

**2013 SENATE HUMAN SERVICES**

**SB 2031**

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2031

1/15/13

Recording Job Number: 17206

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

Relating to tribal health districts and to health districts.

## Minutes:

You may make reference to "attached testimony."

**Chairman Lee** opens hearing on SB 2031.

**Sheila Sandness**, Senior Fiscal Analyst for the Legislative Council, introduces SB 2031 to the committee. She is neither for nor against but here to provide information.

See attached testimony #1.

Floor is open for questions from the committee.

**Senator Dever** asks Ms. Sandness if the appropriation is startup cost or operational.

**Ms. Sandness** believes that it is a combination and they anticipate that funding available through federal source, other sources, and the tribe would be able to sustain the public health unit in the future. It's a pilot project where the general fund appropriation would be considered one time in the beginning and then get revisited.

**Chairman Lee** is under the impression that if it becomes a free standing public health unit it would be funded in the same way as all the other public health units and that this would be initially to assist in launching it.

No further questions from the committee for Ms. Sandness.

**Arne Sorenson**, a retired member of the Indian Health Service and member of the advisory committee to Ken Hall, New Town/Little Shell Segment Councilmen, testifies in favor of SB 2031.

See attached testimony #2.

Floor is open for questions from the committee.

**Chairman Lee** corrects the testimony that \$200K general fund and match is up to \$300K provided in the Bill. She also states that other local public health units who now overlap various areas of the MHA Nation have commented in a supportive manner about this approach.

**Senator Larson** asks Mr. Sorenson what other health units service the reservation.

**Mr. Sorenson** lists the units: Stanley, Upper Missouri/Williston, SW district/Dickenson and Custer in Mandan.

**Mr. Sorenson** also explains that the Bill will be housed in the Elbow Woods facility.

No further questions from the committee for Mr. Sorenson.

**Dr. John Baird**, section chief of the Special Population Section in the North Dakota Department of Health and local health officer for Fargo Cass Public Health, is next up and states that he is officially neutral but information he is providing may be beneficial to the committee.

See attached testimony #3.

Floor is open for questions from the committee.

**Senator Anderson** asks if there has been discussion about counties collecting property taxes.

**Dr. Baird** does not know about any specific discussions with the counties, but in the interim committee there was a report from the tax department on how large the mill levy will be for that portion of the county that is contained within the reservation.

**Chairman Lee** asks the law intern to contact Terry Traynor to see if he would like to comment on this.

**Senator Larsen** is curious as to what staffing is needed to start a pilot project like this.

**Dr. Baird** explains that some programs are already underway on the reservation that will be consolidated, but coordinated under one agency. He doesn't have an exact staff number, but initial estimates of cost came to be after looking at potential budgets from other areas of the state and the size of their staff and then comparing it to the population on the reservation.

**Kelly Nagel**, Public Health Liaison with the North Dakota Department of Health, chimes in and states that it includes 3 public health nurses, a tobacco coordinator, and an administrator.

**Senator Dever** asks if there are discussions amongst other reservations about doing the same pilot program.

**Dr. Baird** explains that the language in Bill is specified for only the Fort Berthold Reservation by defining it as a tribe that is included in more than one county. There haven't been requests from other reservations at this point. This is a model of how public health issues could be addressed.

No further questions from the committee.

**Chairman Lee** asks Kelly Nagel to introduce herself to the new members of the committee.

No further testimony in favor or opposition.

**Chairman Lee** closes hearing on SB 2031.

# 2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2031  
1/21/13

Recording Job Number: 17464

Conference Committee

Committee Clerk Signature:



## Explanation or reason for introduction of bill/resolution:

Relating to tribal health districts and to health districts.

## Minutes:

You may make reference to "attached testimony."

Committee Discussion on SB 2031.

**Senator Anderson** expresses his concerns that the tribe may come back to the legislature to fund this, but feels they need the opportunity to have this public health unit on the reservation and see how it works.

**Senator Anderson** moves a Do Pass and rerefer to Appropriations.

**Senator Axness** seconds.

**Chairman Lee** mentions that the legislature might now be very receptive to this due to the fact that this reservation is getting \$158 million from oil revenues this biennium plus another \$100,000 for every additional well, but feels they are in a position to put some money into it themselves.

**Senator Larsen** follows with a discussion about when he visited with some other health units. He is in support of them having their health unit but he is not for funding it.

No further committee discussion.

Roll call vote: 5-0, Do Pass with rereferal to Appropriations

**Senator Larsen** carries Bill to the floor.

Date: 1/21/13  
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2031

Senate Human Services 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 Sen. Anderson Seconded By Sen. Axness

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Larsen

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

**REPORT OF STANDING COMMITTEE**

**SB 2031: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2031 was rereferred to the Appropriations Committee.**

**2013 SENATE APPROPRIATIONS**

**SB 2031**

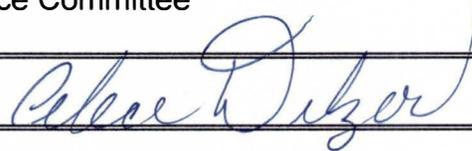
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2031  
01-28-2013  
Job # 17848

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A Bill for an Appropriation relating to tribal health districts

### Minutes:

See attached testimony

Chairman Holmberg called the committee to order on Monday, January 28, 2013, at 3:00 pm in regards to SB 2031. All committee members were present. Legislative Council and Tammy R. Dolan, OMB was also present.

Lewis Ken Hall, a member of the Tribal Business Council and a member of the Mandan, Hidatsa and Arikara Nation, (MHA): Written Testimony (1). (:25-7:22)

Chairman Holmberg: The Human services committee had some discussion on this, was there opposition from the health units in the area or is this one of those situations who in the minds of the people involved, think it's time has come?

Lewis Hall: This has been quite a process as some of the people well know. Kelly is here to answer some questions as well.

Vice Chairman Bowman: You made the statement that is all going to be paid for with a hundred percent of federal funds so this doesn't cost North Dakota anything. That confuses me because I thought I paid federal income tax so some of that would come back to our state. I am not opposed to this but am trying to understand the funding source. After you say it wouldn't cost North Dakota anything you ask for 300,000 dollars.

Lewis Hall: In the bill I think its \$200,000 and the tribe would match. We would be willing to find the extra 100,000, which I think in the bill is a total of 500,000 dollars.

Vice Chairman Bowman: With this investment, what is that going to do for the tribes as far as health care verses what you have currently today?

Lewis Hall: It's going to improve and provide more services to the enrolled members of our tribe.

Senator Krebsbach: What authority or district are you now under for services of this?

Lewis Hall: There are 4 public health units that border our reservation, the southwestern district health unit which is in Dickinson, the upper Missouri district health unit in Williston, the 1<sup>st</sup> district health unit in Minot which services White Shield and the Custer health unit in Mandan which serves part of the Twin Butte area. We have a unique situation where we are at, a lot the other three reservations in North Dakota only have one public health unit. It's kind of more or less to simplify this because a lot of times the other district units use our statistics for grants. A lot of times it is only limited services that come back to us as enrolled members of the tribe. I was there at the very beginning when they started doing this assessment, 8 years ago; those were the findings coming out of it. It made sense to have Fort Berthold be its own public health unit.

Senator Mathern: Just to make you all aware, this was the topic of interim study there is material from that study to support the conclusion of this bill.

Senator Kilzer: As Senator Mathern mentioned this was extensively reviewed in last interim. What is different about this, I assume in the last interim it must have been incomplete and the other question is this the end of the studies or will there be further studies down the road that we might still need?

Kelly Nagel, Public Health Liaison for the North Dakota Department of Health: It was studied during the interim and one that came out of the interim was the bill and amendments that are in front of you that actually allow a tribal health cabinet to be formed in North Dakota. The funding was is tied for actual start up for them to get organized and the Human service committee had mentioned that they would like progress reports on the outcome of how successful they are in actually sustaining their own health unit. (13:22-13:58)

Senator Kilzer: With this amount of money, \$500,000, are we going to see a buildup of inventory, that there are health care products for people.

Kelly: The idea for the funding is to supplement what they potentially could have from federal pass through dollars and some other grant funding that could be coming their way for certain programs. Such as women's way, family planning, it's to provide public health services that are targeted to the population on the reservation.

Chairman Holmberg: Right now they are in more than one health unit is there a variety of services that are found on the reservation now depending upon what health unit you are in or is it just a confusing kind of governance structure that we are trying to get rid of?

Kelly: It is confusing and fragmented. There are certain programs that are currently being provided on the reservation. Even the tribal programs are not within one organized unit or entity or umbrella. (15:17-16:16)

Senator Erbele: Asked about a section in the bill.

Kelly: They are distinguishing between a district board of health and what the health council on the tribe would be.

