 3055 hours	Time: Total hours: 3025-3537 hours annually
For Federal Budgeting purposes, an FTE is considered to produce 1500 work hours per year. The other 580 included holiday time, annual leave, sick leave, training, required breaks, and meetings.	BON reported their **annual cost** of running their UAP program to be **$155,835 ($311,760** for two years). This does not include the 3% which is to be added to projected budget each year for the next two years.

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

* Attachment ONE

TO: **Conference Committee on House Bill 1004**
Representative Larry Bellew, Chair
FROM: **Jeanne Prom, Executive Director**
DATE: **April 14, 2011**
RE: **Additional information on House Bill 1004**

This memo includes the information that I emailed to each of you yesterday, plus an attachment.

During the conference committee meeting April 13, the committee discussed CDC Best Practices for Comprehensive Tobacco Control Programs, October 2007, specifically page 26, which details CDC Best Practices for Tobacco Control Programs as they would be integrated in Chronic Disease Programs (attached).

Basically, integration of tobacco control into chronic disease programs is:

1. Determining tobacco use status of each person seen in the chronic disease program, then:
   For non-tobacco users, former users: reinforce the health benefits of being/staying tobacco-free, especially as it relates to their chronic disease/condition.
   For tobacco users: encourage quitting, explaining the health benefits of quitting especially as they relate to their chronic disease/condition, and refer to or provide information for the Quitline/Net.
2. Using tobacco tax increase to fund chronic disease prevention and treatment programs.
3. Promote tobacco-free policies and environments to better manage and even prevent chronic diseases.
4. Promote insurance coverage for a package of preventive services including high blood pressure, high cholesterol and tobacco use treatment.

I provided more detail in my testimony to the Senate Appropriations Committee. I had CDC review and approve the table below before I put it in my testimony:

CDC Best Practices for Comprehensive Tobacco Control Programs prevent and reduce tobacco use. Lower tobacco use = less chronic disease.

- Comprehensive tobacco prevention programs funded and sustained at the CDC-recommended level reduce tobacco use and chronic disease.
  - *Conversely, underfunding tobacco prevention and cessation results in more tobacco use and more chronic disease.*
- Reducing tobacco use will reduce heart disease, stroke and cancer.

- *Tobacco use is a major contributor to the chronic diseases that afflict the most North Dakotans: heart disease, stroke and cancer.*

- Tobacco prevention is a cost-saving investment, because it pays off by preventing heart attacks, strokes, and cancers.
  - *Eliminating funding for tobacco prevention and cessation and instead funding treatment of chronic disease, is doubly costly: the result is less prevention leading to more and more treatment.*

The following chart outlines what the CDC defines as Best Practices for Tobacco Control Programs, taken from Best Practices for Comprehensive Tobacco Control Programs, October 2007, page 26:

CDC Best Practices – State & community interventions, chronic disease programs

State & community interventions -- general	• Provide funding & technical assistance & training to community organizations & partners to build & sustain capacity to change social norms around tobacco use; includes working with local coalitions • Collaborate with partners/programs to use evidence-based interventions to reduce tobacco use • Provide statewide & local public education about health effects of tobacco use & exposure to secondhand smoke & how to access cessation services • Use tobacco taxes to fund both tobacco prevention & chronic disease prevention & treatment • Link chronic disease programs to quitline
State & community interventions specific to chronic disease programs	• Use tobacco taxes to fund both tobacco prevention & chronic disease prevention & treatment • Collaborate on shared goals, objectives related to reducing tobacco use: prevent use, refer to cessation services, educate on tobacco-free policies • Link tobacco prevention interventions, such as smoke-free policies, with cardiovascular disease prevention & cancer prevention programs • Increase awareness of secondhand smoke as trigger for asthma & increased risk for heart attacks • Link chronic disease management programs for diabetes & cardiovascular disease to state quitline • Promote insurance coverage for a package of preventive services including high blood pressure, high cholesterol, & tobacco use treatment

Please let me know if you desire additional clarification. Thank you.

