

NORTH DAKOTA LEGISLATIVE COUNCIL

Minutes of the

BUDGET COMMITTEE ON HEALTH CARE

Wednesday, June 23, 2004
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Judy Lee, Chairman, called the meeting to order at 10:00 a.m.

Members present: Senators Judy Lee, Robert S. Erbele, Tom Fischer, Tim Mathern, Russell T. Thane; Representatives David Drovdal, Joyce Kingsbury, Gary Kreidt, Ralph Metcalf, Carol A. Niemeier, Vonnie Pietsch, Todd Porter, Gerald Uglen, Don Vigesaa

Members absent: Senator Ralph L. Kilzer; Representatives Jo Ann Rodenbiker, Sally M. Sandvig

Others present: Lois Delmore, State Representative, Grand Forks

William R. Devlin, State Representative, Finley

Richard Brown, State Senator, Fargo

Duaine C. Espgaard, State Senator, Grand Forks

Tim Flakoll, State Senator, Fargo

Larry Robinson, State Senator, Valley City

See attached appendix for additional persons present.

It was moved by Senator Mathern, seconded by Senator Fischer, and carried on a voice vote that the minutes of the May 11, 2004, meeting be approved as distributed.

STATE BOARD OF NURSING REPORT

Chairman Lee called on Dr. Patricia Moulton, Project Director, Center for Rural Health, Grand Forks, who presented information on the status of nursing educational requirements and the state nursing shortage study, pursuant to North Dakota Century Code (NDCC) Section 43-12.1-08.2. A copy of the information presented is on file in the Legislative Council office. Dr. Moulton said the State Board of Nursing contracted with the University of North Dakota Center for Rural Health in 2002 to conduct a two-year study of the nursing educational requirements and the nursing shortage in North Dakota and the implications for rural communities. She said conclusions from year 1 of the study include:

1. Increase salary and benefits to reflect training and experience for both clinical nurses and nursing faculty.
2. Increase the number of students admitted to nursing education programs and offer distance learning or alternative programs.
3. Improve the work environment by increasing representation in decisionmaking.

4. Adjust staffing levels to allow for more direct patient care and a less stressful work environment.

5. Increase recruitment efforts in order to increase interest in the nursing field.

Dr. Moulton said 32 percent of North Dakota registered nursing students and 52 percent of licensed practical nursing students plan to work in rural areas. She said some of the primary reasons nursing students plan to work in rural areas include the spouse or significant other has a job in a rural area and rural areas provide a safe environment.

Senator Lee suggested expanding the study beyond North Dakota nursing programs. She said there are a number of two-year nursing programs located in western Minnesota that are within 50 to 60 miles of the North Dakota border. Dr. Moulton said nursing students attending Northland Community College in East Grand Forks, Minnesota; Minnesota State University - Moorhead in Moorhead, Minnesota; and Concordia College in Moorhead, Minnesota, were included in the study. Senator Lee said a number of other western Minnesota nursing programs were not included in the study. She said to make the study "complete," data from North Dakota students enrolled in these other programs should also be collected.

In response to a question from Representative Delmore, Dr. Moulton said nursing student data collected does not distinguish between in-state versus out-of-state nursing programs.

Chairman Lee called on Dr. Helen Melland, President, State Board of Nursing, Grand Forks, who provided an update on the approval process of two-year RN and one-year LPN programs and the status of a \$15 registration fee for unlicensed medication assistants. Dr. Melland said a proposal for approval was received by the State Board of Nursing in May 2004 from four state colleges that have formed a consortium and plan to begin offering RN and LPN degrees. Those colleges include Williston State College, Minot State University - Bottineau, Lake Region State College, and Bismarck State College. She said two education consultants were hired by the State Board of Nursing to assist with the review process for these colleges. She said the final site review was completed on June 22, 2004, and the State Board of Nursing will issue a recommendation at its July 2004 board meeting.

Senator Lee said the colleges may have difficulty hiring faculty and recruiting students for the new school year if they do not receive approval until July. Dr. Melland said the State Board of Nursing rules provide that applicants be submitted to the State Board of Nursing six months prior to the start of the nursing program. She said the approval process takes a significant amount of time.

In response to a question from Senator Mathern, Dr. Melland said only State Board of Nursing approval is necessary to "open" a nursing program.

