2015 HOUSE APPROPRIATIONS

HB 1004

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
1/12/2015
Job 21858

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-4

Chairman Pollert called the committee to order.

Allen Knudson, Legislative Budget Analyst and Auditor, Legislative Council: Explained the listing of proposed changes (attachment 1), and the base level funding changes (attachment 2).

Dr. Terry Dwelle, State Health Officer of the ND Department of Health: (0:09:41) Read testimony (attachment 3).

Vice Chairman Bellew: (0:34:24) How often do you test the patients in the Minot facility for Hepatitis C?

Kirby Kruger, Division Director for the Division of Disease Control, ND Department of Health: We are asking them to test every resident monthly and to test people on admission.

Arvy Smith, Deputy State Health Officer for the ND Department of Health: (0:36:17) Read testimony (continuation of attachment 3).

Rep. Nelson: (0:44:59) Will we get information on the turnover rates compared to previous sessions? Are we making progress or are we losing ground?

Arvy Smith: We will bring that detail. We've made some progress in some areas. Environmental Health is the toughest area, for engineers and scientists. The oil industry is hiring away from us. They are also hiring away from businesses like Basin and MDU so now we're losing staff to those entities as well. It's been tough in certain areas.

Rep. Nelson: It would be helpful to have that by position and geographic area. I assume that the most acute problem is in the oil producing counties, but isn't limited to those areas.

Arvy Smith: We do not locate many staff in the western part of the state. We have one in the Minot area. We cannot compete with the salaries. What we're able to provide is that they can stay in Bismarck and raise their families here, but travel to the west.
Continued reading written testimony (0:49:50).

Rep. Nelson: Is the 16% increase reflected in the community health trust fund?

Arvy Smith: Yes, there was extra funding in the tobacco settlement so we built that in.

Rep. Nelson: Will we need to revise the revenue flowing into the community health trust fund?

Arvy Smith: For the state to stay at the CDC recommended spending level for tobacco, something more will need to be infused.

Rep. Nelson: They have some flexibility in their ability to fund programs because of the trust fund. Although 80% of the community health trust fund is required to be spent on tobacco related programs, there is 20% for discretionary spending.

Arvy Smith: The main part of the 20% is for the loan repayment programs.
Continued reading written testimony (0:58:02).

Rep. Nelson: The eligibility hasn't changed in WIC. Tell me how the decrease is going to affect the people that are receiving that service.

Colleen Pearce, Director of the Nutrition and Physical Activity Division and Director of the WIC Program, ND Department of Health: There has been a reduction in the amount of federal food dollars coming to the program due to a couple of factors. One is primarily a decrease in the number of participants. The actual food benefit that the participant receives each month is maintaining.

Rep. Nelson: Has the eligibility changed?

Colleen Pearce: There was a nationwide drop in the birth rate, but in ND we're catching up. There are more people that are participating in the workforce than in the past. Our numbers are leveling off, in large part because most of the people participating WIC are employed. But they are essentially under-employed.

Arvy Smith: Continued reading written testimony (1:01:36).

Rep. Nelson: Was the immunization shortfall unexpected? What happened that we missed it by half a million dollars?

Arvy Smith: The prices increased and there was a higher uptake on the HPV vaccine. These estimates are very tough to do, especially when there are new vaccines. It's difficult to estimate how many will take advantage of those vaccines.

Rep. Kreidt: If we have a case of Ebola in the state, is there a hospital able to handle that individual or would we transfer them out of the state?

Dr. Terry Dwelle: We've had dialogue with our health care institutions. Sanford Health has developed systems to take care of these patients, one in Bismarck and one in Fargo. We submitted their name to the Department of Human Services, after we had had dialogue with them to see if they are interested in becoming an Ebola treatment center. They are waiting for a special review by the Centers for Disease Control to designate them federally as one of those centers. But if we had a case today, we have places to put those individuals. We have the screening in place all the way down to the critical access hospitals who know what they need to do in taking care of these patients, stabilizing them, and getting them to our centers.

Arvy Smith: Continued reading written testimony (1:19:26).

Chairman Pollert: Didn't the Governor's budget have increased dollars going to the local public health units?

Arvy Smith: No, not specifically for Food and Lodging.
Continued reading written testimony (1:25:25).

Chairman Pollert: Does this have anything to do with section 4, dealing with dentists?

Arvy Smith: We made a policy change to the dental loan repayment program and it was so small that we felt it would be easily accommodated here. Currently the law reads that no more than 3 dentists can receive funding in a year, and all of the other programs say "limited by legislative appropriation". To make it standard with the other programs, we did make the change to say however many dentists per year, subject to availability of funding, either the appropriated funding or we have the authority to receive grants. We don't typically get that. There is a federal program that we're using, but we typically haven't gotten other grants for that purpose.

Rep. Nelson: I would like to know how many loan applications are unmet. It says that 83% of the people that participate in a loan program stay in the same facility at least a year after that and 100% of those professionals stay in ND. This is one of the strongest programs we have. How many people are waiting to get in? It seems we've done a better job of providing a spread of dentists in the state than we have physicians. Is there any way to measure that?

Arvy Smith: We have contracted some of this to UND. We will get that information.

Dr. Terry Dwelle: One of the problems that we have is the location. It is sometimes easier to place a dentist in a rural area because they do comprehensive service in a limited clinic. It's very difficult for primary care clinicians. We're even finding that most of them actually

want to locate in the larger centers, like Bismarck or Fargo, but do provide services through their healthcare networks out into rural areas. What you're talking about is critical. Primary care clinicians, much more so than specialists, are associated with decreased healthcare costs and improved healthcare outcomes. We do have to struggle with how we get more primary care clinicians in the state. Through the loan repayment program, we are seeing an avenue to do that.

Chairman Pollert: Don't we have population stipulations on some of our loan programs?

Arvy Smith: There are some. Usually though, we've had the language changed to "preferred". We prefer to provide them in the lower populations.
Continued reading written testimony (1:35:50).

Chairman Pollert: Was it H1N1 that we had a certain number of doses ready? Is that similar to what you're talking about, but with bigger inventories to deal with a larger scope?

Arvy Smith: Yes, some of that was the H1N1 antibiotics. That is in the $11.4 million. As some of this gets used, it gets replenished. We think that our current level needs to be bumped up.

Juli Sickler, Public Health Preparedness, ND Department of Health: The pharmaceuticals that you're referring to are currently being held under contract with the major distributor in the state. They are held and rotated on a regular basis so that the pharmaceuticals that we have in the medical cache are always current.

Rep. Nelson: What's the largest number of citizens we've treated in a week on any of the catastrophic events that have happened in the state?

Juli Sickler: We will bring that detail in for you.

Arvy Smith: One of our biggest ones was the 2009 flood, when we were moving a lot of people out of the Fargo and Minot areas, and dealing with Bismarck as well. There was another case, a power-failure in Northeast ND that luckily resolved itself. But had we had to respond to that, we would not have had sufficient supplies.
Continued reading written testimony (1:41:42).

Dave Glatt, Environmental Health Section Chief, ND Department of Health: (1:56:44) We are the primary agency responsible for implementation of the environmental protection programs. One of the primary points I want to make is that the activity in the oil patch remains high. We talk about decreasing oil prices that will decrease the rig count, but the oil wells stay there. They continue to pump. The pipelines stay there. They continue to move product. We still have the industries that are associated with that. It is becoming more difficult to protect the environment for all members of the state.

Rep. Nelson: I hope you tell us where you would like to have more jurisdiction. One thing that we hear too often is that North Dakota is too pro-industry when it comes to oil development. If there are gaps or areas that need more attention, we need to know that.

Dave Glatt: Federal regulation is getting very intrusive. When you are talking about things like greenhouse gasses and clean power plants, they are not only talking about energy policy for the state, but for our region and nation. That is an area that we never had to get involved in. That has the potential to change the landscape of how ND looks at energy and delivers energy. The State Health Department is being asked to develop a state implementation plan. That will impact everyone in the state, if not in the region. We are starting to look at that. The rules will be coming out in June. The technical staff needed to address this and the amount of staff needed for this is unprecedented. We're talking about taking responsibility for the waste we generate and still protecting the citizens of the state. Lastly, regional multistate plans nutrient reduction strategies. We know we're impacting the zone in the Gulf of Mexico. We're getting pressure from Minnesota and Manitoba about our impacts on Lake Winnipeg. We're looking at regional plans there that require a lot of input and staff time. Lastly, litigation and enforcement. That has gone up dramatically.
Read written testimony (attachment 4).

Rep. Nelson: (2:21:30) For the cases where there are fines, are you collecting the fines that you are levying?

Dave Glatt: Our rules and laws say we can collect up to x amount of dollars per day per violation. When we collect the full amount, that's the worst of the worst. Otherwise, you look at how bad the spill or violation was, how much of an impact they have on the environment, how quickly they fixed it, and how quickly they cleaned it up. Then you go through a penalty calculation. That becomes less than the maximum. We do suspend some. Recently we collected 50% of the penalty, which is $250,000. We suspended another $200,000. But they agreed not to operate in the state for the next 5 years. There have been other times when we've agreed to a suspension if they change their business practices. When we get accused of not collecting the maximum, we're instead getting behavioral change, compliance with the regulation, or we're kicking them out of the state. That's the part that isn't reported. There's a lot more than dollars and cents.

Rep. Holman: Are repeat offenders on a different level? Do they get more of your attention?

Dave Glatt: They do. We keep increasing the penalty until they get the message.

Rep. Silbernagel: A few years ago, we were being looked at as not being transparent in our spills. You spent a lot of time, money, and energy putting together a database. Is anybody looking at that database besides your department?

Dave Glatt: I think it was good. Back to the Tesoro spill, we responded, had the local emergency services involved, fire department, and sheriff, everybody except the press. The press was not happy and that really woke us up. To be transparent, we developed the database; which shows the spills, who did it, where, how much, and the follow-ups to make sure the clean-up is going on. The first week, we had about 100-200 hits a day. Now we're down to 10-15 per day, and that is mostly from our staff. One of the things in the option package is about transparency and letting people have access to what you do as a government, about accessibility to the government, accessibility to staff, and data generation.

Rep. Kreidt: What about the new carbon rules? Is the state going to put a plan together and try to have our rules put in place instead of going with the federal?

Dave Glatt: When they look at carbon reduction, greenhouse gasses, the clean power plant, EPA has proposed new rules. Typically when we look at power plants, it is to determine what controls we can put on a power plant to reduce emissions, whether it's sulfur dioxide or nitrogen. Now they are looking at controls and efficiencies. It also talks about moving to natural gas. Coal is a steady state. You know what the cost is going to be. Natural gas fluctuates. That could have an impact on the energy grid. Finally requiring the man-side controls, like efficiencies in your home so you use less electricity. They are asking the states to do that. Then potentially get into a multistate plan where we'd sign an agreement with nearby states. We'd be developing a plan that addresses all of that. But we're going to have to wait and see what the regulations say. We are going to be in litigation. The power companies are not all on the same page. This is a complicated issue. It has the potential to redefine how we handle energy in the state.

Rep. Kreidt: As far as litigation, when do you anticipate that happening? Do you have the funds or will we need to put a legal fund together?

Dave Glatt: We're going to wait and see what the regulations say in June. That would probably start this summer. Do we have enough funds? Probably not.

Rep. Nelson: How much have you spent out of the contingency funds that we created?

Dave Glatt: I don't have the amounts for the previous biennium. Right now we're at just over $500,000. We'll be spending a fair amount.

Rep. Nelson: Are you the jurisdictional agency that would litigate that?

Dave Glatt: The Ag Department, Water Commission and our agency are all engaged in this.

Rep. Nelson: Back to the TENORM standards that ND chose to go from 5 to 50. Looking at other oil producing states, like Texas, where are they? Why did we pick 50?

Dave Glatt: We found that there wasn't a science there. We knew this was going to be an emotional issue. We wanted science specific to ND. That's why we went to Argonne National Laboratories. They came up with 51. Texas has 30. They allow the waste to be disposed back onto the land as long as you mix it into the soil around the well pad and it doesn't go any higher than 30.

Chairman Pollert recessed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
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HB1004
1/19/2015
Job 22131

☐ Subcommittee
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Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-5

Chairman Pollert called the committee to order.

Arvy Smith, Deputy State Health Officer for the ND Department of Health: Explained the turnover rate handout (attachment 1).

Vice Chairman Bellew: Is the last column the number of employees you have or the number you are authorized?

Arvy Smith: It's the number we have authorized.

Vice Chairman Bellew: Are you short 20 right now?

Arvy Smith: Right now in environmental health we have no vacancies. That's how many have turned over this past year.

Rep. Silbernagel: Can you give us the vacancies in each department?

Arvy Smith: Environmental has none. Medical Services has one. Community Health has four. Health Resources has two. Emergency Preparedness has none. Admin has 0.5.

Rep. Kreidt: In Health Resources, are you able to keep enough surveyors on?

Arvy Smith: It comes and goes. We've gone to having an open ad for hiring. We are continually hiring because there is a fair amount of turnover.

Rep. Kreidt: Are you able to meet to requirements?

Arvy Smith: We're close. Our bigger issue is the life safety inspections for all the new hospitals and facilities we're seeing as a result of oil. The Sanford Hospital is a huge project and some things fell behind. We actually shifted one over from the inspectors to the safety for a while until we get caught up there.
Continued to written testimony (attachment 1, page 2) (0:09:10).

Chairman Pollert: Where are the turnovers happening? Is it in the west or all over?

Arvy Smith: We don't have anyone located in the west. They are employed in Bismarck and travelling out there. A lot of the turnover has been our engineers and scientists.
Continued written testimony (attachment 1, page 3).

Rep. Holman: Is compensation the major factor or is there something else?

Arvy Smith: It's compensation.

Rep. Holman: Do you have the flexibility to pick a classification within a certain range when you hire someone?

Arvy Smith: Each of our positions is aligned with a classification that's been approved by OMB. If we want to change that, we have to go through a process if we want to reclassify a position to a higher level.

Rep. Nelson: Looking at the vacancies, given the change in the energy sector and the apprehension of what's to come, is the employment pool getting deeper in this regard?

Arvy Smith: Our biggest issue, in Environmental Health particularly, is that we're getting people for a few years, we lose them, and then they have to start over. The people at the upper end are retiring or moving on to other things. We're losing this middle group and there is no one to promote into these leadership positions. In public health and with us, the percentage of individuals eligible to retire is high.

Rep. Holman: Environmental Health has been getting a lot of bad press over the last year. Is that affecting any of the managers' decisions to change jobs?

Arvy Smith: We've had some morale issues. I think that it helped that we have the request and the Governor's recommendation for that additional equity funding. Most of that will end up with Environmental. I can't say that we've lost any positions specific to that; it's typically been funding and promotions.
Continued written testimony.

Rep. Nelson: (0:26:44) Does the administration of the vaccine fall to the local public health units?

Arvy Smith: It does. But they are able to claim insurance or Medicaid for that.

Rep. Nelson: They tell us that it doesn't always cover their costs. Is this for an expansion?

Arvy Smith: The $576,000 is purely for vaccines for the local public health units so they can offer them at no charge. Currently there is $2.5 million in that and we're running short. We have a deficiency request there. The $576,000 is what we had projected we would need next biennium on top of the $2.5 million so we'll be over $3 million on that. There are rates they can claim for administration when they file with Medicaid and insurance. There are some additional expenses. Where they're falling short is in places like working with schools to increase immunization rates. There isn't enough to cover their additional expenses. So that is not covered in here.
Continued testimony (attachment 2).

Rep. Nelson: (0:39:32) In your original request, were there some areas where there was more priority than others to fill positions?

Arvy Smith: Some of it had to do with standardizing amounts, some to do with adding more positions.
Continued testimony (attachment 2).

Rep. Nelson: (0:45:45) During the Minot flood, in Rugby we took a number of residents from the Trinity Nursing Home. I believe they were transported by ambulance. Don't you access EMS services for some of the response? Would these two busses be used to augment that?

Arvy Smith: We coordinate those activities. The busses will allow us to move more individuals per trip. During the flood, we had people at University of Mary and Jamestown. We had to provide all of the materials for them to establish nursing homes and clinic hospital beds in these facilities.
Continued written testimony (0:47:39).

Chairman Pollert: During the last session, we were told that all the equity packages were to be put together. That's what they're telling us again. Did the Health Department have an equity package last year?

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: Not a separate one.

Arvy Smith continued written testimony (attachment 3).

Brenda Weisz, Director of Accounting, ND Department of Health: What was put in the administrative support part of the budget and not spread, but it impacts more than one section would be the market policy point adjustment. That did not get spread by section. That deals with compression issues. That amount is just over $1 million. Regarding what was funded for our salary equity for the targeted positions, that is also included in administrative support. That amount is $1.559 million. That will impact other sections. The Governor's compensation package, 3-5% performance and the health insurance increase and retirement, that was placed in every section as applicable to those FTE in the section. That was the only part that was put in each section.

Vice Chairman Bellew: Is this all in the green sheet broken out in that detail?

Sheila Sandness, Legislative Council: The green sheet has everything in administrative support.

Vice Chairman Bellew: But it's not broken down to the detail Brenda had?

Sheila Sandness, Legislative Council: No. Brenda will have more detail than what is in the Green Sheet.

Chairman Pollert: On the green sheet in environmental health, it the adding of the 14 FTE positions but it doesn't have the 3 and 5 in there? That is in the admin support section?

Sheila Sandness, Legislative Council: That's correct.

Arvy Smith continued testimony (attachment 3) (1:00:08)

Rep. Nelson: What was the 1.559?

Arvy Smith: That's the optional package that was funded for those hard to fill positions. That's our salary equity.

Rep. Nelson: In those cases, where this was put in the admin support budget, but it's spread through other divisions, how was that done in the past?

Arvy Smith: We did but it was more across the board so it was spread.

Brenda Weisz: During the last biennium, OMB combined that adjustment with the Governor's compensation package and put the market point analysis and the compensation together in admin support. It was done a little differently this time. It was split apart and only the market policy point was put in admin support. This time they were able to break out, using iBars, the executive compensation package.

Rep. Nelson: Are they going to go back to something else next year?

Becky Deichert, OMB: It was done this way. HRMS broke out the market piece. They had a separate program they were going off of. That's why the adjustments are in there separate. We put it in one division because we can't break it out in iBars by divisions. Our hope is to not do it like that in the next biennium and just put it all in one in the compensation package.

Rep. Nelson: I would like to see a comparison.

Arvy Smith: We'll make you a schedule.

Rep. Silbernagel: On the benefits, the $309,000 increase, is that just for the 40.35 employees?

Arvy Smith: That will be the insurance and retirement impacts and tax impacts for admin support. But I believe the tax impacts for the $1,559,000 and the market point equity would

be in the benefits as well. Yes, the $309,000 is going to be the insurance impacts and retirement impacts for our 40.35. When we got the $1.559 million salary equity and the market point $1 million, it's in salaries only and does not show the impact of the taxes and social security. That's all in the salaries line. We'll provide a schedule.
Continued testimony on Operating Expenses (attachment 3) (1:08:10).

Chairman Pollert: When you had a reduction in federal funds, did you drop services or drop expenses?

Arvy Smith: Yes. What we ended up using the community transformation grant for was some work with accreditation, working with the communities to do community assessments, providing consultants to help them do that, training, and we had some temporary staff.

Chairman Pollert: As an example, in previous bienniums, the very rural areas were having trouble to test their water. With this, does that go back to the cities trying to fund that? Where is the $1 million in consulting?

Arvy Smith: When we got this grant, it had a shorter duration and we were very skeptical about how long it would be around. We used it for one-time spending. A part of ACA required the communities to do assessments of their healthcare and resources in their communities. We helped them do some of that. We didn't use that funding for things that were long-term.

Kelly Nagel: Most of that funding was contracted out to UND and NDSU to do our state health assessment. It was around chronic disease. We were identifying resources to address chronic disease at the local level. We also contracted with NDSU to develop training around community transformation or community engagement. They have developed American Indian public health training course. They have trained two tribal faculties through that. It's building resources.

Rep. Kreidt: Can we go back to lease and rentals? It's not a significant amount. Did you negotiate new leases or did it go down on rent?

Arvy Smith: Some rent was related to community transformation grant and some to health disparities. We had to reduce our effort in health equity because of a federal grant. That resulted in the elimination of half of a position, so that space goes down. We're mostly general funded, so we pay very little rent.

Chairman Pollert: Explain IT data processing.

Arvy Smith: It's in vital records to finish a mainframe conversion.

Chairman Pollert: So this isn't due to an increase from the ITD department?

Arvy Smith: No.

Rep. Nelson: How about contractual services? Is that where the desktop support lies?

Arvy Smith: If it's in IT data processing, we're doing that with ITD. Under IT contractual, that $55,000 is for working with a company called Nexus to develop a system to track all the grant expenditures and contract expenditures.

Rep. Nelson: We've seen a significant increase in desktop support from ITD.

Arvy Smith: We do our own desktop support and we're staying that way.

Rep. Silbernagel: As it relates to the grant tracking software, there are usually two components; the front-end cost of the software, implementation, and on-going licensing fees and maintenance. Is that one-time? Or as we go forward, what percent of that will be on-going?

Arvy Smith: We already have our maintenance in the base budget on that of $26,000. Continued testimony on Grants (attachment 3) (1:22:02).

Chairman Pollert: In the reduction of the $700,000, does that tell that the local regionalizations that had happened that you feel those are complete? They were on an OAR for over $300,000, but that didn't get approved. Would that have been for another regional network consolidation?

Arvy Smith: This was in our optional package and didn't get funded. It is not complete.

Kelly Nagel: The $700,000 was one-time funding to establish networks. By June of this year, there will be three additional regional networks established. Fargo's, Cass's, region is also a network but they were funded by the Bush Foundation which was a decrease in the budget. For the OAR, we included $250,000 to establish one in the western part of the state with First District, Upper Missouri and Southwestern. There was a request for some analysis or assessment of the models of regional networks because all the networks being established have different formations and operations. However, you will be hearing in public testimony from local public health that they do need money to sustain the networks that they have established.

Rep. Silbernagel: There is a lot of conversation about the information hub. Is this information that feeds into that? Are there on-going expenses related to that?

Kelly Nagel: The regional networks are a formation, a collaboration. Law has allowed local public health units to form regional networks to joint powers agreements. The funding was to establish those arrangements. How they expended the money, some of them were for electronic medical records, that would have some connection to the hub. But this funding really had nothing to do with that.

Chairman Pollert: Was it the understanding that when the regional health networks were set up that it was going to be supported locally or statewide?

Arvy Smith: I know that the $700,000 was viewed as one-time funding. I know that they are asking for additional funding to continue those networks.

Vice Chairman Bellew: I'd like to know how the money was spent and where it was distributed to. On the local public health state aid, I'd like to know how they get that money and where it's distributed to also. That would include the proposed $5 million and the $4 million as a comparison.

Arvy Smith continued testimony (attachment 4) (1:29:51).

Rep. Nelson: Are the base payments $6,000 a year or biennium?

Arvy Smith: Biennium.

Rep. Nelson: So that's $320,000 of the $5 million.

Arvy Smith: It's $6,000 times 28, so a little under $200,000. It's not $6,000 per county; it's for each of the 28 local health units.

Chairman Pollert: On the local public health units, how did you come up with the figure on the OAR? Was that brought forward from the local public health units?

Arvy Smith: That was brought forward by the local public health units.
Continued testimony (attachment 4, page 2 and attachment 5) (1:37:21).

Rep. Nelson: On the physician and the mid-level what is the criteria for placing those positions?

Arvy Smith read the criteria on page 2 of attachment 5.

Rep. Silbernagel: There are some dentists that have said that the population of dentists is adequate; it's just the location that is the bigger issue. You mentioned that some of the requirements for lower population areas were somewhat softened. How do you change that; by Century Code?

Arvy Smith: It was previously in law that it must go to population under such and such. Then they softened it to show priority to those areas. The Health Council decides who gets awarded. Our contractor reviews the applications, brings them to the Health Council and sometimes has some recommendations. They do give priority to these areas of need.
Continued testimony (attachment 5, page 1) (1:48:32).

Chairman Pollert: Dental is related to the section of the rewrite in HB1004. Can you go through that?

Arvy Smith: The dental was previously limited to 3 dentists per year in law. We removed that and changed it to subject to Legislative appropriation. That gives us the flexibility to use the funding that's appropriated to us the best to get practitioners out there.

Chairman Pollert: Is that language in other statutes?

Arvy Smith: That particular point is in HB1004. We put it in there because it was a small piece and reflected the Governor's recommendation. There is another bill, SB2205, that makes some other adjustments to the dental loan repayment program.
Continued testimony (attachment 5).

Chairman Pollert: If we can back up to the dental with the $80,000 increase. Do you need the increase to do the minimum, to continue the three dentists a year?

Arvy Smith: The Governor's budget allowed for an additional dentist each year. If you look at the chart for 2013-15, we've got three payments (attachment 5, page 6). The first payment one year and then the second payment. If you're in the middle area, the 13-15 biennium, you can see we were adding three per year. The payments are staggered over four years. Part of the budget is the second payment for the first year. As we move into 2015-17 biennium, you can see we're adding four per year. That $80,000 increase is related to adding that fourth slot per year.

Chairman Pollert: Are you finding the need for dentists?

Arvy Smith: In 2014, we had five applications versus three that got awarded (referenced attachment 4, page 2). Going back to 2013, we had eight applications and only three awards. The same with 2012 and 2011.
Continued testimony (attachment 5) (1:58:08).

Chairman Pollert: Do you have more of a demand for mid-level positions?

Arvy Smith: If you look at 2012 and 2013, there were none. We have moved in that period of time, from an employee doing that who retired. We contract that now to UND. They do a lot of the evaluations of the needs across the state. Having mid-level practitioners is key to the primary care in the state. We really want to push to have as many of those out there as we can. We had also proposed increasing the amount from $15,000 to $30,000 total. That is not in the budget. I don't know if the lower interest is because of the lower dollar amount. It's a high priority to get mid-levels out there.

Rep. Silbernagel: Is the mid-level inclusive of mid-level dental?

Arvy Smith: No.

Rep. Nelson: If you look at the awards versus the applications in 2014, it looks like it's being fulfilled. Would you say it's because of the dollar amount that's part of the program?

Arvy Smith: I don't know. I don't know how well it was marketed. I can't say if it was the dollar amount. It isn't increased in our budget. We just got an extra, going from 3 to 4.
Continued testimony (attachment 5, page 9).

Chairman Pollert: What is the federal/state loan repayment program?

Arvy Smith: We had applied for a federal grant to give us additional capacity to get loan repayments out there. That opened up to many other fields. We started that last biennium

and continued this biennium. There are more strict requirements there, particularly match requirements. It did open it up to more disciplines and allowed us to augment our funding. We did apply for that grant again. We are in the third year of five years. We use that where we can as well. Sometimes we can couple it with the state program and allows us to get more individuals in.

Rep. Nelson: One of the applicants is employed by NDSU and he is a recipient of loan repayment programs. That isn't what this program is all about.

Brenda Weisz: You are reading that right. That is what the state veterinarian brought forward. With academia and how that individual is assisting in helping others in the field.

Chairman Pollert: Do you have some latitude on the federal loan repayment program?

Arvy Smith: It has more stringent requirements. We use it where we can. It is more difficult to use.

Chairman Pollert: Does that require a general fund match?

Arvy Smith: The federal loan repayment program does not require a state general fund match, but it requires a community match to that grant.

Chairman Pollert: Regarding the $495,000 of the mid-levels psyches and the one psychologist, are there bills dealing with this?

Arvy Smith: The bill that reflects the Governor's budget is HB1115. There is HB1036 that wants to study all this.

Chairman Pollert: Did the House do anything with 1036?

Sheila Sandness, OMB: HB1036 was passed on January 16 in the House.

Chairman Pollert: If HB1115 which relates to $495,000, how do we get 1036, which you say might be a little duplicative, for only $20,000?

Arvy Smith: HB 1036 is not duplicative. It's just related. It's to study the loan repayments and where we should go with them. We put a $20,000 fiscal note on there because we will need to contract that out. It's a small study though. We would probably give it to our UND contractor. It's not only our programs on that sheet, but we're supposed to look at higher ed and possibly federal programs.

Chairman Pollert: So HB1115 sets the parameters for the four mid-levels and the one psychologist on the $495,000.

Arvy Smith: Yes. HB1049 is the duplicative bill for Behavioral Health. Although 1049 has a different approach. Whereas we're providing money to repay loans for individuals who practice in the community, 1049 does several things. The biggest part is that it pays them a stipend to go into these fields. They are paid $1,500 each year. It is a fairly large fiscal

note. There are a couple of other pieces to that too. Part of it is with Human Services to help them so they can place them like internships.

Rep. Silbernagel: In 1049 I think the intent of the $1,500 per year for 4 years is to be similar to the Stem program that ND currently has. They don't get it on the front-end. They get it when they've worked a year after they've completed. It would mirror the Stem program.

Rep. Kreidt: It is on page 5 of the green sheet.

Arvy Smith: 1049 doesn't appropriate anything to the Health Department. The other duplicative bill is 2162. That has $360,000 in it to the Health Department for Behavioral Health loan repayment. It's limited on the professions. Ours was more comprehensive as to what professions could be included. SB2205 is related to dentists and is adjusting some of the parameters.

Vice Chairman Bellew: Is that bill different than what's in your budget bill, section 4?

Brenda Weisz: 2205 has the language eliminating the three slots, but making the number of slots available to the funding that's included in the budget. It eliminates the dental new practice loan program and it also eliminates direct reference to the public health and non-profit dentist loan repayment program. However, it includes them as a priority as a selection process in the dental loan repayments overall. The fiscal note we submitted is no fiscal impact because all the positions have to be included within the funding available. Our last payment under the dental new practice program was in state fiscal year 2014. We have not seen an application since that payment.

Vice Chairman Bellew: If this bill were to pass, would section 4 of your bill not be needed?

Brenda Weisz: True, it has the same language. One section is the same. SB 2205 has additional language. We both have that same language about eliminating a specific number of slots for approval.

Rep. Nelson: If we take the language out that requires the larger cities to only fund those programs where dentists serve the non-profit clinics, if there wasn't an applicant for non-profits, could any dentist in Bismarck or Fargo qualify for the dental loan program?

Brenda Weisz: The language still remains to give priority also to the community size.

Rep. Nelson: Right now there is no tool for a new dentist in downtown Bismarck to qualify for the dentist loan repayment program, correct?

Brenda Weisz: If it's a specialty, I think they can award it, but if it's regular, you're correct.

Rep. Nelson: If 2205 passes, does that change that?

Brenda Weisz: No.

Vice Chairman Bellew: Where do the special funds come from?

Arvy Smith: This schedule (attachment 3, page 4) shows the specific special funds and the changes in them.

Vice Chairman Bellew recessed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/19/2015
Job 22170

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-4

Chairman Pollert called the committee to order.

Arvy Smith, Deputy State Health Officer for the ND Department of Health: Explained handout (attachment 1).

Chairman Pollert: Is there a mill levy cap of 2% for every county?

Arvy Smith: Five. Most of them are near that.
Continued testimony (attachment 1, page 2).

Vice Chairman Bellew: What was that money supposed to be used for? I thought that was to try to get more local public health units to form consortiums.

Kelly Nagel, Public Health Systems and Performance, ND Department of Health: That is correct. The appropriation was for regional networks to be established. It was not for them to operate at that time. Last session when that money was appropriated, we did not have any regional networks in existence. This money did fund three networks to form. With the Bush Foundation funding, we have 28 local public health units that will be within a regional network by June 2015. It was successful.

Vice Chairman Bellew: But will they still be separate entities?

Kelly Nagel: That is correct. The law was allowing local public health units the autonomous jurisdictions to collaborate to form networks through a more formal arrangement, joint powers agreement. It was never to take their autonomy away.

Chairman Pollert: So it's like a regional education association?

Kelly Nagel: That is exactly how it was modelled.

Vice Chairman Bellew: Did we accomplish anything with this?

Kelly Nagel: Yes, we accomplished exactly what the appropriation was set out for which was to plan and establish networks. It took two years. We do have formal arrangements in place. Now they will be functioning and operating. One of the things the law requires them to do is submit a work plan and the joint powers agreement to the state health officer for approval. They have annual work plans that have to define and have performance measures in place. We know what they will be doing as a network for the next year.

Chairman Pollert: As an example, wasn't there something like some of the smaller local public health units couldn't check out a swimming pool so they formed with a larger network that did have the environmental health or water quality people?

Kelly Nagel: That is a correct example.

Arvy Smith explained organizational charts (attachment 2) and started to explain the budget for the Environmental Health section (attachments 3 and 4).

Chairman Pollert: Adding 14 FTEs is not going to match with the green sheet which shows $6 million. Why? It shows general funds off of the Environmental Health of $3 million more and our sheet just shows 3.6.

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: That also includes the operating expenses and grants related to those.

Chairman Pollert: Let's start with the major changes on the budget (attachment 4, page 3). Where are all of these people going to be located?

Arvy Smith: We have been working on space. Environmental Health and Emergency Preparedness are in the Gold Seal building on Divide. We're in the process of moving Emergency Preparedness out of there. We've been negotiating on properties around town. Environmental Health will take over that space.

Chairman Pollert: Are you reflecting the rent or lease in the budget for the Emergency Preparedness section?

Arvy Smith: Yes. You'll see some increases. One of the reasons we're doing this is because Emergency Preparedness includes the hospital preparedness and the public health preparedness. It also includes the emergency medical services, the ambulance division. That place is currently in the Capitol and they are very cramped. Plus it's hard to manage them when they are in two locations.

Vice Chairman Bellew: Is everything on this sheet new dollars to your budget?

Arvy Smith: Yes.

Rep. Kreidt: There was a lot of computer equipment in the basement of that building. Is that all being removed?