Chairman Holmberg: How many health districts are there in the state?

Kelly: There are 28 local public health units that have different formations, either districts or departments.

Chairman Holmberg: This would add one to that and taking parts from four and creating.....

Kelly: Taking population from the four that would currently cover it and making 29 local public health units.

Chairman Holmberg: Do we send X out to every health unit just a flat fee and will that make a change and how much money goes out?

Kelly: Yes right now we have three million general fund dollars per biennium that are allocated to the twenty eight local public health units. We distributed by a base pay of six thousand per county and then it is per capita after that. The population that would be in the new tribal health unit would be captured within that three million.

Chairman Holmberg: Would that be, population wise, one of the smaller health districts?

Kelly: We did have difficulty in estimating what the actual population would be because the tribe counts per enrolled member and this would actually be population residing on the reservation. At one time it was estimated at 6,000 for the population. We did estimate for local public health information that there would be very limited revenue that would be taken from the other four health units because it is probably only a population of about 6,000.

Chairman Holmberg: How large are the other health units?

Kelly: They are very large health districts we are looking at twenty to thirty thousand in each one. There was a comment that one was at ninety thousand.

Debra Thompson, Tribal Health Administrator from the Mandan, Hidatsa, and Arikara Nation: There enrollment is at thirteen plus thousand. We have a large population on the reservation due to the man camps and the oil activity. They are not all able to utilize what is available. That is one of the reasons they were looking at putting this on the Fort Berthold reservation because there is a big population explosion and they are not able to capture a lot of those individuals.

Senator Gary Lee: In terms of the federal money that three hundred thousand is that a grant that is coming specifically for this program or is it moving from one place to another.

Kelly: That is a match from the tribe that would be tribal funds.

Lisa Clout, Executive Office of the First District Health Unit: One of the issues they are struggling with is all of the environmental health. The same issues that all of us in the oil patch and the flooded areas have. They have these little trailers that show up and start selling food. The problem is, we as local public health units if they are on tribal land, we

can't enforce our food code and ordinances and our sewer codes and so forth because they are sovereign.

Chairman Holmberg: We will close the hearing on 2031. He asked the subcommittee to take a look at this and that would be; Senator Kilzer, Grindberg and Mathern along with the health.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2031 subcommittee  
February 4, 2013  
Job # 18257

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A Bill for an appropriation relating to tribal health districts.

### Minutes:

**Senator Kilzer** opened the subcommittee hearing on SB 2030. **Senator Grindberg** and **Senator Mathern** were present.

Legislative Council - Sheila M. Sandness  
OMB - Tammy Dolan

Attending:

**Scott Baker, New Town, Ken Hall's Chief of Staff**

**Arne Sorenson, Advisor to Ken Hall**

**Kelly Nagel, Public Health Liaison, North Dakota Department of Health**

Audio to this meeting was lost when the internet connection failed.

The committee, along with Arne Sorenson and Kelly Nagel discussed the public health units and the money involved with the bill.

**Senator Grindberg** asked for a list of how the funds should be expended.

**Kelly Nagel** said the \$200,000 would be to get their staffing structure in place. They have three satellites.

There are many federal regulations and it is not allowed to open up their clinic to people in the surrounding area which they did, however, it can only be used for Native Americans and the clinic was dissolved when it didn't have enough money.

**Senator Grinberg** stated that they already had skin in the game and this bill would augment it and make a more cohesive system.

**Senator Kilzer** noticed a discrepancy in the monetary amounts listed in the testimony and on the bill.

**Internet connection started and the audio recording came on.**

**Senator Kilzer** asked about the money amount listed on the bill and on pg. 2 of Lewis Ken Hall's testimony #1 in 1/28/13/hearing.

**Arne Sorenson:** The state's portions \$200,000; the tribe is putting in \$300,000 for a total of \$500,000.

**Senator Kilzer:** On his testimony, pg. 3 near the bottom, it said "If enacted, this law would provide \$200,000 the state general fund and the MHA Nation is prepared to provide matching funds of \$200,000." But they're aware that the bill reads \$300,000, the match plus \$100,000?

**Senator Kilzer:** So his testimony should say up to \$300,000? (All agreed.)

**Arne Sorenson:** That happened in an earlier testimony and got carried over, unfortunately, rather than being changed to \$300,000.

**Senator Mathern:** When did we change it in the interim committee from \$200,000 to \$300,000?

**Sheila M. Sandness:** They weren't sure how much would be available from tribal and federal sources, so that's why it says \$300,000. The \$300,000 is other sources including federal funds, tribal sources and whatever they can come up with.

**Senator Kilzer:** Do you think this will be sufficient or will there be additional qualifying funds that are needed as you gear up?

**Arne Sorenson:** I would hope that it grows. I would hope that it requires more money and therefore provides more services, but for now, it's a great estimation. \$500,000 would form up the staff, get things rolling, get that code passed and in place.

**Senator Kilzer:** Federal funds are kind of fragile. I don't suppose anyone knows what they're going to be providing.

**Arne Sorenson:** In my experience, it's been fairly steady on Indian health services. You can pretty much count on the money they're going to give you. It covers primary care very well; some other referral care comes up short. We have to delve that out carefully as to who's qualified. We know that quantity is there and we can use that for things. The other thing is the MHA Nation has committed to expanding health services in addition to the federal funds to the tune of \$4-8M. The \$300,000 match will most likely be MHA funds and not federal funds.

**Senator Kilzer** asked if there were any further questions.

**Kelly Nagel** asked if the committee needed any more information.

**Senator Grinberg** would like an update on how funds would be expended - just a rough outline.

**Kelly Nagel:** This is a draft budget for them to determine what potential funding they could get through the federal pass through dollars and modeling local public health units which are largely local government funded. The second largest source is federal pass through, so we did a budget showing potential funding through those two sources and that's where the \$500,000 came from to get their staffing up and going. They need the structure to apply for a lot of these funds. Some of these are competitive and require grant writing.

**Senator Kilzer:** If you could give us an outline of that, that would be much appreciated. Obviously there is more planning in place than we had knowledge of

**Senator Mathern:** In our other public health units, when they can't meet the need or there's something bigger than they have qualifications for, they call in the Department of Health to come in and do the inspections. What do you think will happen here if you don't have the resources? Do you anticipate an agreement with the Department of Health to permit their inspectors to help you?

**Arne Sorenson:** This has been an ongoing struggle outside of healthcare. I'd like to bring up the business of police services; how the sheriffs and the tribal police work together. There's a lot of communication that has to happen. Part of the reason we're working diligently on the process of getting the code in place is that it's structured to meet or be the same as the state code.

**Kelly Nagel:** It refers to state statute. It does allow for better assistance and collaboration and also, they can participate in regional networks that form their tribal health unit. They can get assistance from their neighbors as well.

**Senator Kilzer** closed the hearing on SB 2031 and can meet again the end of next week.

# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

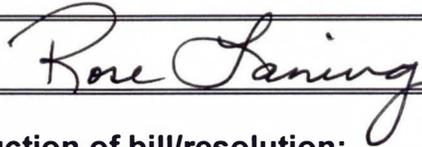
**SB 2031 subcommittee**

February 12, 2013

Job # 18809

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A Bill for an appropriation relating to tribal health districts.

### Minutes:

You may make reference to "attached testimony."

Legislative Council - Sheila M. Sandness  
OMB - Laney Herauf

**Senator Kilzer** opened the subcommittee hearing on SB 2030. **Senator Mathern** was present and **Senator Grindberg** was in Washington, DC.

**Senator Kilzer** - He received a document which is from the Sept. 26, 2012 testimony of Dr. John Baird in front of the Health Services Interim Committee and attached to it is an estimated budget for Fort Berthold Health District for 2012.

**Kelly Nagel, Public Health Liaison, Dept. of Health** What was shared was the deficit from potential revenue and expenses? That is where the appropriation is shared.

**Senator Kilzer** Total revenue of \$304,000 and expenses of \$785,000. Then the \$500,000 that is in this bill \$200,000 from the State & \$300,000 from the Tribe would make up the \$500,000 deficit right?

**Kelly Nagel:** Correct.

**Senator Kilzer** If this bill were to pass, are there documents between State Health and this newly created district health unit like there are other formal documents or is everyone different with every different health unit. This would make it 29 districts.

### **Arvy Smith, Deputy State Health Officer, North Dakota Department of Health**

Our relationship is contractual. I don't believe we have documents with local public health units. There all independent bodies other than the our relationship with them is contractual so when we award them funding, we have a contract with them but we don't have any legal authority over them and I am not the expert on this one, Kelly Nagel our local liaison and Dr. Barrett are. I am envisioning this was set up just like the Health Unit so we don't have a general document with them. They are an independent entity just like the other public health units governed by their local body.

