Senator Dick Dever, Chairman, called the meeting to order at 8:00 a.m. at the South Central Human Service Center, Jamestown.


Members absent: Senator Russell T. Thane; Representatives Lee Kaldor, Jon O. Nelson, Clara Sue Price, Ken Svedjan, Gerald Uglem

Others present: Dave Nething, State Senator, Jamestown
Lyle Hanson, State Representative, Jamestown
Lynn Nelson, Gail Pickett, Mark Anderson; South Central Human Service Center, Jamestown
Clint DeVier, Lake Region Human Service Center, Devils Lake
Sharon Unruh, Central Valley Health District, Jamestown
Dan Howell, Myra Quanrud; Anne Carlsen Center for Children, Jamestown
Alex Schweitzer, Ken Schultz; State Hospital, Jamestown
Carol K. Olson, Department of Human Services, Bismarck
Mark B. Johnson, Jake Reuter, Kristin Lunneborg; Veterans Home, Lisbon
Nancy McKenzie, Northeast Human Service Center, Grand Forks
Don Shields, Grand Forks Public Health Department, Grand Forks
Wanda Kratochvil, Walsh County Health District, Grafton
Representative Lois Delmore, member of the Legislative Council, was also in attendance.

It was moved by Senator Brown, seconded by Senator Fischer, and carried on a voice vote that the minutes of the previous meeting be approved as distributed.

BUDGET TOUR

Mr. Lynn Nelson, Regional Director, South Central Human Service Center, provided an overview of the South Central Human Service Center's programs.

Mr. Nelson said the South Central Human Service Center serves the counties of Foster, Wells, Griggs, Barnes, Stutsman, LaMoure, Dickey, McIntosh, and Logan. He said the south central region does not have a private inpatient mental health facility; therefore, the human service center relies on the State Hospital for emergency placements.

Mr. Nelson said the human service center is having difficulty recruiting advanced clinical specialists and licensed addiction counselors. A copy of the report is on file in the Legislative Council office.

Dr. Gail Pickett, Clinical Director, South Central Human Service Center, provided information on the clinical and addiction services provided by the center.

Dr. Pickett reviewed concerns of the center, including:

1. Difficulty recruiting and retaining licensed addiction counselors.
2. An increasing number of requests for services from the court and the Department of Corrections and Rehabilitation, specifically for:
   a. Individuals released from correctional facilities that are still required to complete court-ordered treatment.
   b. Evaluations of addiction and mental health issues needed as part of a presentencing order or a diversion from incarceration.
3. Due to staff shortages at the center, programming has been reduced and waiting times for treatment have increased.
4. An increasing number of individuals needing services relating to painkiller medication addictions.

A copy of the report is on file in the Legislative Council office.

Representatives Porter and Delzer asked that additional information be provided to the committee regarding the process of ordering treatment services for inmates, including the number of individuals being referred to the human service centers from the Department of Corrections and Rehabilitation or other correctional facilities; a comparison of treatment costs for these individuals in the Department of Corrections
and Rehabilitation compared to the human service centers; and whether the courts are mandating more treatment services for these individuals as a condition of parole or probation compared to four years ago. Chairman Dever asked the Legislative Council staff to arrange for this information to be provided to the committee.

Mr. Mark Anderson, Regional Fiscal Manager, South Central Human Service Center, provided information on the South Central Human Service Center's budget. Mr. Anderson said the center's current budget totals $12.1 million and the center is authorized 85.5 full-time equivalent (FTE) positions.

Mr. Anderson said concerns regarding the center's current budget include:

1. Difficulty in recruiting and retaining licensed addiction counselors.
2. The increasing need for services for individuals with serious mental illness which may result in the need for an additional case manager or case aide position.

Mr. Anderson does not anticipate any major program changes for the center's 2007-09 biennium budget request. A copy of the report is on file in the Legislative Council office.

Mr. Nelson reviewed the center's funding and program information, which is included in the attached appendix.