State and Community Interventions

Chronic Disease Programs

State-based tobacco prevention and control programs can collaborate with other programs to address diseases for which tobacco is a major cause, including multiple cancers, heart disease and stroke, and chronic lung and respiratory diseases. Addressing tobacco control strategies in the broader context of tobacco-related diseases is beneficial for three reasons. First, it is critical that interventions are implemented to alleviate the existing burden of disease from tobacco. Second, the incorporation of tobacco prevention and cessation messages into broader public health activities ensures wider dissemination of tobacco control strategies. Finally, tobacco use in conjunction with other diseases and risk factors, such as sedentary lifestyle, poor diet, and diabetes, poses a greater combined risk for many chronic diseases than the sum of each individual degree of risk. Collaboration in these areas has potential to synergistically increase reach and desired outcomes in states.

Examples of activities to reduce the burden of tobacco-related diseases include the following:

- Collaborating with related public health programs on shared goals and objectives
- Implementing community interventions that link tobacco control interventions, such as smoke-free policies with cardiovascular disease and cancer prevention programs
- Developing counter-marketing strategies to increase awareness of secondhand smoke as a trigger for asthma and an increased risk for heart attacks
- Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment
- Linking chronic disease management programs for diabetes and cardiovascular disease to the state tobacco cessation quitline
- Promoting insurance coverage for a package of preventive services, including high blood pressure, high cholesterol, and tobacco use treatment

CDC's Division for Heart Disease and Stroke Prevention has developed *A Public Health Action Plan to Prevent Heart Disease and Stroke* and supporting guidance materials to provide public health professionals and decision makers with targeted recommendations and specific action steps to reverse the trend in heart disease and stroke through effective prevention.[34] Guidance materials include *Translating the Public Health Action Plan into Action* and *Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities.*[35,36]

CDC's Division of Cancer Prevention and Control's National Comprehensive Cancer Control Program funds 50 states, the District of Columbia, seven territories, and seven tribes or tribal-serving organizations to develop and implement comprehensive cancer control plans. The Division has developed *Guidance for Comprehensive Cancer Control Planning,* which includes a guideline and a toolkit for implementing and evaluating a comprehensive cancer control plan.[37] In addition, the Cancer Control P.L.A.N.E.T. website provides links to comprehensive cancer control resources, including tobacco control activities.[38]

CDC's Division of Diabetes Translation has made smoking prevention and cessation for people with diabetes a major program goal. At the time *Best Practices—2007* went to press, the Division of Diabetes Translation, in collaboration with CDC's Office on Smoking and Health, was in the process of identifying best practices pertinent to people with diabetes as well as measures to monitor and evaluate smoking prevalence and cessation among people with diabetes.

Colorado provides an example of implementing a more integrated chronic disease prevention and tobacco control program. The objectives from the state's tobacco prevention and control strategic plan have been incorporated into Colorado's Cancer Plan and Cardiovascular Plan. Cancer, cardiovascular disease, asthma, and diabetes interventions reflect the relationship between smoking and each disease by including promotion of the state's quitline; asthma messages also were integrated into a recent Secondhand Smoke and Children campaign that encouraged calls to the state's quitline. In 2004, a Colorado voter referendum secured all new tobacco excise tax revenues for health initiatives, including chronic disease programs that address cancer, heart disease, and lung diseases; tobacco prevention and control; and expansion of Medicaid and the Children's Health Insurance Program, community health centers, and the Old Age Pension Fund.[39]

American Heart Association. | American Stroke Association.

Learn and Live.

American Heart Association Funding Priorities

* HB 1004
* Attachment TWO
* April 14, 2011
* Rep. J. Nelson

Stroke Registry - $473,325

- Gov's budget -

	General Fund	CHTF	Total
Stroke Registry -	$ 250,700	$222,624	$473, 325

- House budget -

	General Fund	CHTF	Total
Stroke Registry -	$0	$473,325	$473, 325

- Senate budget -

	General Fund	CHTF	Total
Stroke Registry -	$ 473,325	$0	$473, 325

During Senate Subcommittee work, when the CHTF needed to be cut, DOH identified the Stroke Registry as department priority over additional funding for Woman's Way.

STEMI Match - $600,000 for STEMI Match Amendment - Insurance Tax Distribution Fund/or Unspent 2009 – 11 General Fund Contingent Appropriation to CHTF.