**Senator Kilzer** Not referring specifically to this one, but are there disputes at times between the state health department and the district health units or health districts? I would assume every health district has boundaries.

**Arvy** - Disputes between the states and the locals or between different locals? **Senator Kilzer** between the state and the 28?

**Arvy** replied disputes I don't know if I would say disputes. We had different times where we had different philosophies on things but we have since set up an Executive Committee where we've got several local public health units directors and several members of the health department and we meet. We try to meet monthly but sometime we end up canceling to talk about if we've got any big changes that are coming down the pike or any new things we need to hash out. So we have those meetings for a couple hours every month if we have some conflict going on where we might have to do something differently.

**Senator Kilzer** I am also thinking about what happens to a public or local health unit or district that runs out of money? Suppose they don't get enough grants or if they come up short in their own budget. Does the state get billed or what happens there?

**Arvy** - They are on their own. The state provides only about as far as state general fund, provides about 5-8% of their funding. There mainly funded by local mill levy funding. We pass on a lot of federal grants to them. I think it's about 1/3 local money, 1/3/33% federal pass through; 1/3 and the rest is state and local fees. The reason for this bill is here is because out in that particular area there are 4 different health units are trying to serve this one tribal unit. That is where the issues are coming in so that's why there is discussion of trying to do this. So then it's very difficult to provide consistent coordinated service within that situation.

**Deborah Thompson - Three Affiliated Tribes Health Coordinator, New Town, ND** Our reservation interface is supported the Public Health Unit and 6 different counties. So there is a huge fragmentation of services no matter which way you look at it. So, with this, and with our oil boom the way it is, it has been really hard to track a lot of public health diseases, immunizations, vaccinations and that type of thing. We do have some infrastructure in our tribal health programs already that we Public Health nursing for example. We do have some emergency preparedness already. We have WIC the Women's, Infants and Children program that does the children's vaccinations and immunizations. So we do have some infrastructure in place, the staff in place.

**Senator Kilzer** I can see how efficiency would be improved by not having four different parts where you don't have a large amount of say in how they are run. But I also am asking the question about you know the \$200,000 that you're asking from the State. I don't know if it's a one- time thing or not? I assume it is, but will you be having additional grants that you know about that will be coming in to fill that gap or need when the two years is over?

**Kelly:** That is the plan. There is also more dollars through Medicaid. The only thing is that I think the language in the bill states that this a pilot project for them to get us up and running

because they will need to have the structure in place to actually apply for some of the federal pass through grants. So they will have to have some infrastructure in place.

**Senator Kilzer** Can you describe the pass through grants? What are they like and are you sure they will be there?

**Kelly:** The ones they included in the draft budget were the more sustainable funding. They get direct funding for WIC, which is their largest for the public health funding.

**Arvy:** We provide the existing local public health units with many different funding grant sources We provide them WIC, family planning, other maternal child health emergency preparedness funding.

**Kelly:** Listed several We would have the potential for receiving SACO funding from the center through our local public health unit. They receive quite a bit from domestic violence, so they have other injury prevention maybe, other sources of funding.

**Senator Kilzer** Is this estimate still fairly valid? Have you seen this before? **Arvy and Kelly** Yes, we prepared this with the Tribes.

**Kelly** This was modeled after a local public health unit budget that was similar in jurisdictional size and population size.

**Senator Kilzer** So even though its February now, and this was probably done back prior to September, it still is pretty much accurate? **Kelly** replied I think this was prepared in November. It is based on the local public health units' 2012 budget which hasn't changed much.

**Senator Kilzer** Here are your FTE's is that what you're still thinking of yet and demonstrating totality support 3 FTE's, emergency preparedness and response 1FTE, environmental health 1FTE. **Arvy** Like most of those FTE's they are already in place as I mentioned previously. (11:32-11:56 )

**Deborah Thompson:**

**Kelly** - We have satellite clinics that would help public health nurses which was kind of the draft plan of that time. They have structure concept in place anyway.

**Senator Kilzer** Vacines 15,000, that would be up and running actually? We can have that already in your budget.

**Kelly** That was after a local public health and that was for their administrative funding. That wasn't the grant that went away was it, the one that was actually grant funding not vaccine, for administration?

**Arvy** - Yes, that was the other one. It comes out of a Section 3-17 that is federal money but we do have some administrative funding that we pass on to them as well. We use ourselves as well.

**Deborah** - For the population that resides on the reservation or its boundaries, which are a lot of out of stators, that are not utilizing any public health unit and we have a lot of issues with that too.

**Kelly**- The only funding that was in the draft has included the population that is based on census was the State Aid funding except with local public health. It is the same situation with Upper Missouri First District. The funding is distributed based on population on a census data, so not all of their transient population is included as well.

**Senator Kilzer** And that is 13,000 if I remember right? **Kelly** it's very minimal to each local public health unit. Right now there is \$3 M for biennium that is distributed to all 28 local public health units.

**Deborah** So how does Williston make up for that extra population? **Kelly** replied from county government funds it. **Senator Kilzer** there here too no doubt about it.

**Deborah** - Dr. Warner, expert and an MD and he has the MPH program at NDSU and has researched this in detail and depth, and has researched the Medicaid reimbursement needs advantageous just for the Tribes or for the state, right? **Kelly** yes as far as reimbursement funding but it's like I mentioned 34% is local government funding. The largest source of funding of our local funding, so there needs to be a commitment from the Tribe and counties.

**Avry** There are a lot of counties we interface with. Again we're going to six counties that we interface with.

**Senator Mathern** - Do the counties, get any income off of land inside the boundaries of the reservation?

**Phyllis Howard**, Three Affiliated Tribes. I think that at one of the hearings there was very minimal money. I think it was less than \$20,000. Did they have that in there? **Kelly** yes they estimated it at \$36,000 for taxable land.

**Senator Mathern** Is there anything the Tribe wants changed on this bill or is it fine the way it is?

**Deborah** - The bill is fine the way it is, but they have a resolution that was drafted and she presented at the Save Face Business Council meeting to match that \$200,000. So they all know about it and they are all supportive of that. They've also had to supplement many health programs already. So there used to supplementation to of programs. I think it's a good thing for the state because I think that we can capture a lot of the individuals that live on the reservation, as well as far as those who need screening, STD's that type of thing that are really rampant right now that could become a public health hazard or epidemic if you don't look at that because we have a lot of individuals that are residing within the boundaries of the reservation or within the reservation. Man camps and individual trailers and hotels and everything.

**Senator Mathern** With this unit potentially takes part in one of the regional health or public health networks? Which one do you think that might take part?

**Kelly:** Yes. What there looking at is the Upper Missouri 1<sup>st</sup> District and South Western would become one network. So they would participate in that in that network. And what's going to assist them in actually collaborating with them is the Tribal Health Unit that has references to some of the state statutes. There is going to be more of a coordinating effort and authority issues that are defined. So this will also give them the potential for better collaboration.

**Senator Kilzer** asked which regions? **Kelly replied** 1<sup>st</sup> District in Minot, Upper Missouri in Williston, Southwestern in Dickinson because there seeing all the state challenges. **Senator Kilzer** All those three together? **Kelly** yes because they are all seeing the same challenges. **Senator Mathern** and this one might one Regional Public Health Unit. **Kelly** it could be a potential network. **Senator Mathern** that would apply for this \$4 M, gosh that would be wonderful.

**Deborah:** Then it has to do with the issue of public health. This entails a lot of food. We have food vendors they are off the road and inviting new towns, because the tribal doesn't govern in town, the city commission then so there is no permits for parking trailers and selling food cooked and served out of trailers. We've gotten reports where this past summer there were individuals talking about hamburger that was shiny and discolored. So those kinds of things can be a very public health threat if you don't have any type of monitoring in place to monitor to monitor these vendors that are coming in and pulling up anywhere. People selling tacos out of their trunks out of the cooler, and there are just a lot of things going on that nobody is monitoring. They inadvertently become a public health hazard.

**Senator Kilzer** Any additional questions? **Senator Grindberg** is not here so we could just move this along but we do have to wait for him for our final vote on this particular bill 2031.

**Phyllis** - The city of New Town has for food vendors there jurisdiction only goes up to the end of the sidewalk. I checked with a former city commissioner and they told me that anything that is on the street is fair game. When they booted out of the street they go to someone's private lot or property and set up there. It's kind of like a frontier out there with all these food vendors springing up. I believe that the 1<sup>st</sup> District out of Minot don't have jurisdiction on the reservation because of the sovereignty issue. So having a public health unit on the Fort Berthold Reservation would be good help in that area and they would be willing to work with the Fort Berthold Public Health Unit that came about.