Chairman Lee called on Dr. Donna Thigpen, President, Bismarck State College, who commented on the status of the Bismarck State College nursing program. Dr. Thigpen said a significant amount of time and resources have been invested in establishing the nursing program. She said faculty members have been hired and the former Workforce Safety and Insurance building in Bismarck is being remodeled to house the nursing program. She said two consultants with experience in developing associate degree nursing programs were hired to assist in developing program curricula.

Dr. Thigpen said the State Board of Nursing site visit was completed on June 22, 2004. She said the verbal recommendation received after the visit from the reviewers was that the college should consider withdrawing its application because the proposed nursing program is not adequate. She said the inspectors indicated that the nursing program model was not appropriate but did not elaborate on what was necessary for a proper program model. She said students cannot be accepted into the program until approval is received from the State Board of Nursing.

In response to a question from Senator Lee, Dr. Thigpen said Bismarck State College did substantial program development work prior to the issuance of the final rules by the State Board of Nursing, including collecting curricula from other associate degree nursing programs. She said the final rules became effective in April 2004.

In response to a question from Representative Kreidt, Dr. Thigpen said the site review results were the same for all four colleges in the consortium.

In response to a question from Senator Mathern, Dr. Thigpen said the curricula is the same at all four colleges and has been approved by the State Board of Higher Education. She said the nursing program faculty will begin to refine the curricula model based on comments received from the reviewers.

Chairman Lee called on Dr. Wayne Boekes, Vice President of Instruction and Student Services, Bismarck State College. Dr. Boekes said the State Board of Higher Education program review process consists of two stages. He said Stage 1 is the notice of "intent to deliver" a program, which provides the opportunity for other North Dakota campuses to indicate whether the proposed program duplicates existing programs. He said Stage 2 is the development of a program plan, including curricula, which is distributed to academic officers, the State Board of

Higher Education, and all higher education institutions. He said after review, the program plan is subject to final approval from the State Board of Higher Education. He said the State Board of Higher Education approved the consortium nursing program plan subject to State Board of Nursing approval.

In response to a question from Representative Porter, Dr. Melland said the State Board of Nursing site visit review team consisted of Dr. Constance Kalanek, Executive Director, State Board of Nursing; Linda Shanta, Jean Kautzman, and Mary Jo Bergman. She said Ms. Shanta has experience teaching associate of science practical nursing and Dr. Kalanek has experience teaching associate of science registered nursing.

In response to a question from Senator Mathern, Dr. Kalanek said the informal recommendation provided was that the colleges should rework the nursing curriculum to include all the components necessary for the nursing students to become safe practitioners. She said the reviewers made many recommendations, including the need for improvements to the mission statement, philosophy, course descriptions, and course objectives. She said the recommendations made relate to both the RN and LPN programs.

In response to a question from Senator Lee, Dr. Kalanek said the proposed curricula did not include minimum content for medical-surgical nursing. She said cardiac care was one significant area that was missing from both the RN and LPN programs. Dr. Thigpen said the application may need to be clarified; however, cardiac care is part of the curriculum.

Representative Devlin said 2003 House Bill No. 1245, approved by the Legislative Assembly, provided legislative intent for the prompt establishment of two-year RN and one-year LPN programs. He said the State Board of Nursing did not comply with the legislative intent by delaying the final rules for these programs until April 2004. He believes the North Dakota University System will develop a high-quality nursing program.

In response to a question from Senator Mathern, Representative Devlin said he has been assured there are clinical training sites available for the associate degree nurses.

Senator Lee said the State Board of Nursing and college representatives should work cooperatively in order that students are able to enter these nursing programs by this fall.

Dr. Melland said the State Board of Nursing has agreed to waive the \$15 registration fee for unlicensed medical assistants who are registered on the State Department of Health certified nursing assistant registry, which does not require a fee. She said reimbursements will be issued to the unlicensed medical assistants who have paid the fees.

Chairman Lee called on Dr. Ginny Guido, Associate Dean, University of North Dakota College of Nursing, who provided information on current waiting lists for students to be accepted into nursing colleges

under the control of the North Dakota University System. A copy of the information presented is on file in the Legislative Council office. Dr. Guido said there are 11 nursing programs in North Dakota--6 in North Dakota University System institutions, 3 in private colleges, and 2 in tribal colleges. She said collectively these programs have a total enrollment of 298 LPN students, 881 RN students, and 153 master's level students. She said most of the programs do not maintain waiting lists. She said because some students apply to more than one college, there may be waiting lists between the time admission decisions are made and classes start. She said the waiting lists are primarily at the LPN program level. She said most programs have increased their entering class size over the past two years.