Representative Metcalf said it is his understanding that the regional office automation project computer system requires clinical staff to spend too much time entering computer data which reduces their time spent serving clients. Mr. Nelson said the system provides the clinicians with access to much information. Even though the clinicians are responsible for entering client data into the system, he does not believe it is a concern for the clinicians at the South Central or Lake Region Human Service Center.

Mr. Nelson provided an overview of the services and programs of the Lake Region Human Service Center. Mr. Nelson said the Lake Region Human Service Center serves the counties of Rolette, Cavalier, Towner, Ramsey, Benson, and Eddy. He said the Lake Region Human Service Center is experiencing many of the same challenges as the South Central Human Service Center relating to the recruitment of staff. He said the center has been actively recruiting a vacant psychologist position for many months and is also having difficulty recruiting and retaining advanced clinical specialists and licensed addiction counselors.

Mr. Nelson said substance abuse issues continue to be a major concern in the lake region. He said the center operates substance abuse programs in Rolla and Devils Lake. In fiscal year 2005, he said, the region admitted 260 adults and 42 adolescents needing addiction services into its crisis units.

A copy of the report is on file in the Legislative Council office.

In response to a question from Senator Dever, Mr. Nelson said the tribal government operates a substance abuse treatment program only for adults.

Mr. Clint DeVier, Regional Fiscal Manager, Lake Region Human Service Center, provided information on the current status of the center's 2005-07 budget. He said the Lake Region Human Service Center's budget totals $8.9 million and the center is authorized 61 FTE positions. He said because of increased demands for services in Rolette County, the center is considering expanding its program in Rolette County. He said the center is considering two options—expand the current facility or rent space in a nearby building. He said expanding services in Rolette County would eliminate some staff travel costs. He is hopeful that the expansion project will be budget-neutral.

Mr. DeVier believes the center's current budget will be sufficient to meet the core service needs of the region. He said the center has generated savings as a result of vacant positions and no major program changes are anticipated for the 2007-09 biennium. He said budget concerns for the next biennium relate to energy prices, Information Technology Department rate increases, and staff salaries.

In response to a question from Representative Delzer, Mr. DeVier said the Lake Region Human Service Center is currently projecting general fund turnback of approximately $135,000.

Representative Delzer asked for information on projected rate increases of the Information Technology Department for the 2007-09 biennium.

Mr. Nelson reviewed the center's funding and program information which is included in the attached appendix.

**PUBLIC HEALTH UNIT STUDY**

Ms. Sharon Unruh, Administrator, Central Valley Health District, provided information on the services and programs of the health unit. Ms. Unruh said the district serves Stutsman and Logan Counties. She said the district employs 20.61 FTE positions and levies the maximum five mills for public health. Ms. Unruh said the 2005 annual budget for the district was $1.4 million, of which 46.4 percent was federal funds; 7.3 percent from state funds; 20.5 percent from mill levy collections; and 25.8 percent from fees, contracts, and other income.

Ms. Unruh expressed the following concerns regarding local public health in North Dakota:

1. The health units are requested to add programs with specific funding available; however, she said, the funding does not always provide for the required administrative costs to manage the new programs.

2. The statutory mill levy for public health is limited to five mills which does not allow additional funding to be raised at the local level for meeting program needs.

Ms. Unruh suggested that additional flexible funding from the state could be used for meeting the various program needs of the health units.
Ms. Unruh reviewed major programs of the Central Valley Health District, including the environmental health section; women, infants, and children nutrition program; nursing; tobacco prevention; and family planning. Ms. Unruh said the only food and lodging inspection services provided by the district are school inspections. She said all other food and lodging inspections within the district are done by the State Department of Health.

Ms. Unruh said with the increased focus at the federal level and within the state on emergency preparedness, the local health districts have added responsibilities for emergency response planning in local communities. A copy of the report is on file in the Legislative Council office.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS STUDY

The committee traveled to the Anne Carlsen Center for Children.