**Senator Mathern** I'm fine with the bill.

**Senator Kilzer** Closed the hearing on SB 2031. I don't think we need any more amendments or anything.

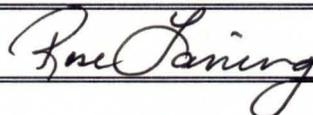
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2031 subcommittee  
February 19, 2013  
Job # 19167

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A Bill for an appropriation relating to tribal health districts

### Minutes:

Legislative Council - Sheila M. Sandness  
OMB - Tammy Dolan

**Senator Kilzer** opened the subcommittee hearing on SB 2031. **Senator Grindberg** and **Senator Mathern** were present.

**Senator Kilzer:** Said he wanted to be sure of the match and on the bill, page, it refers to \$200,000 out of the state treasury and then lines 26, 27 & 28 they talk about \$300,000 from special funds or from federal funds (also considered to be tribal money.) If you look at Lewis Ken Hall's testimony, he talks about the money coming from MHA Nation.

**Senator Mathern:** In the interim committee study.

The Clerk read the previous minutes from the 2-4-13 testimony to clarify the discrepancy: (2:10-3:15)

Minutes from February 4, 2013 subcommittee on SB 2031:

**Senator Kilzer:** Asked about the money amount listed on the bill and on pg. 2 of Lewis Ken Hall's testimony #1 in 1/28/13/hearing.

**Arne Sorenson:** The state's portions \$200,000; the tribe is putting in \$300,000 for a total of \$500,000.

**Senator Kilzer:** On his testimony, pg. 3 near the bottom, it said "If enacted, this law would provide \$200,000 the state general fund and the MHA Nation is prepared to provide matching funds of \$200,000." But they're aware that the bill reads \$300,000, the match plus \$100,000?

**Senator Kilzer:** So his testimony should say up to \$300,000? (All agreed.)

**Arne Sorenson:** That happened in an earlier testimony and got carried over, unfortunately, rather than being changed to \$300,000.

**Senator Mathern:** When did we change it in the interim committee from \$200,000 to \$300,000?

**Sheila M. Sandness:** They weren't sure how much would be available from tribal and federal sources, so that's why it says \$300,000. The \$300,000 is other sources including federal funds, tribal sources and whatever they can come up with.

**Senator Mathern:** I'm fine with it the way it is.

**Senator Kilzer:** Any additional items.

**Senator Mathern moved a Do Pass on SB 2031.**

**Senator Grinberg seconded.**

Discussion

**Senator Kilzer:** Said this is a onetime funding.

**A roll call vote was taken. Yea: 3 Nay: 0**

**Senator Kilzer - Yes**

**Senator Grinberg - Yes**

**Senator Mathern - Yes**

**Senator Kilzer - The subcommittee will recommend a Do Pass to the full committee.**

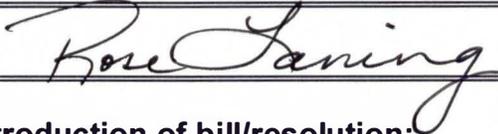
# 2013 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2031  
February 19, 2013  
Job # 19197

Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

"Click here to type reason for introduction of bill/resolution"

### Minutes:

You may make reference to "attached testimony."

**Chairman Holmberg** opened the hearing on SB 2031 which will allow the reservation to be in one Tribal Health district.

Senator Kilzer: Fort Berthhold wants to have one health district. Right now they are part of four different districts. The fiscal part is: The federal funds that the tribe gets will put in \$300,000 and the request of the state is \$200,000. It's one time funding, so the subcommittee voted unanimously 3-0 for a do pass.

**Senator Kilzer moved Do Pass on SB 2031.**  
**Senator Mathern seconded the motion.**

**Senator Mathern:** This proposal went through the interim committee so there has been some vetting.

**A roll call vote was taken. Yea: 13 Nay: 0 Absent: 0**  
**The bill goes back to Human Services and Senator Larsen will carry the bill on the floor.**

Date: 2-19-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 2031

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number Do

Action Taken Do pass

Motion Made By Kilzer Seconded By Mather

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 13 No 0

Absent \_\_\_\_\_

Floor Assignment Human & Larsen

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

**REPORT OF STANDING COMMITTEE**

**SB 2031: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO PASS**  
(13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2031 was placed on the  
Eleventh order on the calendar.

**2013 HOUSE HUMAN SERVICES**

**SB 2031**

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2031  
March 18, 2013  
Job 20028

Conference Committee

*Kristie Hetzler*

## Explanation or reason for introduction of bill/resolution:

Relating to tribal health districts; to provide for reports; and an appropriation.

## Minutes:

*Testimony 1,2*

**Chairman Weisz:** Called the hearing to order on SB 2031.

**Dr. John Baird:** Section chief of the Special Populations Section in the ND Dept. of Health testified in support of the bill. (See Testimony #1) 7:00

7:00

**Chairman Weisz:** How will this affect the 4 public health units, what will the jurisdictions be?

**Dr. Baird:** They would cooperate with each other and they have a lot of common interests.

**Chairman Weisz:** There won't be an overlap.

**Dr. Baird:** No.

**Rep. Porter:** How would the tax exempt be handled?

**Dr. Baird:** It would still have to be coordinated with the counties. They would have to be an agreement on the taxed property on how they would support that area. I don't have the details.

**Rep. Porter:** Is there something in the bill that talks about the tax structure and how it flows from the different counties?

**Dr. Baird:** It is not laid out in the bill. In the health districts are funded with tax dollars directly to the health unit. Five mills can come to the department. 11:02

**Rep. Porter:** Is that spelled out in here, that it has to be part of the pilot project?

**Dr. Baird:** The funding that is coming from the counties to the reservation area is small at this point, the language of the bill allows the formation of unit such as this. 12:33

**Rep. Fehr:** How long does the pilot go and what happens at the end?

**Dr. Baird:** It is a one-time funding with matching funding from the tribe to give the tribe an opportunity to form a tribal public health unit.

**Chairman Weisz:** Pilot project maybe not a good term. If they get this up and running then it will be an ongoing running health unit.

**Rep. Fehr:** If it doesn't go well, what happens in two years?

**Chairman Weisz:** It may dissolve at any time by the tribal council.

**Arne Sorenson:** 17:00 Retired from the US Public Health Service Commissioned Corps and currently serve on the advisory committee to Ken Hall from New Town, testified in support of the bill. (See Testimony # 2) 23:45

**Chairman Weisz:** From your perspective from the Tribal, if a particular county would have say 5 mills for public health unit is that an issue for that small amount of property?

**Sorenson:** Ken and Tex Hall don't see this as a problem. We anticipate having relationships with the local public units where there might be an exchange of services in lewd of some of those tax funds.

**Rep. Fehr:** On page 2 your number 2 talks about Medicaid. How much will this amount to and how stable these funds will be given that they are Federal dollars and all that is going on the federal level?

**Sorenson:** I'm not sure there is an answer to that until we have taken a look how much it will actually cost to get that unit moving. We could bill at a higher rate and get more money coming back.

**Rep. Fehr:** If this goes away in a couple of years, do you have a sense on how significant that impact will be? 27:00

**Sorenson:** The Tribe understands they will be putting in a considerable amount of money into this project.

**Vice-Chair Hofstad:** Looking at the appropriation, do you see that as something you would have to maintain in order to continue this or not?

**Sorenson:** We would like a better coordination of services between us and the local public health units. Whether the one-time funding has major or minor impact, I don't think we are too concerned about that because we have already contributed a significant amount to the overall healthcare system in place in now.

**Chairman Weisz:** Closed the hearing on SB 2031.

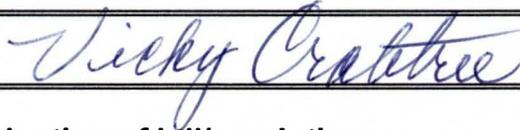
# 2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2031  
March 19, 2013  
Job #20181

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to tribal health districts and to provide reports and an appropriations.

## Minutes:

Chairman Weisz: Let's look at 2031. That's the tribal health unit. There is some money in it.

Rep. Fehr: I can see where them having their own health unit would be an advantage to them. The question I have is the money. In two to three years from now will it be a big mess if it doesn't work out?

Chairman Weisz: The appropriation is not for services, but is for the implementation of the single tribal health unit. We are not covering any services. This is to fund the collaboration and set up the structure. Can they come back in two years if we do this and ask for more money? Absolutely. It is in the language they can dissolve at any time if it doesn't work out for them. Anyone in the county can present themselves to the local county unit. Do they need the \$200,000 from the general fund? I don't know. I think the tribal health unit is a good idea.

Rep. Fehr: It would require the tribal council to end the health unit and what if they have no money to fund it, but don't end it, what will happen?

Chairman Weisz: That is their problem. The state has no obligation to fund it. If they don't dissolve it and it goes in limbo; people within the boundaries of that county can still access their local health unit as they do today.