CHILDREN'S HEALTH INSURANCE REPORT

Chairman Lee called on Mr. David J. Zentner, Director, Medical Services Division, Department of Human Services, who presented information regarding enrollment statistics and cost of the Healthy Steps program (children's health insurance program), pursuant to NDCC Section 50-29-02. A copy of the information presented is on file in the Legislative Council office. He said as of May 31, 2004, a total of 27,600 children were enrolled in the Medicaid program. He said Medicaid considers a child to be from birth to 21 years of age. He said the enrollment for Healthy Steps totaled 2,353 children as of June 1, 2004. He said the total number of children enrolled in the two programs is 29,953.

Mr. Zentner said there has been a steady and rapid growth in the number of children enrolled in public health programs during the last five years. He presented the following schedule showing the unduplicated number of children enrolled in Medicaid or Healthy Steps since the 1999 federal fiscal year:

Fiscal Year Ending	Combined Total
September 30, 1999	29,783
September 30, 2000	31,938
September 30, 2001	31,534
September 30, 2002	35,155
September 30, 2003	40,313

Mr. Zentner said the number of children enrolled in the Healthy Steps program compared to the total population by region is:

Region	Population of Children Per 2000 Census	Children Enrolled June 1, 2004	Percentage Enrolled
Region 1 (Northwest Human Service Center)	7,869	212	2.7%
Region 2 (North Central Human Service Center)	23,952	298	1.2%
Region 3 (Lake Region Human Service Center)	13,760	230	1.7%
Region 4 (Northeast Human Service Center)	23,555	165	0.7%
Region 5 (Southeast Human Service Center)	41,322	312	0.8%
Region 6 (South Central Human Service Center)	15,089	298	2.0%

Region	Population of Children Per 2000 Census	Children Enrolled June 1, 2004	Percentage Enrolled
Region 7 (West Central Human Service Center)	35,794	556	1.6%
Region 8 (Badlands Human Service Center)	10,437	282	2.7%
Total	171,778	2,353	

In response to a question from Representative Drovdal, Mr. Zentner said the higher percentage of children enrolled in the Healthy Steps program in southwest North Dakota may be due to a larger number of self-employed individuals, larger families, and fewer jobs that provide health insurance coverage.

In response to a question from Representative Niemeier, Mr. Zentner said the Department of Human Services has primarily relied on grantees to provide marketing outreach services for the program.

PHARMACEUTICAL ASSISTANCE PROGRAMS STUDY

Mr. Zentner presented information regarding the statutory authority of the Drug Use Review Board and provided a status report on the prior authorization program. A copy of the information presented is on file in the Legislative Council office. Mr. Zentner said the federal statutory authority for the Drug Use Review Board is contained in the Code of Federal Regulations. He said these regulations provide the requirements for states to establish drug use review boards and prescribe the professional makeup of the Drug Use Review Board. He said the Code of Federal Regulations provides that the state Medicaid agency is ultimately responsible for ensuring that the drug use review program is operational and conforms with the requirements of the regulations. He said the state Medicaid agency has the authority to accept or reject the recommendations of the board.

Mr. Zentner said the Department of Human Services surveyed other states regarding the authority of their drug use review boards. He said all 40 states responding to the survey indicated that their drug use review boards were advisory only. He said he does not foresee a case in which the Department of Human Services would not follow a recommendation of the Drug Use Review Board.

Representative Devlin said the Administrative Rules Committee will be addressing various concerns regarding the prior authorization program at a future meeting. He believes the concerns regarding the proposed rules will be alleviated.

The committee recessed for lunch from 12:00 noon to 1:00 p.m.

COMMUNITY HEALTH GRANT PROGRAM REPORT

Chairman Lee called on Ms. Stacy Johnson, an outreach coordinator, Division of Tobacco Prevention and Control, State Department of Health, who presented a report regarding the implementation of

the community health grant program pursuant to NDCC Section 23-38-02. A copy of the information presented is on file in the Legislative Council office. Ms. Johnson said all jails in North Dakota are smoke-free with the exception of Rolette County. She said the State Penitentiary and Youth Correctional Center in Mandan are smoke-free. She said detention centers for youth in North Dakota operated by the counties are smoke-free and group homes and residential treatment centers for youth are also smoke-free.

Ms. Johnson said secondhand smoke is a known human carcinogen. She presented the committee with a list of key reports that document the health effects of secondhand smoke and a list of key findings from some of the major reports.