Mr. Dan Howell, Chief Executive Officer, Anne Carlsen Center for Children, reviewed the services of the center. Mr. Howell said the center began operations in 1941 and provides services to the state's most vulnerable and fragile children. He said the 2005 Legislative Assembly provided an additional $600,000 for the 2005-07 biennium for increased payments to intermediate care facilities for the mentally retarded who care for medically fragile children. He said of the 29 medically fragile children identified in North Dakota, the Anne Carlsen Center serves 17.

Mr. Howell expressed concern that the actual costs of caring for children with serious medical fragility is increasing faster than state reimbursement for the services.

Mr. Howell reviewed the Oregon scoring system for children with medical fragility. He said based on this scoring system, 7 of the center's 21 medically fragile children are severely medically fragile. He said the average cost per day for these children at the center is $179 more than the reimbursement received. As a result, he said the center must generate additional funding of $458,000 per year from other sources to care for these seven children.

Mr. Howell said the center has met with representatives of the Department of Human Services and the Governor's office and will be asking the 2007 Legislative Assembly to enhance funding for the center as a recognition of the costs of caring for the state's most medically fragile and behaviorally challenged children. A copy of the report is on file in the Legislative Council office.

Representative Pollert asked for information on the location of the other 12 medically fragile children in North Dakota. Chairman Dever asked the Legislative Council staff to arrange for this information to be provided to the committee.

Dr. Myra Quanrud, Medical Director, Anne Carlsen Center for Children, gave examples of the daily living activities of two children residing at the Anne Carlsen Center for Children.

The committee conducted a tour of the Anne Carlsen Center for Children.

BUDGET TOURS

The committee traveled to the State Hospital.

Mr. Alex Schweitzer, Superintendent/Administrator, State Hospital, provided an overview of the State Hospital's programs and budget. He said the State Hospital operates 132 inpatient beds for adults with serious mental illness or substance abuse problems and 8 inpatient beds for children and adolescents with serious mental illness or substance abuse problems.

Mr. Schweitzer said the hospital operates the Tompkins Rehabilitation and Corrections Center which provides intensive residential chemical dependency treatment services for 60 male inmates and 30 female inmates referred by the Department of Corrections and Rehabilitation.

Mr. Schweitzer said the State Hospital has experienced increasing admissions during the past two years, primarily as a result of first-time patients and increased use and abuse of drugs, specifically methamphetamine.

Mr. Ken Schultz, Chief Financial Officer, State Hospital, reviewed the status of the hospital's 2005-07 budget. Mr. Schultz said the State Hospital's traditional services budget is currently anticipated to exceed the general fund appropriation by $1.4 million. He said additional funding from the general fund is needed primarily because other funds collected from insurance companies, private-pay individuals, and other third-party payers are currently projected to be $1 million less than the $11.3 million projected in the budget and because of more patients being admitted to the State Hospital than anticipated in the budget.

Mr. Schultz said the State Hospital secure services budget is currently projected to exceed the general fund appropriation by approximately $500,000 due to more sex offenders being committed to the State Hospital program than anticipated in the budget. A copy of the report is on file in the Legislative Council office.

Mr. Schweitzer provided information on the status of the sex offender treatment program at the State Hospital. He said although the two sex offender treatment units at the State Hospital have a maximum capacity of 42 beds, the State Hospital currently is providing services to 47 sex offenders. He said the State Hospital is planning to open a third unit that could potentially allow for the admission of 25 more offenders. He said of the 47 sex offenders at the State Hospital, 36 have been committed, 8 are recommended for commitment, and 3 are being evaluated. He said the State Hospital has referral information on seven more sex offenders who need to be evaluated in the next three months. He said the total direct care cost per sex offender is $178 per day or approximately $65,000 per year.
Mr. Schweitzer said the State Hospital is recommending three major changes for the sex offender program:

1. Open the third treatment unit.
2. Upgrade security in the building housing the sex offender population. The building should meet the standards of a medium security correctional facility.
3. Make statutory changes to decrease the number of sex offenders being committed to the State Hospital program.