Arvy Smith: Yes.

Chairman Pollert: With oil dropping and the discussion of there being 11,000 wells and at some point we'll go to 70,000. Will your 14 FTEs go to 70,000 wells?

Dave Glatt, Environmental Health Section Chief, ND Department of Health: The 14 FTEs will help us address what we have today which is 8,000-10,000. In addition to that, we are getting new development; like new gas plants and new fertilizer plants. Those are all compliance points. It's the oil plus all the growth that goes along with it.

Chairman Pollert: Will these 14 FTEs allow you to go to 15,000-18,000 wells?

Dave Glatt: We'll adjust to a certain point. But you get to a point where you have to prioritize and some things don't get done. It will give us some flexibility to move forward. The 14 FTEs are spread throughout several divisions.

Rep. Silbernagel: Are the air quality folks primarily related to the oil and gas side?

Dave Glatt: Yes. Two of them would be. We will hopefully add another air quality monitoring station so we'll need a technician. We have another in the air permitting and compliance program. That's primarily the oil wells, but also deals with the fertilizer plants and the diesel refineries. The third position in air quality would be in the radiation control program. We're seeing a big increase in the amount of license permitted facilities.

Rep. Silbernagel: When we get these flashes where there has been a leak or spill, which group would you be sending out? Is that water quality?

Dave Glatt: Primarily it is. Because we are limited on staff, we have tasked somebody from air quality, from waste management so they have dual purpose.

Chairman Pollert: If we authorize hiring 14 people, what's the difference in time? Are the wells, waste sites not getting inspected? How long is a well waiting for inspection?

Dave Glatt: On the permit review end of it, it used to take 60 days and is now taking 180 plus. We'd like to get out to every well site, but we are targeting certain companies that aren't doing what they should. There is a delay. We're not as timely as we'd like to be.

Rep. Nelson: In your enforcement, what jurisdiction do you have with the pipeline system? Would these positions get you ahead of a spill instead of reacting to it?

Dave Glatt: Probably not. Where our jurisdiction comes in is when a pipeline breaks and is released into the environment impacting water. We don't have jurisdiction over the pipeline construction or how it's operated.

Rep. Nelson: I keep hearing that fines are levied, but never collected. Do you have a record of the fines you've issued versus the amount collected?

Dave Glatt: Our penalties say up to $12,500 per day. To get the maximum fine, you have to be the worst of the worst. We have a formal process where we go through what was the release about, how many days, how willful was it. We come up with a penalty that is typically less than the maximum. We've collected 50-75%.

Rep. Nelson: In Water Management, you have 4 scientists at $352,000 in salaries. Are you going to be able to attract people at that salary?

Dave Glatt: We do. It takes a fair amount of effort. The challenge we have is keeping them on staff. Our biggest concern now is that after five years, they are gone because they are very marketable. At that time, we are relying on them heavily. They are our future managers.

Vice Chairman Bellew: In the Governor's early funding bill, he funded a number of positions for the Health Department. Are these the same positions?

Dave Glatt: Yes, that is the ones the Governor supported.

Vice Chairman Bellew: He had an early funding bill of $873 million. Part of that was to get these staff members on earlier.

Dave Glatt: That is correct. Those are the ones the Governor supports.

Vice Chairman Bellew: But the funding wasn't put in the surge bill, right?

Dave Glatt: The surge bill, I thought they had $2 million for 15 positions. That's in SB2126.

Vice Chairman Bellew: Is that the Governor's bill?

Dave Glatt: Yes.

Vice Chairman Bellew: So the Governor's bill had it but the surge bill did not, correct?

Lori Laschkewitsch, OMB: The Governor's bill isn't called the surge bill; it's the jumpstart bill. The surge bill is the one that was Senator Wardner's bill. The jumpstart bill is the one that has the $2 million in the FTE for early hiring for the Health Department.

Vice Chairman Bellew: But the surge bill does not?

Lori Laschkewitsch, OMB: I don't think it does.

Chairman Pollert: Is there anything in 2126?

Sheila Sandness, Legislative Council: No, there is no specific funding for the department in 2103.

Chairman Pollert: The Governor's bill is 2126, that includes the funding for infrastructure within the DOT. Is this the same thing we're talking about?

Lori Laschkewitsch, OMB: That is correct.

Rep. Kreidt: The difference between the two bills is that in the Governor's that money goes to the Department of Transportation and with the other one the money goes into county municipalities and bypasses the DOT.

Chairman Pollert: 2126 is the Governor's bill and 2103 is Wardner's surge bill. But the surge bill has no money for FTEs. In 2126, the $2 million would go into 15-17. But the $2 million is not enough money, it's just a start for you?

Lori Laschkewitsch, OMB: The $2 million is for the rest of this 13-15 biennium and that money goes away whatever isn't spent. The 15-17 money would be in their appropriation bill for those positions. All that the bill does is allow them to hire those positions early and provides them the money to pay for those positions in this current biennium.

Chairman Pollert: So that amount would be $9 million? Total grand total is $7 million.

Lori Laschkewitsch, OMB: That would only be a best case scenario if they were able to hire right away.

Chairman Pollert: There is $2 million in the Governor's 2126 to start it but that's only for 13-15. This sheet shows $7 million. So the total for now until the end of '17 is $9 million?

Arvy Smith: Yes, but on a continuing biennial basis, it's more the $7 million. That early money is one-time money. It's gone when that's over. We may or may not spend all of it.

Rep. Silbernagel: I know there is more money being appropriated to deal with the legacy well issues and site cleanup. At the same time, site reclamation of wells that are being decommissioned. Are you seeing that start to impact your department?

Dave Glatt: We are. We have not had access to that fund. There are several bills that are looking at ways to get money to the department to deal with legacy issues.

Rep. Silbernagel: From a manpower standpoint required to deal with that work, is that included in your 14 or will there be additional?

Dave Glatt: That would be included in our 14.

Arvy Smith: Don't we contract out a lot of that work?

Dave Glatt: That work is contracted out, but we have people that oversight it because there are questions about cleaning, assessment and soil. We make sure they meet the state standards.

Chairman Pollert: Because of not having the 14 FTEs, have you had to contract any of that work and there would be a savings on contracting?

Dave Glatt: We contract the cleanup for those. The contract people make sure the state regulations and standards are met. We're of the mindset that if we're going to be held accountable for those decisions, it should be our people doing it. If we contract it, we need somebody to oversight the contractor.

Chairman Pollert: But you haven't used outside contractors to help you thus far?

Dave Glatt: As it relates to the majority of inspections, no.

Vice Chairman Bellew: You have special funds in air quality. I would like to know where the special funds are coming from.

Dave Glatt: Special funds are from Title 5. For every ton of sulfur dioxide, nitrogen oxide, particulate matter there is a fee that the power plants pay. If they emit it into the air, they have to pay for that. We've seen that start to decrease. We also have a fee for the registration of the wells. As the wells increase, we are pulling in money. That's our special funds for the most part. We are also bringing money in from the radiation program. They have to be licensed. Those permit fees can run from $5,000-$100,000 a year.

Vice Chairman Bellew: Is what you just explained to us on any of these documents?

Arvy Smith: It's on page 7 of attachment 3.

Chairman Pollert: Do you have a ratio, like that you need 4 waste management FTEs for every 2,500 wells for example?

Dave Glatt: We don't. But we have asked other states to see what they have. In Colorado they have just one small portion that deals with the oil patch and is bigger than our division is. It tells me that my staff is being well-utilized.

Chairman Pollert: For these wells that are pumping, how often do you go to every site?

Dave Glatt: We can't make it to every well. We're being more strategic. We bought a Flir Camera with a cost-share with EPA. It's an infrared camera that you can look at a well pad and see emissions. If we see a common theme with one company that continues to have a lot of emissions, we'll target that company.

Chairman Pollert: For air quality, that is not only for your well sites. Are the 3 FTEs only going to be working on well sites? What is your goal for the 3 FTEs in air quality?

Dave Glatt: They will do the air permitting and compliance program. They would do inspections on it periodically. They will do inspections in the oil patch as well.

Chairman Pollert: Is the nitrogen-producing plant in Grand Forks being constructed? Do you have a person doing that now?

Dave Glatt: The Jamestown plant is moving quicker. Grand Forks may or may not be coming. We haven't seen anything official from them yet.

Chairman Pollert: Do you have people already hired for that?

Dave Glatt: We have people already hired for that. The power plants are part of our routine inspections through agreements with EPA. They are getting to be a challenge with all the new regulations coming. We have staff to do the inspections and then technical staff to make sure the monitoring equipment that the company has is calibrated right.

Chairman Pollert: Of the three for air quality, you have one for air permitting. What are the other two for?

Dave Glatt: The other one is for the radiation control program.

Chairman Pollert: What is the third one for?

Dave Glatt: That would be in the air quality monitoring program.

Chairman Pollert: How many air quality people do you have working in your division?

Dave Glatt: About 33. But that includes the air quality, radiation, lead and asbestos.

Rep. Nelson: Is there a minimum effort that's required by EPA or the federal government as far as the state inspection programs? Do they mandate a level of inspections?

Dave Glatt: There is. Every year we negotiate a number of inspections that need to be completed by our staff. They oversight some of those. This is the first year that we've missed our targets in a couple programs.

Rep. Nelson: In the area of air quality, we have litigation that's in play in a couple different fronts. How does that affect the suits we are in the middle of?

Dave Glatt: So far it hasn't. It's a long process for EPA to take over the program. They would work with us to make sure we get our inspections done.

Rep. Nelson: With the additional staff, would you be in a better position to accept more responsibility for some of the new regulations? In Quad O, is the EPA in charge of that?

Dave Glatt: The EPA is in charge of that. The additional staff would allow us to take on some programs and take a critical look at it. We look at how labor-intensive is the regulation, if it has an environmental benefit or if it's just paperwork. We make sure that if we're going to take something over, it has a positive impact on the environment.

Chairman Pollert: The green sheet shows $500,000 for the EPA lawsuit. Is that a continuing appropriation from what we did before or is this additional?

Arvy Smith: The $500,000 for legal fees in the current biennium was shown as a one-time expense, but then it got added back in so the $500,000 is in our base budget. This optional request adds an additional 270.

Chairman Pollert: Where is that $500,000 located on the detail sheets?

Arvy Smith: That's in professional services in the $2,876,000 (page 3 of attachment 3).

Vice Chairman Bellew: Under your special funds and federal funds, I would like a breakdown of each of those and what they are spent on.

Arvy Smith: You have a federal and special funds sheet.

Vice Chairman Bellew: I know you have the non-source implement grant for example and $9 million of that goes for grants, what does the other $2 million go to?

Arvy Smith: Our nonpoint source revenue is $10.6 million.

Vice Chairman Bellew: On the grant line item, it says $9.1 million goes to grants.

Arvy Smith: Some of that could be in salaries and operating.

Vice Chairman Bellew: Could you break that down for us? Will it be hard to do?

Chairman Pollert: In the last biennium, we would have looked at the $11.464 million. Then they reduced by $782,000 so unless something has changed, that's how I would look at it. Why did it drop the $700,000?

Vice Chairman Bellew: They have a grants line item giving grants $9.1 million. That's approximately $1.5 million of the federal funds. What is that money being used for?

Dave Glatt: That goes towards staffing. Nonpoint is a 319 project that go out to reduce run-off from agricultural fields. We have staff to promote the program, oversight the grants. We also provide money to the laboratory because they do analytical work for us.

Arvy Smith: Staff, rent, travel, the applicable operating related to those staff.

Vice Chairman Bellew: Is that separate from the travel budget?

Arvy Smith: No, it would be within that travel budget.

Rep. Nelson: I understand that we're doing what's right for the taxpayers, but we're getting paid to take care of state funds, not federal funds. In this regard, it's federal and special funding that we're drilling down with. Isn't our biggest concern the general fund?

Chairman Pollert: I only want an explanation for the differences.

Rep. Silbernagel: I would just like a brief descriptor on what these dollars are used for.

Rep. Holman: When you get federal funds like this, is there a federal regulation that says how much you can use for administrative?

Arvy Smith: Sometimes it is very clear. There is a percentage. But it is not always clear what is considered admin. A lot of times, we see around 15% for admin.

Chairman Pollert: We normally ask what federal funds you get so we have an idea of how much money is coming in. We normally go through everything in the grant line items.

Vice Chairman Bellew: It would be nice to know in some of the bigger ones an explanation of them. What is the EPA Performance Partnership Grant?

Dave Glatt: The EPA Performance grant is a PPG and a PPA. That is a block grant. That includes a group of programs we put into a pot. We put that under our Performance Partnership Agreement. The benefit of that is we may get $100,000 for one program and $500,000 for another. We put that in the pot. It loses its identity. For example, for radon, we may get $100,000 but we can do all the work that EPA wants us to do for $80,000. Under the block grant, we can use the remaining $20,000 for a different program. It gives you the flexibility to move it from program to program.

Chairman Pollert: We got off track when I asked about the $500,000.

Dave Glatt: I'd be happy to say where that $500,000 goes. We're in several lawsuits with EPA now, primarily as it relates to air quality. EPA is coming out with a new determination that we will end up in court on that. Either they will side with the state and the environmental groups will sue EPA or they will side with the environmental groups and we'll have to get involved to protect our interests. Also one-hour SO2 is another regulation that EPA came out with that we sued them on. We're waiting for a judge's determination on that in the appeals court. The other one that will be huge is the clean power plant or the greenhouse gasses. I think every state is going to have to sue the government to have standing. The government gave every state their own standard to accomplish.

Chairman Pollert: What is the $270,000 for the legal fee part of?

Dave Glatt: That will be in addition to that and to help in those areas along with oil impact. We're seeing an exponential increase in the amount of enforcement actions that we're taking in the oil patch. We're already over $500,000 in this biennium dealing with EPA stuff.

Vice Chairman Bellew: On the green sheet where it says there's $500,000 for the general funds, actually we're only adding $270,000 to the general funds, correct?

Arvy Smith: Yes.

Rep. Kreidt: Previously we put a legal defense fund together. We $500,000 then we had $500,000 borrowing. Is this still part of that?

Arvy Smith: A letter of credit to the Bank of ND. That was the last biennium and is over so this time we got a flat appropriation of $500,000 in the current biennium. Our deficiency

appropriation, we had asked for immunization. We have $500,000 in the current budget and we're already at $518,000 for the current biennium with 6 months left. We are going to ask for an amendment to the deficiency bill to put another $250,000 in there for the legal.

Rep. Nelson: I think we understand the air quality lawsuits. What can we expect from the oil? Is that industry-led, regulatory-led or landowner-led? What is the possibility for litigation when it comes to oilfields?

Dave Glatt: Are you referring to land impacts or in general?

Rep. Nelson: As far as the needs in your department.

Dave Glatt: We used to do 10-12 enforcement actions a year, now we're around 50-70 and going up. We're seeing the need for a lot more attorney time.

Rep. Nelson: That's just enforcement action, that's not litigation?

Dave Glatt: It involves an attorney that we need to have as part of that enforcement action. We get into negotiations. There's the potential to go into court cases. We have not up to this point. It's the step before going to court. It's doing negotiations, making sure they understand the law. That has increased significantly the amount of work for our attorney. They bill us.

Chairman Pollert: There are 14 FTEs and we've talked about 3. Back to the FTEs (page 3, attachment 4). What is the one in Lab Services?

Dave Glatt: That's primarily to deal with the increased workload from the oil patch with the samples that come in.

Chairman Pollert: Do those samples get collected and then come back here?

Dave Glatt: That is correct because we're looking at some pretty complex procedures.

Chairman Pollert: How many staff do you have in lab services now?

Dave Glatt: About 36 now with admin.

Vice Chairman Bellew: What is the LCMSMS?

Dave Glatt: It allows us to do multiple parameters on one sample and at lower detection levels. There is less sample prep and you get a lot of parameters rather than just a couple. That is the state of the art instrument that will be used for our oil patch and we've had a lot of interest from the ad department in helping them.

Chairman Pollert: How many FTEs do you have in Municipal Facilities?

Dave Glatt: We're at 23.5.

Chairman Pollert: What will they be doing?

Dave Glatt: We're looking for one data processing coordinator and two environmental engineers. For the data processing coordinator, we're looking at doing a lot of our activities electronically. We need someone to manage the data. The environmental engineers will be doing not only plan review for new systems but also our SRF program where we do low interest loans for upgrading drinking water systems and sewage systems. They will be involved in plan review and inspections.

Rep. Silbernagel: On this turnover sheet, it looks like municipal facilities are 29 and your waste management is 23.

Chairman Pollert: For FTEs?

Dave Glatt: It's been a challenge. Engineers are tough across the industry.

Chairman Pollert: Waste management. What will they do?

Dave Glatt: Basically we need them for the large-volume landfills, primarily doing inspections. We are also going to be getting into beneficial reuse of oilfield material such as drill cuttings. We'll have to be inspecting these facilities.

Chairman Pollert: Regarding the 4 in waste management, your wells are in place. Why do you need 4 for that? Or are you short right now?

Dave Glatt: A little bit short. With the amount of landfills that we've got over the last few years a couple things have happened. With the population increase, we see a greater emphasis and pressure on municipal landfills. Expansion is difficult, especially in the oil patch where land is expensive. The permitting process going through all that is going to be pretty extensive. With the special waste landfills, we've gone from 2-3 up to 11. On top of that, we're looking at changing our rules as relates to TENORM. This is starting to grow at an exponential rate with the amount of work required of our staff. We are getting the expectations of the public that we're going to be out there.

Chairman Pollert: If we're going to have a consolidation of going from all the oil producing counties, and for maybe the next 2 years, you'll see the consolidation going to 4 counties. Do you still need the 4 FTEs?

Dave Glatt: That workload will still be there. The landfills aren't going away. It would be catching up to having enough staff to deal with all of this. I think with the TENORM regulations and the beneficial reuse, that is going to increase the workload but it will be better for the environment in the long run.

Rep. Holman: TENORM is another hot-button issue. If it costs $1 million to build one landfill, how much will it cost if you go that route?

Dave Glatt: I don't do a lot of predictions. The design requirements of the multiple barriers plus the collection systems, the overall landfill design has beefed up considerably. Plus

with our municipal systems, we don't have the financial assurance requirements quite the same as we have for privately owned. They are more expensive.

Rep. Holman: Do you have people who are willing to build those special landfills?

Dave Glatt: Yes. For a while we were getting 10-15 permit applications a year.

Chairman Pollert: How many FTEs in Water Quality?

Rep. Silbernagel: There are 34.

Chairman Pollert: I see two environmental scientists and one ES Admin?

Dave Glatt: That's Environmental Science Administrator. We're adding one environmental scientist II to the groundwater program. The other environmental scientist II position is for a spill investigation team. We don't have a formalized spill program so we're looking at a starting a new program where we'll have a team of field investigators that will have a program manager. That's the environmental scientist administrator position.

Chairman Pollert: You don't have a formalized spill program?

Dave Glatt: It's been shoved into our water quality division. We've gone from investigating 200 spills a year up to 2,800 a year. We have also tasked those individuals to do long-term follow-up on the remediation cleanup for the legacy sites.

Chairman Pollert: I want to back up to the $180,000 in air quality.

Dave Glatt: That is for another monitoring trailer.

Chairman Pollert: If you are going to hire 14 FTEs, why do you need temporary salaries under emergency and spill response?

Dave Glatt: That is primarily due to overtime.

Vice Chairman Bellew: Oilfield IT is brand new. What is it?

Dave Glatt: We're starting to generate a lot of information. We have all these programs out there generating data. We're looking at bringing that all together so they communicate to each other so we can track what's being done. If I go to one site, I could get air, water, and waste information. We're looking at doing electronic document storage. It's a transparency issue. It reduces the amount of cabinets we need for files. It allows the public greater access to all the documents we generate. It also allows staff to search what other departments did on certain issues. We also want our people to be able to remotely access the databases when they are in the field. We're asking for that amount now as the first phase. There is a second phase for the next biennium. Then there would be an on-going maintenance.

Chairman Pollert: What is the $2.384 million for? Is that part of the phase 1 part?

Dave Glatt: Yes.

Chairman Pollert: Is this an outside vendor getting this ready for you?

Dave Glatt: Yes, there would be contracts with outside vendors.

Chairman Pollert: Have you started this project?

Dave Glatt: We've nibbled around the edges. Due to the cost, it's tough to jump into it.

Chairman Pollert: How much do you think it's going to cost? Will it be a one, two or three phase deal?

Dave Glatt: I see this as a 2-phase with on-going costs. I have phase 1 costs of $3.4. We're asking for the 1.2 as the oil impact. Then the second phase will cost an additional 2.2 million projected for the 2017-19 biennium. We're estimating about $600,000 every biennium after that.

Chairman Pollert: Do you know the company you're looking at?

Dave Glatt: There's a couple we're looking at. Different parts would be handled by different contractors.

Chairman Pollert: It would have air, water and waste all under one. How are you doing it now?

Dave Glatt: It's fragmented. If I want to get information about a company, I have to go to every division. This ties it all together.

Rep. Silbernagel: Are the dollars for this project under IT contractual services?

Dave Glatt: That is part of it; some is in IT software.

Vice Chairman Bellew: Where does the $1.3 million in federal funds come from?

Dave Glatt: That will come from the various programs. Some of them, the EPA is pushing us to become more electronic with e-filing and e-manifests so we'll be using some of their money to help us do this.

Chairman Pollert: If we look at the federal funds, it's scattered through there out of various funds for you to fund that?

Dave Glatt: That's correct. It will come from several different programs.

Vice Chairman Bellew: I have a question on the $616,000. Is that biennial maintenance?

Dave Glatt: I would have to look into that. I think there's some of that. Some is a one-time purchase of software.

Vice Chairman Bellew: There is a new line item "spill clean-up for no responsible party" for $50,000 general funds.

Dave Glatt: Periodically we were getting requests to do cleanup. The one by Watford City is an example where a rancher's stock pond had oil in it. We traced it back to guys changing oil. We had nobody to clean it up. We used money from the environmental response fund to clean it up. We're asking that as we use money out of that, can you replace that just to keep that fund viable.

Chairman Pollert: Back to page 2, attachment 3. Operating Expense. Do you have a more concise explanation of the $616,000 out of the $635,000?

Arvy Smith: The 616 is the new IT project.

Chairman Pollert: What is that for?

Dave Glatt: I will get you how we came to that number.

Arvy Smith: It's the software that manages the whole thing.

Vice Chairman Bellew: Of the $184,000 increase in travel, how much of that is attributed into new potential employees?

Arvy Smith: Ninety-seven thousand of that is related to the new employees.

Vice Chairman Bellew: And the remaining?

Arvy Smith: Increased travel cost for current staff. That's less than a 10% increase.

Chairman Pollert: What is the lease amount of $305,957?

Arvy Smith: $138,000 of that is on the oil impact sheet, related to the new positions.

Chairman Pollert: But I thought you were moving into the Bond building so you wouldn't need more leasing because we'd see that under Emergency Preparedness?

Arvy Smith: This budget will show an increase because right now all that space is in the current budget in EPR.

Chairman Pollert: The contractual services, that 2.5, is for phase 1 of the data project?

Arvy Smith: Just about 2.4 million of it.

Vice Chairman Bellew: The data processing. Is that just because ITD is doing it now?

Arvy Smith: Some of that is related to new positions and $325,000 of that is related to the new IT system.

Vice Chairman Bellew: The increase in LUST general funds.

Arvy Smith: Leaking Underground Storage Tank

Vice Chairman Bellew: I'm not sure we had general funds in it before but now you're asking for $60,000 in general funds?

Arvy Smith: It's a required general fund match and we have had that in the past.

Vice Chairman Bellew: It's a required general fund match but last biennium you only had $547,000 but now you're going up to $750,000.

Arvy Smith: We had some general fund match in there before.

Vice Chairman Bellew: Why do you have to go up to $750,000?

Arvy Smith: There are new projects and increased federal funding in there as well.

Dave Glatt: That is leaking underground storage tanks that are recalcitrant owners or absent owners. They go in and clean up the site using contractors. We've seen an increase in those types of facilities. We got more money from EPA but with the match requirement the other dollars go up as well.

Rep. Nelson: Is that mostly in the oilfield or commercial application or is that also in agricultural or residential?

Dave Glatt: That is primarily with gas stations. I haven't run into a gas station yet where we haven't found some contamination.

Rep. Nelson: Wasn't there a federal regulation about 10 years back that they have to be double wall tanks?

Dave Glatt: Yes and that really reduced the number of new cases we've had.

Chairman Pollert: If you have an old gas station that they gave back to the city, property tax-wise. Does that happen?

Dave Glatt: That does happen. We see that with not only underground storage tanks, but with abandoned buildings that have asbestos issues. They go back to the counties and the counties and cities are saying they don't want them because it's a liability. These programs can come in and rehabilitate that property so it can go on the market.

Rep. Silbernagel: Is professional development for training? And averaging about $1,200 an employee?

Dave Glatt: That's about right. There's a lot of training the EPA gives. A lot of times the training is free but we have to pay to get the people there.

Chairman Pollert: Regarding Equipment over $5,000, some are general funds and some are not. Are the special funds being paid for fees? Are the fees revenue that you use to buy equipment?

Arvy Smith: A lot of that is in the lab fees.

Chairman Pollert: How would you decide when it is a general fund?

Arvy Smith: We do have some flexibility in choice there. We look at what our special funds revenue is in that area and use that. Then we look at what federal funding is available and if we need more, we have to put general funds on it. We try to balance the funding sources.

Chairman Pollert: What is a photometer?

Dave Glatt: It's analytical equipment regarding measuring wavelengths of light streams.

Vice Chairman Bellew: Does the money in the abandoned vehicle grants come from a registration fee from the DOT?

Dave Glatt: I think it's on the title.

Chairman Pollert: On the Grant Line Item page, the Nonpoint Source is $9.1 million. Did I hear you say that it's like water from farm land or a feed lot and it's considered a nonpoint source and you're testing that?

Dave Glatt: It goes through education and cost-share with farmers. It's for retrofitting older facilities. We also give it to water boards that want to look at projects to improve water quality. We've even provided money for upgrading sewer systems around lakes where people have their recreational homes.

Rep. Holman: Do you have in code regulations? Operations are increasing in size.

Dave Glatt: Yes. There are small, medium and large facilities. Depending on the size, they have certain permit requirements. The large ones have pretty extensive requirements.

Rep. Holman: Do inspections tie into that too?

Dave Glatt: Yes, as it relates to the permit that we give.

Chairman Pollert: Can we go through the handout about the Stockmen's Association and that rangeland? (attachment 4)

Dave Glatt: The environmental rangeland protection fund comes from registration on chemicals. That goes into a big fund. A portion of that goes to a groundwater monitoring

program where every year, on a rotating basis, we monitor aquifers looking for pesticides. That's part of the requirement needed to maintain registration in the pesticide programs in the state. The $50,000 to the Stockman's is used for a position at the Ag Department where they're the liaison. They go out not as a regulator, but someone asking how to improve your operation. Then they work with us or NRCS.

Chairman Pollert: Do you mean to help a livestock operation be more environmentally friendly?

Dave Glatt: Yes.

Chairman Pollert: Is the $250,000 funds from a chemical program?

Arvy Smith: Registration fees.

Chairman Pollert: An amount of the registration fees goes to this fund?

Dave Glatt: We use that money to cost-share with the 319 program to make the program bigger.

Arvy Smith: That fund is managed by the Ag Department. We're just getting a small chunk of it for this purpose.

Vice Chairman Bellew: In your special funds line item, the very last one is unallocated executive compensation package. What is it? Where do the special funds come from?

Brenda Weisz, Director of Accounting, ND Department of Health: When the pay package is put through iBars, there's an allocation. If there are special funds used to fund positions like in this area, they'll designate a percentage to special funds. There is also an allocated amount in the federal funds. We don't take that money and roll it back to what federal funding source it's going to be at this point. We just know it's designated to a special fund. Once we get through the session and we know the adjustments that are made, then we'll see what the allocation is. It depends on how each person is funded.

Chairman Pollert: Is the radiation control licensing fees the extra fees you get from oil?

Dave Glatt: That is correct. With a lot of the recycling entities coming up, they require a licensing fee. They can be quite high. That's the increased rate activity.

Chairman Pollert: You have a 1.9 increase but yet with the way things are looking, do you think that's going to live up?

Dave Glatt: I think we are going to see an increase. I don't know how much. It may slow down a little bit. We're getting more requests for recycling this material.

Arvy Smith explained audit findings related to the underground storage program and the recommendations (page 2, attachment 4).

Rep. Silbernagel: On the summary of federal and special funds, the environmental exchange state grants jump from 395 to 1.6. What is that about?

Arvy Smith: That is the IT project in the optional package. That is the funding source for that. That is separate EPA grant that we get for those kinds of projects.

Chairman Pollert: Is that something the Executive Budget funded?

Arvy Smith: Yes.

Chairman Pollert dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/21/2015
Job 22302

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-2

Chairman Pollert called the committee to order.

Arvy Smith, Deputy State Health Officer for ND Department of Health presented testimony - Community Health (attachment 1).

Vice Chairman Bellew: Does the funding for tobacco come from federal funds?

Arvy Smith: Some of it is from federal funds and some from the Community Health Trust Fund. At the time we built the budget, we thought the federal grant was going to come in quite a bit higher, but now we are seeing that we could get cut as high as $600,000 per year. That amount is possibly quite over-stated.

Rep. Kreidt: Is there a possibility that with the loss of those funds that some of it can be made up from the tobacco prevention?

Arvy Smith: We have been in discussion with the tobacco center because they need to meet the law of spending on tobacco at that CDC recommended level. We're trying to coordinate how we're going to do that. We've looked in our budget to see if there is anything else we can possibly claim as tobacco-related that would meet the definition.

Rep. Kreidt: Do they have adequate funds?

Arvy Smith: Yes. It'll spend down their balance quicker though.

Rep. Nelson: What's going on with travel?

Arvy Smith: A lot of that is due to the new HRSA oral health grant in here and that has a lot of travel to local areas. We have the Garrett Lee Smith federal suicide grant in here. We had that a few biennia ago then we didn't get it anymore and that's when we moved into state funding for suicide prevention. We did apply for it and at the time we put the budget together, we didn't know if we were going to be awarded or not. We were not awarded. Some of that travel is related to that grant as well.

Rep. Nelson: In the HRSA grant area, tell me how the program works. What is the purpose for travelling out of Bismarck? Are you meeting clients in the field?

Kim Mertz, Director of the Division of Family Health and the Oral Health Program, ND Department of Health: That is our school-based dental sealant and fluoride varnish program. We have four public health hygienists that travel around the state to different schools and meet with the kids and apply fluoride varnish and dental sealants to the kids in the school.

Rep. Nelson: Once this begins, will this be an on-going program?

Kim Mertz: Currently the grant we have is a three year grant that will go through 2017. We're trying to work with local dentists to hire hygienists to go into schools to make the program sustainable. Without these funds at the state level, it would be very hard to do our state-based program. There is a Senate bill where there has been a request for $200,000 of general funds to help enhance and expand the school-based program.

Chairman Pollert: What is the fiscal note on that?

Kim Mertz: It's $200,000; $150,000 to enhance the program and $50,000 would go towards a pilot program that would be a case manager to help families.

Chairman Pollert: Is the item for HRSA federal dollars?

Kim Mertz: That's federal funds.

Chairman Pollert: How does that relate to what we're talking about here? Are we trying to get state dollars to get some more federal dollars? What's the idea behind the bill?

Kim Mertz: The Oral Health Coalition has set priorities. One of those priorities is to enhance our school-based dental sealant and fluoride varnish program. Hence, that bill was basically set forward by the Oral Health Coalition as a means to get into more schools and serve more children throughout the state than what our federal funds can do.

Rep. Holman: You mentioned the local dentist buy-in. Are they buying into this and would any of their hygienists participate in this program?

Kim Mertz: It is an option. We're working very hard on that. We have a dentist in Grand Forks who is working with us. We have given her portable equipment through a memorandum of understanding through our department. She is going into the school with her hygienist to give services to the children. That is a model that we're looking at. Oral

health is one of the greatest unmet needs for children now. We're looking at a multi-prong approach for that; our state program and working with dentists to get them to go into the schools.

Chairman Pollert: Is this income-based?

Kim Mertz: We send out a letter to the schools after we get buy-in from the school administration, then we do offer the services to all children in the school. The children are not charged a fee for this. We use our federal funds to pay for all of the supplies and equipment. This program is about trying to connect children to a dental home. Also with the HRSA grant, we have a contract with the Ronald McDonald Care Mobile. That is another approach to that multi-pronged approach I talked about.

Chairman Pollert: Is that how the Ronald McDonald Care Mobile fits into this program?

Kim Mertz: From the Health Department perspective, we fund them in two ways. One is out of the HRSA grant. That grant is very specifically for them to go into the schools and assist us with the sealant program. The second thing is there is $100,000 of general fund money that the Care Mobile receives that the Health Department administers to a grant to help assist them with their overall program needs.

Chairman Pollert: But we also have some general funds going to the Care Mobile?

Kim Mertz: That $100,000 comes to the Health Department and we grant that out.

Chairman Pollert: What is that money for?

Kim Mertz: That is for their general operating costs. One of the things that the Care Mobile found during the last biennium is that sometimes there is a host fee for the schools or the communities to pay. That has been a little challenging for some of the communities to pay so I know they will utilize some of those funds to offset that host fee.

Rep. Nelson: I don't see the HRSA grant on the grant line items.

Chairman Pollert: It's under professional services. We'll go through that line item.

Arvy Smith: Are you looking at the grants we're giving out or the funding source?

Rep. Nelson: I was trying to follow the money and see what the value of the grant was. Is this a new grant?

Arvy Smith: We had it. We lost it. Now we've got it again.

Vice Chairman Bellew: What does HRSA stand for?