Ms. Johnson said in the past year local public health units have established cessation programs in 69 locations in 42 counties in North Dakota. She said data from cessation programs that have been in existence for more than one year indicate 12-month quit rates ranging from 33 to 58 percent.

Ms. Johnson said there are no cities in North Dakota with 100 percent smoke-free public places and worksites, including restaurants and bars. She said Minot has a partial ban on smoking, which relates only to restaurants. She said national research indicates that smoke-free environments and increased price of tobacco products are two approaches that have proven effective in increasing the number of individuals who quit smoking.

Ms. Johnson said Fargo and West Fargo have considered a variety of proposals for a smoke-free ordinance. Senator Lee said Fargo has proposed smoke-free restaurants; however, because of complicated liquor license laws, it is difficult to distinguish between restaurants and bars.

NURSING HOME SURVEY PROCESS STUDY

Representative Kreidt presented information from the Long Term Care Advisory Committee regarding the value of adding an employee position with the State Department of Health to provide Life Safety Code and construction consultation for health care providers licensed by the State Department of Health. He said hospitals, especially rural hospitals, have also expressed an interest in having this type of service. He said the Long Term Care Advisory Committee asks that the interim Budget Committee on Health Care consider supporting the recommendation to provide additional funding to the State Department of Health for this full-time equivalent position. A copy of the information presented is on file in the Legislative Council office.

Representative Kreidt said the estimated annual cost for providing the consultation service is \$56,000, which includes salaries and wages, benefits, and operating expenses for the position. He said approval for this position will require an additional general fund

appropriation. Representative Porter said it should not be necessary to add a position to ensure that facilities follow plans which have already been approved by the State Department of Health.

Senator Lee said health care providers believe adding an individual who will be responsible for the inspection process will provide more consistency and result in fewer Life Safety Code violations. She said it is possible the Legislative Assembly could impose a fee to reimburse the state for the cost of providing this inspection service.

Senator Mathern said the Governor and the State Department of Health should consider including funding for this position in the executive budget.

Representative Metcalf said there are many state agencies and entities that are involved in the construction process. He said there needs to be better communication between these agencies and entities. Senator Fischer said Life Safety Code inspections for developmental disability facilities are conducted by the Department of Human Services. Senator Mathern said the state building inspector within the Department of Commerce also has inspection responsibilities.

Senator Lee said collaboration between the State Department of Health, Department of Human Services, and State Fire Marshal regarding inspections could be improved. She said the inspector position could be responsible for ensuring that all these agencies are in agreement.

It was moved by Representative Metcalf, seconded by Senator Fischer, and carried on a voice vote that the Budget Committee on Health Care ask that representatives of the State Fire Marshal's office, State Department of Health, Department of Human Services, and the State Building Code function of the Department of Commerce develop a proposal for presentation to the next meeting of the Budget Committee on Health Care regarding ways to improve communication and collaboration among agencies with Life Safety Code inspection responsibilities associated with health care-related construction projects.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

Senator Lee said the next Budget Committee on Health Care meeting is tentatively scheduled for August 24-25, 2004. She said the committee will meet in Fargo on Tuesday, August 24, 2004, and travel to Fort Abercrombie and the Veterans Home in Lisbon on Wednesday, August 25, 2004, to conduct scheduled budget tours.

The committee began its joint meeting with the Budget Committee on Human Services, Representative Clara Sue Price, Chairman, at 2:00 p.m.

METHAMPHETAMINE ADDICTION INFORMATION

Ms. Elaine Little, Director of Corrections, Department of Corrections and Rehabilitation, presented information regarding sentences served and treatment services received by individuals convicted of methamphetamine-related offenses and on methods of communicating treatment needs to the Department of Human Services upon the release of these individuals. A copy of the information presented is on file in the Legislative Council office. Ms. Little said when offenders are admitted to the Prisons Division, unless the individual has a very short sentence or is a parole violator, an alcohol and drug assessment is completed on the offender during the first four weeks of incarceration. She said program recommendations are primarily based on the severity of the addiction and the criminal tendencies of the offender. She said there are four chemical dependency programs available to inmates, including:

1. Intensive outpatient - A six-week chemical dependency program provided at the Bismarck Transition Center for male inmates and the Dakota Women's Correctional Rehabilitation Center for female inmates. This is the least-intensive alcohol and drug treatment provided to inmates.
2. Day treatment - A more intensive, 12-week program.
3. The treatment unit at the State Penitentiary - A 6- to 12-month program which is recommended for the more antisocial, repeat offender who is alcohol and drug dependent.
4. The Tompkins Rehabilitation Correctional Center - This center is located on the grounds of the State Hospital and the program is operated jointly by the Department of Corrections and Rehabilitation and the State Hospital. The Tompkins Rehabilitation Correctional Center program is a long-term, residential-intensive alcohol and drug and cognitive restructuring treatment program that lasts 100 to 150 days.