Rep. Fehr: As a health unit, do they fall under the ND laws?

Chairman Weisz: No.

Rep. Fehr: In the testimony there was talk of property tax and reservations have very little tax bases. Will there be issues with tax bases and property tax?

Chairman Weisz: I doubt there will be. I got the indication from Arne Sorenson that the tribes were not going to make an issue of the small amount of property tax revenue that might be going to the counties for public health.

Rep. Fehr: He said if they were going to make an issue, they would do some sort of exchange for services.

Chairman Weisz: There is nothing for the tribe to argue that is part of their portion. It is all general fund money. If there is a dedicated tax to public health they could try and make that an issue.

Rep. Damschen: Is there any confusion or disagreement taxing authority and jurisdiction over land within the reservation that may have been sold to someone out of the reservation? Or, land outside the reservation owned by the tribe?

Chairman Weisz: There are some, but I don't know if it is relevant to the bill.

Rep. Porter: If this is enacted then does it cover tribal members only? All of the openness of the process and the appeals process leaves the jurisdiction of the citizen of the State of ND and goes to the sovereignty of the tribe, which the person isn't a member of and may not have standing in front of. I certainly don't want to be giving the way the right of a ND citizen that is living on the inside of the exterior boundaries of a reservation. I'm reading this as the other public health units would walk away from that area and we would be giving away the open public process of public health that we have created in exchange for something the citizens of ND living there may not want.

Chairman Weisz: The question came up in interim committee of who the ND citizen answers to, the tribes or to the State of North Dakota?

Rep. Porter: When we dealt with the oil issue it was clear that the oil companies wanted the stability of the State of ND in order to do. So came to the agreement on whose regulations would be used inside of the exterior boundaries of the reservation on tribal and trust land. Fee land that is owned by non-natives is always under the jurisdiction of the State of ND and you can't give away the sovereignty of a citizen of ND to another sovereign nation. What concerns me is that after we did that agreement then all of the language in there talked about all of the different fees and structures that the tribe wouldn't do. In the end they turned around and started doing. They started having the taro tax and requiring little cameras on the wells that were monitored by a company they created, but it was on non-tribal members' fee land. They took all the BIA rounds and created their own department of transportation. Whose rules and regulations do these people follow?

Rep. Porter: Going back to that other bill, I'm very clear that we cannot give away the sovereign rights of the citizen of the State of ND and their property to another sovereign government.

Chairman Weisz: I'll get information and the answer to that question.

Rep. Silbernagel: Have we had any other reservations come and ask us for this?

Chairman Weisz: This is the only one.

Rep. Fehr: On page 2 under tribal units, lines 4-6, it does not reference numbers of district health units. It says, "borders four or more counties". I believe that refers to 3 different tribes that could apply for this bill.

Chairman Weisz: Possible. Only one is concerned. The language should say, "within the borders".

Rep. Fehr: (Didn't have microphone on)

Chairman Weisz: There are only two counties that are within the borders of Spirit Lake. No, three; Eddy, Benson and Ramsey. I think the language was meant to say, within the borders of and we can change that.

Rep. Oversen: It is because Ft. Berthold is divided up into 4 public health units.

Rep. Damschen: The discussion that Rep. Porter initiated is what I was referring to on the jurisdiction part. On the oil thing we were limited and gave the Governor the authority to negotiate some of that stuff.

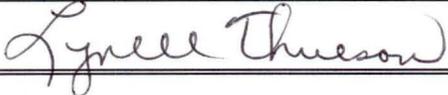
Chairman Weisz: Maybe in the end we may think this isn't the right to go because of those concerns. I like the idea of a tribal public health unit, but if we can't address those maybe that is not where it is going to go.

# 2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2031  
March 26, 2013  
Job 20506

Conference Committee



**Explanation or reason for introduction of bill/resolution:**

**Minutes:**

**Chairman Weisz:** Let's take up SB 2031, Tribal health. I had some discussion with the Assistant Attorney General for Tribal issues. They said they don't know. They said if we sunset it, give it a 2 year pilot project then we can find out any issues involved. Generally any non-Native American on the reservation should be able to go to the public health unit for services. It wasn't clear if the Tribe would have jurisdiction on sea land. It was unclear about the regulatory portion. It wasn't clear if the Tribe would argue jurisdiction over that facility or if it would still be with the local public health unit. If we did a pilot project, we could see what the other Tribes came up with. They don't think the Tribes would be ready to go in two years. Personally I support the concept, but when you deal with Tribal issues it's never simple.

**3:34 Representative Porter:** By defeating this bill it doesn't take away from the public health units and Tribes to have discussions. I have a huge concern with taking citizens of North Dakota living within the boundaries and taking their jurisdiction from the currently established system and allowing that to fall back into the Tribal court that they don't have a standing in.

**Chairman Weisz:** That is already an issue.

**Representative Porter:** I believe that and we know that because of the Tribal DOT and the oil issue.

**4:55 Chairman Weisz:** They did suggest you could try to do a JPA. So you would have a defined collaboration. They thought the Tribes could get the federal funding under the JPA.

**6:40 Vice-Chair Hofstad:** If we do enter into an agreement it's not always good.

**Chairman Weisz:** If you did do a GPA you could have a nice working agreement with the JPA but the minute there is a change in Tribal Council it would be void and then it would have to be voted on again.

**7:28 Representative Laning:** They looked at this as not being a pilot. They expected the expenditures to go on in support. We would possibly be getting into a program rather than just a trial.

**Chairman Weisz:** The funding was strictly to get it self-sustaining on their part. There are not clear answers from them. If the person is non-Native, is on sea land who has authority? They stated the person may be under state jurisdiction even under this bill. The Tribe could say differently.

**10:08 Representative Damschen:** I agree ideally if this could work, but I am cautious in the uncertainties in the jurisdictional part of it. I would move a do not pass. Seconded by Representative Silbernagel.

**Representative Silbernagel:** I echo what Mr. Damschen spoke to. There are so many unanswered questions and uncertainties.

**11:02 Representative Mooney:** I would disagree. The Indian Nations seems to be having serious issues. If we did it as a pilot would a sunset date we could revisit it in 2015. I would be opposed to the do not pass. Was there a legislative study already conducted on this?

**Chairman Weisz:** We have studied this two biennium's now.

**A Do Not Pass Roll Call vote: Yes = 7, No = 5, Absent = 1. Carrier:** Representative Damschen.

2013 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2031

House Human Services 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. Damschen Seconded By Rep. Silbernagel

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓	✓	REP. MOONEY		✓
VICE-CHAIRMAN HOFSTAD	✓	✓	REP. MUSCHA		✓
REP. ANDERSON		✓	REP. OVERSEN		✓
REP. DAMSCHEN	✓	✓			
REP. FEHR	✓	✓			
REP. KIEFERT	✓	✓			
REP. LANING	✓	✓			
REP. LOOYSEN	✓	✓			
REP. PORTER	✓	✓			
REP. SILBERNAGEL	✓	✓			

Total (Yes) 17 No 5

Absent \_\_\_\_\_

Floor Assignment Rep. Damschen

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

**REPORT OF STANDING COMMITTEE**

**SB 2031: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (7 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). SB 2031 was placed on the Fourteenth order on the calendar.

**2013 TESTIMONY**

**SB 2031**

Madame Chair, members of the committee:

For the record, my name is Sheila Sandness and I am a Senior Fiscal Analyst for the Legislative Council. I am here to present information on Senate Bill No. 2031 relating to a tribal public health unit pilot project. I appear neither for nor against the resolution, but just to provide information and answer any questions you may have.

Senate Concurrent Resolution No. 4012 approved by the Legislative Assembly in 2011 directed a study of the feasibility and desirability of placing the entire Fort Berthold Reservation in a single public health unit. This study was assigned to the interim Health Services Committee. The interim Health Services Committee received information regarding the benefits and challenges of placing the entire Fort Berthold Reservation in a single public health unit and options for governance and funding.

The interim Health Services Committee recommends Senate Bill No. 2031 to amend Chapter 23-35 relating to public health units to define tribal health units and allow a public health unit to form on an Indian reservation. The bill provides \$500,000, of which \$200,000 is from the general fund and \$300,000 is provided on a matching basis by the MHA Nation or other source, to the State Department of Health for the purpose of implementing a tribal public health unit pilot project. The bill also requires a report to the Legislative Management semiannually.

The Health Services Committee's findings and recommendation regarding a tribal public health unit pilot project can be found in the "Report of the North Dakota Legislative Management".

The executive recommendation for the State Department of Health does not provide for a tribal public health unit pilot project.

That concludes my testimony and I would be happy to answer any questions you may have.