Arvy Smith: Health Resources Services Administration. It's within the federal Department of Health and Human Services.

Rep. Nelson: Obviously there is a need for more travel given the HRSA situation, if you are increasing from 17 schools to 80. It's a 64% increase. The suicide program they said was another part of that. I'm just trying to understand if that's more of a boots-on-the-ground program.

Arvy Smith: Mary Dasovick will talk about that. But Kim has one more comment.

Kim Mertz: You'll also see in here that there was an oral health mobilization grant. That is a new federal grant that we applied for and didn't receive. There was travel in there also.

Rep. Nelson: The increase in travel is part general funds and part federal funds correct?

Kim Mertz: It's all federal.

Arvy Smith: When we get to the federal funding sources, you'll see a large grant called oral health mobilization. We applied for it, but we did not get the grant. In travel, $163,000 is related to that mobilization grant that we didn't get.

Mary Dasovick, Director for the Division of Injury Prevention and Control, ND Department of Health: Did you have a question on suicide travel?

Rep. Nelson: Could you give an overview of how this grant is going to be applied? How do you administrate to people? Is it through the schools?

Mary Dasovick: This was under the Garrett Lee Smith Grant that we did not receive and $27,000 of that was to go for travel. We would have gone to healthcare facilities to teach nurses and physicians how to do depression screenings. It was a lot of training. We would have also gone to the tribal areas and provided life skills training. Also, there were some required conferences that had to be attended by the state staff.

Rep. Nelson: You're talking in the past tense.

Mary Dasovick: We didn't receive the grant.

Rep. Nelson: So you're not doing it then?

Mary Dasovick: We put in an OAR for a modified version of it.

Rep. Nelson: Is that in your budget?

Mary Dasovick: $500,000 is.

Arvy Smith: In that travel line item is $27,000 related to the Garrett Lee Smith, which we did not get. Since we were uncertain, we also requested an optional adjustment of $1.5 million for suicide. The Governor funded $500,000 of that. All of that $500,000 general fund is in the grants line item, not in travel.

Rep. Nelson: In the travel line, there isn't a suicide component.

Arvy Smith: Right now that $27,000 related to Garrett Lee Smith is in there but we didn't get the grant so it could be removed.

Chairman Pollert: Is the car pool part of the DOT budget?

Becky Keller, OMB: Yes.

Chairman Pollert: They would come forward with a set charge for how much to charge every agency?

Becky Keller, OMB: They provide the rates before the agency starts their budget.

Arvy Smith: In looking at the operating, there are a lot of decreases. We've got about 40 different federal funding sources and 10 different special funding sources in this area.

Chairman Pollert: There's not a blanket system saying that everything will be split between federal and general by a percentage?

Arvy Smith: When we get the federal grants, each one is for a specific purpose, with the exception of a couple of block grants that we can use for multiple purposes. When we request the federal grants, we have to identify everything related to that grant. When we build the budget, we look at our current operations, increases and funding. We do have that detail but for us to take every grant and do a schedule, you would have 100 schedules.

Chairman Pollert: I was curious if there was a blanket way. But each grant would have different purposes requiring different matches, if there would be a match.

Arvy Smith: Most of these don't have matches. The big one is the maternal child health block. A lot of times where there are matches, we have local partners providing the match. It's not in general funds. The others are Women's Way and part of Domestic Violence.

Rep. Nelson: This department has the largest number of OARs that aren't the mandates. Are the decreases because of loss of federal money? Do you have a priority list of those that are in your OARs that need to be looked at?

Arvy Smith: When we put the budget together, we prioritized all the items. The Governor chose to fund certain ones. I would go with that original OAR list that's in priority order.

Chairman Pollert: Looking at your detail on community health, it looks like most of your federal dollars dropped because of WIC payments.

Arvy Smith: That's a big reduction.

Vice Chairman Bellew: Has the Health Department tried to find out what it would cost to contract IT expenses?

Arvy Smith: That one has a particular explanation. That IT contractual services is related to the new WIC/EBT system. There is a schedule for that figure. If you're concerned about

ITD, you would want to look at the rates for IT data processing. We do experience some increases there. Environmental Health is a big data user. I don't have how much of an increase we needed to reflect in the IT data processing this time.

Chairman Pollert: Professional supplies is a reduction. When I look at what you've expended through November 2014 and what your 13-15 current budget is, could you elaborate on that a little?

Arvy Smith: All of that is related to a loss of federal programming.

Chairman Pollert: In professional supplies in November 2014, how much of the biennium has been expended?

Arvy Smith: Is that 67%?

Chairman Pollert: It seems the budget is a little strong versus what you've expended to date.

Arvy Smith: That has to do with some of the new grants too.

Chairman Pollert: Regarding professional supplies, if 70% of the biennium is expended, it seems like there should be some money that's not going to be spent there.

Arvy Smith: Some of that is timing. That's purchasing of car seats and breast pumps and various supplies for the different grants. We just haven't made those purchases yet. Sometimes we delay those purchases to make sure we have funding available.

Chairman Pollert: Do you have a schedule for Other Equipment Under $5,000?

Arvy Smith: I do. That is dental equipment. That's related to the oral health grants.

Chairman Pollert: When the Care Mobile goes out, are you providing equipment for that? Or does the Ronald McDonald Home provide that?

Kim Mertz: The grant is not used to buy equipment. They take care of that themselves.
Vice Chairman Bellew: The medical, dental and optical has a hefty increase and this biennium they've only spent $10,000.

Arvy Smith: That is related to the HRSA grant; both the grant we got and the one we didn't get.

Chairman Pollert: Can we get an explanation on the increase?

Arvy Smith: It's the new grants we have in there.

Vice Chairman Bellew: At the end of November, they've only spent $10,000 out of the $82,000 budget. I'm questioning that also.

Arvy Smith: I'm sure that's timing. We make sure we have the funding before we spend the money. That would be the oral health supplies.

Kim Mertz: We wait until the school year is done and see where we are with supplies. We won't be purchasing supplies for the next school year until June.

Chairman Pollert: It's basically a new program?

Kim Mertz: We have had the school-based sealant program before.

Chairman Pollert: Now you're trying to start up again?

Kim Mertz: Yes. In the new grant, we're trying to get to more schools. Some of the equipment we buy is equipment we can use from year to year, like the dental chairs, lights. The things like the sealants, the fluoride varnish, and the gloves we have to replace.

Vice Chairman Bellew: When you lose federal grants, do you also lose employees? Or do you transfer them to other divisions?

Arvy Smith: Sometimes that happens. When I talked about losing three grants, they were replaced by a new grant, so they went into that grant. We look at the duration of a grant. If it's five years, we'll try to get an FTE in there. If it's a three year grant, we not going to get into permanent commitments. We haven't had to do a lot of laying-off of staff. Our Health Equity grant was reduced so we did have to reduce an employee to half time.

Rep. Nelson: Help me understand the HRSA grant. Of the 17 schools you are in now, what is the participation rate of the students?

Kim Mertz: I can get the exact number for you. The participation rate is high. We are targeting schools with the greatest need, those that are 45% or greater for free and reduced meals.

Vice Chairman Bellew: Since you are providing the fluoride and sealant treatments, have you contacted the Dental Association to try to get some funding?

Kim Mertz: We work very closely with the ND Dental Association. We haven't asked them for specific funding. From my knowledge, the Dental Association doesn't have grant funds to give us. They would have to apply for a grant themselves to give us funding.

Chairman Pollert: Regarding participation rates in the schools, is it grades K-6?

Kim Mertz: We serve grades K through 6. In rare exceptions in very small schools, we have served all the students. The reason for that is we know that dental sealants are most effective when you place them on molars that are erupting.

Chairman Pollert: Is the participation rate 100%?

Kim Mertz: The parents have to consent to it. It's actually it's an opt-out consent.

Chairman Pollert: Do you have particular groups that wouldn't do this?

Kim Mertz: We have never had a parent complaint.

Chairman Pollert: Have you written a form letter to all 243 school districts? Are the schools responding?

Kim Mertz: We're targeting schools with 45% or greater free and reduced lunch rates. Those schools have gotten a letter and are asked to participate. In the third year of the first grant we had, we were in 52 schools. When we did lose the HRSA grant the first time, we did have to lay off our four temporary public health hygienists. This year we were very selective in the schools we sent letters to. Of the schools we contacted, none said not to come. Schools want us there.

Chairman Pollert: Is it a state employee that's going out to do this but also in collaboration that the Care Mobile will be out there too?

Kim Mertz: The public health hygienists that we have employed are state employees. We also have a dentist that is a temporary employee. Our four hygienists are going out to the schools and delivering services. We do not double up with the Care Mobile.

Chairman Pollert: Do you have the cost per child?

Kim Mertz: We're actually working on a cost analysis now.

Chairman Pollert: Do you have a state van that you're putting a chair in?

Kim Mertz: The Care Mobile has everything in the mobile. Our program works with portable equipment so we don't have a specific van. The dental chair and all of the portable equipment fits in the trunk or back seat of either the hygienist's personal car or a state vehicle.

Chairman Pollert: How much equipment do you have to serve how many schools?

Kim Mertz: We have six portable dental chairs. Four are being utilized with the public health hygienists, one is in the Grand Forks area with an MOU with that dentist that is providing services in the school, and one is a back-up.

Rep. Holman: During the interim, we talked about the other demographic, the senior citizen oral health. Is that something that might show up?

Kim Mertz: Oral health for older adults is very important. We have a grant right now to serve clients in long-term care facilities.

Chairman Pollert: How many schools do each of your hygienists get to each year?

Kim Mertz: It depends on the dental hygienist. We have one who is almost full-time. We have another who has a full-time job and can only go to schools on Fridays. We keep her

in one area. We have another one in Bottineau and another in Fargo. We have four that are placed in different areas of the state and try to have the schools they serve within their region.

Chairman Pollert: Of the four you have, and you have 30 schools on-line now and maybe some of those schools are being taken care of by the Care Mobile, they should have spare time because that's only 7 schools for each hygienist in an eight-month period.

Kim Mertz: Except for the one, all of the other hygienists are part-time temps. They are paid by the hour.

Chairman Pollert: Moving on to professional services.

Vice Chairman Bellew: Regarding Women's Way, why is the $500,000 in new funding necessary? It's all general funds.

Arvy Smith: In the current biennium, there is $400,500 from the Community Health Trust Fund that is also in the Women's Way local public health units.

Chairman Pollert: Are you trying to take the $400,500 out of the CHTF and put it in general funds so you can fund something else out of the CHTF?

Arvy Smith: Yes, that is exactly what we did. We used the CHTF money to fund our behavioral risk factor surveillance system. That is that major survey that has been traditionally federally funded. We haven't had to dip into general funds for BRFSS. We're seeing some significant federal cuts there. We're questioning the logic there. It's one of the most important things we do. We use the information not only to compare to other states for programs, but as we submit our federal grants, we use data from there to support our requests. Some of the questions are directed by the federal government but some we get to pick. The funding was getting cut enough that we would have to do a lower number of surveys and that would jeopardize the validity of the results. In setting priorities, we chose to take that CHTF that had been going for Women's Way and use it to fully fund the BRFSS survey in the base budget. One of the reasons we picked that is because we thought there would be some transition with ACA and now a lot of the screenings can be covered under ACA. Also, that would leave more room for the grants for the recruiting and the promoting of the program. We were hoping we wouldn't need that money replenished. We asked for it just in case. The federal government has opened that up so that we can use more of that funding for the actual case management. They are still measuring how many we screen. The Governor did choose to replenish that funding so they put the $500,000 back into Women's Way.

Chairman Pollert: Is that $400,500 part of the green sheet?

Sheila Sandness, Legislative Council: Number 29 is the funding change for Women's Way.

Chairman Pollert: With ACA, why would we need the $500,000?

Arvy Smith: We've been asking that question internally too looking at some of those programs because some of those people do shift over. Part of what happens, either local public health will spend hours recruiting this woman and then they need to check the funding source. If they are eligible for expanded Medicaid or marketplace insurance, then we don't get to count that person in our screening because that funding source is paying for it, but they still spent all of that time recruiting that person.

Susan Mormann, Division Director for Cancer Prevention and Control, ND Department of Health and Program Director for Women's Way: When we looked at our numbers recently, there are about 18,500 women that would be eligible that would fit into our criteria. That means that they have income within 139% up to 200% of the federal poverty level. Right now we have 2,085 active women. Of those, about two-thirds of them are reporting that they have no active insurance. In 2014, of the women that were part of our program, 514 women have transitioned to have Medicaid expansion be their payer. We are providing care coordination, case management, patient navigation for these women. It's an expectation that CDC has of us to do that service for women who are uninsured or under-insured. Part of our protocol is when a woman comes in with an income between 121-138% of the federal poverty level, we refer that woman to Medicaid expansion.

Chairman Pollert: How many women are between 121 and 138?

Susan Mormann: We have 514 women that have enrolled in Medicaid expansion.

Chairman Pollert: Do you still have to keep track of that?

Susan Mormann: We are still tracking that. We are providing case-management for those women. They may have enrolled in Medicaid expansion, but we don't know if they've actually screened.

Chairman Pollert: Before ACA, how many cases did you have?

Susan Mormann: Before ACA, we screened 3,000 women annually. In 2013-14, we screened 2,196 so we achieved 86% of our screening goal. We've been reducing our screening goal because of ACA because we anticipate some women will shift their payer for their screens. Right now in the first six months of our grant, we've screened 710, which is 35% of our screening goal.

Chairman Pollert: Can you give me the same numbers for colorectal cancer?

Susan Mormann: In this biennium, we have screened 65 individuals. We have 55 individuals who have been referred to Medicaid expansion.

Chairman Pollert: Before ACA how many did you have?

Susan Mormann: Typically we had funding to screen 250 individuals in a two-year period of time. We screened 110 individuals last biennium. If we add in the 55 that we've referred, we would be on track to achieve that amount this year. Fifty-one of the 66 individuals that were screened indicated that they had no insurance.

Chairman Pollert: Even after ACA?

Susan Mormann: Yes. We also asked them if we didn't have the screening program would they still be screened. Only three indicated that they would screen on their own.

Chairman Pollert: Why wouldn't they have coverage of some sort?

Susan Mormann: It could be personal choice. We hear that the deductibles, co-pays, and premiums are very high and they can't afford it. In Women's Way, if a woman goes to Marketplace and the co-pay and deductible is too high, we can cover the costs. With the colorectal screening program we aren't able to do that. The other thing is that you do have a number of grandfathered insurance programs.

Vice Chairman Bellew: We replaced Women's Way with $500,000 in general funds. Why did it need to increase by $100,000?

Susan Mormann: Recruitment is not something we typically reimbursed at a local level but they have to spend more time trying to find the women. The other thing is that the woman might have transitioned to Medicaid expansion, but then once they do the audit of her income again, she might have made too much in a month and is no longer eligible for Medicaid. That all takes time. Our local coordinating units want to be reimbursed for that. We've had two local coordinating units that have returned their contracted services to the state; and our state office staff has taken on the role of being local coordinators for the Upper Missouri district health unit and First District unit so there are additional costs.

Rep. Holman: Marketing. What do you do to get the word out about available services?

Susan Mormann: We do ads within newspapers and magazines, such as ND Living. We have ads on TV. Sometimes we pay for that, but Midcontinent Communication typically provides $1.2 million worth of service. Our local coordinators do community events. There are posters and education sessions.

Chairman Pollert: When you do the advertising and outreach, do those dollars come out of the Health Department's general budget or does it come out of Women's Way if it is outreach for that program?

Susan Mormann: Women's Way pays for its own outreach. We use our federal dollars in most instances. Although, in the general fund request of $500,000 we do have a small amount of money in there for outreach because we need to increase our level of that. If it's colorectal screening and outreach, we have a small amount set aside for administrative costs and outreach would come out of that.

Chairman Pollert: How much money for Women's Way and colorectal cancer has been expended?

Susan Mormann: To date with our administrative costs for the colorectal cancer initiative, we've set aside $77,600. From July 1, 2013 through December 31, 2014, we have expended $21,715 of that. Some of it is for meeting expenses, the database we operate,

and we have a small percentage of an FTE that assists in running that program. We also have a contractor to assist with the grantees and a very small amount for a graphic artist to help us design materials that our grantees use. If we look at expenses associated with the screening, we have procedures completed and reimbursed as of December 31 and that comes to about $122,000 of the $525,000 that is allocated for the screens.

Vice Chairman Bellew: This concerns Women's Way. What is the average cost of screenings? Does Women's Way pay for the HPV vaccination or is that under vaccinations?

Susan Mormann: If a woman goes in and is having a pap test, she can have the HPV test done at that time. But the vaccine is not covered through Women's Way; it's covered through immunization. As to the cost of the screening, we use a third-party administrator that pays the providers and reimburses them based on our CPT codes. Those are based on the Medicare Part B rates. The codes are determined by CDC and each state has the ability to select 5% of the codes. That list identifies what all the costs are.

Vice Chairman Bellew: Regarding the Native American population, what percent does Women's Way serve?

Susan Mormann: Of the 2,196 women that we screened in 2014, our goal was that 357 of them would be American Indian or another minority. We screened 255 American Indian women in 13-14. We've screened 80 in the last six months.

Rep. Kreidt: Since we have the Affordable Healthcare Act and Medicaid expansion has that made things smoother in your department? Has your workload increased due to that?

Susan Mormann: Whenever you have a new program being implemented, there are changes in processes. It has increased our workload. We have to provide a lot more guidance to our local coordinating units.

Chairman Pollert: Is the Behavioral Risk Survey part of the $400,500?

Arvy Smith: Yes. We get data on a broad range of topics through that survey. Our fear is that if we don't have good data, we won't get federal grants. We use the data from that survey to help us apply for the federal grants.

Chairman Pollert: What does the survey say? Is it anyone that comes into the Health Department?

Arvy Smith: We use a contractor for this. There are certain questions that are federally mandated, but the states also get to choose questions based on needs.

Chairman Pollert: Who do you survey?

Arvy Smith: North Dakota residents. They randomly generate phone numbers. The contractor calls these people. The survey takes about 20 minutes.

Vice Chairman Bellew: Were there general funds in this during the last biennium too?

Arvy Smith: No.

Chairman Pollert: Where is the other $120,000 from?

Arvy Smith: We used $520,500; what we had available in the Community Health Trust Fund to fill the gap. About $500,000 was the BRFSS federal shortfall.

Vice Chairman Bellew: How long have we had the cancer registry? How much cancer registration do we need? What is the purpose of it?

Arvy Smith: The cancer registry provides a tremendous amount of detail related to all the cancer cases in the state. We've had this for many years. Previously we had it in the Health Department and had our own staff doing it. We had significant turnover and would have needed tremendous training due to the technicality related to it so we opted to name UND as our bone fide agent. The federal grant for cancer registry goes directly to UND and they handle the registry. We needed to provide an additional $98,000 a biennium to help them pay for administration so we started to put a little bit of general fund in. It's subsidizing that effort because the federal grant isn't paying for all the costs.

Rep. Kreidt: Besides UND, is that information shared with any other medical schools?

Arvy Smith: We have many sources of data. We have a process if someone if wants data, we have a data use agreement where they tell us what they're going to do with the data and if we are giving any personal information, they need to destroy it after they're done. Others can have data by request. We have access to that data as well.

Chairman Pollert: I want to back up to the Behavioral Risk Survey. You're juggling around the Women's Way out of the Community Health Trust Fund so you want to use those dollars for the Behavioral Risk Survey. You're telling us that you need to do that to get access to other federal dollars. Which grants does that include; is it all-encompassing?

Arvy Smith: It wouldn't be all grants. It would be many of the grants in this section and some in medical services where we have the immunizations and infectious disease. It's not only to use in requesting federal grants, it's also used to look at the needs of the state.

Chairman Pollert: How many calls do you make for this survey?

Arvy Smith: When fully funded, we want to do 8,000 calls per year. Without the federal funding, we've had to drop significantly below that.

Chairman Pollert: So $42 per call. Is that good or bad?

Arvy Smith: There are some administrative costs in there too. That's all Clearwater.

Chairman Pollert: What is Clearwater?

Susan Mormann: Clearwater is the selected vendor that conducts the survey.

Chairman Pollert: How long have you been doing that?

Susan Mormann: Since 1984. The data gathered is relied on quite heavily by the Department of Health when we write grants. Other agencies also use this information to write their grants.

Chairman Pollert: Do you charge the DHS and DPI for the use of that information?

Susan Mormann: We don't charge them at this time. Although they help support the survey. One of the optional modules that the Department put on our survey in 2015 was questions related to Alzheimer's. The ND Alzheimer's Association entered into an agreement with us and they are actually paying for that module.

Vice Chairman Bellew: Where is the Clearwater firm located?

Susan Mormann: They are located on the west coast, in the Portland area.

Rep. Nelson: In the chronic disease division, I see you lost two federal grants for a little over $1 million. What happens to the personnel in your office that was dealing with those? Do they move to another area?

Arvy Smith: The chronic disease went away and was replaced by DHDOSH.

Rep. Nelson: So that was just replaced with another one.

Arvy Smith: Yes. We lost the cardiovascular program of $774,000, coordinated chronic disease for a little over $1 million, and school health which was a little over $500,000 which was replaced by DHDOSH for $1.9 million.

Chairman Pollert: Does the DentaQuest evaluation or the oral health coalition have anything to do with what we talked about earlier?

Arvy Smith: Part of the DentaQuest is related to seniors.

Chairman Pollert: What are the items listed under CDC Oral Health?

Kim Mertz: The CDC Oral Health grant is one of three grants we have along with a HRSA grant and a DentaQuest grant. The CDC grant is an infrastructure grant that helps us with funding and focuses on partnerships. Oral Health Communication is a professional service contract with an individual that helps us get oral health education messaging out. The next one is the Program Evaluator because almost all of our grants require a certain amount of our funding to be used towards evaluation. The Oral Health Infections Control Presenter is for a conference. The Oral Health Basic Screening Survey is a requirement. Every three years, we screen third grade children to see what their oral health status is. It's a way of monitoring to see how well we're doing with oral health.

Chairman Pollert: What is a general overview on DentaQuest?

Kim Mertz: The DentaQuest grant is unique; it's not a federal grant, it's a foundation grant. The purpose of our grant is to incorporate oral health into overall health by working with medical schools and nursing schools to get oral health into their curriculum. The other part of that was to look at the long-term care piece. The grants do different things. The DentaQuest grant allows us to develop models. The HRSA workforce grant allows us to pay for the direct services.

Vice Chairman Bellew: How long have we had the newborn screening consultation and what is it for?

Arvy Smith: That is a mandate in state law that we have to do the newborn screenings. We do not have enough funding to cover that whole activity in our federal grants that could be allowed for it.

Arvy Smith: Regarding the Behavioral Risk Survey and the $154,000 general fund, I did not recall putting general funding into that program. That was a mistake. That number belongs in the federal column. It's correct in our budget, but this schedule is wrong. There is no general funding in that program.

Chairman Pollert: I know the Executive Budget has a $500,000 increase. Where would that show up?

Arvy Smith: The increase is in the grants line item. Any of the federal numbers here are related to the Garrett Lee Smith Grant that we will not be getting.

Vice Chairman Bellew: Is that $500,000 just going away? Is that why you need the $500,000 in general funds?

Arvy Smith: We had the Garrett Lee Smith grant several years ago and lost it. Now we decided to apply for it again. Had we gotten the federal grant, we wouldn't have needed the optional package. But we are not going to get the federal grant.

Vice Chairman Bellew: So you're expanding the suicide program?

Arvy Smith: Yes.

Chairman Pollert: Can you expand on the suicide rates going up?

Micki Savelkoul, Suicide Prevention Program Director, ND Department of Health: Our rates have been increasing. The most current statistics I have are for 2013. When we look at the suicide rate we measure it one incident per 100,000. For 2013, ND was 20.5 per 100,000. The actual deaths were 138. The national average is 12.4.

Chairman Pollert: On that 20.5, would that be higher than past years?

Micki Savelkoul: It would be hard to estimate that. The suicide trends fluctuate quite a bit. We are seeing an increase in our middle-aged population. That 35-64 is the fastest growing rate of suicide in the nation and in ND.

Chairman Pollert: Does the 20.5 include our whole population?

Micki Savelkoul: It does include that whole population.

Chairman Pollert: Is the rate higher or lower among Native Americans?

Micki Savelkoul: I can break that out for you. I can tell you that our 10-24, the Native Americans are much higher than Caucasian. As we age, the Caucasians are higher than the Native Americans.

Rep. Nelson: In that breakout, do you do an analysis of TBI injuries, veterans that are part of that population and behavioral health, depression issues?

Micki Savelkoul: In the last year we have expanded what we get from vital records. That is my only data source. Previously we got where that person was from, age, race and how they died. We have expanded that to include if they served in the military. We've also started looking at their occupation.

Chairman Pollert: Do any of the items under injury prevention have the same general fund and federal fund matches as in 13-15? Have any changed drastically?

Arvy Smith: The only possibility there would be the Poison Control Hotline. We have $149,000 general fund in our current biennium for that. Part of that is federally funded, but it's not enough. We contract for that hotline with Minnesota. Even last time we had to put some general funds into there. If it did increase, it wasn't by much.

Chairman Pollert: Overall is WIC $4 million less.

Arvy Smith: It's in the food line item. The actual WIC food payments are not a part of this. This is the administration of the WIC program. A lot of this is related to the new IT system.

Vice Chairman Bellew: If we give you this new IT, does that mean your IT expenses will go up again? If the WIC payments are going down, why do you need a new system?

Arvy Smith: They are going down slightly.

Vice Chairman Bellew: $4 million out of $24 million is a lot.

Arvy Smith: The current system is very old.

Colleen Pearce, Director of Nutrition and Physical Activity and Director of the WIC Program, ND Department of Health: The US Department of Agriculture, which is the funding agency for the WIC program, has mandated that all states will implement an EBT system by October 1 of 2020. EBT is electronic benefit transfer, like a credit card. Our

current MIS WIC system will need to be upgraded to be able to accommodate this level of technology that's accompanying the EBT pieces.

Chairman Pollert: Is this done internally or by an outside vendor?

Colleen Pearce: All of the above. The system we have now was originally built by an outside contractor. We have ITD host and maintain it. When we need to have something done or the program tweaked or reprogramming done, we work with the contractor. But ITD are the ones housing our system so we're paying both of them.

Chairman Pollert: Is this going to be a continual dollar amount as you upgrade or will we see this disappear?

Colleen Pearce: You should see this disappear. It's an incremental process so we received special funding for EBT planning from the feds. We'll have to get a new contractor, programmer to do the EBT part. Essentially these are one-time costs as we transition our system to EBT. Once we get to EBT, our future contracts for maintenance and operations are probably going to be more expensive because EBT is more complex. But the big ticket items should be one-time costs.

Chairman Pollert: But we'll see maintenance agreements?

Colleen Pearce: Yes.

Chairman Pollert: Can you explain a little about the reduction in WIC food payments?

Colleen Pearce: There are a couple of things that happened. There's a $4 million drop for the biennium. The average WIC food payment right now is $65-75 per participant per month. Over the years we've seen a decrease in the participants. In January 2011, we were serving 13,500 participants. Right now, we're averaging just over 11,200 per month. The decrease was in part due to a declining birth rate. Because WIC serves children from birth to five years, we're now seeing our numbers leveling off and will probably start increasing now because the birth rate is increasing again. The other part was some decline in our families no longer being eligible for the 185% rate of poverty.

Rep. Nelson: I'm expecting there's going to be a drop-off of employment in the energy sector. If there are more people eligible for WIC, does the grant allow that increase? What time basis do you operate under? How can you respond to changing economic situations?

Colleen Pearce: That's not an easy projection. A lot of people coming to the state are entering the workforce at minimum wage. Even though there is a boom where people are being paid well, there are a lot of people supporting the work that's being done there that aren't being paid well. We may see a decline with people losing their jobs in the energy industry. I'm not sure how much that affects the population that WIC serves. I think there might be a slight increase in our potential population, in part because the state population has been growing. How quickly can we react to that or accommodate that? The WIC program is funded through the USDA annually. When they run the funding formula, they

look at what's happening at the states to see if our caseloads are growing. I think the projections we have built in here will be adequate.

Rep. Nelson: How do you handle it if there are more applicants than there is funding for?

Colleen Pearce: From a national perspective, if the USDA provides us money to serve 13,000 participants a month over the year and we have 15,000, the feds can do two things; provide us additional dollars or we have to implement waiting lists and serve the highest priority folks first.

Rep. Nelson: Have you had to do a waiting list?

Colleen Pearce: The WIC program has been around for 41 years and I've been with the program for 35 years. In that time, we've only ever had to implement a waiting list once.

Rep. Holman: How often do you review a case? What's the frequency of charging the card?

Colleen Pearce: When someone applies for the program, they are certified. A pregnant woman is certified for the length of her pregnancy. A child is certified for one year. We ask them to bring in proof of income and residency. We then do a nutritional assessment because they have to have a nutritional reason of being on the program too. If the situation changes, like income, they need to bring in proof of income to us again. If they are over income, we give them their last check. The certifications are reviewed on an annual basis, except for pregnant women which are at the end of the pregnancy. As far as loading the cards, it's a monthly benefit.

Rep. Kreidt: What is done at a Hunger Summit?

Arvy Smith: That is an effort using Bush Foundation funding that is related to the Hunger Coalition. There are plenty of people in this state that aren't getting fed.

Rep. Kreidt: What do they do?

Colleen Pearce: We having Creating a Hunger-free ND Coalition. The purpose is to raise awareness that hunger is part of the ND landscape. The coalition consists of a variety of partners, including food pantries, Lutheran Social Services, and the tribes. Every other year we have the summit which is a two-day meeting to address hunger needs across the state. We ask the members to form committees to come up with a plan to address hunger within their communities.

Rep. Kreidt: Are there a lot of participants?

Colleen Pearce: Last time there were 70 or so in attendance. A lot of those are food pantries. Great Plains Food Bank does a great job. The Legislature previously provided funding for a semi that they use to take the food out. That ability to reach tiny towns in terms of providing food for them to distribute at the local level has been amazing. Our numbers grow each year with that. It's not just people who are addressing hunger directly,

but also people with other interests like living wage, affordable housing, things that address the poverty issue.

Chairman Pollert: Grant line item.

Vice Chairman Bellew: This concerns the WIC program. Does that money in the grant go to the local public health units?

Arvy Smith: That large amount is to the WIC providers. Some of them may be local public health units; others are hospitals and tribes. That is their administrative costs to process the individuals. We have 23 WIC providers.

Vice Chairman Bellew: Is that 30% administration for WIC?

Colleen Pearce: The numbers that you're looking at are dollars that go out to local public health units, hospitals, and the tribes; the 23 administering agencies. The service we provide isn't just the food; it's also the screening, the assessment, referrals, and nutrition counselling. When you ask how the dollars breakout, about 5% goes to administration, the rest goes to what the USDA calls client services, where you're doing the dietary intake, you also do the height, weight and hemoglobin, provide nutrition counselling. That's not admin. The piece you're looking at is mostly client services.

Chairman Pollert: Do we have $500,000 for domestic violence and rape crisis grants?

Arvy Smith: Yes.

Vice Chairman Bellew: I would like to know why there is $500,000 more.

Arvy Smith: The $2.2 million includes the $500,000 increase that was added with the Governor's budget.

Mary Dasovick: We want to put more money towards the domestic violence program. In the western part of the state there is an increase in the number of victims that are being seen. Also victims have more complicated cases; some have substance abuse issues, some have mental health issues. Our shelters are full across the state. In the western part of the state, they can't get hotel rooms at times or the rooms are quite expensive.

Chairman Pollert: Do you have a percent increase in the amount of domestic violence?

Arvy Smith: We can hand that out now (attachment 2).

Vice Chairman Bellew: You say that the victims may have a problem and the state pays to try to correct that problem? I thought this funding was just to protect those victims?

Mary Dasovick: Victims will come into an agency seeking services. They see an advocate that does the crisis intervention, assists with protection orders, and they also provide shelter and food. They have support groups and individual counselors for some of

them. They also help victims become established within the communities. What comes out of these funds is the personnel that are helping these victims.

Chairman Pollert: As far as domestic violence, there is $2.5 in the executive budget and the $500,000 increase there. If the shelters are full, there might be a motel room. Would the grant line item for domestic violence work over to Safe Havens or are those funds going to the police department for further their education? Is there something that is specifically for the victims or specifically for education for a police department?

Mary Dasovick: In the domestic violence line, that is for the domestic violence programs that would be doing the advocacy services. Down to Family Violence, that also goes to the domestic violence programs to provide services to victims. Down to the sexual assault violence prevention and education, that goes to two domestic violence programs that work within their communities to do prevention of sexual violence. We only give that to two agencies.

Chairman Pollert: When you say an agency, do you mean a third-party?

Mary Dasovick: One of the 20 domestic violence programs. Safe Havens, that funding goes to our safe visitation centers which are located across the state.

Vice Chairman Bellew: What do you mean by safe visitation?

Mary Dasovick: If a child is in the custody of a victim of domestic violence, but the abuser needs to maintain a relationship with the child, the victim does not have to see the abuser.

Chairman Pollert: How many safe havens are in the state?

Mary Dasovick: There are 8.

Chairman Pollert: Is it a state building?

Mary Dasovick: The majority of the money goes to domestic violence programs that have these. But in Fargo, we contract with Lakes and Prairies out of Moorhead and in Minot it goes to Village Family Services.

Rep. Holman: How does the geography of our state limit some of the effectiveness of what you can do?

Mary Dasovick: When we talk of safe visitation, we can use the phone and Skype. When you are talking about the domestic violence programs, there is a map in the packet that shows the counties they cover (attachment 2, page 6).

Rep. Nelson: The issue is more complex than only the increase of caseloads because the victims are in shelters for a longer period of time because of a lack of affordable housing.