A copy of the report is on file in the Legislative Council office.

The committee recessed for lunch at 12:45 p.m. and reconvened at 1:15 p.m.

Mr. Schweitzer reported on the Department of Human Services plan to transfer appropriate individuals from the Developmental Center to community placements and on the anticipated number of individuals that will be transferred during the 2005-07 biennium.

Mr. Schweitzer said the department has convened a task force to prepare the plan to transfer appropriate Developmental Center residents to communities. He said the department is currently serving 139 individuals with developmental disabilities—134 at the Developmental Center and 5 at the State Hospital. He said in order to effectively transition these individuals to the community, community capacity needs to be expanded. He said resources need to be in place to meet the current and projected needs of these individuals in the community.

Mr. Schweitzer presented the following recommended action steps necessary to transfer appropriate individuals with developmental disabilities to the community:

1. Ensure that every person with developmental disabilities at the Developmental Center and State Hospital has a placement plan in order to place the person in an appropriate community setting.
2. Expand community capacity by having:
   a. A statewide crisis prevention response system that is based on a zero reject model.
   b. Crisis intervention services, including crisis beds, out-of-home crisis residential services, in-home technical assistance, followup services after a crisis residential services placement, and training for staff.
   c. Increased capability and capacity to serve young adults with developmental disabilities.
   d. Increased consultation services available.
3. Make changes to funding and staffing by:
   a. Changing administrative rules that are a disincentive for independent supported living arrangement placements.
   b. Increasing funding for independent supported living arrangement placements, including administrative reimbursement.
   c. Improving recruitment and retention of staff.
4. Reduce the number of residents at the Developmental Center to 127 by July 1, 2007.
5. Reduce the number of residents at the Developmental Center to 97 by July 1, 2009.
6. Reduce the number of residents at the Developmental Center to 67 by July 1, 2011.
7. Develop a transition budget as part of the Department of Human Services 2007-09 budget request.
8. Determine the long-term future of the Developmental Center service system, including clinical, health care, residential, and vocational components.

A copy of the report is on file in the Legislative Council office.

In response to a question from Senator Krauter regarding staffing concerns of the Department of Human Services, Ms. Carol K. Olson, Executive Director, Department of Human Services, said the department is concerned with recruiting and retaining staff, particularly psychiatrists, psychologists, licensed addiction counselors, and direct care workers. She said the department's Human Resources Division is developing a plan to address these concerns; however, she said the department is often unable to compete with private sector salary levels.

The committee conducted a tour of the State Hospital, including the secure services unit and the Tompkins Rehabilitation and Corrections Center.

The committee traveled to the Veterans Home in Lisbon.

Mr. Mark B. Johnson, Administrator, Veterans Home, said the home is licensed for 111 basic care beds and currently has 80 basic care residents. He said the home is licensed for 38 skilled nursing care beds and is full. He said he began as administrator of the Veterans Home on May 1, 2006.

The committee conducted a tour of the Veterans Home.

Mr. Jake Reuter, Director of Social Services, Veterans Home, provided information on the services provided at the Veterans Home. He said a number of individuals at the Veterans Home have been diagnosed with dementia, mental health issues, and addictions. He said the Veterans Home staff provides supportive counseling, behavior intervention, care planning, family support, resident assessment, resident and family counseling, resident advocacy, transportation coordination, and addiction counseling. He said the long-term goals for social services at the home include:

1. Contract with a new psychiatric service provider.
2. Improve the emergency hospitalization process.
3. Develop or expand mental health therapy services and behavioral management consultation services.
4. Construct a halfway house on the grounds of the home.
5. Provide co-occurring treatment facilities.
6. Enhance the Veterans Home marketing program and veterans' education.