Ms. Little said methamphetamine addicts can be successfully treated in any of the four programs; however, they usually require the treatment unit or Tompkins Rehabilitation Correctional Center level of service. She said studies have found that treatment in prison is most effective when started close to the time of an inmate's release.

Ms. Little said the total number of drug offenders with methamphetamine-related offenses admitted to the Prisons Division, excluding parole violators, increased from 119 in 2001 to 193 in 2002. She said the average length of sentence, including probation for those violators, was 51.89 months in 2001 and 50.76 months in 2002.

Ms. Little said the Department of Corrections and Rehabilitation and the Department of Human Services have collaborated for years on providing treatment

services to inmates following their release from prison. She said even though the communication and collaboration between the two departments are good, efforts have been made to improve the process. She said in order to avoid waiting lists for treatment programs at the human service centers, the Department of Corrections and Rehabilitation schedules treatment appointments for the inmate months prior to his or her release. She said a committee, which includes representatives of both the Department of Corrections and Rehabilitation and the Department of Human Services, has been working on establishing a process to avoid possible delays in inmate treatment.

In response to a question from Representative Porter, Ms. Little said very few first-time drug offenders are admitted into the prisons system.

In response to a question from Senator Bowman, Ms. Little said most judges require first-time drug offenders to attend treatment as a condition of parole.

In response to a question from Senator Thane, Ms. Little said budget requests will be made to the 2005 Legislative Assembly for the resources needed for drug and sex offender treatment.

In response to a question from Senator Thane, Ms. Little said with proper treatment most individuals with methamphetamine addiction can return to society.

In response to a question from Representative Delmore, Ms. Little said there are future plans to provide Tompkins Rehabilitation Correctional Center services to the inmates at Dakota Women's Correctional Rehabilitation Center in New England.

In response to a question from Representative Delzer, Ms. Little said as of June 1, 2004, 438 alcohol and drug offenders were in the prisons system. She said 226 were sentenced for delivery or intent to deliver, 175 were sentenced for simple possession of drugs or drug paraphernalia, and 37 were sentenced for strictly alcohol or driving under the influence offenses. She said 50 to 60 percent of individuals admitted into the prisons system indicated methamphetamine as their drug of choice.

Dr. Elizabeth Faust, Medical Director, Southeast Human Service Center, Fargo, presented information on issues relating to methamphetamine addiction and treatment. A copy of the information presented is on file in the Legislative Council office. Dr. Faust said methamphetamine is a powerfully addictive stimulant that can easily be made and can be taken in a variety of ways. She said there are many physical effects of methamphetamine use, including high blood pressure, strokes, seizures, irregular heartbeat, and impaired regulation of body heat. She said mental effects of the drug include euphoria, irritability, paranoia, hallucinations, and depression. She said the cognitive effects of long-term methamphetamine use include distractibility, difficulty sustaining attention, poor memory, poor abstract reasoning, and impulsiveness.

Dr. Faust said the cycle of methamphetamine use includes:

- “Rush” - Lasts from 5 to 30 minutes after use.
- “High” - Lasts from 4 to 16 hours.
- “Binge” - Repeated use for a 3- to 15-day period to maintain the high.
- “Tweaking” - Period where the individual has gone many days without sleep and cannot maintain the high.
- “Crash” - The individual will sleep for one to three days.
- “Normal” period for two to three days.
- “Withdrawal” - Lasts from 30 to 90 days where the individual is unpleasant, depressed, lethargic, and craving the drug.

Dr. Faust said “leverage coercion” is when an individual is faced with a choice to engage in treatment or face undesirable consequences, such as loss of spouse, job, children, freedom, etc. She said this concept has important implications for the interface between treatment and corrections. She said treatment is not a “quick fix” but it does work.

In response to a question from Senator Fischer, Dr. Faust said an individual needs to be mentally capable of receiving drug addiction treatment, otherwise it will not be effective.

In response to a question from Representative Kreidt, Dr. Faust said there is speculation that methamphetamine use may lead to a higher risk of Parkinson’s disease.