**TESTIMONY OF ARNE SORENSON  
BEFORE THE NORTH DAKOTA HEALTH SERVICES COMMITTEE,  
REGARDING THE FEASIBILITY AND DESIRABILITY OF PLACING  
THE ENTIRE FORT BERTHOLD RESERVATION IN A SINGLE PUBLIC  
HEALTH UNIT – STATUS UPDATE ON FUNDING AND GOVERNANCE**

**Tuesday, 14 January, 2013, Bismarck, ND**

Good morning Chairman Lee and Members of the Committee, My name is Arne Sorenson, and I am retired from the Indian Health Service, however, I serve as a member of the advisory committee to Ken Hall, New Town/Little Shell Segment Councilmen. Thank you for the opportunity to present testimony on behalf of the MHA Nation. Tribal Chairman, Tex G. Hall, and the Tribal Business Council continue to support Senate Bill 2031, because it calls for a pilot project to determine whether the health care needs of citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single Public Health Unit (PHU).

I am here today to reiterate the tribe's support for SB 2031; provide a review of benefits to citizens; and discuss funding that will allow this project to succeed in improving the public health status of all citizens of our Reservation. The MHA Nation Health Authority Board was created to address the governing body requirements for our health care system. This board reports directly to the MHA Nation Tribal Business Council, and the Tribal Business Council stands ready to amend the board charter to include the responsibility of managing the Public Health Unit.

Conducting a feasibility study to establish a Public Health Unit at the Mandan, Hidatsa, and Arikara Nation is good for both the MHA Nation and for the State of North Dakota because it demonstrates the State of North Dakota's respect for tribal sovereignty, and it is a model for how the government-to-government relationship should work between the State and the tribes. In addition, establishing a PHU at Fort Berthold will allow for numerous benefits and improvements in health, including:

1. Promoting cultural competence in services delivery and in coordination of programs. This will improve the quality of and access to services for tribal members.
2. Establishing unique billing opportunities, including access to the Medicaid All-Inclusive Rate for Medicaid-covered services for tribal programs—the existing non-Tribal District PHUs do not have access to this funding stream. This All-Inclusive Rate is paid with 100% federal funds, and will therefore not result in additional costs to the State of ND.
3. Improving coordination of public health services with medical services that are already under the management of the Tribe via Elbowoods Memorial Health Center. For example, the tribe can directly link Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and immunization services provided by the PHUs to pediatric primary care scheduling and follow up provided by MHA Nation. These services (screening and follow up treatment) are currently not directly linked under the current model.
4. Establishing the opportunity to coordinate all health programs provided to citizens of the MHA Nation, including behavioral health, public health, medical services, community health workers, long term care, substance abuse prevention

and treatment all under one umbrella—this currently is not done in the district PHU's.

5. Improving coordination of tribal health programs with all ND Department of Health programs and services via established linkages between PHUs and the DOH.

6. Allowing the four district PHUs that currently overlap with the Ft. Berthold Reservation to further focus on the growing population in western North Dakota.

7. Improving Emergency Response with better coordination, and we have the opportunity to link tribal efforts with the new Master of Public Health Track in Disaster and Emergency Preparedness at North Dakota State University.

8. A PHU on Fort Berthold has the opportunity to link public health outreach efforts to identify users that need cancer screening and other services that are now covered services under the Affordable Care Act.

9. This new and improved model of public health and medical services coordination also creates access to grant opportunities to focus on health policy and inter-governmental relationships that can result in publications that can serve as a model for other tribal communities in ND and in other parts of the country,  
And

10. Ultimately, this will create the opportunity to significantly improve the health status and reduce health disparities among tribal members.

The MHA Nation is prepared to enter into collaboration with the State of North Dakota as outlined in SB 2031. If enacted, this law would provide \$200K from the state general fund, and the MHA Nation is prepared to provide matching funds of \$200K as outlined in the Bill. These resources will allow for coverage of startup costs, and appropriate time to explore and develop a detailed business plan

to include the additional funding streams identified and discussed in our previous team meetings. The Local PHUs currently have limited capacity to provide services on the reservation, and the tribe believes that the feasibility study will demonstrate the degree of limited capacity, and it will assist us in appropriate planning as we move forward.

As noted in our previous testimony, the Institute of Medicine report on the integration of primary care and public health care stresses that integration can start with any of these principles and that beginning is more important than waiting until all requisite components are in place. We would agree that this is the time for moving into a partnership that will benefit the State of ND as well as all people residing on the Ft. Berthold reservation.

Chairman Lee and committee members, the MHA Nation is prepared to partner with the state of North Dakota to develop a new paradigm for government-to-government collaboration that will be a model for cooperation in this state and beyond. On behalf of the MHA Nation and Chairman Tex G. Hall and the Tribal Business Council, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.

**Testimony**  
**Senate Bill 2031**  
**Senate Human Services Committee**  
**Tuesday, January 15, 2013; 9:30 a.m.**  
**North Dakota Department of Health**

Good morning, Chairman Lee and members of the Human Services Committee. My name is Dr. John Baird, and I am section chief of the Special Populations Section in the North Dakota Department of Health. I am also the local health officer for Fargo Cass Public Health. I am here today to provide information regarding Senate Bill 2031 relating to tribal public health units. During the last legislative session and during the interim, I provided testimony and worked with stakeholders concerned with SCR 4012, a study of the feasibility of placing the Fort Berthold Reservation in a single public health unit. Senate Bill 2031 is a result of that study. I will provide some information about public health, local public health in North Dakota and public health services on the Fort Berthold Reservation.

**Public Health**

Public health in the United States functions at a federal, state, local and tribal level to protect and enhance the health and safety of the population. Prolonging life and promoting health is done through efforts of a number of private and public organizations. Governmental public health has unique and necessary functions and services at each level to monitor health status, improve access to health care, preserve the quality of the environment, prevent the spread of diseases, and respond to disasters. Descriptions of the functions and essential services of public health were presented in the Institute of Medicine (IOM) report of 1988 and have now been refined by the Public Health Accreditation Board (PHAB), which has defined a set of standards and a process to measure local and state health departments against those standards.

**North Dakota Local Public Health**

The mission of public health in our state is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. In contrast with curative medical care, which focuses on evaluation and treatment of individuals and their health problems, public health takes a broader view, understanding the specific health issues confronting the community and working to address physical, behavioral, environmental, social and economic conditions affecting them. Public health investigates health problems and health threats and works to prevent, minimize or contain adverse effects of communicable diseases, unsafe food and water, chronic diseases, environmental hazards, injuries and risky behaviors. Public health leads planning and response for public health emergencies and coordinates with others for response and

recovery from natural disasters. Public health engages partners and the community to address public health issues, promotes good health, addresses health disparities, and assures the quality and accessibility of health services.

North Dakota currently has 28 local public health units, a combination of health districts and health departments, of which there are multi-county, single-county, or city-county health units. Portions of the land contained in the Fort Berthold Reservation are part of four multi-county health districts: Upper Missouri District Health Unit, based in Williston; First District Health Unit, based in Minot; Southwestern District Health Unit, based in Dickinson; and Custer Health Unit based in Mandan. The attached map illustrates this.