A copy of the report is on file in the Legislative Council office.

Ms. Kristin Lunneborg, Accounting Manager, Veterans Home, reported on the current status of the home's 2005-07 budget and budget needs for the 2007-09 biennium.

Ms. Lunneborg presented information showing the number of residents at the Veterans Home since April 2005.

Ms. Lunneborg said through April 2006 the Veterans Home has spent $4.5 million of its $11.3 million appropriation. She said a change in federal law has affected how the Veterans Home charges its skilled care residents. Previously, she said, the Veterans Home reduced residents' charges by the Veterans Administration per diem payment the home receives on behalf of each eligible resident. She said the new federal law no longer allows the Veterans Home to reduce billed charges to the residents; therefore, the Veterans Home will collect an estimated $900,000 of additional resident collections for the 2005-07 biennium which will result in general fund expenditures being less than appropriated.

However, Ms. Lunneborg said, Emergency Commission requests will be submitted to authorize the home to spend an additional $116,000 for the operations of the Veterans Home pharmacy. In addition, she said, the home may also need additional funding for primary care expenses, such as lab and x-ray costs.

Ms. Lunneborg said capital improvement needs for the 2007-09 biennium include roof replacement projects, tile replacement projects, and the replacement of two lawnmowers. She said the budget request may also include funding for increased marketing of the Veterans Home and for the increased costs of primary care expenses and pharmacy operations.

Mr. Johnson said he plans to begin development of a master plan for the Veterans Home in order to be prepared for future needs, including the need to provide services for veterans of the Iraq war.

The committee recessed at 5:30 p.m. and reconvened at 8:30 a.m. on Thursday, June 1, 2006, at the Northeast Human Service Center in Grand Forks.

Ms. Nancy McKenzie, Statewide Human Service Director, Department of Human Services, provided an overview of the Northeast Human Service Center's programs, the number of individuals served, current status of the center's 2005-07 budget, and major program changes and needs for the 2007-09 biennium.

Ms. McKenzie said the Northeast Human Service Center serves the counties of Pembina, Walsh, Nelson, and Grand Forks.

Ms. McKenzie said the Northeast Human Service Center is experiencing difficulties recruiting for vacant positions, including a psychologist and licensed addiction counselors. She said the center's turnover rate for the period July through December 2005 was 17 percent.

Ms. McKenzie said the center operates two residential treatment programs that provide services to individuals referred from other regions of the state—the Ruth Meiers Adolescent Center and the Centre Adolescent Treatment Service Program.

Ms. McKenzie said the center is involved in a telemedicine pilot project providing therapy service to adult clients at the Northwood Community Health Center. If successful, she said, the pilot project will provide a more efficient model for service delivery in rural parts of North Dakota.

Ms. McKenzie said approximately 55 percent of the center's clients receiving substance abuse treatment services are receiving community supervision through parole and probation. She said the center anticipates this client population to increase as the Department of Corrections and Rehabilitation continues to pursue community treatment as part of alternatives to incarceration.

Ms. McKenzie said the Northeast Human Service Center's 2005-07 budget totals $20.5 million and the center is authorized 135.1 FTE positions. She said although 42 percent of the current biennium has passed, the center has spent 39 percent of its budget.

Ms. McKenzie said for the 2007-09 biennium, budget concerns of the center relate to increased energy prices, increased travel costs, rate increases by the Information Technology Department, increased costs for client medications, and salary levels for its employees.

Ms. McKenzie reviewed the funding and program statistics for the programs of the center which are included in the attached appendix. A copy of the report is on file in the Legislative Council office.

In response to questions from Representatives Porter and Delzer, Ms. McKenzie said the department will provide information to the committee on salary levels for various clinical specialists at the human service centers compared to salary levels for similar positions in the private sector that may be available from Job Service North Dakota, the number of private providers available, and estimated costs of contracting for these services with the private sector.