- 12-leads, with transmission/receiving capabilities would activate cath labs quicker, and reduce time to treatment. (Hospitals receive ECG, confirm, and activate procedures while victim is in the field).
- Trinity Hospital letter offering $300,000 of donor supported STEMI resources
- Additional asks out - $200,000, $25,000 - $100,000.
- (Combined in-kind support of tertiary hospitals - $1 million, AHA in-kind and funding - $400,000)
- Total Initiative - $6.8 million, composed of $2.4 million match and $4.4 million from private foundation with rural health interests.

Heart Disease and Stroke Funding - $100,000

- House addition from optional budget - $453,000
  - Go Red ND - $353,000
  - Stroke Standardization and Training - $100,00

TRINITYHEALTH

April 8, 2011

Legislative Conference Committee
ND State Legislature
ND State Capital Building
600 E Boulevard Ave
Bismarck, ND 58505-0001

Dear Legislative Conference Committee:

On behalf of Trinity Health, I encourage your support of a ND State match in funding to help achieve over $4 million in foundation funding for a statewide endeavor lead by the ND office of the American Heart Association called **Mission: Lifeline**.

The goal of Mission: Lifeline is to equip all first responder units with cardiac analysis systems which provide a higher energy regimen, (thus decreasing the need for reoccurring shock treatment), guided audible prompts to guide the emergency responders while performing compressions and ventilations, and most importantly, assess the patient's cardiac condition (ECG) while transmitting that data to the nearest trauma center. With receipt of an ECG, a trauma center can determine appropriate treatment protocols before the patient arrives. Thus, saving critical lifesaving time for the patient.

Trinity Health implemented this system three years ago and has experienced incredible results in saving cardiac patient lives. Seeing the value of this system, Trinity Health launched a $1.3 million initiative to secure funding to purchase this equipment for ambulances located in the Northwest quadrant of North Dakota. To-date we have been able to secure $300,000, and find the remainder to be a challenge. Recognizing the recent opportunity for our state to receive a significant grant of over $4 million from a foundation, we are willing to commit our secured funding towards meeting the required one-third match challenge of a $6.8 million initiative.

We encourage your consideration of a $600,000 state appropriation, to encourage others to join with us to match the state commitment. In doing so, North Dakota can launch a statewide initiative to improve outcomes for heart attack victims.

Sincerely,

John M. Kutch, President & CEO

TELEPHONE: 701-857-5000 • TOLL FREE: 800-862-0005 • WWW.TRINITYHEALTH.ORG
ONE BURDICK EXPRESSWAY WEST • PO BOX 5020 • MINOT, ND 58702-5020

* Attachment ONE * HB 1004
* Arvy Smith

Smith, Arvy J.

om: Smith, Arvy J.
ent: Friday, April 15, 2011 9:58 AM
To: Nelson, Jon O.; Bellew, Larry D.; Kaldor, Lee A.; Kilzer, Ralph L.; Fischer, Tom L.; Robinson, Larry J.; Delzer, Jeff W.; Holmberg, Ray E.
Cc: Laschkewitsch, Lori L.; Wahl, Tami L.; Dwelle, Terry L.
Subject: HB 1004 Health Department Budget

Importance: High

The Governor's budget included two items that have been removed by the House and have not been restored by the Senate that are of great concern to the Department of Health. Both cuts leave the department severely underfunded to manage the grants we are required to award and to conduct other core program functions. **Note that these two items are a higher priority than any other items that the House or Senate have added to our budget, with the exception of the EPA lawsuit funding which is of equal standing.**

One cut, $523,900 in general funding for the Division of Emergency Medical Services and Trauma Division (EMST), results in a 44% cut to our funding to manage the non federal programs within that division. Most of the EMS funding of $523,900 was previously federal funding we received as pass through from Department of Transportation that is no longer being made available to us. Restoration of this funding was # 2 on our optional prioritization list (right after suicide funding) and the Governor agreed and included it in our executive budget. EMST provides grant funding to volunteer ambulance services, many of which have limited ability to manage money.

The other cut, 1 FTE and general funding of $135,517 to manage injury prevention and domestic violence programs, leaves us only 5 FTE to manage 12 federal grants we receive and 10 different grant programs we award to numerous entities, woefully understaffed. This was such a high priority that we reprioritized what we do **within our base hold even general funding and FTE budget** in order to provide a 6th position in the division.