In response to a question from Representative Porter, Dr. Faust said the Department of Human Services is in the process of implementing software which will assist in providing measurable outcomes of addiction treatment over the long term.

In response to a question from Senator Bowman, Dr. Faust said methamphetamine is often either manufactured in Mexico or the ingredients to manufacture the drugs are sent from Mexico. Ms. Little said major drug dealers are primarily charged with federal crimes and are not in the North Dakota prisons system.

In response to a question from Representative Price, Ms. Kathy Moraghan, Temporary Assistance for Needy Families (TANF) Pilot Project, Southeast Human Service Center and Cass County Social Services, Fargo, said when exposed to the chemicals used in methamphetamine labs there is a risk of children developing learning disorders and behavioral issues.

In response to a question from Representative Delmore, Ms. Moraghan said a protocol is being developed for assisting children who have been exposed to or impacted from methamphetamine use.

In response to a question from Representative Price, Mr. Jeff Stenseth, Program Administrator for Admissions and Case Management, Southeast Human Service Center, Fargo, said individuals addicted to methamphetamine need to be placed in a stable and controlled environment; however, there are a limited number of these types of facilities available.

In response to a question from Representative Porter, Dr. Faust said methamphetamine addiction is a disease of denial. She said the corrections system can be used as leverage to keep people in treatment.

In response to a question from Representative Price, Dr. Faust said she does not see a benefit in providing specialized treatment for methamphetamine users. She said the type of treatment services are primarily based on the severity of the addiction regardless of the drug. She said prison time forces the individual to abstain from drugs and can be used as a time to make the individual more cognitive.

Mr. Paul Ronningen, Director of Children and Family Services, Department of Human Services, presented information regarding the impact on children and families of methamphetamine addiction and whether North Dakota’s intervention laws are adequate to protect children. A copy of the information presented is on file in the Legislative Council office. Mr. Ronningen said the number of North Dakota foster care cases was 1,027 in March 2004 compared to 968 in March 2003 and 957 in March 2002. He said approximately 15 percent of foster care cases are the result of methamphetamine manufacturing, use, or selling. Mr. Ronningen said methamphetamine cases have had a substantial effect on the child welfare system. He said the time demands are significantly higher when a case involves a family member who uses methamphetamine. He said in order to determine whether North Dakota has sufficient staff to deliver child welfare services, technical assistance has been requested from the National Child Welfare Resource Center for Family-Centered Practice to assist the state in conducting a workload analysis. He said the results of the analysis will be made available to the 2005 Legislative Assembly.

Mr. Ronningen said the Department of Human Services will develop, in cooperation with the Attorney General’s office, Bureau of Criminal Investigation, and the State’s Attorneys Association, protocols for interventions with families where parental use of methamphetamine or other chemicals is a risk or safety concern for the children.

Mr. Ronningen said some counties have provided drug test results to juvenile court in order to establish whether a child has been exposed to methamphetamine or a methamphetamine lab. He said this test, which involves taking a hair sample from a child for analysis, costs between \$70 and \$170 per test. He said counties have incurred significant costs relating to the testing, decontamination, and medical evaluations of children exposed to methamphetamine.

In response to a question from Representative Price, Mr. Ronningen said there is a general consensus that North Dakota’s intervention laws to protect children are adequate. He said in some instances, the judicial process may not move quickly enough to enforce the laws.

In response to a question from Representative Porter, Mr. Ronningen said if a child is placed in foster

care for 15 months or more during a 22-month period, the Department of Human Services, pursuant to provisions of the federal Adoption and Safe Families Act, will proceed with termination of parental rights unless there are extenuating circumstances.

In response to a question from Senator Brown, Mr. Ronningen said there is a serious shortage of foster care homes. Representative Delzer said he met with individuals responsible for recruiting foster families who indicated emotional issues rather than financial issues as the primary reason people do not become foster care families.

In response to a question from Representative Delzer, Mr. Ronningen said he would inquire whether the state crime lab could conduct the test to determine exposure to methamphetamine.

Ms. Susan Bailey, Assistant Cass County Prosecutor, Fargo, said NDCC Chapter 27-20 provides the state laws for termination of parental rights. She said these laws are based on federal guidelines. She said prosecutors would like drug tests to be conducted more frequently on children of drug users.

The committee adjourned subject to the call of the chair at 5:20 p.m.

Donald J. Wolf
Senior Fiscal Analyst

Jim W. Smith
Legislative Budget Analyst and Auditor

ATTACH:1