Representative Devlin asked the Department of Human Services to provide the committee with its estimated cost increase for the 2007-09 biennium of rate increases of the Information Technology Department.

Ms. McKenzie provided an overview of the Southeast Human Service Center's programs, number of individuals served, current status of its 2005-07
budget, and major program changes and needs for the 2007-09 biennium.

Ms. McKenzie said the Southeast Human Service Center serves the counties of Richland, Ransom, Sargent, Cass, Traill, and Steele.

Ms. McKenzie said the Southeast Human Service Center is experiencing increased employee turnover in positions of nursing, psychiatry, advanced clinical specialists, and support staff positions. She said the center's turnover rate for the July through December 2005 period was 15 percent.

Ms. McKenzie said the southeast region continues to experience an increased demand for client services. She said the number of clients served increases at a rate of approximately 4 to 5 percent per year. As a result, she said, the center has had to prioritize its service delivery to serve those individuals who are not able to access services elsewhere. She said within case management, the center has identified levels of care to determine those most in need of service. She said to manage the increased demand for services and to keep wait times to a minimum, the center has utilized temporary staff in various areas, particularly case managers and case aides for individuals with serious mental illness.

Ms. McKenzie anticipates the center adding funding in its 2007-09 biennium budget request for additional crisis beds for individuals with serious mental illness.

Ms. McKenzie said the Southeast Human Service Center's 2005-07 biennium budget totals $23.5 million and the center is authorized 177.35 FTE positions. She anticipates the current budget to be adequate for the center's needs due to savings resulting from vacant positions at the center.

Ms. McKenzie discussed budget concerns for the 2007-09 biennium, including increased energy prices affecting utilities and travel costs, rate increases of the Information Technology Department, increased costs for client medications, increased facility maintenance costs, and salary levels of its staff.

Ms. McKenzie reviewed the funding and program statistics of the center which are included in the attached appendix. A copy of the report is on file in the Legislative Council office.

In response to a question from Representative Delzer, Ms. McKenzie said the role of the human service centers is not to be in competition with private providers in each region but to fill gaps in services in local communities.

PUBLIC HEALTH UNIT STUDY

Mr. Don Shields, Director, Grand Forks Public Health Department, Grand Forks, provided information regarding the city health department's services and funding. Mr. Shields said the department operates under the direction of an appointed board of health. He said the board has representation from the city council, county commission, public health, physicians, dentists, and community.

Mr. Shields said the department's 2005 budget totals $2.8 million and it has 30 FTE positions.

Mr. Shields said the department provides regional services, including Health Tracks, Medicaid screenings, Women's Way cancer screenings, bioterrorism-related services, environmental health services, and emergency response planning. Mr. Shields said the services provided by the department fall within the core functions of assessment, policy development, and assurance. He said the department monitors the health status to identify community health problems and diagnose and investigate health issues throughout the community. He said the department also informs, educates, and empowers people about health issues and mobilizes community partnerships to identify and solve health problems.

Mr. Shields said the department provides environmental health services, immunizations, home visits, smoking cessation, nutritional policies in schools, correctional health, and mosquito control. He said the department provides food safety inspections for 313 facilities in the city of Grand Forks. He said the department does not provide lodging inspection services or food inspection services outside the city.

Mr. Shields said it is important that all citizens of North Dakota have access to a minimum level of core public health services. He said there is much diversity in both core function and staffing provided by large and small public health units throughout North Dakota. He said many health units have not been funded adequately to perform the basic core functions. He said North Dakota state aid to public health departments has not increased substantially since 1991. He said additional funding is needed to provide for core public health functions and to respond to health-related issues. A copy of the report is on file in the Legislative Council office.

BUDGET TOUR

The committee traveled to the Developmental Center in Grafton. Mr. Ken Schultz, Chief Financial Officer, Developmental Center, provided information on the center's programs and services, number of clients, and current status of the 2005-07 biennium budget.