EMST Core Functions

EMST Funding

Governor's Budget	$1,202,719
HB 1004 Budget	$ 683,819

EMST Core Functions

- Manage and Distribute $1,240,000 in EMS Training Grants
- Manage and Distribute $1,250,000 in EMS Staffing Grants (current program)
- EMS instructor training and certification
- EMS responder training program approval and certifications including First Responder, EMT Basic, EMT Intermediate, and EMT Paramedic. Includes consultation, coordination, registration, testing, certification, personnel licensure and oversight
- Ambulance run data collection and analysis regarding the quantity of ambulance calls, the types of runs or the quality of the responses.
- Ambulance inspections
- Trauma system review, quality improvement and designation
- Licensure of air and ground ambulance services
- Complaint investigations
- Disaster Emergency Response

addition, the staffing grant program included HB 1044 adds many additional requirements that are not included in the current staffing grant program that will be much more difficult and time consuming to administer.

Without the restoration of $523,900, the Department of Health will need to prioritize the above functions and quit 44% of these activities or reduce general funding for other general funded programs which are limited in the department. Only 15% of the department's entire budget is general fund and most of that matches EPA and Maternal and Child Health funding.

Injury and Prevention/Domestic Violence Funding

Federal Funding Managed

- Family Violence and Prevention Services
- Maternal & Child Health Injury Funding
- Preventive health Rape Funding
- Child Safety Program
- STOP Violence Against Women
- Rape Prevention and Education Prevention
- Consumer Product Safety
- RPE Capacity
- Safe Havens
- Suicide
- Community Defined Solutions to Violence
- Sexual Assault Services

Grant Programs Awarded

• Domestic Violence general fund program	$1,710,000
• Family Violence Prevention federal	$1,374,800
• Federal Rape Prevention	$ 175,000
• Federal Sexual Assault Services	$ 380,000
• Federal STOP Violence	$1,493,200
• Federal/General	$ 642,000
• Federal Rape Crisis	$ 196,500
• Domestic Violence Special Funds	$ 340,000
• State Suicide general funds	$ 700,000
• Community Defined Solutions	$ 949,700

Without the restoration of 1 FTE and $135,517, 5 FTE will be left to manage all of the above. Unknown adjustments will need to be made to deal with this.

* Senator Fischer
* Attachment TWO

11.8135.02012
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Wanzek
April 12, 2011 * April 15, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1489-1491 of the House Journal and pages 1241-1243 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,065,664	$48,927,532
Operating expenses	44,635,794	(19,440,694)	25,195,100"

Page 1, replace line 21 with:

"Total all funds	$187,614,500	($22,187,742)	$165,426,758"

Page 1, replace line 23 with:

"Total general fund	$23,005,294	$4,056,187	$27,061,481"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$49,614,394	$48,907,532	$20,000	$48,927,532	$49,306,403	($378,871)
Operating expenses	45,223,767	25,015,100	180,000	25,195,100	44,703,081	(19,507,981)
Capital assets	1,998,073	1,998,073		1,998,073	1,998,073	
Grants	55,887,778	55,493,320		55,493,320	56,062,038	(568,718)
Tobacco prevention	6,162,396	6,162,396		6,162,396	6,162,396	
WIC food payments	24,158,109	24,158,109		24,158,109	24,158,109	
Federal stimulus funds	3,492,228	3,492,228		3,492,228	3,492,228	
Contingency		1,000,000		1,000,000	1,000,000	
Total all funds	$186,536,745	$166,226,758	$200,000	$166,426,758	$186,882,328	($20,455,570)
Less estimated income	158,456,189	138,865,277	0	138,865,277	158,634,065	(19,768,788)
General fund	$28,080,556	$27,361,481	$200,000	$27,561,481	$28,248,263	($686,782)
FTE	343.50	342.50	0.00	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adds Funding for Public Water System Operator Training[1]	Total Conference Committee Changes
Salaries and wages	$20,000	$20,000
Operating expenses	180,000	180,000
Capital assets		
Grants		
Tobacco prevention		
WIC food payments		
Federal stimulus funds		

Contingency		
Total all funds	$200,000	$200,000
Less estimated income	0	0
General fund	$200,000	$200,000
FTE	0.00	0.00

[1] This amendment adds funding to provide for the administration of a public water system operator certification and training program and to reimburse operators of eligible public water systems for certification and training expenses. Funding for this program was not included in the House or the Senate versions nor in the executive recommendation.