### **Fort Berthold Reservation**

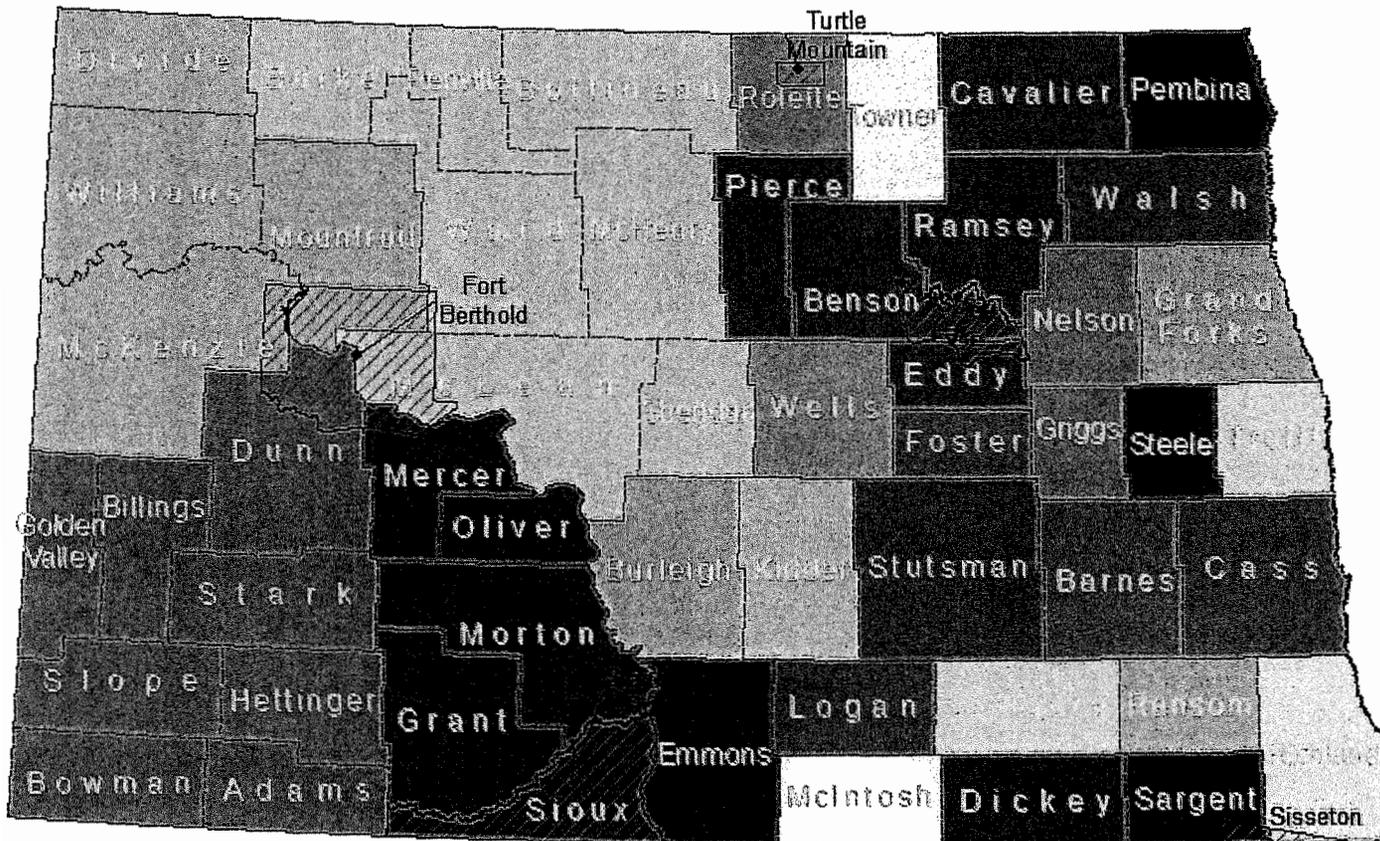
Some individual public health programs are now functioning on the Fort Berthold Reservation, either through one of the local public health units or with individual entities on the reservation. Tribal and health leaders have seen the need to consolidate activities into one tribal public health unit for better coordination and management of efforts. A tribal health authority board has been created to oversee formation of a public health unit and tribal public health code is being examined for adoption. I understand that the tribe is also prepared to provide matching funds as required in this bill to conduct a pilot study and formation of a tribal public health unit. There is an interest to work with the state health department and neighboring local public health units to provide the best services possible. Dr. Donald Warne, Director of the Master of Public Health program at North Dakota State University, is consulting with the Mandan, Hidatsa, and Arikara Nation and providing public health policy advice. All the components required to form a successful public health unit are coming into place, including organizational structure, funding possibilities, public health expertise and local commitment. Changes to state statute in SB 2031 would allow a tribal public health unit to be created and the pilot project funding would allow it to function and determine how best to make it sustainable.

### **Conclusion**

Public health at a local level serves an important role for the health of our state's population and is vital to the long term well-being of our communities. Developing a tribal public health unit on the Fort Berthold reservation would allow coordination of services and better serve the community. Local efforts and support are present to develop what could become a model for other tribes.

That concludes my testimony. I would be happy to answer any questions you have.

# Local Public Health Units and Tribal Lands



- Counties
- Tribal Lands
- Public Health Units**
- Bismarck-Burleigh Public Health
- Cavalier County Health District
- Central Valley Health Unit
- Custer Health Unit
- Dickey County Health District
- Emmons County Public Health
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- Towner County Public Health District
- Traill District Health Unit
- Upper Missouri District Health Unit
- Valley City-Barnes County Health Dept.
- Walsh County Health District
- Wells County District Health Unit

3



Date: 2/15/2011  
Author: AMF

**TESTIMONY OF MHA NATION  
BEFORE THE NORTH DAKOTA SENATE APPROPRIATIONS  
COMMITTEE, REGARDING S. B. 2031 THE FEASIBILITY AND  
DESIRABILITY OF PLACING THE ENTIRE FORT BERTHOLD  
RESERVATION IN A SINGLE PUBLIC HEALTH UNIT**

**Monday, 28 January, 2013, Bismarck, ND**

Good morning Chairman Holmberg and Members of the Committee, My name is Lewis Ken Hall, a member of the Tribal Business Council and a member of the Mandan, Hidatsa, and Arikara Nation, and I am here today on behalf of Chairman Tex Hall to present testimony on Senate Bill 2031. Thank you for inviting me to present testimony on behalf of the MHA Nation. Tribal Chairman, Tex G. Hall, and the Tribal Business Council continue to support Senate Bill 2031, because it calls for a study to determine whether the health care needs of citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single Public Health Unit (PHU).

I am here today to reiterate the tribe's support for SB 2031; provide a review of benefits to citizens; and discuss funding that will allow this project to succeed in improving the public health status of all citizens of our Reservation. The MHA Nation Health Authority Board was created to address the governing body requirements for our health care system. This board reports directly to the MHA Nation Tribal Business Council, and the Tribal Business Council stands ready to amend the board charter to include the responsibility of managing the Public Health Unit.

Conducting a feasibility study to establish a Public Health Unit at the Mandan, Hidatsa, and Arikara Nation is good for both the MHA Nation and for the State of North Dakota because it demonstrates the State of North Dakota's respect for tribal sovereignty, and it is a model for how the government-to-government relationship should work between the State and the tribes. In addition, establishing a PHU at Fort Berthold will allow for numerous benefits and improvements in health, including:

1. Promoting cultural competence in services delivery and in coordination of programs. This will improve the quality of and access to services for tribal members.
2. Establishing unique billing opportunities, including access to the Medicaid All-Inclusive Rate for Medicaid-covered services for tribal programs—the existing non-Tribal District PHUs do not have access to this funding stream. This All-Inclusive Rate is paid with 100% federal funds, and will therefore not result in additional costs to the State of ND.
3. Improving coordination of public health services with medical services that are already under the management of the Tribe via Elbowoods Memorial Health Center. For example, the tribe can directly link Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and immunization services provided by the PHUs to pediatric primary care scheduling and follow up provided by MHA Nation. These services (screening and follow up treatment) are currently not directly linked under the current model.
4. Establishing the opportunity to coordinate all health programs provided to citizens of the MHA Nation, including behavioral health, public health, medical services, community health workers, long term care, substance abuse prevention

and treatment all under one umbrella—this currently is not done in the district PHU's.

5. Improving coordination of tribal health programs with all ND Department of Health programs and services via established linkages between PHUs and the DOH.

6. Allowing the four district PHUs that currently overlap with the Ft. Berthold Reservation to further focus on the growing population in western North Dakota.

7. Improving Emergency Response with better coordination, and we have the opportunity to link tribal efforts with the new Master of Public Health Track in Disaster and Emergency Preparedness at North Dakota State University.

8. A PHU on Fort Berthold has the opportunity to link public health outreach efforts to identify users that need cancer screening and other services that are now covered services under the Affordable Care Act.

9. This new and improved model of public health and medical services coordination also creates access to grant opportunities to focus on health policy and inter-governmental relationships that can result in publications that can serve as a model for other tribal communities in ND and in other parts of the country, And

10. Ultimately, this will create the opportunity to significantly improve the health status and reduce health disparities among tribal members.

The MHA Nation is prepared to enter into collaboration with the State of North Dakota as outlined in SB 2031. If enacted, this law would provide \$200K from the state general fund, and the MHA Nation is prepared to provide matching funds of \$200K as outlined in the Bill. The tribe's commitment to providing matching funds was confirmed at the Tribal Business Council meeting held

January 24, 2013. These resources will allow for coverage of startup costs, and appropriate time to explore and develop a detailed business plan to include the additional funding streams identified and discussed in our planning meetings. The Local PHUs currently have limited capacity to provide services on the reservation, and the tribe believes that the feasibility study will demonstrate the degree of limited capacity, and it will assist us in appropriate planning as we move forward.

As noted in our previous testimony to the Health Services Committee, the Institute of Medicine report on the integration of primary care and public health has the potential to improve population health. Investing in coordinated public health and disease prevention services at the local level will result in lower medical costs and direct savings to payer sources like Medicaid. We would agree that this is the time for moving into a partnership that will benefit the State of ND as well as all people residing on the Ft. Berthold reservation.

Chairman Holmberg and committee members, the MHA Nation is prepared to partner with the state of North Dakota to develop a new paradigm for government-to-government collaboration that will be a model for cooperation in this state and beyond. On behalf of the MHA Nation and Chairman Tex G. Hall and the Tribal Business Council, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.