Rep. Kreidt: Going through your statistics is Mandan included with Bismarck?

Mary Dasovick: Yes.

Rep. Nelson: When a shelter is full and you utilize motels, your services are extended and the protection is compromised. That's funded in some of these grant line items. If there was a shelter, it would seem there would be more efficiencies by having a centralized locations. Is that true? Would you see more efficiencies as far as spending?

Mary Dasovick: I think I understand your question.

Rep. Nelson: Let's use Devils Lake as an example. They don't have a shelter so you're either transferring the victims to a community that has a shelter or you have to put them up in a motel, right?

Mary Dasovick: Right.

Rep. Nelson: That has to be more expensive than having a shelter.

Mary Dasovick: It is more expensive. Having a shelter is a very expensive endeavor. But when you're thinking about an individual living in Devils Lake, they may have a job, their children may be in school. You are removing them from income if you would move them to Grafton or Grand Forks. But they still need that protection by staying in the Devils Lake area. They are in hotels. There was more safety in the shelter because they have security systems.

Rep. Nelson: It would appear to me it would be more efficient to have access to the victim in a shelter rather than a motel setting.

Mary Dasovick: Yes. Also, in a shelter you have all of the food items there, items for the children, as well as advocacy. Otherwise you're transporting everybody back and forth between the hotel and the shelter.

Rep. Nelson: That's a perfect example of efficiencies. If they are in a motel, how do you provide meals?

Mary Dasovick: Oftentimes, the advocate will bring them food. They may allow them to order pizza. But even then, that can be a dangerous situation depending on how severe the abuse has been.

Vice Chairman Bellew: In this grant line item, how many of these are directly domestic violence related?

Mary Dasovick: All of our shelters serve victims who are either domestic or sexual violence victims. The ones I mentioned before, with the exception of safe havens and the sexual violence and prevention, those do not provide direct services for advocacy.

Chairman Pollert: So none of this goes to bricks and mortar?

Mary Dasovick: No.

Rep. Kreidt: When you make arrangements for someone to go into a hotel, is management made aware that you are bringing in an individual that might have someone pursuing them? How much information do they receive?

Mary Dasovick: The domestic violence programs have developed relationships with a hotel in their area and through that have told them what they do. If a victim would come in, the hotel would be told so they would not release any information to anybody coming in.

Chairman Pollert: Can we go through the handout?

Arvy Smith read written testimony (attachment 2).

Chairman Pollert: So all funds have always been expended in any of these categories in the grants line item. Nothing is every carried over.

Mary Dasovick: Correct.

Chairman Pollert: Is the mobile dental care the Care Mobile?

Arvy Smith: Yes that's a grant for supplies for the mobile dental unit.

Chairman Pollert: The Oral Health Mobilization.

Arvy Smith: That is the grant that we will not be getting.

Chairman Pollert: The Oral Health Workforce Activities.

Arvy Smith: That's the one we're getting.

Chairman Pollert: What is donated dental services? It shows a general fund of $50,000.

Kim Mertz: Donated dental services is general fund money that provides needed services to adults that cannot afford services. We have many dentists throughout the state that partner with us in this program. If they identify an individual in their practice that does not have the financial means to pay for services, they can apply through this program. This program pays for things like dentures or a root canal; it's more chronic dental work.

Chairman Pollert: Federal and special funds. The fourth one, is BRFSS the survey?

Arvy Smith: Yes, that's the survey. The next two are the two that went away and turned into the DHDOSH. Family planning has a decrease.

Rep. Nelson: It appears that with the status in the Community Health Trust Fund, that we're playing a shell game with funding. We're taking the Women's Way program and funding it not through the CHTF but through general fund. But then we're bringing the BRFSS funding into the CHTF. Ultimately, all these programs find a funding source. It is confusing to this committee because it looks like programs are going away and they're not.

Wouldn't it be nice if the Community Health Trust Fund was restored to a level where we'd have more clarity and would be able to continue some of these things?

Arvy Smith: We weren't playing a game with that. Our priority was BRFSS because that affects all of our grants and is our major data source. That was the best place we felt we could find money. We thought there was a chance we could Women's Way because of ACA.

Vice Chairman Bellew: This is on federal and special funds. For example the family violence and prevention service grants, how does that money correlate to the grants line item?

Arvy Smith: Most of $1.398 million of that is in the grants line item.

Chairman Pollert dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/21/2015
Job 22339

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-12

Chairman Pollert called the committee to order.

Robin Iszler, Unit Administrator at Central Valley Health District read testimony in favor of the bill (attachment 1).

Chairman Pollert: Do the local public health units have any expense to that survey?

Robin Iszler: No, there is no expense to us.
Continued to read written testimony.

Vice Chairman Bellew: You said a Department of Health survey. When was that done and who did they survey?

Robin Iszler: The Health Department surveyed our local health departments usually through an on-line survey or asking us to provide input of our needs.
Continued to read written testimony.

Chairman Pollert: Do you want to go through your additional attachments?

Robin Iszler: I've highlighted most of them. The map outlines the regional networks.

Vice Chairman Bellew: Weren't the LPHs authorized in the Century Code to get their entire funding from the locals?

Robin Iszler: I do not have the answer to that. That is something we can provide. If you look at the history of local public health, there has been state funding for a long time.

Rep. Nelson: I am doing a quick analysis of the requests that aren't included in the Executive Budget. You're asking for an additional $900,000 in state aid, correct?

Robin Iszler: Yes, that's correct.

Rep. Nelson: And an additional $1.5 million in vaccine administration?

Robin Iszler: I believe that's correct.

Rep. Nelson: Another $1 million for infectious disease.

Robin Iszler: Yes.

Chairman Pollert: Tell me about Food and Lodging.

Robin Iszler read written testimony (attachment 1, page 7).

Chairman Pollert: Are you talking about the new state auditor's recommendation?

Robin Iszler: Yes.

Chairman Pollert: Are you meeting your obligations for inspections of your food and lodging?

Robin Iszler: Yes we are.

Chairman Pollert: Can you do a quick summarization of your regionalization?

Robin Iszler: We have some people here from the region that can speak on that.

Lisa Klutt, Executive Officer, First District Health Unit: In regards to local and state funding, in the past prior to 97, 99, it was primarily local. There was always $1 million out there for state aid. In 97 and 99 they went through the process and identified that not all land in ND was served by a local public health unit. That's when they passed the legislation that required all land to ND to be served by local public health units. It became a mandate that all governments at the local level had to find a mechanism in which to provide a local public health service, hence the state aid.

Chairman Pollert: Are all the local public health units that you know of at the maximum mill levies in their counties?

Lisa Klutt: I think it varies across the state.

Ruth Bachmeier, Executive Director at Fargo Cass Public Health: Read written testimony in favor of the bill (attachment 2) (0:23:23).

Vice Chairman Bellew: In your budget, you have state aid there. Does that include what the Governor included in his budget?

Ruth Bachmeier: No, the budget there is our 2014 budget so that what we received in the last biennium not with the proposed increase.

Vice Chairman Bellew: In regards to the collaborative efforts, when we gave the $700,000 last biennium, it was to try to get the smaller local public health units to join bigger ones and become regional. Is there any possibility of that happening?

Ruth Bachmeier: We know there's been that discussion of formerly regionalizing the eastern side of the state just like the western side. Speaking from Fargo Cass public health, we have about $10 million budget. Almost $4 million of that is from the city of Fargo. How much of that would I lose if we regionalized and went to a true district mill levy type of concept? Those are my concerns. I think we can find a happy medium between being very independent yet doing collaborative work.

Chairman Pollert: The $367,000 in the OARs, was that for another regional network but it wasn't in the Executive Budget?

Arvy Smith, Deputy State Health Officer for the ND Department of Health: Correct.

Chairman Pollert: That wasn't going towards helping the ones that were there; it was to create another network.

Arvy Smith: Correct.

Rep. Nelson: In Cass County, it's a city/county unit correct?

Ruth Bachmeier: Yes. We are employees of the city. We have a formal contract in place with both Cass County and West Fargo.

Rep. Nelson: Do you know the mill levy that is collected for your district?

Ruth Bachmeier: I will get that information for you.

Chairman Pollert: I was under the impression that when the networks were put in place, that it was to bring in more efficiencies.

Ruth Bachmeier: I think that's our goal. But I don't think two years is enough time to get there. When we did our gap analysis, even though we have many things similar within our 6 counties, there are a lot of variations too. It takes a lot of effort to get to a place where we can be more similar. If every county would put in x amount of money to support the collaboratives.

Alexis Baxley, ND Petroleum Council: (0:35:20) We wanted to go on record in support of the additional FTEs for the State Health Department.

Chairman Pollert: All of the FTEs?

Alexis Baxley: In the Environmental Health section.

Brittany Ness, Administrator/Nurse at Steele County Public Health read written testimony in favor of the bill (attachment 3) (0:36:12).

Chairman Pollert: How many employees do you have in your health unit?

Brittany Ness: It's just me.

Chairman Pollert: As an example of a regionalization, you could have Fargo come in and help out with swimming pools?

Brittany Ness: Yes.

Chairman Pollert: Is environmental health your main problem?

Brittany Ness: I would say environmental health is one of the top things that I can't provide to the residents. Accreditation is another thing that I can't provide myself. Networking with the other administrators helps me get ideas.

Rep. Nelson: Let's start with environmental health. Did you work with the region to standardize your codes to match those around the region? I thought that was a statewide requirement, not a local issue

Brittany Ness: It is a local issue. There are state codes as well as local codes. That is something that we have not done yet, but one of the things we're working towards. There are no pool ordinances in Steele County.

Rep. Nelson: How about septic? Is that a standardized regional code?

Brittany Ness: No.

Rep. Nelson: You mentioned that you implemented an electronic health records system. Is that a requirement?

Brittany Ness: It's a requirement in most health care fields. It's not a requirement right now for public health. It may be down the road.

Rep. Nelson: So when you implemented yours, you did that from a regional standpoint?

Brittany Ness: Not exactly. We just happened to buy the same software as the others in the region. There was a deal at the time for us to buy the same software. It really helps so we could build it similar so we would run similar reports.

Rep. Nelson: My goal in this is to say that as we work together in a network like this, with the health care facilities in your region, I imagine Sanford is one of the primary clearing houses from a healthcare standpoint. Does your EHR mesh with regional hospitals?

Brittany Ness: We're in the process of working on a grant right now to work towards that. At this time, no. In the near future, hopefully yes.

Rep. Nelson: Could you do that type of work without the regional network?

Brittany Ness: It's much easier with a regional network.

Mike Rud, President of the ND Petroleum Marketers Association: Read written testimony in favor of the bill (attachment 4) (0:46:14).

Chairman Pollert: So you're asking for more inspections?

Mike Rud: No. We're asking for more help in dealing with the rules and regulations that EPA hands down.

June Herman, Regional Vice President of Advocacy for the American Heart Association: Read written testimony in favor of the bill (attachment 5) (0:49:51).

Chairman Pollert: You're saying here that the CDC is directing funds away from states not showing significant drops in tobacco usage. I thought ND was online with the CDC best practices. Are you saying those rates are not in the right direction and complete?

June Herman: That is not the intent. The comprehensive program enables to build public support for policy implementation that is shown to significantly drop tobacco use. Smoke-free places are one of those proven practices and increasing the price of tobacco is another.

Chairman Pollert: We should remember to ask the question when we do the detail on the tobacco advisory group to see how that's all correlating.

June Herman: I realize there are a lot of moving parts in this section related to this whole topic. I do want to advocate in support of making up the gap that could exist within the Department of Health for smoking cessation. I think it's great that Medicaid is willing to extend that service to its basic population.
Continued to read written testimony.

Rep. Nelson: In the overview of the Health Department, heart attacks and cancer were the two main causes of death in the state. In the last couple of sessions there have been advancements made promoting some of your programs. Is there data that shows improvements or number of lives saved in this area?

June Herman: You can look at the ND death rates. We are dropping in cardiovascular deaths and stroke deaths. We still remain higher than the national average when it comes to stroke. It is declining. Cancer is also declining but they're still ranking as the leading causes of death in ND.

Rep. Nelson: It was reported in 2013, there were approximately 1,096 deaths related to smoking. How do they decide whether that was the cause of death?

June Herman: I can make some inquiry and try to find an answer.

Chairman Pollert: Under the Million Hearts, you talk about $500,000 expanded smoking cessation. Don't we do that already?

June Herman: It's to provide access to the private and group counseling.

Julie Ellingson, ND Stockmen's Association: Read written testimony in favor of the bill (attachment 6) (1:05:56).

Rep. Nelson: Is NDSU one of those pockets that is having a vet shortage? I see one of the recipients of the loan repayment program was a vet from NDSU.

Julie Ellingson: I wasn't able to find all of the recipients on that. The goal of the veterinary loan repayment program and why we feel so strongly about it is because it helps address placement of large animal vets and to get them into the communities where they're needed the most. It incorporates a variety of factors in helping determine the kind of people and where they need to be to help create the most impact and address our needs.

Rep. Nelson: I'm a strong supporter of the program for its intended purpose. I was surprised that somebody working on a campus would meet that definition of a shortage area, especially if there was a slot that went unfilled because of that placement.

Chairman Pollert: I need to visit with Senator Bowman if he is aware of that as well.

Julie Ellingson: We'll work with Ms. Kopp and the ND Veterinary Medical Association to gather the information to provide that to the committee.

Karen Ehrens: Read written testimony in favor of the bill (attachment 7) (1:12:27).

Chairman Pollert: In 05 there was 45% and 3% in the 1990s. Is that because of better testing equipment?

Karen Ehrens: No. The make-up of new cases of diabetes in children has changed. They're finding more kids with type 2 diabetes than they had before.

Kathy Keiser, Executive Director of Ronald McDonald House Charities in Bismarck: Read written testimony in favor of the bill (attachment 8) (1:19:49).

Rep. Kreidt: The unit goes to a particular community and individuals are serviced. If someone needs extensive dental care, are they given another appointment and the Care Mobile comes back a month later or how is that handled?

Kathy Keiser: As much as possible we try to complete care for a child on the Care Mobile. In some cases the damage is so great that these children have to be anesthetized to have all of the care done. In those cases, we will refer them to a local dentist if possible. If that is not possible, we will bring the family to Bismarck, put them up at the Ronald McDonald House at no charge, and then they will have sedation dentistry here with a local dentist.

Chairman Pollert: We talked this morning about the HRSA grants. Do you go to the schools on your program? Where do you go?

Kathy Keiser: Schools are our favorite place to go because we have a captive audience of children there. If 3 or 4 children are sick, we have plenty more we can bring onto the Care Mobile. During the summer that is more of a challenge. We have a wonderful relationship with Standing Rock and they have a great summer school program so we are able to spend quite a bit of time there. We visit some community health clinics and Dakota Boys Ranch. Schools remain our optimum site to visit.

Rep. Kreidt: Do you have a problem with no-shows?

Kathy Keiser: We do have that problem, but it is much better for us because we have more kids waiting in line. We run into that more with summer schedules.

Chairman Pollert: So all children?

Kathy Keiser: We are 0-21. We've found that we've also been able to help some HeadStart moms that might be pregnant and if they meet our age guidelines, we will take them too. When we go to schools, we will see any siblings of any child in that school as long as they meet our basic criteria. There have been mothers that have brought along 18, 19, 20 year olds to receive treatment.

Rep. Nelson: I'm assuming many of the clients you see may not have an oral health record. Do you provide that with your service? Is there a record that's established through the Ronald McDonald operation?

Kathy Keiser: For every child we see, we require a complete authorization form from the parents and this includes a medical history. For many of the children we see, this is their first trip to the dentist. For many, they've never had a toothbrush. Yes, we complete a full dental record that we will transfer to a referring dentist or Bridging the Dental Gap. We maintain those health records, those permanent dental records. In our partnership with Standing Rock, they ask that we share those dental reports with them so they can track those. When we started this program, we did not intend to become the dental home for these children because we hoped we could find a dentist in the community that would take them on. That is not the reality. They do not have access to another dentist. For 2015, we have 10 weeks booked in Standing Rock. We are seeing many repeat patients.

Janelle Moos, Executive Director of CAWS North Dakota: Read written testimony in favor of the bill (attachments 9 and 10) (1:32:01).

Chairman Pollert: Don't you have a bill on bricks and mortar?

Janelle Moos: That was House Bill 1285.

Chairman Pollert: Can you give me an overview?

Janelle Moos: That bill specifically addresses the need for bricks and mortar. It's a $2 million appropriation bill that was heard in Human Services this morning. It provides funding to the Department of Commerce to administer grants to domestic violence shelters so they can look at either expanding current shelters or build if they need to. It does require a local match, so in communities of 10,000 or more it's a 2-to-1 match and in towns of 10,000 or under it's a 1-to-1 match.

Chairman Pollert: When I look at the sheets you handed out, is the $2 million part of the expansion needs or part of the $47 million in capital projects?

Janelle Moos: That's part of the capital projects. We prioritized the communities that are in the most need of shelter. We knew we couldn't meet the needs across the states but we prioritized Dickinson because they are beyond capacity every day. The Williston shelter is another priority area because they are the most heavily impacted program by oil development. Devils Lake has no shelter currently. Minot needs to look at the projects they've put forth. Grand Forks is in the process of building a new shelter. It will be a 40-bed shelter with a price tag of about $2.2 million.

Chairman Pollert: Is that a state or private? Or a local match?

Janelle Moos: It is a private/public partnership. They have a capital campaign so they are looking for private donations which they've secured quite a significant amount.

Chairman Pollert: Do you have any state properties that you lease?

Janelle Moos: Grafton uses an old state building which is not handicap accessible. Most of our shelters are older homes that have been converted with the exception of Devils Lake which was an old hospital building. But we had to close that.

Vice Chairman Bellew: I think in Williston, Minot and Watford City a lot of the domestic violence is brought on because of the oil boom. Have you went to the local cities and counties and asked for funding there?

Janelle Moos: It's different in each community how much local support is being contributed. Obviously our crisis centers have a patchwork when it comes to their budgets. They look at state funds, local funds, city funds, county funds and private donations. We are putting a chart together for the Human Services committee if that would be helpful.

Dena Filler, Executive Director of the Domestic Violence Crisis Center in Minot: Read written testimony in favor of the bill (attachment 11) (1:46:00).

Chairman Pollert: Can you tell me what your turnover rate is?

Dena Filler: At the safe home, it's probably around 60%. The staff I have had for a long time aren't there for the money; they're there because they believe in the services and mission of our program. Many of them have second jobs.
Continued to read written testimony.

Chairman Pollert: What do you mean by transitional housing?

Dena Filler: We have a new campus. On that campus we have our office with an attached shelter. We also have two transitional housing apartment buildings, which is two four-plexes. Once they have been through the shelter, they can apply to move into the transitional housing program. That is the only program we charge for and we do it on a sliding scale. It's an apartment they can live in with their children more independent. Although if they're on our campus, it is a much more secured area for them than to be in a private apartment.

Chairman Pollert: Are they there temporarily? For how long?

Dena Filler: Yes, transitional housing is up to 18 months. We just reopened that program because we lost both of our transitional buildings in the flood. We have no one that has stayed in for a year. We have a case manager that works with them on almost a daily basis, but at least a weekly basis.

Chairman Pollert: What is the match? Who is it with, the city of Minot or Ward County?

Dena Filler: For construction, there is no money from the city or county.

Chairman Pollert: Are you getting grants?

Dena Filler: We have gotten two grants each in the amount of $400,000 towards our construction. We also got a $460,000 grant from the Minot area community foundation for one of our transitional units. We have gotten farm credit. We have Power of the Purse which is a local women's giving group that has funded the construction part and putting the children's play room together at the shelter. The Minot Optimist's Club is constructing a new playground for us. I think it's $2.6 million that we've already raised out of the $3.3 that we needed for our construction.

Chairman Pollert: For operating costs, is that private donations or do you have a match from the county or the city?

Dena Filler: It's not a match. They call it an allocation grant. We get $35,000 from the county and $40,000 from the city.

Chairman Pollert: How many employees do you have?

Dena Filler: We have 18. Ten of those are in the shelter; 4 full-time and 6 part-time. It has to be staffed 24 hours a day. We have up to 40 beds in our new shelter. With pull out beds and portable cribs, we can get up to 50-60.

Chairman Pollert: Did you say 10 of the 18 are in the shelter and working there?

Dena Filler: There are 10 residential supervisors. We also have a rural outreach person in Renville and Kenmare.

Chairman Pollert: If they are in Renville and Kenmare, are those counties helping with the costs?

Dena Filler: We have a grant through OBW for that position for three years.

Chairman Pollert: Are the counties contributing money to that as well?

Dena Filler: We get the victim fees from Renville County and Ward County.

Chairman Pollert: But not a mill levy or anything like that?

Dena Filler: Not at this time.

Vice Chairman Bellew: Do you do anything with Safe Havens where an abuser can see their kids?

Dena Filler: We do referrals. That program is through the village.

Chairman Pollert: Do you get grants from the Department?

Dena Filler: Yes we are.

Rep. Nelson: Have you gone to the impact fund or one of those established funding mechanisms for some support?

Dena Filler: We have. We've gotten minimal response from the oil companies.

Rep. Nelson: The impact is through the land commissioners. There are a number of grants.

Janelle Moos: Our programs were eligible under the Oil Impact Grants that the Attorney General's office administers. The programs that are serving in the oil producing counties could submit applications. Most of the applications were fairly small that we gave out funding for.

Chairman Pollert: Can you give us a rundown of the dollar amounts you received from the impact funds?

Janelle Moos: Yes.

Chairman Pollert: Also some examples of what other shelters are doing in the state.

Tim Meyer, Co-Chair of the ND Emergency Medical Services Association's Advocacy Committee: Read written testimony is favor of the bill (attachment 12) (1:59:45).

Vice Chairman Bellew: The Health Department's budget includes $8 million. Do you know what portion of that is going to the west? Didn't we include money in the last biennium in the oil impact for EMS?

Tim Meyer: Yes. This grant would be available to all ambulance services across the state. There is oil impact money also available. Last biennium it was about $7 million. There was a specific focus in the oil impact areas.

Chairman Pollert: We haven't gotten to that part of the detail. Of the $7 million in grants that was done through the impact in last session, was that a combination to go not only to EMS but to Sheriffs and police departments? Was it split up?

Tim Meyer: Yes it was $7 million. Yes it was for more than just EMS.

Tom Nehring, Director of the Division of Emergency Medical Service and Trauma at the ND Department of Health: The oil impact dollars are specified in statute that there are $7 million specifically in a biennium for EMS. There are specific dollars for law enforcement and specific dollars for fire. That is an application process. The requests far exceed the amount of money available.

Chairman Pollert: There was $7 million through the impacts that went to EMS?

Tom Nehring: That is correct.

Chairman Pollert: We have a 1.6 on the green sheets for an increase to that?

Tom Nehring: Yes.

Dr. Terry Dwelle, State Health Officer of the ND Department of Health: Rep. Nelson asked about attribution of death when we were talking about the association of tobacco. There are two things that happen. The first is the science that tells us that there are associated risk factors that are associated with certain deaths. The second part is judgment. Every death certificate in ND is signed by a clinician. That clinician has to make a judgment based on all the clinical data, the physical exam, lab and pathology. We have to make a judgment on what caused that death and what were the underlying causes. When we say that there are several thousand people that have died of cardiovascular disease that's related to smoking, we have the history of smoking, we have a person that has died of either cardiovascular disease or stroke, and that is judgment call.

Rep. Nelson: I was not aware of the shortfall from the CDC. I thought we met CDC best practice in ND but it appears in cessation we don't. Did I understand that right?

Arvy Smith: There are a couple things happening. The CDC recommended level we currently meet. One concern is the Department of Health's loss of that federal funding. If that really gets cut $600,000 a year, we're going to be short from the CDC funding unless that's replenished elsewhere. The CDC realigned the five different categories of the tobacco funding. They changed how much they want in each of those categories. I thought June was referring to our loss of federal funding.

Rep. Nelson: The loss of federal funds, I thought it was a shortfall from the federal government. Did we get cut because of our progress?

Krista: We received the grant application guidance from CDC for the tobacco grant in September. It's a new five-year funding cycle. They changed the mechanism as to how they will fund states. We were not eligible to apply for the competitive portion of the grant because we did not meet having a statewide smoking rate of 19% or less. My reaction was that the states that having higher smoking rates need more assistance to get them lower. CDC's response was that we know what works to drive down smoking rates and the states who do not have smoking rates below 19% have not succeeded in implementing what we know works. Their direction to us is that they are providing additional funding to states that have smoking rates of 19% or less because they feel that more aggressive, innovative approaches and aggressive evaluation of those approaches are needed in order to drive those rates down because the lower your smoking rates get, the harder it is to drive them down.

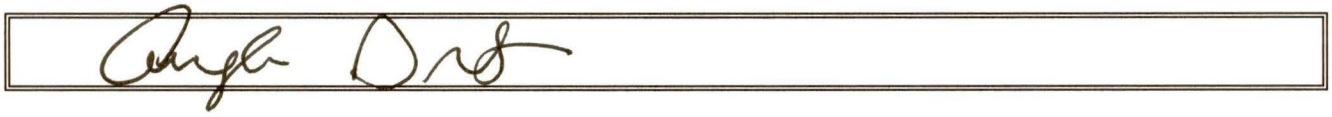
Chairman Pollert dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/22/2015
Job 22380

☐ Subcommittee
☐ Conference Committee



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-2

Chairman Pollert called the committee to order.

Arvy Smith, Deputy State Health Officer for the ND Department of Health explained the handouts (attachment 1 and 2).

Vice Chairman Bellew: Will these five FTEs be stationed in Bismarck?

Arvy Smith: No.

Kenan Bullinger, Director of Food and Lodging, ND Department of Health: We're going to use a couple of these positions in the oil patch. We are impacted pretty heavily. I do not have an FTE in Williams, McKenzie, Montreal or Divide counties. We do the majority of the work in those counties. I cover that territory with three other FTEs. There is enough work there to have at least two of those positions headquartered in the northwest part of the state. Then we'll align the other territories and make them smaller across the state.

Vice Chairman Bellew: Where will you house them? Will they be in the local public health units or in separate offices?

Kenan Bullinger: My field staff do not have offices. Their fleet cars are their offices. We set them up with some basic equipment in their homes; computers, desks, file cabinets. They are on the road 90-95% of the time.

Chairman Pollert: Where are your current three located?

Kenan Bullinger: I have six field staff now. One in Grand Forks who covers the northeast part of the state, one in Devils Lake who covers the northcentral part of the state, one in Valley City who covers the southeast part of the state, one north of Jamestown who covers the southcentral part of the state, one in Dickinson who covers the western third, and another one in Bismarck who covers all directions from this central location.

Vice Chairman Bellew: What do the local public health units do that is different from what you do? In Minot, they inspect the restaurants and food service.

Kenan Bullinger: I have nine MOUs with the local health units. Each MOU is a little different in what they can do for us. Almost all of them do food service, but they pick and choose and we discuss what they can do. We're mandated by law to do a variety of things including tanning, body art, motels, lodging, mobile home parks, RV parks, assisted living. They can't handle a lot of the work. First District is the most comprehensive MOU that I have. They do everything except electrolysis and funeral home inspections.

Chairman Pollert: If they go into Perkins, for example, you won't go in and do a re-inspection?

Kenan Bullinger: That is correct. The MOUs that we have give them the full authority. We offer to assist in situations where there is a food-born outbreak. They do the licensing, generate the revenue, and do the inspections. They report back to us.

Chairman Pollert: With the five new FTEs, you said two would be in the oil patch. Where will the other three go?

Kenan Bullinger: We haven't given too much thought to that, but we would strategically place them by shrinking our current territories based on workloads and the number of inspections we have, and decrease their work area so we can concentrate on the increased inspection frequency as recommended in the audit.

Chairman Pollert: Does each inspector do a certain number of inspections? Or does it depend on the scale and size of the businesses being inspected?

Kenan Bullinger: There are a few factors. Part of it is travel time. Some of our territories are very large with few establishments so there is a lot of travel time to get there. Some have a lot more high-risk establishments that are full-blown restaurants that take longer to inspect. Large supermarkets have a number of programs within them that need separate inspections.

Vice Chairman Bellew: How many current employees do you have for inspections?

Kenan Bullinger: There are six field staff, myself, and an administrative assistant.

Rep. Nelson: If these five additional inspectors were put on your staff, would that affect the MOUs you have with the local public health units?

Kenan Bullinger: Yes. We have held off doing the MOUs because they are impacted by this audit as well as the inspection frequency. If we're going to be increasing our inspection frequency based on that audit, the local health units will have to increase their inspection frequency because they are doing those inspections for us.

Rep. Nelson: If you look at the raw numbers, we are almost doubling the staff in the inspection area and that's an area where local public health has filled the gap. Is that going to be the same as we go forward?

Arvy Smith: When we put together the request for this, we were only looking at taking care of the 1,600 additional inspections that we have to do. We were not assuming we were going to take back any work from the local public health units. Now as we're hearing, they are having trouble and there are some of them that if they don't sign the MOU with us, those inspections fall back to us so that would increase that number.

Rep. Nelson: Did you give us the number of inspections that you're currently doing?

Kenan Bullinger: We're averaging about 500 per 6 inspectors, about 3,000 a year. We are being asked to increase that through the audit. We'll need to do 1,900 additional inspections.

Rep. Nelson: If you're doing 500 now, the numbers show that four FTE should be able to get you to that.

Kenan Bullinger: There are other parts to our budget request that would address the supervisory capabilities that I'm not able to handle. The auditors thought that I needed to provide better oversight of the MOUs. I'm not able to do that with just myself in the office so one of the field inspectors that we have, we're hoping to pull into the office to help with some of the duties that were identified as deficient in the audit.

Rep. Nelson: So one of the new positions would not necessarily be an inspector?

Kenan Bullinger: Correct. And to clarify, the inspections that we have to pick up our frequency on are the high-risk establishments. They take longer.

Chairman Pollert: What is a high-risk establishment?

Kenan Bullinger: There are four categories of risk that the state auditor's office suggested we use. By law, we were mandated to categorize our establishment by risk. We didn't have the staff to do four risk categories, so we did two. The food establishments are inspected once a year. The low-risk establishments are inspected every two years. Those would be like RV parks and mobile home parks. The high-risk establishments are facilities that do a lot of large food preparation in batches. A full-blown restaurant may make a batch of chili that will last them five days. The other high risk category is the ones that smoke, cure, and vacuum-package, like small meat markets.

Chairman Pollert: You said you were doing two levels of high risk audits. Are you saying you're mandated to do four levels?

Kenan Bullinger: In the State Auditor's audit, they recommended that we use four levels of risk as recommended by the FDA. Those high-risk ones are a level four and should be inspected four times per year, and are currently only being done once. Low-risk ones are c-stores that have milk that needs refrigeration and maybe a hotdog roller or a bar that has pre-made commercial sandwiches and pizzas.

Rep. Nelson: This gets you to the two inspections a year. Is that correct?

Kenan Bullinger: We've assigned category risks from 1-4. Those at level four would need four inspections per year.

Rep. Nelson: You're doing them once now?

Kenan Bullinger: We are only able to do one inspection per year on all food establishments. If there are problem establishments, we are getting there more often.

Rep. Nelson: What is the level of complaints? Do we really need to do it four times a year? Going from one to two seems like a logical first step.

Kenan Bullinger: We are seeing repeated critical violations in restaurants at our current level of inspections. There is a risk for that. The other thing that plays into this is the turnover rate in the employees in restaurants. We hear that it is 400% turnover in a given year. If we are only there once a year, we are not being able to educate. We can do a much better job if we are there more often and can hit those new employees with some education on how to do things right. We are in the middle of a study right now to see how many critical violations we have statewide. There is a risk to the public from what we're finding in restaurants.

Rep. Nelson: If you have that compilation of violations, I would like to see that.

Kenan Bullinger: We don't get a lot of complaints from the regulated community. The majority of people welcome our inspections. I don't think there will be a problem in having an increased inspection frequency.

Chairman Pollert: Give me an example of a level one. An RV Park?

Kenan Bullinger: Correct.

Chairman Pollert: What is a level two?

Kenan Bullinger: A level two would be one that makes a little bit of food from scratch. Another thing about the levels is the population served; our schools are considered a high risk because of the young children whose systems aren't developed enough to fight off any exposure to foodborne pathogens. Those are levels two and three. If they are making a small amount of food from scratch, that is level two. Three bumps it up; more quantity of food, more food preparation of a higher risk, raw product. Level four includes places that smoke and cure meat, the elderly, assisted living facilities.

Rep. Nelson: In the audit findings, it is a recommendation from them that we meet FDA standards. Are we not meeting FDA standards now?

Kenan Bullinger: That is correct. These are FDA recommendations.

Rep. Nelson: During the last audit, did they recommend the same procedure and you haven't had the staff to do that? Was that in a previous audit finding as well?

Kenan Bullinger: We only had one or two recommendations last audit. One was to post our inspection results on-line and we are working on that. The other was an inspection form. We had a blank inspection form during the previous audit, but that at the time was what was recommended by the FDA.

Rep. Nelson: When the audit findings suggest that we follow FDA procedures and rules, your department always attempted in meeting those standards?

Kenan Bullinger: Whatever the FDA has done, we've tried to follow, but we've had limitations in not being able to meet them all. Previous audit findings did not suggest we change our inspection frequency.

Arvy Smith: This audit was far more comprehensive than anything before. The auditor's office does these operational audits now. They selected Food and Lodging for a full-blown operational audit. We have not had one of those before.

Rep. Nelson: Never before?

Arvy Smith: Never. They've only recently started doing these operational audits.

Chairman Pollert: With the state auditor's finding of what they wanted to see, were those recommendations from FDA in code six years ago or were they new FDA guidelines for the levels of risk?