*Attachment ONE
*Amy Smith, NDDOH
*April 18, 2011
*HB 1004

Department of Health
Budget Comparison
2011-13 Biennium

2011-13 Senate Version of HB 1004 (Includes $500,000 for EPA Lawsuit)	28,248,263
EMS Core Funding	523,900
Domestic Violence	135,517
Local Public Health	
Water Users	
??	
2011-13 Adjusted Senate Version	28,907,680

	2009-11 Legislative Appropriation	2009-11 Adjusted Base Budget	2011-13 Executive Recommendation
Budget Amount	27,231,665	23,005,294	28,080,556
Less Adjusted Senate Version	28,907,680	28,907,680	28,907,680
Increase in General Fund Budget	1,676,015	5,902,386	827,124
Percentage Increase	6%	26%	3%
Increase Not Considering EPA Lawsuit	1,176,015	5,402,386	327,124
Percentage Increase Not Considering EPA Lawsuit	4%	23%	1%

* Attachment TWO
* Arvy Smith, NDDoH
* April 18, 2001
* HB 1004

Department of Health
HB 1004 General Fund Reconciliation

2009-11 General Fund Base Budget		23,155,294	Agrees to green sheet
Suicide	741,000		federal grant ended
Emergency Medical Services	524,000		federal grant through DOT ended
Restore Community Health Trust Items	2,400,000		CHTF has only approx $1 million available for non tobacco spending; current non tobacco spending is approx $3.4 million
Salary Package	1,253,000		
Other Adjustments (Net)	7,262	4,925,262	
2011-13 General Fund Executive Recommendation		28,080,556	
EPA Lawsuit		500,000	
Total		28,580,556	
House Cuts		(2,044,075)	
House Additions (Safe Havens $425,000 & Local Public Health $400,000)		825,000	
2011-13 House Version		27,361,481	
Proposed Add Backs (Kilzer amendments)			
Prenatal Alcohol Screening	388,458		
Stroke Prevention & STEMI	498,324	886,782	
2011-13 Senate Version		28,248,263	
Proposed Add Backs (Fischer amendments)			
Emergency Medical Services	523,900		
Domestic Violence Grants Manager	135,517	659,417	
2011-13 Proposed Version		28,907,680	
2011-13 Proposed Version		28,907,680	

*HB 1004 *Jeanne Prom, Executive Director of the Center for Tobacco Control and Prevention Policy *Attachment ONE *April 25, 2011

CONTINGENT APPROPRIATION

If the federal funding appropriated for tobacco prevention programs in section 1 of House bill 1004 is less than the amount anticipated by the legislature at the close of the 62nd legislative assembly, the difference between the amount anticipated and the amount received is hereby appropriated to the comprehensive tobacco control advisory committee from the tobacco prevention and control trust fund to continue the tobacco prevention programs.

* Rep. Nelson * Attachment TWO
* HB 1004 * April 25, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

12 This amendment provides funding for grants to continue the Safe Havens supervised visitation and exchange program for the centers that meet the current standards.

Renumber accordingly

* Attachment ONE

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

TO: **Conference Committee on House Bill 1004**
Representative Gary Kreidt, Chair
FROM: **Jeanne Prom, Executive Director**
DATE: **April 27, 2011**
RE: **House Bill 1004**

This memo includes the information that I emailed to each of you yesterday.

Thank you for your consideration on Monday, April 25 of the contingency amendment to HB 1004, which would have allowed for an additional appropriation to the Center if the Department of Health federal grant for tobacco prevention would be less than anticipated. I appreciated your comments on the process and the issue, and the advice to seek Emergency Commission action in the future if necessary.

I understand there might have been a question about why we were concerned about the amount of the CDC tobacco prevention grant in the DOH appropriation. I hope this explanation provides clarification:

As you know, the comprehensive tobacco prevention program includes three funding sources that together equal the CDC-recommended level of funding (the Center appropriation, the 80% of the Community Health Trust Fund in DOH appropriation and the CDC tobacco prevention grant also in the DOH appropriation). Because the Executive Committee is "responsible for the implementation and administration of the comprehensive plan," and "the comprehensive plan must be funded at a level equal to or greater than the centers for disease control recommended funding level," (NDCC 23-42-03 and 04), we've followed HB 1004 very closely even though it is not our agency appropriation. That is why we promoted the contingency amendment that you discussed on Monday.