#1

**Testimony**  
**Senate Bill 2031**  
**House Human Services Committee**  
**Monday, March 18, 2013; 9:30 a.m.**  
**North Dakota Department of Health**

Good morning, Chairman Weisz and members of the Human Services Committee. My name is Dr. John Baird, and I am section chief of the Special Populations Section in the North Dakota Department of Health. I am also the local health officer for Fargo Cass Public Health. I am here today to provide information regarding Senate Bill 2031 relating to tribal public health units. During the last legislative session and during the interim, I provided testimony and worked with stakeholders concerned with SCR 4012, a study of the feasibility of placing the Fort Berthold Reservation in a single public health unit. Senate Bill 2031 is a result of that study. I will provide some information about public health, local public health in North Dakota and public health services on the Fort Berthold Reservation.

**Public Health**

Public health in the United States functions at a federal, state, local and tribal level to protect and enhance the health and safety of the population. Prolonging life and promoting health is done through efforts of a number of private and public organizations. Governmental public health has unique and necessary functions and services at each level to monitor health status, improve access to health care, preserve the quality of the environment, prevent the spread of diseases, and respond to disasters. Descriptions of the functions and essential services of public health were presented in the Institute of Medicine (IOM) report of 1988 and have now been refined by the Public Health Accreditation Board (PHAB), which has defined a set of standards and a process to measure local and state health departments against those standards.

**North Dakota Local Public Health**

The mission of public health in our state is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. In contrast with curative medical care, which focuses on evaluation and treatment of individuals and their health problems, public health takes a broader view, understanding the specific health issues confronting the community and working to address physical, behavioral, environmental, social and economic conditions affecting them. Public health investigates health problems and health threats and works to prevent, minimize or contain adverse effects of communicable diseases, unsafe food and water, chronic diseases, environmental hazards, injuries and risky behaviors. Public health leads planning and response for public health emergencies and coordinates with others for response and

recovery from natural disasters. Public health engages partners and the community to address public health issues, promotes good health, addresses health disparities, and assures the quality and accessibility of health services.

North Dakota currently has 28 local public health units, a combination of health districts and health departments, of which there are multi-county, single-county, or city-county health units. Portions of the land contained in the Fort Berthold Reservation are part of four multi-county health districts: Upper Missouri District Health Unit, based in Williston; First District Health Unit, based in Minot; Southwestern District Health Unit, based in Dickinson; and Custer Health Unit based in Mandan. The attached map illustrates this.

### **Fort Berthold Reservation**

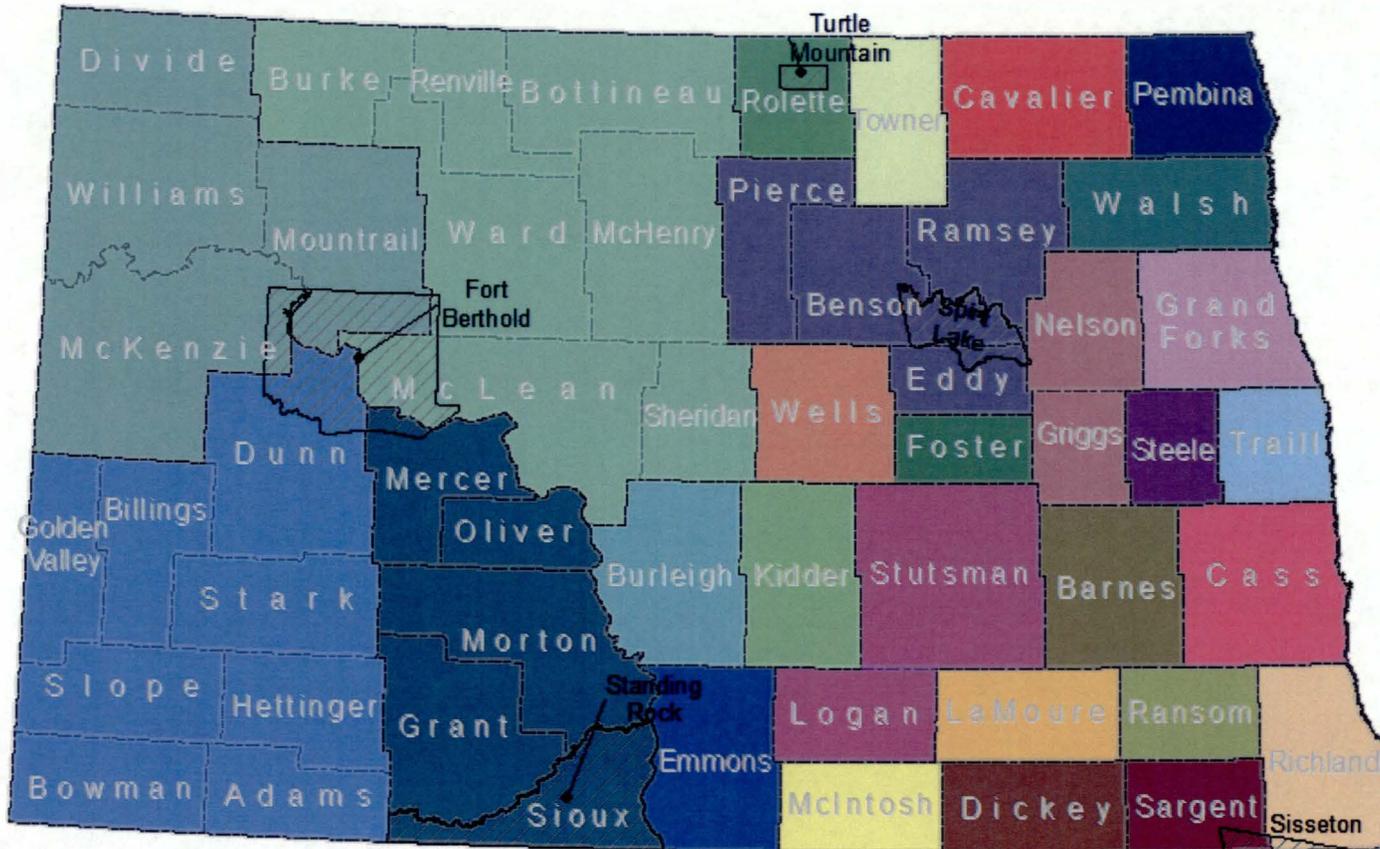
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**NORTH DAKOTA**  
DEPARTMENT OF HEALTH

Date: 2/15/2011  
Author: AMF

#2

**TESTIMONY OF ARNE SORENSON  
BEFORE THE NORTH DAKOTA HOUSE HUMAN SERVICES  
COMMITTEE, REGARDING THE FEASIBILITY AND DESIRABILITY  
OF PLACING THE ENTIRE FORT BERTHOLD RESERVATION IN A  
SINGLE PUBLIC HEALTH UNIT**

**Monday, 18 March, 2013, Bismarck, ND**

Good morning Chairman Weisz and Members of the Committee, My name is Arne Sorenson, and I am retired from the US Public Health Service Commissioned Corps. I currently serve as a member of the advisory committee to Ken Hall, New Town/Little Shell Segment Councilmen. Thank you for the opportunity to present testimony on behalf of the MHA Nation. Tribal Chairman, Tex G. Hall, and the Tribal Business Council continue to support Senate Bill 2031, because it calls for a pilot project to determine whether the health care needs of North Dakota citizens who live and work on the Fort Berthold Reservation would be more efficiently served by designating the Reservation as a single Public Health Unit (PHU).

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The MHA Nation is prepared to enter into collaboration with the State of North Dakota as outlined in SB 2031. If enacted, this law would provide \$200K from the state general fund, and the MHA Nation is prepared to provide matching funds as outlined in the Bill. These resources will allow for coverage of startup costs, and appropriate time to explore and develop a detailed business plan to

include the additional funding streams identified, along with further developing of the relationships and collaborations for delivery of services with the state and Local PHUs. The Local PHUs currently have limited capacity to provide services on the reservation, and the tribe believes that the feasibility study will demonstrate the degree of limited capacity, and it will assist us in appropriate planning as we move forward.

As noted in our previous testimony, the Institute of Medicine report on the integration of primary care and public health care stresses that integration can start with any of these principles and that beginning is more important than waiting until all requisite components are in place. We would agree that this is the time for moving into a partnership that will benefit the State of ND as well as all people residing on the Ft. Berthold reservation.

Chairman Weisz and committee members, the MHA Nation is prepared to partner with the state of North Dakota to develop this new paradigm for government-to-government collaboration that will be a model for cooperation in this state and beyond. On behalf of the MHA Nation and Chairman Tex G. Hall and the Tribal Business Council, thank you again for the opportunity to appear and offer this testimony. I am happy to answer any questions.