Kenan Bullinger: I'm not sure when they amended their model food code. The food code we use at the state level is modelled after the FDA's code and that's not codified language. It's a model for the states to use. They push for uniformity. Most states use a version of that model food code. They come out every four years with a new model food code and we update to be uniform. Six years ago, I don't believe they had this recommended risk frequency. That was probably enacted in the 2009 version of the FDA code.

Arvy Smith continued to read written testimony (0:32:03).

Chairman Pollert: Do you have data to substantiate the $100,000 in travel with the new FTEs?

Brenda Weisz, Director of Accounting, ND Department of Health: It was based on the number of trips that are currently being taken by the staff that are traveling for the period of the biennium. It is based on actual usage.

Chairman Pollert: So the $100,000 is included in the total health resources budget?

Arvy Smith: Yes. If we had not done this, you would have seen a decrease in travel of about $93,000 on the full sheet.

Kenan Bullinger: We figured our average per miles now per inspector and then reduced it a little because their territories will be smaller.

Rep. Nelson: Is the data processing a charge you get from ITD?

Arvy Smith: Yes.

Chairman Pollert: Are the special funds from your inspection fees?

Arvy Smith: Yes, we found we had a little bit left in inspection fees that we could use.

Vice Chairman Bellew: Were these new potential employees included in the Governor's early funding bill, the 2126?

Arvy Smith: They were not.

Vice Chairman Bellew: I would like a list of the fees you charge to these places. Why are more of the salaries and benefits not attributed to fees? You just raised the fees last session.

Chairman Pollert: Did we argue about fees two or three biennia ago and I don't think we raised them as much as you were asking?

Vice Chairman Bellew: The fee increase was directly related to a new computer program.

Arvy Smith: In the fee increases we did, a lot of it was related to the new computer program but we were also behind on other things so a little of it spilled over into other work. We built our base budget and we used as much of the fee revenue that we had at that time. When we do these new inspections, we don't generate more fees. Fees aren't based on inspections; they're based on the annual license. If you look at the special funding on the total budget sheet, the food and lodging fees are $976,549 and are in there.

Chairman Pollert: When you are talking about fees, is that the annual license fee?

Arvy Smith: Correct.

Rep. Nelson: How do our license fees compare with surrounding states?

Arvy Smith: I know in the past we've been lower than the local public health units charge.

Kenan Bullinger: Some of the local public health units follow what we do with fees, others have charged more. I would say we are comparable to South Dakota. Minnesota's

are a lot higher than ours. Montana doesn't have a state program; they're done entirely by local health units.

Rep. Nelson: It seems like that is a possible option when we're increasing the frequency of inspections, that licensures may have to reflect that increase to pay for it.

Kenan Bullinger: There are some other ways that fees could be generated. Right now we don't charge for plan review fees. We don't have the authority to do that but we could. We don't do re-inspection fees either. There are some jurisdictions that charge a re-inspection fee on an establishment that they have to spend the time to go back and follow-up on the corrections that were mandated to be made.

Arvy Smith reviewed attachment 1, page 2 (0:42:41).

Rep. Nelson: How often does state fleet go through their analysis on travel costs?

Arvy Smith: I don't know exactly, but they do it fairly routinely. We use motor-pool and that's at the lower rate. Brenda is saying they adjust them every six months. I'd be surprised if OMB wasn't taking a look at that.

Chairman Pollert: Regarding travel, if I looked at the $517,000 expended through November divided by .70, I get $740,000 and then I add $100,000 for the five FTEs. It would seem a little high.

Arvy Smith: The rest of that would have been increase in travel. Due to the vacancies we've had, is there some roll up in there?

Darlene Bartz, Health Resources Section Chief, ND Department of Health: We've had difficulty in filling positions and that has resulted in less travel. Part of the reason why we need travel fees is when we bring on new staff, because we work with the federal programs, we need to send them to training out of state which also increases our travel costs. With those vacancies, we're dealing with both in-state and out-of-state travel.

Rep. Kreidt: You're having a large turnover on surveyed individuals. Could you elaborate?

Darlene Bartz: Yes, we do have a fair amount of our staff who are surveyors or inspectors. We see that they come in thinking that it will be fun to travel the state, but it's not long before they find that being away from home all week is really taxing. As a result, I can't remember a time in the last two years where we haven't had open positions. Even though we're consistently recruiting, that continues to be a struggle. The other thing is that the majority of our work is federal and we're pretty much funded; about 85% of that is from federal funds.

Rep. Kreidt: You mentioned out of state travel. Does each new surveyor go out of state for federal training before they go into the field?

Darlene Bartz: Every surveyor needs to go to basic surveyor training to be able to survey independently for us. Another thing is that because we have several smaller programs that

we don't survey frequently, is that we try to cross train them so they're working in other programs. As a result, they end up going to additional training. We also have updates they need to attend to keep current with the requirements. Depending on where our staffing is and where we need to get people on-board or get new staff, that all involves travel. Every time we bring on a new staff member, there are two people traveling together during the orientation.

Rep. Kreidt: Could you give a rough estimate of what your number would be like in the turnover in surveying for facilities?

Darlene Bartz: I've had three positions vacant for a long period of time that we've recently been able to fill. Out of our 28 survey positions, maybe 15-20%. It varies.

Rep. Kreidt: There seems to be a large number of deficiencies compared to in the past given out to facilities. Do you think this might be affected by a lot of turnover in your staff?

Darlene Bartz: What we are seeing in our state is an increase in the number of complaints coming in from facilities. We are doing a significant number more of complaint investigations. We send the new surveyors out with experienced surveyors. We aren't sending them out independently until they've been with us for a year. I wouldn't relate that as a reason for our increased deficiencies. The thing we have been seeing over the last year is there is an increased turnover in administrative staff in facilities. When that happens, we usually see an increase in the citation rate in the facility. Other things that we're seeing is the amount of travel nurses being used in the facilities who don't know the residents and there are more complaints.

Chairman Pollert: Does the department keep track of how many complaints and what division it's from?

Darlene Bartz: We do track our complaints and we do track the areas of the issues coming in to us. Over the last year, our complaints have increased.

Rep. Silbernagel: In regards to turnover, it shows total employees of 48. In 2014, it showed there were only three that turned over.

Darlene Bartz: Those positions were empty for a long period of time. When I'm talking about turnover, I'm talking specifically about our survey staff.

Vice Chairman Bellew: In professional supplies, the expended to date is $1,800, the current budget is $11,000 and they want a $1,300 increase. Is that a timing issue?

Arvy Smith: Part of it is timing.

Darlene Bartz: We do have supplies, like surveyor's manuals that we have going to printing. We just had some new ones ordered.

Vice Chairman Bellew: Office supplies, postage, office equipment under $5,000; those are all the same. They're low and then you're asking for increases. I understand that a lot

of the office equipment if for your potential new employees. I can't figure out if they're only expending 20% so far in 71% of the biennium, why they need as much as they're requesting in increases.

Arvy Smith: That is all significantly federal funding.

Chairman Pollert: 85%?

Arvy Smith: If not 100%. We'll check on that.

Vice Chairman Bellew: IT contractual services. Was that for the new computer program?

Arvy Smith: Yes, that's for the new system and we haven't expended any of the funding related to that yet.

Vice Chairman Bellew: What are you going to do with the $130,000?

Arvy Smith: That is the maintenance on that system. The cost of the system is going to be above that $110,000. We have a federal grant that's going to pay that additional cost.

Kenan Bullinger: It's taken us a lot longer than anticipated to select the vendor. The total cost of the project is about $227,000. Our maintenance fees were projected at $65,000 and now are only going to be about $27,000 a year.

Rep. Silbernagel: How many users are going to be on this set-up?

Kenan Bullinger: It will be all eight of our staff. Then we have requested the vendor include the local health units as well. They will add those users at no additional cost, however, if they have unique things they want written, they'll have to pick up that cost.

Chairman Pollert: On IT data processing, is there any one-time hardware in this section?

Lori Laschkewitsch, OMB: The Health Department does not have funding in their budget for the desktop services through ITD. Their IT budget and IT data processing is going to be their monthly rates. Their IT equipment under $5,000 would be where they have their computers. The reason there wouldn't be one-time funding for their on-going equipment is because they have a rotating replacement schedule.

Chairman Pollert: ITD is coming tomorrow to talk to us about their rates. This would be a pretty substantial data processing rate increase.

Lori Laschkewitsch, OMB: There were rate increases for ITD.

Arvy Smith: We are showing a bit of a decrease there. You can also subtract another $10,000 for the new five so that brings our request down to $122,000.

Rep. Nelson: When you put this budget together, you are using November 2014 data. But is that September or October numbers?

Arvy Smith: That is our November 30 amounts however recognize that it's one less month of expenditures because all the November expenditures that happened aren't going to get paid until December.

Rep. Nelson: So it's basically October numbers?

Arvy Smith: Yes. So eight months are not in there.

Chairman Pollert: I'm going to ask ITD tomorrow about what their rate increase is.

Lori Laschkewitsch, OMB: They're billing projected rates are on the website. They don't do a percentage increase across the board. There is a massive schedule.

Vice Chairman Bellew: Does ITD have to justify their rate increases with anyone?

Lori Laschkewitsch, OMB: ITD gets audited by the federal auditors as well and have to justify that those rates reflect their expenses. They are not allowed to bank extra money. It is very closely monitored by the feds because of the fact that they receive federal money from a lot of agencies. They do have to justify those rates.

Vice Chairman Bellew: Under Professional Services, will you explain the significant increases in Administrative Hearings and Attorney General's Office?

Darlene Bartz: Administrative hearings are related to our nurse aid registry and our medication aid and our home health registry. Some of the Attorney General's fees are related to our rule-making and getting legal opinions. With our increase in the number of individuals on the registry, we're not sure how many appeals there will be during the time frame. Our registry numbers have increased substantially. The history is low.

Rep. Nelson: Where do the special funds come from in this category? Is that fees?

Darlene Bartz: We do charge a fee for our nurse aides, home health aides, and our medication assistants of $25 per year.

Chairman Pollert: Can you explain Title 18 and Title 19?

Arvy Smith: That all has to do with the nursing home and facility inspections. Part of that comes from Medicare and part from Medicaid.

Vice Chairman Bellew: What is the unallocated executive compensation package?

Arvy Smith: When we get the Governor's recommended salary package, we don't know if that is going to hold so we don't spread it between everything. We know that amount of it is going to come out of federal but we don't allocate it to the specific grants yet. That will likely mainly be in Title 19 and Title 18 funding, with maybe a little in CLIA when we know for sure where we are at the end of session.

Vice Chairman Bellew: In the special funds category, the health care trust fund (nurse aid registry), could you get us how much is in that trust fund?

Arvy Smith: Yes, we have a schedule.

Vice Chairman Bellew: It was my understanding that the Governor couldn't use these funds without Legislative approval.

Arvy Smith: That's true.

Rep. Kreidt: It came from a bill that had a provision that allowed them to use those funds to keep that item going.

Darlene Bartz: Part of that was to off-set the cost of transferring the registry from the board of nursing to us. We wanted to keep the fees that the nurse aides paid to a minimum so we've been able to charge them $25 every two years for their renewals. The remainder of the cost is coming from the health care trust fund.

Rep. Nelson: In the Medicare Title 18, what was the reason for the $207,000 decrease?

Darlene Bartz: What has been happening is that CMS has been implementing a cost-share where they are splitting out the cost between Medicare and Medicaid. For instance, last year home health agency surveys are now split 50/50 between Medicaid and Medicare so that decreases our amount of Medicare and goes over to our Medicaid costs. We'll see a little decrease in the Medicare as a result of the shift.

Rep. Nelson: Is that reflective of states that went into Medicaid expansion?

Darlene Bartz: That has nothing to do with this. They are trying to make the Medicare dollars go further so as a result they are looking at the cost-share. They are looking at home health and some of the other services do serve Medicaid recipients as well as Medicare recipients. They're wanting to share the cost of survey.

Rep. Nelson: Is this shortfall made up in other parts of the budget with state dollars?

Darlene Bartz: It balances out between what we have in Medicaid and Medicare.

Rep. Nelson: So yes?

Darlene Bartz: Yes.

Rep. Silbernagel: The $5.7 million in the budget is federal funds. What is the matching piece from the state on that?

Arvy Smith: Our match comes from both general and special funds. There is just about $1.3 million in general and $426,000 special funds. On the health care trust fund, the reason we decreased using that is because there were heavier start-up costs and now when we balance out the fees we get from the registry and our cost to do the registry, we

only needed the $85,000 from the health care trust fund for that. We were only allowed to use the health care trust fund for that registry. There is a balance of $1.2 million.

Chairman Pollert: Are the hospital licensing fees annual license fees?

Arvy Smith: Yes.

Chairman Pollert: I thought you don't charge for construction plans?

Arvy Smith: That's only for Food and Lodging. This is the hospitals and facilities where we started that program a while ago to do the fees.

Rep. Nelson: There are no increases in here, this is more utilization?

Arvy Smith: Yes. There are some big projects, like Sanford hospital. That's very difficult to estimate.

Rep. Kreidt: Are there a lot of projects coming on? Are they able to keep up?

Darlene Bartz: We've had some major projects that did put us behind. We got Sanford in Fargo which has taken us 6 months to review. When we looked at where we were at as far as plans review, we were within the three month time frame. One thing we did, because of the increased volume in plan reviews, and with the difficulty in filling our health facilities surveyor positions, we moved one over to construction and life safety code. That did help us catch up and get within a reasonable time frame. As far as the number of plans, we're probably getting 2-3 sets per month coming in. We are anticipating some new hospitals coming in shortly.

Rep. Silbernagel: When you are looking at those plans, what kinds of things are you reviewing?

Darlene Bartz: When we were reviewing Sanford in Fargo, we had about 6 sets of plans that we have to go through. We get all of the construction from ground up.

Rep. Silbernagel: So you're literally reviewing the construction plans?

Darlene Bartz: Exactly.

Rep. Holman: How do you determine what to charge?

Darlene Bartz: The charge is based on the cost of the project with a maximum of $10,000.

Rep. Holman: In the case of Sanford, are you losing money?

Darlene Bartz: With some of the big projects is that they would have submitted in phases so each phase is reviewed and charged for.

Chairman Pollert: So CHS in Spiritwood. Do you get involved in that construction plan?

Darlene Bartz: No. The only plan reviews that we complete are facilities that are licensed by the division of health facilities so that would include basic care, hospitals and long-term care facilities.

Chairman Pollert: Would Dave Glatt's division be involved in this?

Kenan Bullinger: They don't do anything with the construction side of it, but they would be heavily involved in the water usage and waste water systems. Construction a lot of times on buildings like that refer back to the local planning and zoning. They would handle a lot of those plan reviews.

Rep. Silbernagel: You don't have a civil engineer or architectural engineer as part of your staff to review these plans. You basically hand them back to the locals to do that?

Darlene Bartz: Our division of life safety code and construction is a professional engineer. We do have two trained architects on staff. To do the on-site inspections, we have an individual who had his own business in construction. We have a well-qualified staff to do our work.

Chairman Pollert dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/26/2015
Job 22563

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-12

Chairman Pollert called the committee to order.

Rep. Nelson discussed an e-mail response regarding the Veterinary Loan Repayment Program (attachment 1).

Arvy Smith, Deputy State Health Officer for the ND Department of Health explained handouts (attachment 2) (0:05:41).

Vice Chairman Bellew: I need more detail on the temporary.

Arvy Smith: Some of that is related to the community paramedic that was previously in the salary line item and is now in temporary. We had gotten 1 FTE for the community paramedic and stroke STEMI and we saw that we could not get all of the qualifications for both of those positions into one body so we broke them up as half time for each. Part of that went to temporary salaries. The rest is related to the warehouse where we hold the medical cache and staffing to manage that.

Chairman Pollert: Regarding the community paramedic, did you expand the program?

Arvy Smith: I don't think we expanded that program. We're in the early stages of that.

Tom Nehring, Division Director for Emergency Medical Services and Trauma, ND Department of Health: The community paramedic program came about in the last biennium. It has a budget of $276,000 for the biennium. The allocated dollars are for a half-time FTE. The rest of the dollars are for a pilot project. We have four locations. The one that is the most functional is in Fargo. They are running community paramedics with

the urban model where they're decreasing unnecessary ambulance runs and emergency department visits. FM Ambulance is also a functional program, although they are not up and running yet. That is also the urban model. The top ten patients utilizing FM Ambulance averaged 18 ambulance runs and 18 emergency room visits per month. We have two rural models right now. One is in Rugby providing services to their hospice program. The other pilot program that is up and running is in Dickinson. That is also a rural model. The community paramedics are working under the auspices of the Southwest District Health Unit. They are seeing patients out in their service area where the gaps exist. They are also working with the Million Hearts grant where they are doing hypertension studies in the occupational health setting. We have several other applications.

Chairman Pollert: Does the section know what the community paramedic program is?

Rep. Silbernagel: I would like some more detail.

Tom Nehring: There are two models; the urban model which is over-utilization by a certain class of patients and trying to save healthcare dollars by doing something different. This is the first time that ambulance response has occurred without transporting the patient. The other model is the rural model, which covers gaps where healthcare services don't exist. The community paramedics in the rural model work with the primary care provider and they provide the services within the home itself. The savings of the program is to decrease readmissions and determine if the patient is having issues.

Rep. Holman: One of the issues was the availability of the emergency personnel should an emergency occur and they are at the nursing home or at another home. Could you address that?

Tom Nehring: Indeed in a busy service, it does not work to have the crew that is working in the primary vehicle also going to see these patients. In the outlying areas where there are ambulance services that have relatively small call volume, there's plenty of time for that ambulance crew to be on-duty and still respond. We have not had that issue where there has been a compromise of any emergencies.

Rep. Kreidt: Are these individuals recognized by third-party payers to receive payment?

Tom Nehring: That is part of the program that is just occurring at this time. In Minnesota, the program is one year older than in ND. They have Medicaid reimbursement for the patients that they see. There is currently a bill before this Legislature for reimbursement of Medicaid patients. BCBS of ND is interested. Medicare, on a national basis, is going to wait for the national model to emerge.

Chairman Pollert: There is a half FTE for community paramedic. Where's the other half?

Arvy Smith: We are using temporary for the community paramedic. The most qualified person in the state to do that program wanted to work as temporary.

Chairman Pollert: Under administrative assistant supervisor, there are four positions. What do they do?

Arvy Smith: They are the support for this entire section. We recently consolidated it.

Chairman Pollert: What is the EMS for children coordinator?

Tim Wiedrich, Section Chief for Emergency Preparedness and Response, ND Department of Health: The reason the administrative assistants are indicated on the org chart that way is to do cross-training to backfill all those positions. We didn't increase the number of assistants, but it does reflect differently on the org chart. In regards to the EMS for Children Coordinator, almost two decades ago it was recognized that kids didn't fare as well as adults in the EMS system. There was a federal initiative to make changes on how to treat kids when ambulance calls occur. There's been an on-going effort to make those changes to the medical care system.

Chairman Pollert: Is that a federally-funded FTE position?

Tim Wiedrich: Yes. There are federal funds that fund the EMS coordinator position and then also fund the administrative assistant 3.

Rep. Nelson: With the Community Paramedic program, there is also a federal program called F-Chip that is fairly similar in the duties. Is that just a difference in repayment?

Tom Nehring: The F-Chip program has parts that do crossover with the Community Paramedic program. It has to do with payment.

Rep. Silbernagel: A couple years ago in Cass County there was a disaster drill that was coordinated. Does the fall under the bailiwick of your group? What is your role in that? How does that affect your funding?

Tim Wiedrich: Any type of medical emergency is the bailiwick of this section. Yes, we would have been directly involved and likely funded portions of that for the health and medical component.

Vice Chairman Bellew: I would like to know the special, federal and general funds on the temporary.

Brenda Weisz, Director of Accounting, ND Department of Health: The breakdown for the request is for the $740,760: the general fund is $161,616; the federal fund is $579,144. The increase of the $192,906 is $47,616 is general fund and $145,290 is federal funds.

Chairman Pollert: Is the community paramedic out of that? What else?

Brenda Weisz: Of that general fund increase, $43,616 is the community paramedic. In the last biennium, it was appropriated as contract dollars. It was moved to the temporary line item. The majority of the general fund increase is for that position.

Chairman Pollert: We wouldn't have seen that as a decrease in the full-time items because that wasn't a position anyway?

Brenda Weisz: Correct.

Rep. Nelson: Let's go back two years when you were granted an FTE in the permanent salary line. In your explanation you said that was now part-time STEMI?

Brenda Weisz: Initially when that position was granted, they thought the two programs could work together; the STEMI stroke and the community paramedic. During the interim there was testimony to talk about the uniqueness of both so that FTE is being used for STEMI.

Rep. Nelson: There was a significant increase given to you in the salary line for that position. Is that entirely being used for STEMI?

Brenda Weisz: Yes.

Tom Nehring: The community paramedic and the stroke position were found that you couldn't find one individual to fill both of those responsibilities. The full-time position now is for an RN who is the cardiac systems, stroke systems coordinator and the half-time temporary position for the community paramedic.

Rep. Nelson: Is there an additional staff for Stroke Registry in your department? How many positions work with heart and stroke programs?

Tom Nehring: One individual occupies the cardiac system, stroke system position. We have a cardiac registry and a stroke registry. The full-time position for cardiac and stroke does the registries and all the other coordination for the systems. There is not an additional position for the registries.

Tim Wiedrich: We do have a contract that you'll be seeing for the actual operation of the registries with the American Heart Association.

Chairman Pollert: Would those be special funds?

Tim Wiedrich: No, those are part of what you appropriated as part of that process.

Chairman Pollert: I thought you said you get an appropriation from the American Heart Association.

Brenda Weisz: No.

Tim Wiedrich: We've co-mingled a couple of things. The personnel that function within the Health Department is a separate conversation from the actual registry components.

Brenda Weisz: Under the Professional Fees, although we have a person that oversees the registry, there is also a cost for the registry.

Chairman Pollert: If I have a cardiac arrest, is my name going onto a registry?

Tim Wiedrich: The notion behind these registries is to go back into the medical records, where this information already exists, pull it together into a usable format, so we can concentrate on that specific disease modality to make improvements. That information is all gleaned from existing medical records.

Rep. Holman: How do you deal with the HIPPA requirements on this?

Tim Wiedrich: HIPPA is a major consideration in the forming of all registries. Depending on the level the information is being dealt with, they are the provider of the information.

Vice Chairman Bellew: We gave you one full-time employee and that was for EMS and STEMI and since the workload was too great, you put this person as temporary?

Brenda Weisz: It was the duties that were required and the uniqueness of the community paramedic.

Chairman Pollert: I thought we funded a community paramedic and then you switched it and found you could get him part-time. Then you funded the stroke, cardiac as full-time.

Tim Wiedrich: At the time of the last legislative session, the notion was to combine both of those functions into a single position. The community paramedic needed to be a paramedic that was familiar with the goals of that program. The STEMI needed to be an RN and more familiar with the hospital components. The money that was appropriated was used in a way that funded the temporary position that was the community paramedic and the full-time position to that extent for the RN. The other duties were monies that were already appropriated. Not an expansion, but a consolidation of those activities. Rather than having one body that does community paramedic and STEMI, we have one half body that temporarily does community paramedic and an RN that does STEMI and cardiac.

Vice Chairman Bellew: Was this person already on staff? Is this a new position?

Tim Wiedrich: Neither the RN or the paramedic were previously employed. There was a transfer from another section within the department of the funding.

Brenda Weisz: Our stroke system used to be partially handled in Community Health and partially handled in Emergency Medical so the amount of funds that were not used in Community Health is what Tim was referring to. Those funds were appropriated in the last budget but not expended. It was the unexpended funds that were used for that effort. They weren't additional dollars; they were just moved.

Chairman Pollert: Did the Health Department have any turn-back?

Brenda Weisz: We did. I don't have it off the top of my head.

Rep. Nelson: From the spend-down that we're seeing today though that it would be more understandable if the FTE in the permanent line went to 14.5. You added a 0.5 and used the other 0.5 for the community paramedic program in temporary.

Brenda Weisz: A temporary FTE isn't assigned a number.

Rep. Nelson: So the money moved to the temporary line. But you also used the appropriation authority for a full-time FTE in the salary line.

Brenda Weisz: The authority we received for the full-time FTE was in the salary line item and we continued to fund that full-time FTE in the salary line item for the nurse.

Rep. Nelson: But that wasn't the need explained in the last session. Whether you call it creative-finance or fluff, that was not the intended purpose of that position.

Brenda Weisz: Yes, as it was appropriated as the vision was during the session last time that is true. In January 2014 in the interim committee, it was explained what was going to happen or what they were finding with the need for the nurse versus the community paramedic and the full-time FTE going towards the nurse position. The clarification was provided at that time.

Rep. Nelson: But they're not appropriations people.

Brenda Weisz: They're not.

Rep. Nelson: You said that in the registry, the individual that manages all the stroke STEMI programs some of that was brought over from the Community Health side. Is there any savings or recognition of that in Community Health?

Brenda Weisz: The entire amount that was appropriated for the stroke system in the department in its entirety was moved over to Emergency Medical and the same amount was appropriated. However, the priorities were funded differently with this being part of the priority and used in a different manner.

Rep. Nelson: I don't understand what you said.

Brenda Weisz: Hold even. The same money is being spent as was appropriated last time but used more efficiently.

Chairman Pollert: You just stretched what the Legislature thought was going to be done.

Vice Chairman Bellew: In the salary line item, where did the new amount in special funds come from?

Brenda Weisz: The special funds are derived from the Helmsley grant.

Lori Laschkewitsch, OMB: The Health Department turned back $1,641,000 of general funds.

Brenda Weisz continued testimony (attachment 2) (0:54:01).

Chairman Pollert: Do you know where you're moving them to?

Tim Wiedrich: We're working on a sub-lease from Aetna.

Chairman Pollert: How many people will be there? Is this $237,000 increase due to the possible move to Aetna?

Tim Wiedrich: That's correct. It would be moving people from four divisions. In addition to consolidation, there is an increase in the size of a few components of our operation. In terms of the total number of people, I don't have that.

Chairman Pollert: What is the square footage and what do you pay for that?

Tim Wiedrich: The total square footage is 19,500 square feet. The negotiations we have with Aetna are not centered on price. I believe that will be $11 per square foot that includes utilities and maintenance. Aetna is paying more than that. But they left their call-center and we are sub-leasing from them.

Chairman Pollert: Is Tom's group in the Gold Seal?

Tim Wiedrich: We'll be taking all of the people in the EMS division out of Tom's group; they'll all be coming to this one location. All of the people we previously had in the Dakota Office Building downtown will be moved there. I have people that have office space in warehouse that will be moved there and then the Gold Seal building as well.

Vice Chairman Bellew: If you're moving people from other leased places, is there a reduction somewhere?

Arvy Smith: With regards to the EMS area, they are currently in the Capitol and they are general funded so we're not charged rent. EMS will now have to pay rent because they won't be in the Capitol. Environmental will take over all the space in Gold Seal with some of the FTE they got last time and to the extent that FTE are approved for next biennium. Environmental has a space increase as well.

Rep. Silbernagel: What is the reason for the reductions in IT contractual services and data processing?

Arvy Smith: The IT contractual was related to a system that was built. It was more like a one-time cost. We had a decrease in user fees related to the Health Alert Network.

Chairman Pollert: I would like to go through Professional Services.

Arvy Smith: The most significant increases are in the UND Lucas Association and the EMS association training. That is related to a Helmsley grant that we got for the system.

Chairman Pollert: Explain Lucas.

Tom Nehring: Both the Lucas device dollars as well as the evaluation dollars to UND are off-set by the Helmsley grant. We contract with UND for the evaluation. Lucas is the device for automatic CPR. They are going to be doing training in stroke, Lucas, EKG, and

data gathering. Those are offset by the Helmsley grant. For the EMS association training, we are looking at dollars coming out of the stroke budget and out of some carry-over funds we received from the American Heart Association. When they're grant terminated, the Helmsley association made them turnover $114,000 to the Department of Health.

Chairman Pollert: Does Lucas stand for something?

Tom Nehring: Lucas is the brand name and the Helmsley Charitable Trust has made the determination that they will only fund the Lucas device. That is the sole vendor for automated CPR devices for the Helmsley Charitable Trust.

Rep. Holman: How often has that been used?

Tom Nehring: We have a specific program that is gathering the data at this time. The distribution of the equipment is just coming to an end. It has taken us the last 6 months to get the device out there. We have the reporting requirements in place. We don't have specific numbers yet because they are being generated. Within the next three months we will be generating the reports showing how many times it is used.

Vice Chairman Bellew: Is the Helmsley grant going to be a continual grant?

Tom Nehring: This is one-time funding over a three year period of time. The only thing we will have to sustain after the three years is training. All of the hospitals and ambulances in ND received the Lucas device.

Rep. Silbernagel: To correlate the special funds worksheet to the budget, the $474,000 for the Helmsley grant would come out of operating special funds and the $1.25 million comes out of the grants special funds?

Arvy Smith: Yes.

Rep. Nelson: Explain the medical, dental and optical line.

Arvy Smith: That is where our medical cache is. The increase there is that optional request to add to that medical cache.

Rep. Holman: If you look at previous years, that number fluctuates tremendously.

Arvy Smith: That is going to fluctuate. It depends on the availability of federal funding. We typically have used mainly federal funding for that. We did ask for general funding to keep building on the medical cache to be at the 3,000 service level.

Rep. Kreidt: On the green sheet the cache shows 989, on the 625 line item it shows a little over $1 million. Is that what you have on hand now?

Arvy Smith: The 989 is the increase we're going to put in. The line item is what we're purchasing. The balance in there is some federal funding. The stuff we already have on hand isn't going to be in this budget.

Rep. Kreidt: It shows $1.171 million and then the increase is 954.

Arvy Smith: That's what we were able to build into the base budget based on the federal funding that we are anticipating.

Chairman Pollert: Is this all contingent on if you receive federal dollars?

Arvy Smith: We have a small portion coming from federal dollars.

Chairman Pollert: On equipment over $5,000, is this all dealing with the used busses?

Arvy Smith: The used busses are only $30,000.

Chairman Pollert: I see that they are $30,000 general funds. So the rest of this is not for the busses? Are they all related to the busses?

Arvy Smith: These items are the Over $5,000 items. The busses are in the Equipment line, they are not in the medical cache line because they are over $5,000. We put the rest in the medical line item in operating estimating that they're going to be items under $5,000.

Chairman Pollert: The equipment with a total of $921,000, the busses are $30,000 of general funds, are the other items there part of that system at all?

Arvy Smith: It's all federal funding.

Chairman Pollert: I know. But is it part of the emergency busses?

Arvy Smith: That's something different. Our additions to the medical cache are beyond what you see in the operating line item.

Vice Chairman Bellew: Why do you need everything in Equipment Over $5,000?

Arvy Smith: It might also be a good time to go over the disaster handout (attachment 3).

Tim Wiedrich: As part of the activities that have been going on since 2001, the states have built health and medical response systems because what we had previously was inadequate. What the state medical cache does is create a shared repository of equipment and supplies that is used by local and state entities. It's frequently used. There are 53-foot trailers positioned throughout the state in eight major cities that have emergency response equipment in them.

Chairman Pollert: Do you have eight of the 53-foot vans?

Tim Wiedrich: We have 11; there are 10 that are dry vans or 53-foot trailers. We have one reefer that both heats and cools. Many of the things we transport during emergencies need to be transported with temperature control. We're looking to expand to have more 53-foot trailers to increase the number that are positioned in the communities.

Chairman Pollert: I think you brought more questions regarding the busses and trailers?

Tim Wiedrich: Not all of the things on the equipment over $5,000 sheet are related to the busses. The rest of those items in equipment over $5,000 are used to support both local and state emergency response for public health and medical.

Chairman Pollert: What will be in the busses?

Tim Wiedrich: We can take a standard school bus and assemble an infrastructure that allows us to mount stretchers three-tall on two sides of the bus or wheelchairs. We can then transport between 16-18 patients. We have medical equipment on roll-in carts. There is a portable air conditioner that goes in the bus as well. Previously when we've done large scale evacuations, using ambulances and wheelchair coaches is extremely expensive and inefficient.

Chairman Pollert: How many of these busses do you have right now?

Tim Wiedrich: We have one that was donated by the Devils Lake school district for permanent placement there. We have one bus that was purchased that we have within the State Health Department. The rest we obtained through contract with two bus providers.

Rep. Kreidt: Is the bus in Devils Lake kept inside? How can you make sure they run when you need them?

Tim Wiedrich: The busses are on a maintenance schedule. They are stored outside. The one in Devils Lake is kept at the ND Transportation shop.

Vice Chairman Bellew: Who operates this equipment? Do you have people on staff that have a CDL?

Tim Wiedrich: I have staff that have CDLs. We have contracts in place for the acquisition of the additional busses; part of the contract is that those bus companies also provide drivers. If we are able to acquire more busses, part of that is to place them in communities, like we've done with the 53-foot trailers. Then the EMS would be responsible for the operator.

Vice Chairman Bellew: Do you need personnel for some of this other equipment as well, like the morgue trailer and the emergency response trailers?

Tim Wiedrich: We do. This is one part of a much larger public health and medical response system. We have a process where we identify the personnel that are necessary to staff these operations. They come from the public health workforce and the medical workforce. We have about 1,000 people in the health and medical community that have volunteered to be sent during a large-scale emergency. We have the ability to contact the remaining 16,000 through the health alert network system.

Rep. Kreidt: In regards to the 53-foot trailer, do you have a contract with someone? Or do you use volunteers in the community with semi-tractors to move those?

Tim Wiedrich: During day-to-day operations, we utilize tractors out of the state motor-pool and our own drivers. But when we get into large-scale emergencies, the Department of Transportation is responsible for providing drivers to move those and there are semi-tractors located in the district shops throughout the state.