Also, in the Emergency Commission statute (NDCC 54-16), "emergency means...an unforeseen happening subsequent to the time the appropriation was made and which was clearly not within the contemplation of the legislative assembly and the governor." After reading this definition, I was concerned that by bringing the issue to your attention on Monday, I may have inadvertently disqualified us from pursuing a future request for an Emergency Commission appropriation, if needed. However, that is not the case. I spoke with Lori Laschkewitsch at OMB she explained that because we don't know that CDC funds to the DOH will be cut (nothing's been announced or published, this is all speculation now), then we could still pursue an Emergency Commission request in the future if the funds actually ARE cut. I share that with you for your information.

Again, thank you for considering the contingency amendment, for advising on Emergency Commission action if necessary, and for funding the comprehensive tobacco prevention programs through HB 1025 and HB 1004.

* Rep Kreidt
* Attachment ONE

11.8135.02016
Title.
Fiscal No. 3

Prepared by the Legislative Council staff for
Conference Committee
April 26, 2011

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1489-1491 of the House Journal and pages 1241-1243 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 2, remove "to amend and reenact section 54-27-25 of the"

Page 1, line 3, remove "North Dakota Century Code, relating to the tobacco settlement trust fund;"

Page 1, line 4, remove "and"

Page 1, line 4, after "study" insert "; and to declare an emergency"

Page 1, replace lines 14 and 15 with:

"Salaries and wages	$44,861,868	$4,283,655	$49,145,523
Operating expenses	44,635,794	3,857,372	48,493,166"

Page 1, replace line 17 with:

"Grants	62,160,510	(6,632,472)	55,528,038"

Page 1, replace lines 21 through 23 with:

"Total all funds	$187,614,500	$1,363,033	$188,977,533
Less estimated income	164,609,206	(4,545,453)	160,063,753
Total general fund	$23,005,294	$5,908,486	$28,913,780"

Page 2, after line 9, insert:

"STEMI response program grant		0	600,000"

Page 2, replace line 11 with:

"Total all funds		$17,323,696	$4,092,228"

Page 2, replace line 13 with:

"Total general fund		$4,076,371	$600,000"

Page 2, after line 23, insert:

"**SECTION 4. SAFE HAVENS SUPERVISED VISITATION AND EXCHANGE PROGRAM - DISTRIBUTION.** The sum of $425,000, included in the grants line item in section 1 of this Act, is provided to continue the Safe Havens supervised visitation and exchange program for centers meeting eligibility standards in effect during the 2009-11 biennium."

Page 3, remove lines 10 through 31

Page 4, remove lines 1 through 18

Page 5, after line 3, insert:

"**SECTION 9. EMERGENCY.** Section 5 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Executive Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$49,614,394	$48,907,532	$237,991	$49,145,523	$49,306,403	($160,880)
Operating expenses	45,223,767	25,015,100	23,478,066	48,493,166	44,703,081	3,790,085
Capital assets	1,998,073	1,998,073		1,998,073	1,998,073	
Grants	55,887,778	55,493,320	34,718	55,528,038	56,062,038	(534,000)
Tobacco prevention	6,162,396	6,162,396		6,162,396	6,162,396	
WIC food payments	24,158,109	24,158,109		24,158,109	24,158,109	
Federal stimulus funds	3,492,228	3,492,228		3,492,228	3,492,228	
Contingency		1,000,000		1,000,000	1,000,000	
Total all funds	$186,536,745	$166,226,758	$23,750,775	$189,977,533	$186,882,328	$3,095,205
Less estimated income	158,456,189	138,865,277	21,698,476	160,563,753	158,634,065	1,929,688
General fund	$28,080,556	$27,361,481	$2,052,299	$29,413,780	$28,248,263	$1,165,517
FTE	343.50	342.50	0.00	342.50	342.50	0.00