Mr. Schultz said the Developmental Center's programs include residential services, work and day activities services, clinical and medical services, and evaluation and consultation services. He said the center continues to assist communities with crisis evaluation and consultation to prevent admission to the Developmental Center.

Mr. Schultz said specialized services units at the Developmental Center include:

1. The sexual health unit for those developmentally disabled individuals having sex offending behaviors and requiring long-term care.

2. Dual sensory unit for developmentally disabled individuals diagnosed with profound
retardation and vision and hearing disabilities who also have severe medical conditions requiring complicated and long-term care.

3. Medical unit for those individuals with developmental disabilities who have medical concerns that require nursing staff accessibility 24 hours per day. These individuals require long-term care.

4. Behavioral care unit for those individuals with developmental disabilities presenting psychiatric diagnoses and significant challenging behaviors.

Mr. Schultz said the Developmental Center's current population is 136 of which 134 have developmental disabilities and 2 have traumatic brain injuries. He said the Developmental Center will be placing the two individuals with traumatic brain injury in community settings by the fall of 2006.

Mr. Schultz presented information on the current status of the 2005-07 budget which reflected an anticipated general fund budget shortfall of $127,000, primarily due to federal funding being less than anticipated.

Mr. Schultz said the Developmental Center's daily rate is $417 per day.

Mr. Schultz said the goal of the department and the Developmental Center is to reduce the center's population to 67 by the year 2011. A copy of the report is on file in the Legislative Council office.

In response to a question from Representative Wieland, Mr. Schultz said the department has not formalized any plans for the use of buildings that may be vacated as a result of reducing the center's number of residents to 67 by 2011.

Representative Delzer suggested the department provide comparative information to the 2007 Legislative Assembly regarding the effect on the department's budget of transferring individuals from the Developmental Center to the communities, including a comparison of the cost of care within the communities to the cost of care at the Developmental Center.

The committee recessed for lunch at 12:00 noon and reconvened at 12:30 p.m.

The committee conducted a tour of the Developmental Center, including the vocational program area, adaptive equipment and services program, and the Cedar Grove residential building.

PUBLIC HEALTH UNIT STUDY

Ms. Wanda Kratochvil, Administrator, Walsh County Health District, provided information on the district's funding and services. Ms. Kratochvil said the district's 2005 budget totals $328,000 and it employs 4.5 FTE positions. She said the district currently levies slightly over four mills for the health unit. She said the health unit is a single-county health district and services provided are often determined by funding available. She said major programs offered include public health nursing; environmental health; tobacco prevention; women, infants, and children nutrition program; and emergency preparedness. A copy of the report is on file in the Legislative Council office.

COMMITTEE DISCUSSION

Representative Porter suggested the committee receive information from the state boards for psychologists, psychiatrists, licensed addiction counselors, and social workers regarding the number of these professionals in each community, the number of hours that they may have available for contracting with the state for services, an estimated cost per hour for contracting with the state, and suggestions to make available more of these professionals across North Dakota.

Representative Porter suggested the committee receive information from the University System regarding the number of students accepted into clinical specialty programs, job placement of these individuals upon completion of their education, limits it places on the number of students accepted into various clinical specialty programs, and suggestions of how to address the shortage of various health professionals in North Dakota.

Representative Porter suggested the Department of Human Services provide the estimated fiscal effect of reimbursing providers under the Medicaid program using the Medicare fee schedule, rather than the Medicaid fee schedule.

Chairman Dever asked the Legislative Council staff to arrange for this information to be presented to the committee at future meetings.

Chairman Dever announced the final two committee meetings are tentatively scheduled for July 10-11, 2006, in Minot and Bismarck and September 13 in Bismarck.

The committee adjourned subject to the call of the chair at 1:50 p.m.

Allen H. Knudson
Assistant Legislative Budget Analyst and Auditor

Jim W. Smith
Legislative Budget Analyst and Auditor

ATTACH:1