Chairman Pollert: Are you looking to buy 10 of the 53-foot trailers?

Tim Wiedrich: We currently own 11. Eight of those are placed in communities; the remainder, including the reefer, are at our warehouse for doing direct deployment. We want to increase the number of trailers available.

Chairman Pollert: Are the lift gates in response to the 10 53-foot trailers?

Tim Wiedrich: We started out by leasing trailers but it is more cost-effective for us to purchase them. We purchased used trailers and put them in place. Originally our notion was that we would be able to find forklifts to be able to unload these at the time of the emergency. Our circumstances have found that is very difficult. We want to purchase used lift gates to place on these so we can move into a community and not have to try to find a forklift.

Chairman Pollert: Do you have a mobile morgue trailer on-hand?

Tim Wiedrich: Part of our responsibility is to provide mass fatality services. We have not developed that portion of our response system like we have the medical portion. This is an attempt to do a better job if we have mass fatalities; a plane crash, fire, tornado.

Chairman Pollert: What is the mobile generator for? This is all federal funds. Have you been doing this in the past so the federal funds are available for the emergency responses?

Tim Wiedrich: That's correct. We have been doing these responses. These federal funds are part of that process. It's far less expensive for us to have these assets on-hand than attempt to have the federal government provide it. Even at that level, there is a 25% state and local match.

Chairman Pollert: Human remains sealing station. Is this mobile that you bring on-site?

Tim Wiedrich: That's exactly right.

Chairman Pollert: Have you ever had 150 bodies at one time?

Tim Wiedrich: We haven't. States that did experience that in the last few years said that one of the ways their state was judged was how they were able to handle those situations.

Rep. Nelson: If this happens in Fargo, don't we have MOUs with Minnesota and surrounding states that have medical caches and that will work with us to share services?

Tim Wiedrich: That's right. That goes into factoring why we established the preparedness levels where we're at. That's anticipating being able to get additional resources.

Rep. Nelson: We would also help those states if they suffered an emergency as well. Can you respond into Canada?

Tim Wiedrich: Yes, with a bit of a caveat. There are federal regulations depending on what the specific situation is that we figured out how to accommodate.

Chairman Pollert: Moving on to the grants section. Is this where the EMT grants are?

Arvy Smith: Yes.
Continued testimony (attachment 2, page 4) (1:46:36).

Chairman Pollert: Do the rural EMS grants have a $1.6 increase?

Arvy Smith: Yes. There is a schedule that lays out the detail on the EMS grants. (attachment 3, page 2).

Vice Chairman Bellew: Why do they need an extra $1.6 million, where the money goes and how it is distributed? The western EMS got $7 million last biennium from the oil impact funds.

Tom Nehring: In regards to the oil impact grants, in the last biennium there was $7 million specified to go to EMS. All of the ambulance services that were eligible for the oil impact grants were eligible for the funding area grants as well.

Vice Chairman Bellew: What are the funding area grants?

Tom Nehring: The rural EMS assistance grants. The oil impacted EMS agencies are eligible for both. With regards to the $8 million that is in the Governor's budget for this biennium, we go through a complicated process. The Legislature told us that what they wanted us to do was to try to limit the number of ambulance licenses in ND and to form funding areas to have EMS agencies collaborating. We currently have 94 funding areas. We have about 70 applicants on an annual basis. Every year we get applications for $8 million. We have $8 million in the Governor's budget for the biennium. We are not meeting the needs as requested by the ambulance services.

Chairman Pollert: Do you have guidelines for how these grants are? Do some of these grants go directly into their 401k accounts? Do you have stipulations on those grants?

Tom Nehring: I don't believe that to be true. I've never seen that on a grant application. We also check every expenditure.

Chairman Pollert: Do you have guidelines for what this is used for?

Tom Nehring: Yes. We also audit certain grants as well on a random basis.

Rep. Nelson: There are a number of ambulances in rural ND that have dissolved. I'm assuming that many of the assets that they have were part of grant programs. What is the policy for time of disposing of those assets and the appropriate use of disposal?

Tom Nehring: We've had two ambulances close within the last two years and one that is on the bubble. The two ambulances that went out of business had no assets. Many ambulances are not-for-profit corporations and they have to dispose of the assets as determined by the IRS.

Rep. Nelson: Which are the two that closed and which changed to the substation?

Tom Nehring: The two that closed completely are Goodrich and Carson. Neither one had any significant assets. The one that is considering becoming a substation is Esmond.

Vice Chairman Bellew: How many rural EMSs are in the state?

Tom Nehring: We have 132 licensed ambulance services. I typically refer to 14 full-time ambulance services in ND. Of the remaining balance, we have 118 that are part-time or volunteer. We run over 80% of the ambulance services in ND that are in some form volunteer ambulances. There are 50 ambulances in the state that average less than 50 calls per year.

Vice Chairman Bellew: When they submit their request for funding, are they required to justify their request?

Tom Nehring: We not only make them justify what their application is, but it also needs to be specified by category and the reasons why they're requesting funding. We don't perceive it as an entitlement program. They have to justify everything, not only in the initial application, but with their expenditures too.

Vice Chairman Bellew: Is there a required local match to any of these?

Tom Nehring: When the EMS assistance funds were determined by the Legislature, it was called for a local match of $10 per capita.

Chairman Pollert: Emergency Medical Services for Children Grant. I asked about the children's coordinator so is this a training grant for that?

Arvy Smith: In general, yes. It is a federal grant the pays for a position that handles educating the ambulances on how to deal with children.

Rep. Silbernagel: The DOT traffic analyst. Are there similar capabilities at the DOT under their budget?

Tom Nehring: On an annual basis, the DOT contracts with us on to provide for data that we get within our trauma registry for the data analyst position. Through the federal funding they receive, they fund that position.

Vice Chairman Bellew: Can you explain the new EMS line item, Aphasia Projects for $80,000 general funds?

Arvy Smith: The stroke items were previously in the Community Health budget. Those are basically a move to EMS, not new funding.

Vice Chairman Bellew: It's general funds, but before it was not.

Arvy Smith: It was general funds in Community Health as well. You should see an off-setting decrease in Community Health. With Aphasia, that might have been a circumstance where we moved it from operating to grants.

Chairman Pollert: Under the Helmsley Foundation Grant, it shows a $2 million loss. Was that one-time funding for something?

Arvy Smith: Yes. They always give us one-time.

Arvy Smith explained the organizational chart (attachment 4, page 1) (2:18:02).

Chairman Pollert: Is the Epidemic Intelligence Service Officer a federal position?

Arvy Smith: Yes, that is a CDC assignee to work with us.

Vice Chairman Bellew: Where is the autopsy performer?

Arvy Smith: We don't have an org chart for the morgue. There are 3 FTEs.

Chairman Pollert: Under the administrative support, do they support the entire division?

Arvy Smith: Yes.

Rep. Silbernagel: ND has eight epidemiologists.

Arvy Smith: There are different kinds of epidemiologists.

Rep. Silbernagel: The ratio based on those eight is one per 100,000 population. How does that compare to other states and nationwide?

Kirby Kruger, Section Chief for the Medical Services Section and Director of the Division of Disease Control, ND Department of Health: In our field services, those 7 individuals interact with the individuals who have the diseases.

Chairman Pollert: What is the drop in the temporary staff from?

Arvy Smith: We have had several shorter-term federal grants in this area. For those, we hire temporary employees instead of FTEs.

Rep. Nelson: In the travel area, I would like to know if there is an increased amount of travel needed in these areas or if it is an inflated cost for the same amount of travel.

Arvy Smith: Some of it is the higher rates. But some of it is new programs.

Molly Howell, Immunization Program Manager and Assistant Director of Disease Control, ND Department of Health: A lot of the increase travel is due to that we received a significant number of short-term prevention and public health fund grants. For most of those grants, the awardees travel to Atlanta for a meeting.

Rep. Nelson: Some of these costs should be offset by the lower oil and gas prices.

Arvy Smith: We put the budget together eight months ago.

Rep. Nelson: I would like some breakdowns of how much of that is in-state travel and how much is out-of-state.

Arvy Smith: Do you want to see a breakout of how we calculated it?

Rep. Nelson: I'd like to see how much of that is related to motor pool costs, to air travel costs, and to increases with new programs.

Chairman Pollert: It would be nice to have an example, if you have a breakdown of how you did this section.

Arvy Smith: We should be able to do a breakdown of the new program-related travel.

Rep. Holman: Are your travel costs tied to the state reimbursement rates?

Arvy Smith: Yes.

Rep. Holman: So unless the state reimbursement rates change, there won't be any change to your travel costs.

Arvy Smith: Yes.

Rep. Kreidt: Under medical, dental, optical is that still the cache?

Arvy Smith: A large part is the immunizations that we purchase for the local public health units. The rest is the medical supplies for the morgue.

Rep. Kreidt: What is included in IT Equipment under $5,000?

Arvy Smith: It's the replacement cycle for laptop and desktop computers. It's a four-year cycle.

Vice Chairman Bellew: If you buy 31 new computers at the state rate, does that equal what you're asking for?

Kirby Kruger: That's how we computed it.

Arvy Smith: It's 15 laptops, 12 desktop computers and a printer. Those are all the regular staff, just timing for the replacement cycle.

Chairman Pollert: IT Contractual Services with a $1.3 million increase.

Molly Howell: As far as the IT Contractual, most of that is related to the ND Immunization Information System. The increase in federal grants is one-time grants that are prevention and public health funds. One of the grants is to continue connecting the ND immunization system to electronic medical records throughout the state. That is a significant part.

Chairman Pollert: Does that show up under the federal funds of the immunization grant?

Molly Howell: That is correct.

Chairman Pollert: Is that all federal funds?

Molly Howell: Yes. Another grant we received is also for the ND Immunization Information System and includes funding to build capacity to the system.

Chairman Pollert: If you have a system in place, is this the maintenance?

Molly Howell: The maintenance on NDIS is $300,000 per year. That's also included in the federal immunization grant dollars. This is not maintenance; it's enhancements. It is under large project oversight. Did you want information on the school module, the general fund of $179,100 that was included in the Governor's recommended budget?

Chairman Pollert: Where is that?

Molly Howell: It's in IT Contractual. It's under the $1.3 million. In the Executive Budget, there was recommended $179,100 for a school module for NDIS. This school module would take away paperwork and help schools know which children are up to date. It will consolidate information for the schools and make the process easier.

Vice Chairman Bellew: Are there general funds in the Consilience Maintenance line also?

Molly Howell: Yes.

Kirby Kruger: The Maven Product is our electronic disease surveillance system. When labs are required to report test results, part of that is for maintenance and part of it is hosting fees.

Vice Chairman Bellew: How much of that was general funds? Because the funding was reduced are you making up the reduction with general funds?

Kirby Kruger: Yes. In the current budget, all of that was coming out of federal funds, but our federal funding has been cut. This is the first biennium we are seeking general funds.

Vice Chairman Bellew: Are you doing anything more?

Kirby Kruger: Right now the funding is for maintenance and hosting fees.

Vice Chairman Bellew: Is Hepatitis/Other Outbreaks - Case Management a new item?

Kirby Kruger: That line item is part of our catastrophic fund to respond to disease outbreaks. In terms of hepatitis, there isn't a lot of case management that has to happen with those. But in terms of tuberculosis, the treatment has to be observed.

Chairman Pollert: The Ryan White Case Management for the $520,000 to local public health units and the tuberculosis patient testing for $127,000 are grants. Do they have to prove that they have a need for that? Do they have to apply to get that?

Kirby Kruger: Those are grants for the local public health departments. We operate those as a fee for service. If we have a situation in an area where somebody needs to be tested, there are contracts in place with the local public health department to do that testing and then bill us for the services they provide.

Chairman Pollert: They would have to prove a need for that?

Kirby Kruger: Right.

Chairman Pollert: Are there that many cases for the Ryan White where you would need that?

Kirby Kruger: We know where most of those clients are going to be and those local public health units get funded. If we run into a situation where additional funding may be needed, and we still have federal money available through that grant, we can increase those contracts to insure that.

Rep. Nelson: In the case of the hep C situation in Minot, did First District get involved through this line item?

Kirby Kruger: Not specifically through this line item because we didn't have this line item. We took care of them with the operational general fund money we had available through contractual services. They did assist us with testing.

Rep. Nelson: How were they able to do that; through their state grant, with their normal budget or federal funding?

Kirby Kruger: There was some federal funding and we used some state operational funds.

Rep. Nelson: Had you had this line item, would that have kicked in?

Kirby Kruger: Yes, that is a situation where we would use that.

Chairman Pollert: On the HPV Education Campaign, it shows it is less than half of what it was. Did you adjust accordingly?

Molly Howell: The HPV Educational Campaign is part of a one-time prevention and public health fund grant that we received for a one-time media campaign. The contract runs

across the biennium. This is an estimate of what would be paid for next biennium versus the current biennium.

Rep. Nelson: I would like to ask about the increases in the forensic examiner division. Is that an increased caseload?

Arvy Smith: In regards to the forensic examiner, the $160,000 increase, last time we had UND do the ones for the eastern counties. We budgeted around $2,000 per case. We had estimated $640,000 at that time. It had been in the Governor's budget and it was brought back to $480,000. The Governor's recommendation was to get it back to what we had originally anticipated that would cost. It has been successful at getting our forensic examiner to a level where he should be.

Rep. Nelson: Are any of the others on this list related to UND?

Arvy Smith: Just the very next one; the vacation/overflow. We only have one forensic examiner and so we do agree to pay UND extra when we have to send him to training or he has to be on vacation and they need to cover for us.

Chairman Pollert: Did you overspend the $480,000?

Arvy Smith: We did not. They wanted more.

Vice Chairman Bellew: Wasn't the $480,000 one-time funding and now it's part of the base?

Arvy Smith: I believe the Legislature counted it as one-time funding and then OMB added it back into the base.

Chairman Pollert: What was your count? It's $2,000 each?

Arvy Smith: That's what we used as a guide to estimate it. They were supposed to be doing 230 a year.

Vice Chairman Bellew: Why the increase? You said UND wanted that. What are they going to use the money for?

Arvy Smith: To pay for the cost of doing the autopsies. They originally wanted the higher amount as well and didn't get it. They agreed to see us through the biennium hoping to get it up to where they wanted it as we move forward.

Vice Chairman Bellew: Somewhere in here, isn't there a piece of equipment for them?

Arvy Smith: That's for our forensic examiner.

Chairman Pollert: Do you have the figure of what it costs for you to do an autopsy?

Arvy Smith: It depends on how many autopsies are being done because there are some fixed costs related to it. Plus our forensic examiner was doing way more autopsies than he should have been. When we were at that level, our costs were significantly lower. Now that we've brought him down to a better level, our cost per has gone up a little bit now. It's a little more comparable to what we're paying UND.

Rep. Holman: Did you say that we're doing more autopsies in Grand Forks than we used to do?

Arvy Smith: Yes. They are doing about 230 a year.

Nick Kramer, OMB: It was one-time funding in the last biennium for $480,000.

Rep. Silbernagel: Does Sanford Health do some examining as well?

Arvy Smith: We have to pay them some fees for pathology testing. That's what these next items are. National Medical is some lab work we have to send out to quantify the drug levels. We can go to our lab and get whether or not there are drugs in the system but to get it quantified we have to go out of state.

Rep. Silbernagel: The National Medical and Metro are almost doubled. Is that due to increased expectation of volume or services?

Arvy Smith: Those costs are increasing.

Rep. Nelson: I can't remember why the UND situation would have been one-time funding. We're not taking travel into account in these numbers. Two years ago we talked about the cost to transport the bodies and there was a significant savings anticipated for the counties in eastern ND to go to Grand Forks rather than to Bismarck.

Arvy Smith: We haven't calculated that.

Rep. Kreidt: What is Metro doing?

Kirby Kruger: We have a contract with Metro Ambulance Service. When we have deaths that occur after hours, they open the morgue for us.

Chairman Pollert: Explain the Catastrophic Fund - Case Management. Is that new?

Arvy Smith: We asked for a catastrophic fund because we don't know where these diseases are going to happen. We've had to look at any roll-up we could find in our budget to fund the things that have happened in the past couple of years, like the hep C, TB, and syphilis outbreaks. We asked for the catastrophic fund so we can direct funding to where we need it if and when we have these instances. The Governor did approve $500,000; $350,000 is here in the professional services line and the other $150,000 is in the medical, dental, optical and that would be medications or medical supplies and testing supplies.

Kirby Kruger: We've had several major outbreaks. The one thing about controlling a communicable disease is that it takes a lot of hours. The other thing that has happened with these outbreaks is that we've had to involve attorneys much more often. We've had to go to the AG's office to get guidance on how we pursue things when people aren't cooperating with us and putting other people at risk. Those are costs that I've never incurred before but we're seeing more of that.

Rep. Silbernagel: Back to the Catastrophic Fund. Would it be possible to draw off of the State Disaster Relief Fund if these kinds of situations came up?

Arvy Smith: I don't know what the requirements are for meeting that. But we have not gotten access to that for flooding or anything.

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: I believe it has more to do with floods and weather related things.

Rep. Silbernagel: There is a brief descriptor on the Treasurer's website. Basically disaster relief from direct appropriation by the Legislature.

Chairman Pollert: That sounds pretty broad.

Arvy Smith: Not really disease related.

Rep. Nelson: One could argue that you've been able to respond to the situations without this case management. How were you able to respond in the past?

Arvy Smith: We are significantly over budget in this area. We've used roll-up from other sections to cover this. We are mandated by law to do these things so it's a high priority. This time if we don't have that roll-up in other areas, we would be looking for a deficiency.

Chairman Pollert: In something like a catastrophic event, I find it hard to believe the emergency commission would turn something like that down.

Arvy Smith: The emergency commission only has access to about $700,000. These things don't typically make it to a level of Governor or Presidential declared disasters. Catastrophic might be a strong word for it. But it is when we have these outbreaks.

Rep. Nelson: The $550,000 on the green sheet is the total number. How did you arrive at that total? By the end of the week, we'll have to be operating under new numbers.

Arvy Smith: $50,000 of that is related to the TB medication. Then back to the $500,000, these are not over; syphilis, TB, and hepatitis C are not over. So we still have those to deal with and whatever else might come up over the next biennium.

Kirby Kruger: We also look at other things. We've seen sharp increases in gonorrhea, another labor-intensive disease. We're also seeing increases in enteric diseases, like salmonella. We can't explain the increase but when we get those reports we have to investigate them to make sure they're not part of a larger outbreak.

Vice Chairman Bellew: In this Medical Services, what do you have budgeted for your pathology department?

Arvy Smith: Are you looking for the whole forensic examiner's budget?

Vice Chairman Bellew: Yes.

Arvy Smith: We'll get that for you.

Sheila Sandness, OMB: That fund was established in 2009. In 2011, it was amended to limit the use of money in the fund for only the required state share of funding for expenses associated with Presidentially-declared disasters.

Vice Chairman Bellew: The federal funds decreased in the immunization program. Is that why you're requesting a general fund increase?

Molly Howell: The immunization grants are level-funded. I believe we were being optimistic last biennium so the 2015-17 budget is much more realistic.

Chairman Pollert: Is that more in line with what you spent last biennium?

Molly Howell: Yes.

Arvy Smith: The immunization general fund increase is all related to those vaccines.

Vice Chairman Bellew: With the digital x-ray machine you are x-raying deceased people. Do you need a machine of that caliber?

Kirby Kruger: The machine we have right now is the original piece from when we started the forensic examiners services. It's gone beyond its lifespan. We need to replace it with something that is digital.

Chairman Pollert: You need to talk about repair damage to building from woodpeckers.

Kirby Kruger: At the morgue, the building was constructed with a synthetic stucco skin over Styrofoam. Those woodpeckers love that stuff. We've got no less than 15 holes in the side of our building on the top part. We got an estimate to put some tin or steel on that.

Chairman Pollert: With people being able to opt out on immunizations, is that creating any problems?

Molly Howell: Yes. Exemption rates continue to increase every year.

Chairman Pollert: Do you have documentation of how much that has gone up? Was the rate 85% for immunizations to be effective?

Molly Howell: It's 95%. It depends on the disease. Measles, for instance, is highly contagious so you need a 95% immunization rate to prevent disease. Other diseases are

less contagious. We do an annual school immunization assessment where schools are required to report their rates to us by grade.

Chairman Pollert: What is the BioSense grant?

Kirby Kruger: BioSense is a federal grant used to conduct syndromic surveillance. In ND, we have two different disease surveillance systems. We get de-identified information on the number of people presenting symptoms. We can look at the symptoms to determine if there is an outbreak.

Rep. Nelson: How often do you track that data?

Kirby Kruger: We look at that in real-time as much as possible.

Rep. Nelson: Have you had any results in that area?

Kirby Kruger: We've been able to confirm that it works in that we can track influenza trends. We haven't detected anything with it thankfully.

Chairman Pollert: Is the Hepatitis C treatment expensive?

Kirby Kruger: Yes, the treatments are very expensive.

Chairman Pollert: Are they a cure?

Kirby Kruger: In most people, they will result in a sustained nondeductible virus. They don't know if they're cured or not, but they can't detect the virus and they are able to stay that way.

Brenda Weisz: The first handout (attachment 5) is the same schedule as before but with the veterinarians added. There is an error on the awards for 2014. It should be four instead of three. The other handout is the law (attachment 6). We also have the schedule for who we give the rural assistance grants to (attachment 7).

Vice Chairman Bellew: Concerning the EMS ambulance grants, does this include money given to oil impacts?

Arvy Smith: This is just our funding. The oil impacts are different. That's not from us.

Vice Chairman Bellew: Where does that come from?

Chairman Pollert: Land grant.

Sheila Sandness, Legislative Council: The Department of Trust Lands has those grants posted on their website.

Molly Howell explained the immunization rates handout (attachment 8) (3:42:56).

Rep. Holman: Does anybody gather evidence that people are reading the internet scare about autism and that's why they're not getting shots? Do you know any of that?

Molly Howell: I think that everyone who claims an exemption against immunization has a reason. They have increased. Especially recently there's been a lot of positive media attention around vaccines.

Arvy Smith read written testimony (3:49:23).

Rep. Nelson: In the travel line, is there an increased need for providing services?

Krista Fremming, Division Director for Chronic Disease, ND Department of Health: As you will see in the professional services and grants line items, we have a projected increase for those so mainly for the grants, the travel is to provide technical assistance to the grantees. As we have more grantees, staff are travelling more.

Rep. Nelson: Who are the grantees in this case?

Krista Fremming: We have a few small contracts to local public health units, but our main larger contracts are to healthcare systems, hospitals, and clinics.

Chairman Pollert: Why wouldn't the $1.2 million that you're short come from the tobacco group?

Arvy Smith: That is an option you can consider.

Chairman Pollert: Where does that comes from?

Arvy Smith: It's a CDC grant.

Vice Chairman Bellew: Is that because our taxes aren't high enough?

Krista Fremming: There are two portions of the grant that states can apply for; the basic component and the competitive component which has certain criteria that states have to meet to apply for it. One of them was having a smoking rate of 19% or less. Our current smoking rate is 21% in adults so therefore we were not eligible to apply for that portion of the funding.

Chairman Pollert: Is it true that the increased tobacco tax is going after the youth and not the adults? Is it proven that the adults will lower their rates if tobacco taxes go up?

Molly Howell: Although you are correct that kids are more sensitive to price increases, adults are also affected by tobacco tax increases. Because we know that adults of lower socio-economic status have higher smoking rates, those people would also be more sensitive to price increases.

Chairman Pollert: On the Professional Services, does the $1.2 million show here?

Arvy Smith: Where will we cut that from?

Molly Howell: Likely media and surveillance.

Chairman Pollert: Who funds the QuitLine?

Arvy Smith: The Community Health Trust Fund.

Vice Chairman Bellew: All the special funds is the Community Health Trust Fund?

Arvy Smith: Yes.

Vice Chairman Bellew: Does that equal the 80%?

Arvy Smith: Yes.

Chairman Pollert: Where is the $1.2 million reduction in federal funds?

Arvy Smith: It's in the budget. We're going to need to pull that out.

Rep. Nelson: Is that a yearly application process for those CDC grants?

Arvy Smith: Yes. But it's a five year and we're coming up into year one so if we don't get it this first year, we're not getting it for five years.

Molly Howell: We may be able to apply for the competitive in year three.

Arvy Smith: It's as high as $600,000 per year; but could be $300,000. But we won't know that until March.

Chairman Pollert: These dollars that are being reduced are coming out of federal grants. What programs are being funded by the federal grants and not the Community Health Trust Fund?

Arvy Smith: We expect that a lot of it will come out of professional services, promotion of the QuitLine. We may have to hit grants.

Krista Fremming: I'm responding to a couple of data requests you made. I have the high school smoking marijuana rates. In 2009, it was 16.9%, in 2011, it was 15.3% and in 2013, it was 15.9%. According to our epidemiologist, it has remained fairly stable over the past decade. Someone had asked for e-cigarette rates. We started collecting this data in 2011 so we have two data points. For youth in grades 9-12 who had ever tried e-cigarettes in 2011 it was 4.5% and 2013 it was 13.4%. That is a statistically significant increase.

Arvy Smith: In Health Facilities, Rep. Kreidt asked for the number of deficiencies in nursing homes (attachment 9). The other handout is for Food and Lodging critical violations and the fees that we charge (attachment 10).

Brenda Weisz: This handout is the hiring salaries by classification and the market policy point and compensation package comparison (attachment 11).

Sheila Sandness, Legislative Council: I have the EMS and fire department grants from the Department of Trust Lands website (attachment 12).

Chairman Pollert: Did they hand these out in the application process?

Sheila Sandness: I believe these were application process. They have two different grant rounds. This includes EMS, fire districts and multi-agency. That's why it totals more than the $7 million.

Chairman Pollert: I had a question on the fees. What is a food processing plant?

Kenan Bullinger, Director of Food and Lodging, ND Department of Health: We purposefully left that fee low. We deal with small food processers that package food products that do not ship in interstate commerce. The Legislature gave us the authority to start licensing those. We kept it low to encourage people to get into business, like Pride of Dakota.

Chairman Pollert: Did we do a blanket increase to raise all fees by 5 or 10%?

Vice Chairman Bellew: My understanding was that we gave the department the authority to raise fees to pay for that computer system.

Kenan Bullinger: It was in relation to the information management system. We requested general fund dollars. This committee made a motion to raise our fees to pay for that rather than use general fund dollars. The fees were raised across the board by 15-20%. The electrologists we did not raise. That is dictated by statute. To raise those fees, we would have to do it through legislative amendments.

Chairman Pollert: What do you check for in Tattoo and Body Art?

Kenan Bullinger: Most of it is sanitary conditions in the tanning side. The tanning had never been regulated. In tanning, we make sure there are no underage children. The facility has to keep track that they are not tanning more than once in 24 hours and that the beds are sanitized. On the body art side it's a little more detailed from a public health standpoint because of the possibility of blood-borne pathogens.

Chairman Pollert adjourned the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/27/2015
Job 22581

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments 1-7

Chairman Pollert called the committee to order.

Vice Chairman Bellew handed out written testimony regarding county coroner costs (attachment 1).

Arvy Smith, Deputy State Health Officer for the ND Department of Health handed out written testimony regarding suicide rates (attachment 2).

Vice Chairman Bellew: Do you have any stats as to why people commit suicide?

Micki Savelkoul, Suicide Prevention Program Director, ND Department of Health: Suicides are multi-causal; there is always more than one cause. In ND we don't have specific causes or circumstances surrounding those deaths. We don't do a fatality review. This all comes from vital records and they don't document mental health issues or substance abuse issues. Nationally, mental health, substance abuse, financial issues, and relationship issues are the top four causes.

Rep. Silbernagel: Is your highest at-risk population veterans?

Micki Savelkoul: They are a disproportionate risk for suicide.

Chairman Pollert: In 2010 was the veteran population 54,782 and there were 40.2 suicides?

Micki Savelkoul: Per 100,000, yes. In the left column, are the raw numbers of the deaths and the right column is the rate per 100,000.

Chairman Pollert: You don't get into the treatments; you're in the vital statistics part?

Micki Savelkoul: Our program focuses on prevention, community education and early intervention. The treatment side falls to Department of Human Services.

Chairman Pollert: Can we have a discussion about the Veterans Home?

Arvy Smith: If it has to do with our inspection or survey, I would need to call those staff.

Chairman Pollert: There's something to do with the flooring and asbestos. The Veterans Home is asking for dollars for the removal of the asbestos and the demolition of the old home. We have some questions. I think Rep. Nelson had a discussion with David Glatt.

Arvy Smith: We'll get them down here to talk about it.

Lori Laschkewitsch, OMB: I believe it's your nursing home inspections area. Because it has to do with the demolition, they need $300,000 to abate the asbestos. They understood that because it's a tiny percentage of it, sometimes the state won't require that extra asbestos abatement. They were told that because this is a state building, they were required to.

Chairman Pollert: It's not a question about the inspection.

Rep. Nelson: I did visit with Dave Glatt about that and he checked into the situation. They did a survey and not only is there some in the heating pipes, but the tile has asbestos in it as well as the glue. They had to revise their estimate for abatement. According to Dave, there's not much they can do.

Arvy Smith: The deal about it being a state building so it has to be removed?

Chairman Pollert: Do you want someone to come down to talk about it?

Rep. Silbernagel: In Casselton we had a similar situation and it was a fairly expensive proposition.

Chairman Pollert: When we do the detail on the Veterans' Home, then we may need to call someone from your department.

Arvy Smith: We are on dental sealants and fluoride varnish for children's teeth. (attachment 3).

Vice Chairman Bellew: Are there any stats? Or how do you quantify that this is working?

Arvy Smith: They're more like national estimates, not actual data. The estimates are very conservative. I don't know that they apply to ND. During this first year, it doesn't look as good because we had to buy all that equipment. There are fixed costs that will benefit

many years forward. I think it would be better if we had more years of data. We will be calculating that.
Chairman Pollert: Do many people opt out of this when they go to the school?

Kim Mertz, Director for the Division of Family Health, ND Department of Health: I misspoke when you asked me before about the dental sealant and fluoride varnish program is a consent program so they actually have to have a signed consent form from a parent or guardian. The opt-out consent is the basic screening survey. This was the first year of the program. Once more parents get to know about the program, our participation rates are going to go up.

Rep. Silbernagel: Is the work done by dental hygienists?

Kim Mertz: For our school based program, we have a dentist that is a temporary employee with the Health Department and he is the dentist that signs standing orders for the hygienists to go out to the school and provide these services. For this program, it's Public Health Dental Hygienists that are performing the services.

Vice Chairman Bellew: Is this all federal funding?

Kim Mertz: Currently we are doing this program with 100% federal grant funds.

Arvy Smith handed out written testimony on the cancer programs (attachment 4).

Vice Chairman Bellew: Based on what I'm seeing here, why do you need a general fund appropriation to continue this? It doesn't look like you're going to use all the funds this biennium.

Arvy Smith: There were some gaps we were seeing.

Susan Mormann, Division Director for Cancer Prevention and Control, ND Department of Health: Historically we have spent the $400,500. It's not uncommon for us to have that much left. We do most of our screenings the last 6 months of this year. We are in a little bit of transition in providing the patient navigation, care coordination pieces. I anticipate those funds being expended. Also a large part of the federal funds is our contract with BCBS. We see more of our expenses rolling in the latter part of the year or biennium.

Rep. Nelson: I think the request for this information was to see if ACA is having an effect on the participation of Women's Way programs. Did you do a snapshot like this in the last biennium to see where you were at or is this the first time you've done this?

Susan Mormann: I believe this is the first time we've done a snapshot for you. We receive reports on a monthly basis to monitor our spending.

Rep. Nelson: The spend-down from the federal funds versus the special funds, is there a requirement or do you have flexibility with your federal funding that if there are some savings in there you can use that for other programs?

Susan Mormann: The money set aside for the federal funds are very specific; 75% of the funds need to be spent on direct services. We have 25% that we are allowed to use to provide screening services for women under the age of 50.

Rep. Nelson: You do have flexibility with the Community Health Trust Fund revenue. Do the federal funds require a local or state match? Why wouldn't you spend the federal funds first and keep the Community Health Trust Fund for more flexibility?

Susan Mormann: We do actually. Our goal is to expend the federal funds before the special funds. That's why you see at the end of December that we've only spent $158,449 of our special funds. There are certain things that we use our special funds on that we can't use our federal funds for.

Vice Chairman Bellew: Why do you anticipate a reduction of almost $300,000 in federal funds this biennium?

Susan Mormann: Our grant award that we receive from CDC is based on many things like our ability to achieve our screening goal and spend our funds. They will make an adjustment on an annual basis for our award based on that. For the past several years, our award is less than it has been in previous years because we are having a more difficult time achieving our goal because we're having women shifting to Medicaid expansion.

Vice Chairman Bellew: Why do you need the $500,000 in general funds then?

Susan Mormann: It takes more effort to provide the patient navigation, the care coordination, and the case management. Not only are we are doing it for Women's Way clients, we are also doing it for women who might be Medicaid expansion or have Marketplace. We are providing that service for more women.

Rep. Silbernagel: The Community Health Trust Fund is not listed under the State Treasurer's website. Is that under a different name?

Lori Laschkewitsch, OMB: If you go to the budget request summary, the Executive Summary on the OMB site, you will see it.

Vice Chairman Bellew: Is it part of the Tobacco Settlement Trust Fund?

Lori Laschkewitsch, OMB: Correct. You would see the distribution to them but not the detail of what they're spending the money on.

Arvy Smith: Next is the colorectal cancer screening schedule (attachment 4, page 2).

Rep. Kreidt: Are they doing that test already in ND?

Arvy Smith: Yes. The cost is more in the hundreds range than in the thousands. That's where we need to change this program; instead of paying for the costs that are covered,

figure out a way to pay the costs that aren't. We are looking at completely re-vamping this program.
Continued to read written testimony (attachment 4, page 4).

