

Chairperson Lee and members of the Senate Human Services Committee,

ND Century Code 23-35-02 states all land in the state must be in a public health unit. Tribal lands in ND are already served with comprehensive services provided by local public health departments.

To create a new public health department within an area where services are already being provided would be a disservice to the citizens of the new jurisdiction, as well as those still relying on service by the pre-established public health agency(ies). Local public health departments have a long history of forming partnerships with each other, local service providers, and disparate populations to assure a core level of services are in place.

Environmental health and emergency preparedness services are critical needs that are in place through collaboration of local health departments within 6 regions of the state. Highly trained and educated specialists in place with our largest health departments assist surrounding counties through formal agreements and funding structures to deliver essential services. These activities include, but are not limited to, investigation of nuisance complaints, septic evaluations, and development and implementation of plans relating to response to public health emergencies. Those of us in smaller health departments, in cooperation with our regional partners, plan for hazmat incidents, natural disasters, and response to disease threats such as Covid. By now, we are all aware of the massive effort required to test and vaccinate in response to the pandemic. To increase the number of health departments that rely on regional services, but are not staffed to manage them, would be overtaxing and a huge drain on existing services.

Local health departments have in place a multitude of programs that citizens seek and use. Immunizations, maternal child health, school health services, tobacco and substance abuse prevention, injury prevention, jail health, home visits to the elderly are some of them. By carving out a portion of an existing service area to duplicate services already in place would add significant cost and yield no added value.

Local health departments are dependent upon a multitude of funding sources to provide essential services. The largest source of revenue supporting local health departments is local tax dollars, providing 33% of overall funding. Fees for services are necessary and generate 25% of total revenue to local health departments. Other sources include federal funding, state aid, tobacco, and other grant sources. By adding to the existing number of health departments, overhead costs would increase while available dollars to serve the population in each jurisdiction would be reduced.

Because passing this bill would increase the demands placed on limited resources in place for public health delivery just to continue with services already available to tribal communities, I am opposed to SB 2303.

2/7/21

SB 2303

Local public health departments operate efficiently through careful use of resources and assessment of local needs. We value relationships with our local, regional, tribal, and state partners. We appreciate the support of our state legislators and are responsive to questions and need for additional information.

I ask for your consideration to oppose SB 2303.

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