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Restores Funding for Vaccine Ordering Program[1]	Removes Funding for Women's Way Care Coordination[2]	Changes Funding Source for Heart Disease and Stroke Prevention[3]	Changes Funding Source for State Stroke Registry[4]	Removes Funding for Go Red North Dakota Program[5]	Restores Funding for Prenatal Alcohol Screening and Intervention[6]
Salaries and wages						
Operating expenses	23,000,000	(99,260)				
Capital assets						
Grants		(400,740)			(453,000)	388,458
Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$23,000,000	($500,000)	$0	$0	($453,000)	$388,458
Less estimated income	23,000,000	(500,000)	(222,624)	(250,700)	(453,000)	0
General fund	$0	$0	$222,624	$250,700	$0	$388,458
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Matching Funding for STEMI Response Program[7]	Increases Grants to Local Public Health Units[8]	Restores Funding for Injury Prevention[9]	Restores Funding for Statewide Trauma Program[10]	Adds Funding for Public Water System Operator Training[11]	Total Conference Committee Changes
Salaries and wages			$125,557	$112,434		$237,991
Operating expenses			9,960	387,366	180,000	23,478,066
Capital assets						
Grants	600,000	200,000		(300,000)		34,718

Tobacco prevention						
WIC food payments						
Federal stimulus funds						
Contingency						
Total all funds	$600,000	$200,000	$135,517	$199,800	$180,000	$23,750,775
Less estimated income	0	0	0	124,800	0	21,698,476
General fund	$600,000	$200,000	$135,517	$75,000	$180,000	$2,052,299
FTE	0.00	0.00	0.00	0.00	0.00	0.00

[1] Funding of $19.4 million included in the executive recommendation, but removed by the House, for operating expenses related to the purchase of vaccines under a vaccine ordering program is restored, the same as the Senate. In addition, the conference committee increased the funding by $3.6 million to provide the level of spending authority identified in Senate Bill No. 2276.

[2] Funding provided by the House from the community health trust fund for Women's Way care coordination, including operating expenses ($99,260) and grants ($400,740), is removed, the same as the Senate.

[3] Funding from the community health trust fund for heart disease and stroke prevention grants included in the executive recommendation is changed to the general fund, the same as the Senate. The House did not change this funding.

[4] The source of funding for certain state stroke registry operating expenses ($78,500) and grants ($172,200) is changed from the community health trust fund to the general fund, the same as the Senate. The executive recommendation provided the funding for this program from the general fund, and the House changed the funding source to the community health trust fund.

[5] Funding from the community health trust fund provided by the House for grants to implement the Go Red North Dakota risk awareness and action grants program is removed, the same as the Senate. The executive recommendation did not include funding for this program.

[6] Funding for prenatal alcohol screening and intervention grants removed by the House is restored to the level recommended by the Governor, the same as the Senate.

[7] This amendment adds funding to provide one-time funding from the general fund to the State Department of Health to provide matching funds for an ST-elevated myocardial infarction (STEMI) response program, $575,000 more than the Senate. The executive recommendation and the House did not provide funding for this program.

[8] Grants to local public health units are increased to provide a total of $3 million from the general fund, $600,000 more than the executive recommendation. The House and the Senate provided for an increase of $400,000 from the general fund.

[9] Funding relating to 1 FTE position ($125,557) and operating expenses ($9,960) for injury prevention, removed in both the House and Senate versions, is restored. The FTE position is not restored, and the department may transfer 1 FTE position from tobacco prevention.

[10] Funding from the general fund of $523,900 added in the executive budget to replace reduced federal funding available through the Department of Transportation for services provided to ambulances and for the statewide trauma program, removed by the House, is partially restored as follows:

Transfer from EMS grants line	$300,000
Department of Transportation	124,800
General fund	75,000
Total	$499,800

The Senate did not provide this funding.

[11] This amendment adds funding to provide for a public water system operator certification and training program and to reimburse operators of eligible public water systems in communities with a population of 3,300 or less for certification and training expenses. Funding for this program was not included in the House or the Senate versions nor in the executive recommendation.

In addition, this amendment:

- Removes Section 5 which amended Section 54-27-25 relating to the tobacco settlement trust fund and use of moneys in the community health trust fund for tobacco prevention and control, the same as the Senate. This amendment was not included in the executive recommendation but was added by the House.
- Provides that funding available for the Safe Havens program is available for centers meeting current standards. The House and the Senate did not include this language.
- Adds a section to declare the contingent appropriation and Bank of North Dakota line of credit provided for litigation and administrative proceedings costs in the bill is an emergency measure, the same as the Senate.

Funding for health care reform totaling $1,795,112, removed by the House and restored by the Senate, was not restored by the conference committee.