Rep. Silbernagel: Do you do this survey biannually?

Arvy Smith: We do it every year, but the questions change.

Vice Chairman Bellew: Are you requesting money from the Community Health Trust Fund to replace federal funds?

Arvy Smith: Yes, so we can keep the number of surveys where it needs to be.
Continued to read written testimony (attachment 5).

Vice Chairman Bellew: Does Family Planning include abortion services?

Kim Mertz: Family Planning does not include abortion services. By our federal regulations, we cannot use any money for that. Family Planning is about reproductive health. It's about helping men and women plan healthy lifestyles and that when they are ready to have a family that they are healthy and their baby is going to be healthy as well.

Arvy Smith continued with written testimony.

Rep. Holman: Is the 20% increase in colorectal and Women's Way comparable to the increased number of clients due to the Medicaid expansion? Or is that a higher percentage? How does that compare to additional clients due to Medicaid expansion? How many new people do you have due to Medicaid expansion?

Arvy Smith: We don't have that.
Continued with written testimony (attachment 6).

Chairman Pollert: Is this just for the Bismarck office?

Arvy Smith: It is for the Bismarck office, but the $640,000 that we requested to go to UND is within the professional services line. When we calculated these earlier and had our forensic examiner doing 325 a year, our cost per autopsy was quite low compared to what we're paying UND. Now that he is down to the 260 level, our costs per autopsy have gone up because the fixed costs stay in place. It's now more comparable to UND.

Rep. Kreidt: What is the $20,000 in IT data processing for?

Arvy Smith: That is to make an adjustment to the vital records system so UND can view the death record information. That should be in vital records and will probably be moved.
Continued with written testimony (attachment 7).

Chairman Pollert: If you look at the printing part, it's all federal funds. If you look down at the 15-17 break-down, is part of it general?

Arvy Smith: Specifically in the printing area, it's all federal. A lot of times we use that breakdown to estimate, but in some cases it's specific on what's federal and what's special.

Chairman Pollert closed the hearing.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
2/13/2015
23829

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachment #1

Chairman Pollert: Called the committee to order.

Chairman Pollert: (Attachment #1) I ask that we won't vote on the motions so that legislative council gets a chance to get them ready for Monday. If you need information because of the motions then you better ask for it after we are done asking for amendments. That is hopefully my course of action. We have been doing the base payroll changes, the performance bases of three and a three and doing the health insurance increase. We have been doing all of this as one grouping. I would ask that as one motion.

Sheila: The performance at the three and three would be 2,190,018 dollars.

Chairman Pollert: Why is that higher than the executive recommendation?

Sheila: That's total funds. That includes 1,305,488 dollars of general funds and 854,101 dollars of special funds.

Chairman Pollert: Rep. Holman do you want your amendment again?

Rep. Holman: Yes.

Chairman Pollert: Rep. Holman's amendment will be for the 1 percent retirement contribution increase. He's asking for a motion to include that.

Rep. Silbernagel: On the second page, we need to remove funding for public health network grants, the 700,000 dollars. That's number 5 on the green sheet.

Chairman Pollert: Page 2, fourth down.

Rep. Silbernagel: Item number 7, the medical loan program. On the white sheet it's about half-way down the page. I move increases funding for the medical loan repayment program. It's item 7 on the green sheet.

Chairman Pollert: You want to move that forward for?

Rep. Silbernagel: Right.

Rep. Kreidt: The funding for the EPA lawsuit there of 500,000 dollars I'll move that forward.

Chairman Pollert: It's page 3 of the green sheet.

Rep. Nelson: I would move the increased funding for local public health grants from 1 million dollars to 250,000 dollars. It's about 40 percent of the way down on the first page. In the Executive budget, there was a 1 million dollar increase and we are talking 250,000 dollars at this stage in the game.

Sheila: Does he want it to be 1.250 million dollars?

Rep. Nelson: No, just 250,000 dollars.

Rep. Silbernagel: On the green sheet, item 23, adjusts funding for grants. I'd like to bring forward 1,566,412 dollars.

Chairman Pollert: If someone else has something else Rep. Silbernagel if you find it let me know.

Rep. Kreidt: Number 30 on the green sheet for the WIC food payment of 1,712,110 dollars, I'll move that forward.

Chairman Pollert: Second item down under one-time funding.

Rep. Silbernagel: I'll put an amendment forward for number 27, increases funding for suicide prevention grants at 150,000 dollar level.

Chairman Pollert: Increases funding for suicide grants for 150,000 dollars?

Rep. Silbernagel: Yes.

Rep. Silbernagel: Item 31 on the green sheet, adds funding for a mobile dental service, I'll move forward for 100,000 dollars. That is on the white sheet about two-thirds of the way down.

Rep. Nelson: In the area of the environmental health section, the additional FTEs that Dave Glatt asked for, that's about two-thirds of the way down. I would move the three

positions that add funding for the air quality environmental science II, all three of those. I would also add funding for the chemistry lab chemist II. Additionally I would add funding for the municipal facilities environment engineer II. As well as funding for waste management environmental scientists II.

Chairman Pollert: For the 150,728 dollars?

Rep. Nelson: Yes. Then add funding for water quality environmental scientist administration I, the 178,129 dollars. Those aren't all the positions asked for, but those are the ones that I would prioritize.

Chairman Pollert: I'm missing one.

Rep. Nelson: Three air quality, one municipal service, one wastes management, one water quality and then the lab.

Chairman Pollert: Ok back up. I got the three air quality. I got the adds funding for chemistry lab camp and?

Rep. Nelson: One municipal service. That is municipal facilities in environmental engineer II.

Chairman Pollert: For 150,728 dollars?

Rep. Nelson: Yes, and then funding for the waste management and environmental scientist II for 129,893 dollars and then the water quality environmental scientist admin. I.

Rep. Silbernagel: Item 43 on the green sheet that increases funding for early emergency medical services grants to provide and I would move forward 500,000 dollars.

Chairman Pollert: It was 1.6?

Rep. Silbernagel: Yes.

Chairman Pollert: So you have the seven that Rep. Nelson talked about and Rep. Silbernagel on the middle of the first page on the white sheet, increases funding for rural EMS grants 500,000 dollars.

Rep. Nelson: Number 28 on the green sheet is funding for domestic violence and rape crisis grants. It was 500,000 dollars in the budget about a third of the way down the first page I would move a 200,000 dollar grant in that area.

Chairman Pollert: That is number 28 on page three.

Rep. Nelson: The autopsy contract with UND that is in the budget for 640,000 dollars I would move 480,000 dollars of that contract. That is about 10 down on the white sheet.

Vice Chairman Bellew: On the second page, I would like to keep section 3 in the bill or move it over and we'll discuss it on Monday. It's the 250,000 dollar range line protection.

Rep. Kreidt: Under the food and lodging, add one FTE. I will bring one forward.

Chairman Pollert: Off the white page for the 134,079 dollars.

Rep. Kreidt: Yes.

Rep. Nelson: In that same area, the last column is the operating expenses for the additional staff for the food and lodging position on our white page it allocates 139,623 dollars we'll need to fund 27,924 dollars for that one position. That is a split of general and other funds.

Rep. Silbernagel: I'm still struggling to find where on the white sheet we have item 23 on the green sheet. So if anyone can help me with that I'd appreciate it.

Chairman Pollert: You may need to visit with Sheila on that. Will that work?

Rep. Silbernagel: It does.

Chairman Pollert: I'll bring one forward. On the green sheet, page 3, number 42; we'll have to find out from Sheila where those numbers are?

Sheila: The adjusts funding for operating expense and grants is all rolled up into that cost to continue line. Towards the top under salary increase you see netted adjustments for bonds, extraordinary repairs and equipment and then you see costs to continue programs. On your green sheet where you have anything that says adjust funding for operating or adjust funding for grants that it's broken down by division. On this sheet it's kind of all lumped into that cost to continue programs number. So any adjustments to those items would have to go to the cost to continue programs and then adjustments for extraordinary repairs and equipment would have to go into that netted adjustment for bonds extraordinary repairs and equipment. If you want to adjust item 42, it would come out of that netted adjustments for bonds so we would just adjust the 821,785 dollars by whatever you wanted to adjust for that 471,000 dollars.

Chairman Pollert: When we were going through the agency budget dealing off ff the green sheet that might have to be added to that.

Sheila: Right so we would have to keep track of those and come up with a total number that we would want to adjust.

Chairman Pollert: I want dot put that in there. So my guess is that Rep. Silbernagel's number 23, adjusts funding for grants, where would that be?

Sheila: That's in the cost to continue. So that anything that adjusts operating and grants that you see on the green sheet is rolled up in that cost to continue. I'll keep track of those adjustments and come up with a net dollar amount by which you would want to adjust those

two lines if you want to do that. So if you wanted to include that 471,000 dollars special funds I can note that here and when we are done we can come up with a net adjustment.

Rep. Silbernagel: Have we dealt with item 9 on the green sheet?

Vice Chairman Bellew: We did that.

Rep. Nelson: Adjusts funding for the Women's Way program. Basically the money that was funding Women's Way in the past was changed from Community Health Trust fund funding and then in this budget to general fund budget. I would like to move that back to Community Health Trust fund budgeting or other funds at 414,000 dollars.

Chairman Pollert: On the white sheet but you're looking at funding that differently?

Rep. Nelson: Yes. I would strike out the general funding category completely and fund that with community health trust fund funding of 414,000 dollars or other funds at that amount rather than at the change in funding sources. If I remember right, wasn't that the BRFSS money that they had changed that.

Chairman Pollert: Are you replacing anything in the Community Health Trust Fund on that 414,000 dollars?

Rep. Nelson: Right now there is. I suppose it would depend on if there is an amendment for the BRFSS then we have a problem. We don't right now.

Chairman Pollert: Rep. Silbernagel I'm going to ask you on your number 23 on the green sheet are you wanting to add that to the way Sheila was talking about under the cost to continue programs?

Rep. Silbernagel: Yes.

Rep. Nelson: On the second page of the white sheet, in the last column of the veterinary loan repayment program I would to add a worded amendment that says that a section is added to require veterinarians that are accepted in to the veterinary loan repayment program to be in private practice or employed by a veterinary practice. That's the last one on the list.

Chairman Pollert: If you go to the Health Department bill itself, is everyone happy with the language about the dentists? Let's have the discussion on Monday. Let's remove it. We have plenty of time and we know we are going to argue about it but we will discuss it Monday.

Rep. Nelson: So you're moving it over?

Chairman Pollert: I'd eliminate it. I would ask to remove the language but of course if no one brings it forward it's not on the bill.

Rep. Kreidt: I would bring an amendment forward that through all the division, that the total operating be reduced by 300,000 dollars.

Chairman Pollert: Is that total funds or general funds?

Rep. Kreidt: General funds.

Chairman Pollert: That might mean then that Sheila might have to get with the department to see how that would be totaled.

Sheila: If he's taking it all from general funds and it is all operating it would just come out of the operating line on the bill.

Rep. Nelson: I want to be clear. We added 7 positions to the environmental division. If this is like the food and lodging division, we just funded the salaries and not the operations. If I look on page 2 line 3 there is 4.1 million dollars in operating expense in grants relating to the environmental division FTE's. I'm assuming that is the operating for all the new positions so we should fund a portion of that. So I would bring an amendment to fund.

Chairman Pollert: If I would go to the Department of Health they have that worksheet with all the employees that entailed so you are talking about those operating expenses reflecting to those positions, would that be correct?

Rep. Nelson: That would be correct.

Chairman Pollert: So they would be put in proportionately?

Rep. Nelson: Yes.

Sheila: So you want me to take the operating expense of all of them, divide by the total and multiply by seven and bring that amount over in operating.

Chairman Pollert: The air quality has a different mix as far as general and federal.

Rep. Nelson: I don't know how that is broken down, but the positions that we funded if the operating isn't broken out it would 7/12 of the total right?

Sheila: They do have it broken out. I could identify the three air quality, take the operating related to them, divide it by three and apply the same funding ratio that they have.

Rep. Nelson: Without doing that we are not getting a true reflection.

Sheila: And you just want the operating and not the capital?

Rep. Nelson: I don't think there is any capital in there is there?

Sheila: There is some equipment. I'm sorry, that's in the one-time.

Chairman Pollert: I also think, I don't want to call it an IT project, but there is something there and if I'm correct no one has asked for that money to come forward.

Rep. Nelson: I don't think it's part of this line item.

Chairman Pollert: I would suspect it's probably added to it. So if no one asks for that it would have to be eliminated.

Rep. Nelson: I'm a little unsure if I should ask for this. On the one-time funding items, what is included in the cost related to the environmental impact? If that is a direct result of the new FTE's that we have moved forward do we need that included in that and if we do, do we need it in proportion to what we funded or do we need all of it?

Sheila: I have their breakdown. The total is 840,000 dollars and its 180,000 dollars related to equipment on the air quality side, 600,000 dollars related to equipment for lab services and then 60,000 dollars looks like is related to that oil field IT project.

Chairman Pollert: Some of that might be for one of the FTEs.

Sheila: There is one chemist and there is 600,000 dollars in equipment. I don't know what the equipment is off the top of my head.

Chairman Pollert: He would have to have that in his motion.

Rep. Nelson: Of the 840,000 dollars that we remove 60,000 dollars of that for the IT from the general fund portion of it and fund the rest of it. So it would be 780,000 dollars.

Rep. Kreidt: On the second page, removes the funding for a contingent family violence crimes at 80,000 dollars. I'll move that.

Sheila: On this cost to continue and the bonding, you didn't want to move any of that over?

Chairman Pollert: If there are some bond payments that need to be done, those need to be moved over.

Sheila: So just move over the bond payments and no extra equipment and no extraordinary repairs.

Chairman Pollert: If we didn't ask for it.

Sheila: On the cost to continue the only thing is the change the Rep. Silbernagel proposed, which was item 23 on the green sheet?

Chairman Pollert: Correct and the 471,000 dollars.

Meeting Closed.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
2/17/2015
23961

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachment #1

Chairman Pollert: Called the committee to order. (Attachment #1) We have once agency left in our section. We asked for some amendments last Friday and I would ask the committee to bring forward any more amendments. What we are going to do is go through the amendments and it would be my preference that we not bring anybody forward unless you need a yes or a no answer unless there is something absolutely pressing that you have to have an answer on. I will try to go through the sheets there are a few changes I have to bring forward that I will ask the session to discuss.

Vice Chairman Bellew: Do you want to go through what was handed out first and then ask for any others?

Chairman Pollert: I think if there are any amendments that want to come forward that we need to discuss, because depending on how they are in this budget that we have in front of us may make a decision on how I go forward. Are there any other amendments to come forward besides what is on this sheet?

Rep. Kreidt: If you move down on the sheet with the budget changes and base funding changes the cost to continue programs. I would make a motion for an amendment to move that general fund of 505,169 dollars and then the other funds which are a minus.

Chairman Pollert: Do you want to pull those forward?

Rep. Kreidt: Yes.

Chairman Pollert: Rep. Silbernagel you were going to bring forward an amendment for number 23 on the green sheet. That is part of the cost to continue programs. We would

have to withdraw that. Instead of segregating it out, I think Rep. Kreidt's would include your number 23.

Rep. Silbernagel: I would withdraw that amendment. It's on the second page, third one down.

Vice Chairman Bellew: On the new sheet, it's 8 or 9 down, it's called netted adjustment for bonds, extraordinary repairs and equipment. I would like to move those over. I have another, under adjust funding for cardiac care system move all that over.

Chairman Pollert: I have one. Increases funding for vaccines, including a school interface module but I don't think that is supposed to be in there. So I want to bring that forward to discuss.

Rep. Nelson: With the school interface module taken out?

Chairman Pollert: That wasn't part of the 576,853 dollars so that shouldn't have been in there if I am correct. On Rep. Kreidt's cost to continue, I think there was a motion to reduce general funds by 300,000 dollars. Is that in here somewhere?

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: You moved forward the netted adjustment for bonds, extraordinary repairs and equipment. The other day there was an addition made for 471,000 dollars of equipment, that would have been include in there.

Chairman Pollert: My old sheet shows 471,000 dollars but with what we pulled forward need to be pulled off. Was that part of the netted adjustment for bonds, extraordinary repairs and equipment?

Sheila Sandness: That's correct. Right above Rep. Silbernagel's adjustment that got pulled off of there is that 4,748 dollars. That's part of that netted adjustment too.

Chairman Pollert: We'll pull that one off also. Number 2, 3 and 4 need to be pulled off, because of the motions of the cost to continue and the netted adjustment for bonds. I think we got all the ones that we doubled up on.

Sheila Sandness: Yes.

Chairman Pollert: Anything else to come forward? If not we will start at the top and work our way down. The first one was the base payroll changes, salary increase performance which is the three and three and health insurance increase.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Second one down the line; retirement contribution increase 1 percent.

A Roll Call Vote was taken. Yes: 1 No: 5 Absent: 0

Motion Carried.

Chairman Pollert: Netted adjustment for bonds, extraordinary repairs and equipment.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Cost to continue programs.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Adjust funding for the cardiac care system.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Increases funding for vaccines.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Adds funding for the autopsy contract with UND 480,000 dollars.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent:0
Motion Carried.

Chairman Pollert: Increases funding for suicide prevention grants, the budget was 500,000 dollars we reduced it 150,000 dollars.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried.

Chairman Pollert: Increases funding for the medical loan repayment program.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried.

Chairman Pollert: Increases funding for the Local Public Health. Local Public Health grants executive budget was 1 million dollars we have in front of us 250,000 dollars.

Rep. Nelson: Sometimes we can make statement before we vote and I really think this is one area that needs to be noted that the State of North Dakota doesn't really do a whole lot as far as funding Local Public Health Units and we get a lot for what we give them. In a couple more motions we will see that we did add one food and lodging position for the department of health. It seems to me that in areas like food and lodging, if we want to get more boots on the ground and expect more inspections that would be given. I think this is an area where Local Public Health Units could provide that service if they had the funding

available to them to do that. They are not going to be able to continue to build that type of service with the 250,000 dollars. I think it is grossly inadequate from what the needs are especially in Western North Dakota. I'll support the motion because it is something but I can't express anymore my disappointment that we don't hold Local Public Health Units at al little bit higher regards that we do.

Chairman Pollert: You can always try to raise that and see how that vote goes.

Rep. Nelson: I understand that but I will just wait for conference, but I would hope that we would seriously look at a comprehensive vision of what our expectation is. Are we going to provide more state dollars to the department of health in this area or should we provide that funding to local public health units to provide the inspectors that are working in some areas of that area now and they could increase that across the state through that fashion? I think that is a decision that we have before us, is how we go forward with funding. Do we build a bigger tower in Bismarck? Do we grant money to Local Public Heath Units or do we do nothing? I think there two that have yet to be answered.

Chairman Pollert: OK, any other discussion.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Increases funding for rural EMS grants. Executive budget was 1.6 million dollars. This motion is for 500,000 dollars.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried.

Chairman Pollert: Adds funding for domestic violence and rape crisis grants. Executive budget was 500,000 dollars, this is for 200,000 dollars.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: I thought we brought forward Womens Way for 414,000 dollars?

Rep. Nelson: I think you will find that later on. This was to take it out of the community health press fund and we chose that funding source for that. The department asked to take that funding from the Community Health Trust Fund to fund the BRFSS survey.

Chairman Pollert: Adds funding for the mobile dental services grant. 100,000 dollars.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Adds funding for the EPA lawsuit, 500,000 dollars.

Rep. Nelson: This is another situation where we had that discussion a bill yesterday with the waters of the US EPA, the 5 million dollar grant. I look at what we're doing and your comments about the budget as it sits. I think that issue cold fold into this area. I think we should look at this as a repository for a litigation fund if we need more money for that. I think there is a win win that could be created. We could save I think there was a 5 million dollar appropriation with that bill. If we roll that into this where we already have the experience of a state agency that is doing exactly what that is supposed to be doing, we don't need to create another committee and we can get the job done more efficiently and probably better if we do that. I hope that the conference committee looks at that as a possibility for that type of funding mechanism.

Chairman Pollert: There was a discussion to have us remove this from the Health Department budget and there were a few of us that said no that is not a good idea. WE felt it needed to stay in the purview of the Department of Health and so I'm resisting those and I understand your statement too. I think the end result wherever that is going to be, maybe it will end up here I don't know. But I sure don't want to move this out to put in into that fund to give it to the department of AG.

Rep. Nelson: I hope you didn't think I wanted to do that.

Chairman Pollert: I'm not in favor of that either just because I know of the experience that has been happening with the department and that needs to stay there through that process.

Rep. Nelson: I want the section to know that I think this is a good fit for us.

Chairman Pollert: I think Vice Chairman Bellew would agree with you on that.

Rep. Kreidt: I would agree with you. As Rep. Brandenburg's bill goes forward that maybe amended to have that money comes to another source than the Ag department.

Chairman Pollert: That is correct as well. That is a work in progress.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried.

Chairman Pollert: Adds funding for one FTE for food and lodging.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Adds funding for operating expense relating to the one FTE.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 1
Motion Carried

Chairman Pollert: I am going to take the three air quality environmental scientist.

Vice Chairman Bellew: Out of the seven we have here, I would disagree with is the funding for the chemistry lab chemist II. Other than that I would conquer on the rest.

Chairman Pollert: I have no problem on that. So the three air quality, the municipal facilities environment engineer, the waste management environmental scientist and the water quality environmental scientist those are what we will be discussing.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried

Chairman Pollert: Next is the seventh FTE in that section, adds funding for a chemistry lab chemist II for the 129,854 dollars.

Vice Chairman Bellew: My problem with this is that the total cost of the FTE is listed as almost 800,000 dollars and I know 600,000 dollars is for some new equipment. Its 644,000 dollars in general fund. It seems extreme to me. I can't justify the expense for that position.

Rep. Silbernagel: We heard testimony that where we are doing 44617 analytics that has been collected by the environmental health section. This technology would make them more efficient and turn around those results a lot quicker and as I understand that some of those tests are required when testing contaminated sites and those types of things. I think it's in our best interest to turn those results around as quick as we can and I think this will help us do that.

A Roll Call Vote was taken. Yes: 3 No: 3 Absent: 0
Motion Failed

Chairman Pollert: Does that change number one on the second page?

Sheila: Yes, it would change that number and the salary increase performance and the health insurance increase. We would have to back out some additional salary increase money and some health insurance money related to that position. I'll change the performance number and the health increase number.

Chairman Pollert: Will you?

Sheila: Yes.

Chairman Pollert: There was also something for 600,000 dollars as well right?

Sheila: The chemistry lab chemist that's down below. The 253,577 dollars on the second page the amount of that related to the chemist is 55,995 dollars from the general fund so that number would go down.

Chairman Pollert: Wasn't there another item?

Sheila: The equipment is down below in the onetime funding it is part of 780,000 dollars in the onetime funding.

Rep. Nelson: I didn't anticipate that this was going to be this controversial. I'm trying to remember if the equipment that was considered in this line was just for the new employee or if that was for the lab improvement that was requested for the existing staff. Do you remember in the discussion how that was related to us?

Chairman Pollert: All I can do is go off of the sheet that was handed out with the yellow tab. As far as the 600,000 dollars, I assumed it was part of the one FTE, because it was in that same column.

Rep. Nelson: That may be, but it seems to me that there was some analytical equipment that was part of their requests. Could we ask Dave to come up or is that not appropriate?

Chairman Pollert: I'm trying to avoid that. He may be a little unbiased in his opinion. I'm trying to find the page.

Rep. Silbernagel: On page 24 of the overview, in the division of laboratory services, it talks about additional funds being requested to increase the workload that due to activities in the oil field one FTE is needed to help with the increase and certification requests the lab has been receiving. As well as to help with sample analysis in addition to the FTE the division is requesting new instrumentation to replace or upgrade lab equipment that is old, out of date and may even be failing. Additional funds are being requested for supplies for the increase testing and new instrumentation. Funds are being requested to purchase instrument maintenance agreements crucial to the continued operation. I would suggest to you that this is equipment that is going to be used by everybody. There is probably a small piece of that that is going to be to the new employee, but it sounds like we have stuff that is wearing out.

Chairman Pollert: How many are currently employed by lab services?

Rep. Kreidt: There are 35.

Chairman Pollert: I may agree with your argument when there are 35 FTEs. We voted on the FTE. The FTE failed. So we can have a discussion on the equipment when we get to that page. How more does that mess up with what you said?

Sheila: It's not a problem. We can make whatever adjustments. I just need to make sure I understand what the motion is for and what you want me to include in the amendment. So at the top of the page relating to the operating expense and grants.

Chairman Pollert: But that is related to the FTE?

Sheila: According to this sheet 55,995 dollar increase. No my question is do you want to change this number and reduce it?

Chairman Pollert: we should have that number because that number is related to the FTE that failed by three to three.

Sheila: So that 55,995 dollars was general funds so then you would subtract that from the 143,246 dollars.

Chairman Pollert: Do you have the number?

Sheila: The final number is 87,251 dollars. The total would be reduced to 197,582 dollars.

Chairman Pollert: On page two, number one, the general fund will change to 87,251 dollars, because the seventh FTE did not get added. The total of 197,592 dollars. Does that number stay constant?

Sheila: (Not Audible)

Chairman Pollert: We will still have a discussion on the 600,000 dollars because it has been found that it wasn't just for the one FTE. With what we've done, we are on the top of page two. So adds funding for the operating expense, everybody has the new numbers?

A Roll Call Vote was taken. Yes: 6 No: 0 Absent 0
Motion Carried.

Chairman Pollert: Increases Woman's Way funding to total 414,000 dollars.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: Reduces funding for operating expenses agency wide, 300,000 dollars.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried

Chairman Pollert: Removes funding for regional public health network grants.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried

Chairman Pollert: Removes funding for contingent family violence grant.

A Roll Call Vote was taken. Yes: 5 No: 1 Absent: 0
Motion Carried.

Chairman Pollert: Next I show on the list, adds funding from federal grants for WIC system upgrade.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0.
Motion Carried.

Chairman Pollert: I think that is the last one. I'm going to drop down before we go back. The environment range land for protection fund. That one in case the equipment gets to be a little bit of a debate that is the last thing we have. I am on the other sections on HB 1004.

A Roll Call Vote was taken: Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: The only other section I show I the veterinary loan repayment program.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motion Carried.

Chairman Pollert: I show one item left and that is adds funding for costs related to the environmental impact. We voted on the FTE for the lab and that failed. SO this amount that we are going to start the discussion with has to be the discussion on the 292,000 dollars, 488,000 dollars and 700,000 dollars.

Vice Chairman Bellew: Does this amount include that new equipment?

Sheila: I don't have the detailed list, but it's the 600,000 dollars.

Vice Chairman Bellew: Is it included in this amount?

Sheila: Its included in the 780,000 dollars.

Vice Chairman Bellew: My understanding is its 400,000 dollars federal funds and 200,000 general funds for that piece of equipment.

Chairman Pollert: Just for the one?

Vice Chairman Bellew: Yes.

Sheila: The 600,000 dollars on the sheet I have is 308 dollars special funds and 292 dollars general funds.

Vice Chairman Bellew: In the handout the department gave us for equipment over 500,000 dollars it shows 400,000 dollars federal funds and 200,000 dollars general funds.

Chairman Pollert: I may need to bring someone forward

Vice Chairman Bellew: Environmental Health on Equipment over 500,000 dollars. That's where I got my figure.

Dave Glatt, Chief of the Environmental Health Section For the Health Department: What you are looking for is why the LCMSMS why that is a good piece of equipment and why we are looking for it.

Chairman Pollert: Is it correct that the 600,000 dollars will go to this?

Dave Glatt: That is correct. What the LCMSMS that is the newest technology that relates to being able to do a number of analytical parameters at lower concentrations. Not only can it be used for the oil field, in addition to that, it is a piece of equipment that would make the Ag Department start drooling. Instead of sending there samples out of state to have it done a similar type of equipment in Montana they would have it done in state here and be able to do a wide variety of pesticides in one pass at very low levels. The detections are lower, there is a reduced number of samples that have to be prepared to go through the instrument and you are able to get more samples in a shorter period of time.

Chairman Pollert: Could you charge the Ag Department a fee to use that equipment?

Dave Glatt: That's correct.

Chairman Pollert: So there would be away to gains some special funds?

Dave Glatt: That is correct. We would look at contracting with the Ag department to do that type of samples instead of sending the money out of state we would keep it in state.

Chairman Pollert: So we could get some special funds revenue and not do it for free?

Dave Glatt: That would be something that we would have to discuss with the Ag department.

Vice Chairman Bellew: With that explanation, I would move that we let them have this equipment.

Chairman Pollert: It's already there.

Vice Chairman Bellew: Will you have to change the numbers? Like is aid the sheet I have says 400,000 dollars federal and 200,000 general.

Chairman Pollert: I would believe there has to be other equipment added to that.

Sheila: The 600,000 dollars is already in the 780,000 dollars that is on your sheet. There was a funding source change in the equipment where in the Executive recommendation they changed the funding source of some equipment. In one change package related to some equipment in another change package. So it has caused some confusion on the funding source. These are the amounts she gave me as the funding source. I don't know why it doesn't tie to that detailed schedule. These numbers include the 600,000 dollars at the funding source that was given to me by the health department.

Chairman Pollert: Adds funding for cost related in environment impact for the 292,000 dollars, 488,000 dollars and the 780,000 dollars.

Rep. Silbernagel: I think this also has opportunities with other industries. For example, manufacturing I know there are many tests relating to the manufacturing world that might

also apply and since we aren't putting forward and FTE this would hopefully make the team that is there more efficient.

A Roll Call Vote was taken. Yes: 6 No: 0 Absent: 0
Motoin Carried

Hearing Closed.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
2/18/2015
24041

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes: Attachments #1 #2

Chairman Pollert: Called the committee to order.

Rep. Nelson: When we carry a bill on the floor which copy will we work off of?

Chairman Pollert: I think we'll go off of the proposed amendments (Attachment #2)

Rep. Nelson: From a consistency stand point I would have done it just the opposite. I think this is more confusing now than ever before.

Chairman Pollert: You can use the proposed amendment to start your discussion about the base budget and then it shows the house changes and then you can show the changes of what you did adverse the base budget but you can also say as far as what the section did and then also in your presentation you can also so this is also a reduction from the executive budget cost so much money which comes off of here.

Rep. Nelson: Is the entire body going to get both pieces of paper.

Chairman Pollert: They can find it. Are they going to find it, I don t know. I would guess the amendments would show this.

Rep. Nelson: I find the worksheet a little easier to explain.

Chairman Pollert: I like both and the second half when we get DHS and PNA I'm going to want them both. I think it's a combination of both. When I bring a bill to the floor, I'm going to incorporate both.

Rep. Nelson: Just work off the statement of purpose?

Chairman Pollert: That's correct. When you go to zero-based budgeting I think you should also show the differences to the executive budget as well. It is all information.

Chairman Pollert: The amendments look like what we asked for that we voted on yesterday.

Vice Chairman Bellew: I move HB 1004 as amended.

Chairman Pollert: With amendment 01002?

Vice Chairman Bellew: Yes.

Rep. Kreidt: Second.

Chairman Pollert: Any discussion? With zero-based budgeting and how the green sheet is related to everything we did this was probably one of the tougher ones we dealt with I felt.

Rep. Silbernagel: Is there a way down the road that they could combine the two so there is one document?

Chairman Pollert: I hope not, I like this.

Rep. Holman: I'm going to support this but there are some things in here that I would change. I would hope that as we move through the next two months that some adjustments can be made. We have a ways to go on this yet and I understand that. I am going to support this as it stands right now.

Chairman Pollert: I appreciate the comments. I would suspect that what you don't like it on the exact opposite of Rep. Bellew.

A Roll Call Vote was taken. Yes: 6, No: 0, Absent: 0
Do Pass As Amended Passes.

Chairman Pollert: Representative Bellew will carry the bill.

Chairman Pollert: Dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1004
2/19/2015
24186

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Mary Brucker

Explanation or reason for introduction of bill/resolution:
Provide an appropriation for defraying the expenses of the State Department of Health

Minutes: Attachment #1

Representative Bellew: Explained and read the amendment 15.8112.01002. See attachment #1.

Chairman Jeff Delzer: Did you remove a section?

Representative Bellew: That was the section that the health department put in the governor's budget; we didn't move that over.

Chairman Jeff Delzer: Section 4 of the introduced bill was taking the limit off on the number of dentists.

Representative Bellew: We didn't add it to the governor's proposal. They requested 19 new full time employees but we funded seven. Out of the seven three of them are totally federal funds. **Made a motion to move the amendment 01002 to the Department of Health budget.**

Representative Pollert: Seconded.

Vice Chairman Keith Kempenich: How secure are those federal funds?

Representative Bellew: When we talked to the department the federal funds seemed pretty secure.

Chairman Jeff Delzer: I think most of it is just how much they use and the feds back them up.

Voice vote to adopt the amendment: Motion carries.

Representative Bellew: Made a motion for a do pass as amended.

Representative Nelson: Seconded.

Representative Bellew: They told us we would have $1.6 million turn back in general funds this biennium.

Roll Call Vote: 20 Yes 3 No 0 Absent
Representative Bellew will carry this bill.

HB 2-20-15 1 of 5

15.8112.01002
Title.02000

Fiscal No. 1

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
Division Committee
February 17, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, remove "43-28.1-01 of the North Dakota Century Code,"

Page 1, line 3, replace "relating to dental loan repayment program" with "43-29.1-03 of the North Dakota Century Code, relating to selection criteria for the veterinarian loan repayment program"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,230,702	$50,152,210
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, replace lines 10 through 16 with:

"Environmental equipment	0	780,000
Total all funds	$1,245,000	$780,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$292,000"

Page 2, line 22, replace "act" with "Act includes"

Page 2, line 24, remove the second "protection fund"

Page 2, remove lines 27 through 31

Page 3, replace lines 1 through 5 with:

"**SECTION 4. AMENDMENT.** Section 43-29.1-03 of the North Dakota Century Code is amended and reenacted as follows:

43-29.1-03. Veterinarian selection criteria - Eligibility for loan repayment.

1. In establishing the criteria regarding eligibility for loan repayment funds under this chapter, the state health council shall consider the applicant's:

   a. Training in food animal veterinary medicine, ability, willingness to engage in food animal veterinary medicine, and the extent to which such services are needed in a selected community;

   b. Commitment to serve in a community that is in need of a veterinarian;

   c. Compatibility with a selected community;

d. Date of availability for service to the selected community; and

e. Competence and professional conduct.

2. An applicant selected to receive loan repayment funds under this chapter ~~must~~:

a. ~~Have~~Must have graduated from an accredited college of veterinary medicine; ~~and~~

b. ~~Be~~Must be licensed to practice veterinary medicine in this state; and

c. Must be employed full-time in the private practice of veterinary medicine.

3. A selected applicant shall contract to provide full-time veterinary medicine services for two, three, or four years in one or more selected communities."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Accrued leave payments	2,223,289	(2,223,289)	
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
General fund	$44,921,508	$5,230,702	$50,152,210
FTE	354.00	7.00	361.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adds Funding for Base Payroll Changes[1]	Adds Funding for Salary and Benefit Increases[2]	Adjusts Funding for Bond Payments, Extraordinary Repairs, and Equipment[3]	Adjusts Funding for Cost-to-Continue Programs[4]	Adjusts Funding for Cardiac Care System[5]	Increases Funding for Vaccines[6]
Salaries and wages	$2,351,671	$3,665,900				
Operating expenses				(245,963)	448,307	576,853
Capital assets			484,522			
Grants				352,349	(2,504,000)	
Tobacco prevention	(188,160)	46,521		1,011,103		
WIC food payments				(4,459,861)		
Accrued leave payments	(2,223,289)					
Total all funds	($59,778)	$3,712,421	$484,522	($3,342,372)	($2,055,693)	$576,853
Less estimated income	(170,444)	1,547,495	821,785	(3,847,541)	(2,055,906)	0
General fund	$110,666	$2,164,926	($337,263)	$505,169	$213	$576,853
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Autopsy Contract[7]	Increases Funding for Suicide Prevention Grants[8]	Increases Funding for Medical Loan Repayment Program[9]	Increases Funding for Local Public Health Units[10]	Increases Funding for Rural EMS Grants[11]	Increases Funding for Domestic Violence and Rape Crisis Grants[12]
Salaries and wages						
Operating expenses	480,000					
Capital assets						
Grants		150,000	122,012	250,000	500,000	200,000
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
Less estimated income	0	0	0	0	0	0
General fund	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Mobile Dental Services Grant[13]	Adds Funding for EPA Lawsuit[14]	Adds Funding for Food & Lodging Inspector[15]	Adds Funding for Environmental Health Positions[16]	Increases Funding for Women's Way[17]	Decreases Funding for Operating Expenses[18]
Salaries and wages			$130,479	$848,579		
Operating expenses		500,000	27,924	197,582	13,500	(300,000)
Capital assets						
Grants	100,000					
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$100,000	$500,000	$158,403	$1,046,161	$13,500	($300,000)
Less estimated income	0	0	8,428	500,010	13,500	0
General fund	$100,000	$500,000	$149,975	$546,151	$0	($300,000)
FTE	0.00	0.00	1.00	6.00	0.00	0.00

	Removes Funding for Regional Public Health Network Grants[19]	Removes Funding for Contingent Family Violence Grant[20]	Adds One-Time Funding for WIC System Upgrade[21]	Adds Funding for Equipment[22]	Total House Changes
Salaries and wages			$110,000		$7,106,629
Operating expenses			1,602,110		3,300,313
Capital assets				780,000	1,264,522
Grants	(700,000)	(80,000)			(1,609,639)
Tobacco prevention					869,464
WIC food payments					(4,459,861)
Accrued leave payments					(2,223,289)
Total all funds	($700,000)	($80,000)	$1,712,110	$780,000	$4,248,139
Less estimated income	0	0	1,712,110	488,000	(982,563)
General fund	($700,000)	($80,000)	$0	$292,000	$5,230,702
FTE	0.00	0.00	0.00	0.00	7.00

[1] Funding is added for cost-to-continue 2013-15 biennium salary increases and retirement contribution increases.

[2] The following funding is added for 2015-17 biennium performance salary adjustments of 2 to 4 percent per year and increases in monthly health insurance premiums:

	General Fund	Other Funds	Total
Salary increase - Performance	$1,247,551	$884,530	$2,132,081
Health insurance increase	917,375	662,965	1,580,340
Total	$2,164,926	$1,547,495	$3,712,421

[3] Funding is adjusted for base budget changes related to bond payments, extraordinary repairs, and equipment.

[4] Funding is adjusted for base budget changes relating to the cost to continue programs, including operating expenses, grants, tobacco prevention, and WIC food payments.

[5] Funding is adjusted for the cardiac care system.

[6] Funding for the universal vaccine program is increased by $576,853 to provide a total of $3,076,853 from the general fund.

[7] Funding is added to contract with the University of North Dakota School of Medicine and Health Sciences to provide a total of $480,000 from the general fund to perform autopsies in the eastern part of the state, the same as the 2013-15 biennium appropriation.

[8] Funding for suicide prevention grants is increased by $150,000 to provide a total of $830,000 from the general fund.

[9] Funding for the medical loan repayment program is increased by $122,012 to provide a total of $698,800 from the general fund.

[10] Funding for grants to local public health units is increased by $250,000 to provide a total of $4,250,000 from the general fund.

[11] Funding is increased by $500,000 from the general fund for rural emergency medical services grants to provide a total of $7.84 million, of which $1.25 million is from the insurance tax distribution fund.

[12] Funding is increased by $200,000 from the general fund for domestic violence and rape crisis grants to provide a total of $2,250,000, of which $1,910,000 is from the general fund and $340,000 is from special funds.

[13] Funding of $100,000 from the general fund is added for a mobile dental services grant.

[14] Funding of $500,000 from the general fund is added for costs related to the Environmental Protection Agency lawsuit.

[15] Funding is added for 1 FTE food and lodging inspector, including salaries and wages and operating expenses.

[16] Funding is added for 6 FTE positions in air quality (3 FTE positions), municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (1 FTE position) to meet increased demands in oil-impacted areas, including salaries and wages and operating expenses.

[17] Funding for Women's Way is increased by $13,500 to provide a total of $414,000 from the community health trust fund.

[18] Funding for operating expenses is reduced agency wide by $300,000 from the general fund.

[19] Funding for regional public health network grants provided during the 2013-15 biennium is removed.

[20] Funding for a contingent family violence grant provided during the 2013-15 biennium is removed.

[21] One-time funding from federal funds is added for WIC food payments system replacement, including salaries and wages and operating expenses.

[22] One-time funding is added for equipment related to the 3 new air quality FTE positions and for laboratory equipment.

This amendment also:

- Corrects typographical errors in the section related to the environmental and rangeland protection fund.
- Removes a section included in the executive recommendation to amend North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for the loan repayment program.
- Adds a section to require veterinarians that are accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Pollert Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

base payroll
Salary increase perf.
health increase

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Holman Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt		X			
Rep. Nelson		X			
Rep. Silbernagel		X			

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

retirement cont. increase 1%

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

netted adj. for bonds

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Cost to continue programs

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Cardiac Care System

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Vaccines

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

autopsy contract w/ UND

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Silbernagel Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Suicide prevention grants

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Silbernagel Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Med. loan repayment

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

LPH grants

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Silbernagel Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

EMS grants

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

domestic violence

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Silbernagel Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

mobile dental

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Kreidt Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman		X
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

EPA

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Kreidt Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

1 FTE F&L

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

op. exp. 1 FTE

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

3 aw quality
muni facility
Waste mngmt
water quality

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert		X	Rep. Holman	X	
Vice Chairman Bellew		X			
Rep. Kreidt		X			
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

chemistry lab chemist

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

op. exp.
adds funding

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Women's Way

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Kreidt Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman		X
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Op. exp.

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Silbernagel Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman		X
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

regional public health network grants

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Kreidt Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman		X
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Family violence

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Kreidt Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

WIC system upgrades

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Nelson Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

~~Chairman Pollert~~

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

Vet loan repayment

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. "Enter Bill/Resolution No."

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes _____ No _____

Absent _____

Floor Assignment _____

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

adds funding for costs related in environment impact

Date: 2/18/2015
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1004

House Appropriations - Human Resources Division Committee

☐ Subcommittee

Amendment LC# or Description: 15.8112.01002

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Bellew Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Rep. Holman	X	
Vice Chairman Bellew	X				
Rep. Kreidt	X				
Rep. Nelson	X				
Rep. Silbernagel	X				

Total Yes 6 No 6

Absent 6

Floor Assignment Rep. Bellew

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

Date: 2/19/15

Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House **Appropriations Committee**

☐ Subcommittee

Amendment LC# or Description: 15.8112.01002

Recommendation:	☑ Adopt Amendment		
	☐ Do Pass	☐ Do Not Pass	☐ Without Committee Recommendation
	☐ As Amended		☐ Rerefer to Appropriations
	☐ Place on Consent Calendar		
Other Actions:	☐ Reconsider		☐ _____

Motion Made By: Bellew Seconded By: Pollert

Representatives	Yes	No	Absent	Representatives	Yes	No	Absent	Representatives	Yes	No	Absent
Chairman Jeff Delzer				Representative Nelson				Representative Boe			
Vice Chairman Keith Kempenich				Representative Pollert				Representative Glassheim			
Representative Bellew				Representative Sanford				Representative Guggisberg			
Representative Brandenburg				Representative Schmidt				Representative Hogan			
Representative Boehning				Representative Silbernagel				Representative Holman			
Representative Dosch				Representative Skarphol							
Representative Kreidt				Representative Streyle							
Representative Martinson				Representative Thoreson							
Representative Monson				Representative Vigesaa							

Totals

(Yes)	
No	
Absent	
Grand Total	

Voice Vote

Motion Carries

Floor Assignment: _____

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

Date: 2/19/15

Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

House **Appropriations Committee**

☐ Subcommittee

Amendment LC# or Description: 15.8112.01002

Recommendation:	☐ Adopt Amendment	
	☑ Do Pass ☐ Do Not Pass	☐ Without Committee Recommendation
	☑ As Amended	☐ Rerefer to Appropriations
	☐ Place on Consent Calendar	
Other Actions:	☐ Reconsider	☐ _____

Motion Made By: Bellew Seconded By: Nelson

Representatives	Yes	No	Absent	Representatives	Yes	No	Absent	Representatives	Yes	No	Absent
Chairman Jeff Delzer	✓			Representative Nelson		✓		Representative Boe	✓		
Vice Chairman Keith Kempenich	✓			Representative Pollert	✓			Representative Glassheim	✓		
Representative Bellew	✓			Representative Sanford	✓			Representative Guggisberg	✓		
Representative Brandenburg	✓		—	Representative Schmidt	✓			Representative Hogan	✓		
Representative Boehning	✓			Representative Silbernagel	✓			Representative Holman	✓		
Representative Dosch		✓		Representative Skarphol	✓						
Representative Kreidt	✓			Representative Streyle		✓					
Representative Martinson	✓			Representative Thoreson	✓						
Representative Monson	✓			Representative Vigesaa	✓						

Totals

(Yes)	20
No	3
Absent	0
Grand Total	23

Floor Assignment: Bellew

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

REPORT OF STANDING COMMITTEE

HB 1004: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "43-28.1-01 of the North Dakota Century Code,"

Page 1, line 3, replace "relating to dental loan repayment program" with "43-29.1-03 of the North Dakota Century Code, relating to selection criteria for the veterinarian loan repayment program"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,230,702	$50,152,210
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, replace lines 10 through 16 with:

"Environmental equipment	0	780,000
Total all funds	$1,245,000	$780,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$292,000"

Page 2, line 22, replace "act" with "Act includes"

Page 2, line 24, remove the second "protection fund"

Page 2, remove lines 27 through 31

Page 3, replace lines 1 through 5 with:

"**SECTION 4. AMENDMENT.** Section 43-29.1-03 of the North Dakota Century Code is amended and reenacted as follows:

43-29.1-03. Veterinarian selection criteria - Eligibility for loan repayment.

1. In establishing the criteria regarding eligibility for loan repayment funds under this chapter, the state health council shall consider the applicant's:

   a. Training in food animal veterinary medicine, ability, willingness to engage in food animal veterinary medicine, and the extent to which such services are needed in a selected community;

   b. Commitment to serve in a community that is in need of a veterinarian;

   c. Compatibility with a selected community;

   d. Date of availability for service to the selected community; and

   e. Competence and professional conduct.

2. An applicant selected to receive loan repayment funds under this chapter ~~must~~:

   a. ~~Have~~Must have graduated from an accredited college of veterinary medicine; ~~and~~

   b. ~~Be~~Must be licensed to practice veterinary medicine in this state; and

   c. Must be employed full-time in the private practice of veterinary medicine.

3. A selected applicant shall contract to provide full-time veterinary medicine services for two, three, or four years in one or more selected communities."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Accrued leave payments	2,223,289	(2,223,289)	
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
General fund	$44,921,508	$5,230,702	$50,152,210
FTE	354.00	7.00	361.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adds Funding for Base Payroll Changes[1]	Adds Funding for Salary and Benefit Increases[2]	Adjusts Funding for Bond Payments, Extraordinary Repairs, and Equipment[3]	Adjusts Funding for Cost-to-Continue Programs[4]	Adjusts Funding for Cardiac Care System[5]	Increases Funding for Vaccines[6]
Salaries and wages	$2,351,671	$3,665,900				
Operating expenses				(245,963)	448,307	576,853
Capital assets			484,522			
Grants				352,349	(2,504,000)	
Tobacco prevention	(188,160)	46,521		1,011,103		
WIC food payments				(4,459,861)		
Accrued leave payments	(2,223,289)					
Total all funds	($59,778)	$3,712,421	$484,522	($3,342,372)	($2,055,693)	$576,853
Less estimated income	(170,444)	1,547,495	821,785	(3,847,541)	(2,055,906)	0
General fund	$110,666	$2,164,926	($337,263)	$505,169	$213	$576,853
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Autopsy Contract[7]	Increases Funding for Suicide Prevention Grants[8]	Increases Funding for Medical Loan Repayment Program[9]	Increases Funding for Local Public Health Units[10]	Increases Funding for Rural EMS Grants[11]	Increases Funding for Domestic Violence and Rape Crisis Grants[12]
Salaries and wages						
Operating expenses	480,000					
Capital assets						

Grants		150,000	122,012	250,000	500,000	200,000
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
Less estimated income	0	0	0	0	0	0
General fund	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Mobile Dental Services Grant[13]	Adds Funding for EPA Lawsuit[14]	Adds Funding for Food & Lodging Inspector[15]	Adds Funding for Environmental Health Positions[16]	Increases Funding for Women's Way[17]	Decreases Funding for Operating Expenses[18]
Salaries and wages			$130,479	$848,579		
Operating expenses		500,000	27,924	197,582	13,500	(300,000)
Capital assets						
Grants	100,000					
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$100,000	$500,000	$158,403	$1,046,161	$13,500	($300,000)
Less estimated income	0	0	8,428	500,010	13,500	0
General fund	$100,000	$500,000	$149,975	$546,151	$0	($300,000)
FTE	0.00	0.00	1.00	6.00	0.00	0.00

	Removes Funding for Regional Public Health Network Grants[19]	Removes Funding for Contingent Family Violence Grant[20]	Adds One-Time Funding for WIC System Upgrade[21]	Adds Funding for Equipment[22]	Total House Changes
Salaries and wages			$110,000		$7,106,629
Operating expenses			1,602,110		3,300,313
Capital assets				780,000	1,264,522
Grants	(700,000)	(80,000)			(1,609,639)
Tobacco prevention					869,464
WIC food payments					(4,459,861)
Accrued leave payments					(2,223,289)
Total all funds	($700,000)	($80,000)	$1,712,110	$780,000	$4,248,139
Less estimated income	0	0	1,712,110	488,000	(982,563)
General fund	($700,000)	($80,000)	$0	$292,000	$5,230,702
FTE	0.00	0.00	0.00	0.00	7.00

[1] Funding is added for cost-to-continue 2013-15 biennium salary increases and retirement contribution increases.

[2] The following funding is added for 2015-17 biennium performance salary adjustments of 2 to 4 percent per year and increases in monthly health insurance premiums:

	General Fund	Other Funds	Total
Salary increase - Performance	$1,247,551	$884,530	$2,132,081
Health insurance increase	917,375	662,965	1,580,340
Total	$2,164,926	$1,547,495	$3,712,421

[3] Funding is adjusted for base budget changes related to bond payments, extraordinary repairs, and equipment.

[4] Funding is adjusted for base budget changes relating to the cost to continue programs, including operating expenses, grants, tobacco prevention, and WIC food payments.

[5] Funding is adjusted for the cardiac care system.

[6] Funding for the universal vaccine program is increased by $576,853 to provide a total of $3,076,853 from the general fund.

[7] Funding is added to contract with the University of North Dakota School of Medicine and Health Sciences to provide a total of $480,000 from the general fund to perform autopsies in the eastern part of the state, the same as the 2013-15 biennium appropriation.

[8] Funding for suicide prevention grants is increased by $150,000 to provide a total of $830,000 from the general fund.

[9] Funding for the medical loan repayment program is increased by $122,012 to provide a total of $698,800 from the general fund.

[10] Funding for grants to local public health units is increased by $250,000 to provide a total of $4,250,000 from the general fund.

[11] Funding is increased by $500,000 from the general fund for rural emergency medical services grants to provide a total of $7.84 million, of which $1.25 million is from the insurance tax distribution fund.

[12] Funding is increased by $200,000 from the general fund for domestic violence and rape crisis grants to provide a total of $2,250,000, of which $1,910,000 is from the general fund and $340,000 is from special funds.

[13] Funding of $100,000 from the general fund is added for a mobile dental services grant.

[14] Funding of $500,000 from the general fund is added for costs related to the Environmental Protection Agency lawsuit.

[15] Funding is added for 1 FTE food and lodging inspector, including salaries and wages and operating expenses.

[16] Funding is added for 6 FTE positions in air quality (3 FTE positions), municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (1 FTE position) to meet increased demands in oil-impacted areas, including salaries and wages and operating expenses.

[17] Funding for Women's Way is increased by $13,500 to provide a total of $414,000 from the community health trust fund.

[18] Funding for operating expenses is reduced agency wide by $300,000 from the general fund.

[19] Funding for regional public health network grants provided during the 2013-15 biennium is removed.

[20] Funding for a contingent family violence grant provided during the 2013-15 biennium is removed.

[21] One-time funding from federal funds is added for WIC food payments system replacement, including salaries and wages and operating expenses.
[22] One-time funding is added for equipment related to the 3 new air quality FTE positions and for laboratory equipment.

This amendment also:

- Corrects typographical errors in the section related to the environmental and rangeland protection fund.
- Removes a section included in the executive recommendation to amend North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for the loan repayment program.
- Adds a section to require veterinarians that are accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

2015 SENATE APPROPRIATIONS

HB 1004

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
3/9/2015
Job # 24463

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Minutes: Attachment 1 - 3A

Legislative Council - Sheila Sandness
OMB - Becky Keller

Chairman Holmberg called the committee to order on HB 1004. Roll Call was taken. All committee members were present. He informed everyone that the subcommittee consisted of **Senators Kilzer, G. Lee and Mathern**. The committee also covers HB 1024.
Legislative Council handed out Base Level Funding Changes - Attachment 1

Dr. Terry Dwelle, State Health Officer, North Dakota State Department of Health:
Testified in favor of HB 1004. Testimony - Attachment 2.

(22:40) **Chairman Holmberg** asked if there had been any discussion on the House side as to why they cut the FTEs and their rationale for the changes.

Arvy Smith will answer later…

Senator Mathern: Have you seen any changes yet in programming need that relate to the Affordable Care Act? We've had many prevention programs, has there been any impact?

Terry Dwelle: Prevention programs take while to see true outcomes. There are some process things that can be seen - like participation. The Women's Way program is a good example. Knowing as the Affordable Care Act and those that are insured increased, there was decrease in the number of individuals that we had to address. We've had discussions with the federal to allow us to use more of those funds that are in Women's Way to actually case manage those individuals. Even though they have insurance now or be in Medicaid expansion, many of them are not used to accessing the healthcare system appropriately. There is movement in that direction in the federal government.

Arvy Smith, Deputy State Health Officer, Department of Health: In response to Chairman Holmberg's question, there really was not any discussion about the early hiring in any of the House subcommittee work that we had.

She thanked the legislature for moving public health along in the state and then continued on page 12 of attachment 2.

(38:28) **Senator Heckaman** asked if it was federal policy that the WIC sites have to purchase their machines for accepting cards.

Colleen Pearce, Nutrition and Physical Activity, ND Department of Health: Traditionally in the past, the USDA has been the funding agency for the WIC program and they provide the funds directly to the Health Department. We in turn provide those funds to the local agency for purchasing things like the computers and necessary pieces of equipment needed.

Senator Heckaman asked about the local store and if they had always been given the reader and now they have to pay for them or have they always been charged for that on a monthly basis?

Colleen Pearce: At this time, we don't have an EBT program for the ND WIC program. That is a 2020 mandate and we are working on that right now and hope to finish by October of 2020. The model that they are using is the food stamp model because the food stamp program uses the electronic benefit transfer - that's basically utilization of a card to receive the benefit. So rather than taking a paper check to get their food, they have a card that looks like a credit card. That smart card technology has been paid for by the USDA. There were some proposed regulations this past year that looked at stores using WIC and they would share the cost. We would purchase the first round of card readers for those stores, but then in the future if the store opened more lanes, for example, that they would have to purchase their own card readers.

Senator Heckaman: I received some questions from a couple of different stores and they said they won't be able to participate because they can't pay that monthly fee for the few number of people in my rural area that access the program.

Colleen Pearce: I will follow up with your question. My understanding was that the first round, the program would be responsible for the payment of that, but in the future, any of those enhancements the vendor would have to assume those responsibilities.

(50:00) **Chairman Holmberg**: A number of us had an opportunity to visit the morgue in Grand Forks. How many autopsies, and it says 231 were performed in 2014, how many were performed in the state owned morgue in Bismarck that same year?

Arvy Smith: 261

Chairman Holmberg said that during the tour, they were asked if the state would consider studying whether or not to buy the building rather than lease it. It's staffed mostly by the medical school, but it's on the south end of town.
Senator Heckaman said we also have a number of autopsies that take place out of state and some sent to Hennepin County in MN. I heard we don't have some of the equipment that we could use.

Arvy Smith: We're not familiar with that many cases of actual autopsies being sent out of state, but we do send some forensic testing for the chemicals that are in the body. It takes a long time to get those results and we need to send those out of state, so we do spend a fair amount and I'm sure UND does as well, sending those out of state.

Chairman Holmberg: That was my understanding that the cost of equipment to do some of those tests which is are so seldom that they send them out of state.

Arvy Smith: Those are the tests that quantify the amount of chemicals in the state, not whether there's a presence or not, but to get a quantification of how much. Those are the ones we are having difficulty with.

Chairman Holmberg said the counties pay the cost of shipping the body to the morgue and if you're in Pembina County, it's cheaper to send them to Grand Forks than to Bismarck.

(55:35) **Senator Bowman**: When doing the inspections, how many are out of compliance? Are we finding that a lot of businesses are out of compliance or do we inspect because it's the law?

Kenan Bullinger, Division of Food and Lodging, ND Department of Health: We have very few facilities that are in full compliance. There's always some violations that are noted no matter what type of inspection work we're doing. Some are less critical violations that can be either corrected on site when the inspector is there or we'll give them a little bit of time to make those corrections; sometimes its financial and they need to buy a new refrigerator or whatever, but very few establishments are completely in compliance. We work very closely to get everybody in compliance in a reasonable amount of time.

Senator Bowman: Then do you follow up to see that they're in compliance or do you wait until the next inspection?

Kenan Bullinger: We'll try to follow up. Usually we do a corrected by date on the actual inspection form and if we can't get there in a reasonable amount of time to follow up, we'll make phone calls.

(1:13:00) **Senator Mathern**: Dr. Dwelle's testimony talked about the indicators of causes of death, suicide and then heart issues kind of related to behavioral health and diet. The House cut the suicide prevention grants, and the behavioral health professionals, domestic violence. What do you think is going on there? Do they not believe the data? Or is it considered somebody else's responsibility, other than DHS?

Arvy Smith: We did not hear the discussion related to those cuts. They provided some increase and they were affected by the more recent revenue forecast numbers and trying to look at being more conservative on the budgets. That's all the insight I can give you. They didn't challenge the data or the outcomes, they were just looking at the big funding picture.

(1:15:14) **Terry O'Clair, Director of Air Quality Division, ND Department of Health:** Testified in favor of HB 1004. Testimony - Attachment 3.

Oilfield Impacts and ND Dept. of Health Environmental Health Section - Attachment 3A

(1:21:30) **Senator Bowman**: Dealing with the air quality over the years, have we seen any significant changes since the oil activity in our state with air quality?

Terry O'Clair: We have some of the cleanest air in the nation. That doesn't mean that it comes easily. We have to have people out in the oil fields. They are checking and making sure all the facilities are complying with the regulations. We have monitoring stations set up throughout the state. That's the data that we depend up to show that we are maintaining all the air quality standards set by EPA.

Senator Mathern: A couple years ago, I suggested adding staff and putting an emergency clause on to help your division and Mr. Glatt testified against it. His rationale at that time was that you couldn't even hire the people if you had the money - or the emergency clause because there wasn't staff with the credentials available. There weren't people in the market that you could attract here. Has that changed in the last couple years?

Terry O'Clair: We have been able to fill the positions that we have lost. But we are losing the experienced staff. It takes awhile to train the new staff, but we full confidence that they will be good. It takes a number of years to get them trained up. The staff we are losing have had 5-10-15 years of experience and it's hard to replace overnight. We believe we're keeping up with all the activity that's going on in the state.

Senator Mathern: When you open a position, do you get applicants?

Terry O'Clair: The one area we have struggled with is hiring environmental engineers. We are getting quite a number of applicants for the environmental sciences positions and our focus has been on hiring those positions in recent years.

Senator Krebsbach: Where are we losing these people to? Are they going to the private sector or other government jobs - or just retiring?

Terry O'Clair: The people that we have lost recently aren't retired. Some within the next few years will be lost to retirement. As to where are they going - some are going to industry but others are also going to other agencies. We feel that we are not even competing with other agencies and that's why we're asking for the equity package.

Senator Bowman: If they're going to other agencies, where are the other agencies getting all this extra money to hire these people away from this agency?
Terry O'Clair: I don't know if I have an answer for that question. Some have gone to the Public Service Commission. The oil and gas division has been successful in hiring staff as well.

Senator Bowman: That's been going on forever. I can get a little better job over here, so you transfer and it's never ending. I've been here a long time and I've heard this same thing for about 25 years. In 25 years, we'll still have people hired away to other agencies.

Terry O'Clair: I believe the Health Dept. is behind some of those other agencies in the salaries that they have been offering. The equity package that we were asking for, the 15% in the environmental section, I think it truly would help us retain some of those staff that we're losing.

Senator Wanzek: You must be doing some good in cleaning up the air because looking at soil tests on our farm over the years, we used to not have to add sulfur or potassium as much and now it seems like our crop is requiring that we add more sulfur because it's not there like it used to be.

Terry O'Clair: I'd like to think that the pollution coming from the state is not impacting your farm in that type of a way. I suspect it's the good farming practices that you do yourself.

Senator O'Connell asked **Arvy Smith**: All your full-time employees have been designated for the state level, how come on the county, the local health districts seem overlooked? In the construction business, especially in water and sewer, you wait for permits; get a lot of complaints from constituents on that; your job gets shut down until an inspector can come back. How come we haven't been beefing up the local health districts?

Arvy Smith: It comes down to priorities. Looking at the environmental report and those increasing caseloads in the energy industry, that's where we've got to put our energies. We've had the sewer request in our optional package the past couple of bienniums that hasn't been funded. We need staff to do that and we also need staff to do the energy industry work, so it's a matter of priorities.

Senator O'Connell: I guess it just comes down to whose priorities you want, because when you're working construction business, you have to shut down. When you're an employer and waiting two or three days waiting for an inspector to come, it adds costs to your business.

Senator Bowman recessed for a short break.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004 (Health Districts)
3/9/2015
Job # 24471

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health. (Continuing with the Health Districts)

Minutes: Attachment 1 - 8

Senator Bowman re-opened the hearing after a short break.

Robin Izler, Unit Admininstrator, Central Valley Health District, ND Dept. of Health:
Testified in favor of HB 1004. Testimony - Attachment 1
2015 North Dakota SACCHO Legislative Position Paper - Attachment 2
Fiscal Impacts on Local Health Units of Increased Annual Inspections - Attachment 3.

(7:37) **Senator Bowman**: When you request $1.1M, how do you come up with that exact number?

Robin Izler: As local public health departments, we do talk to one another and talk about our needs. We actually spend some time doing a little survey of those needs to gather those amounts.

Senator Mathern: What is your total property tax funding for public health in your unit? How many dollars?

Robin Izler: At Central Valley Health, we are receiving just a little over $300,000 from Stutsman County and about $40,000 from Logan County with our local property tax mill levy per year.

Senator Mathern: Do you know how much public health gets statewide in property tax?

Robin Izler: I do not, but we could certainly provide that to you.

Senator O'Connell: How come we have so many homeless people? For what reason?

Robin Izler: We've formed a coalition in Jamestown to work on the homeless issue. We do not have a homeless shelter in Jamestown. We are seeing more and more people move

into the area because of the energy impacts and the jobs that are there. Many of those people obviously don't live in a box under the interstate, but they do couch surf and live with others. Those are the homeless people that we're seeing in our area. It's also the housing issue that we have presently. We are trying to address those needs and new places are being built all the time, but there is a housing shortage. At one point there were 12 homes that were on the market, but not enough to meet the needs.

Senator O'Connell: Last month I was approached by a gentleman who said his brother was living with his 84 year old mother. His income was $10/hr. They asked me for help so I called my daughter in Fargo who is a social service worker. She gave me 3 names and one was the veterans, so in his case, he now has a home, but it was the lack of knowledge of knowing where to send these people.

Robin Izler: Sometimes people move into our communities so quickly that we can't always respond to those needs.

(15:20) **Senator Heckaman**: When you do the school inspections of the Food Service, is there additional inspection by any federal inspectors or are you, on behalf of any of the federal inspectors, when you come into a school setting?

Robin Iszler: We are not doing anything on behalf of the federal inspectors.

Justin Bohrer, Fargo Cass Public Health - reading testimonies for:
Ruth Bachmeier, Director, Fargo Cass Public Health, ND Dept. of Health: Attachment 4
Brittany Ness, Administrator/Nurse, Steele County Public Health: Attachment 5

Tim Meyer, Board of Directors member, ND Emergency Medical Services Association:
Testified in favor of HB 1004. Testimony - Attachment 6

Deb Knuth, Government Relations Director, American Cancer Society, Cancer Action Network: Testified in favor of HB 1004. Testimony - Attachment 7

June Herman, Regional Vice President of Advocacy for the American Heart Association:
Testified in favor of HB 1004. Testimony - Attachment 8.

Janelle Moos, CAWS North Dakota, Lobbyist # 293: Testified in favor of HB 1004.
(No written testimony)

She asked the committee to consider increasing the appropriation back up to $500,000 that was in the Governor's budget for domestic violence. It was cut to $200,000 on the House side. She said violence and sexual assault has increased across the state - not just in oil producing counties. This is primarily because of the population growth across the state but also with the attention that has been drawn towards other issues that state is facing, such as human trafficking victims coming into their shelters. Last summer they worked with the Health Dept. to submit an optional package request through the health dept. budget that

was for $1.5M. Of that the governor included $500,000 in his budget. Those grants would address the most immediate needs of their crisis center, specifically their crisis centers. They are having tremendous turnovers because of their inability to pay staff. There is tremendous pressure on the shelters to provide services. Most of the shelters are at capacity or over which is turning away victims and making them stay in potentially lethal situations because the shelter system is maxed out. They have 20 centers and will face a $1.1M shortfall and would be willing to go over those budgets with the subcommittee.

Chairman Holmberg closed the hearing on HB 1004.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
3/26/2015
Job # 25468

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Dons E Peng for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for HB 1004 - Department of Health

Minutes:

Testimony # 1 - 2015-17 Budget
Testimony # 2 - Listing of Proposed changes to Engrossed Version of 1004

Chairman Kilzer opened the subcommittee hearing on HB 1004 at 10:00 am on Thursday, March 26, 2015 in the Harvest Room. Subcommittee members present were: Chairman Kilzer, Senator Gary Lee and Senator Mathern. The good news is that oil is up to $50. Judging from the way the bill came to us oil was a little bit less. Sheila M. Sandness, Legislative Council and Lori Laschkewitsch, OMB are present.
I see we have some important people with us today, I would like to have Dr. Dwelle and Arvy Smith talk to us. This is our first subcommittee hearing.

Arvy Smith, Director, Dept. of Health We had a great governor's recommended budget, it helped us in the oil area, it covered our mandates and provided additional opportunities in suicide prevention, domestic violence, increased our EMS grants for ambulance services, it did a lot of good things. Our hope is to get back as much as possible. Our testimony on page 17, we had a narrative on the different things that the governor had provided, and adjustments the House made. We ended up with a reduction of about $15M, $12.5M was general fund. I also got a schedule starting from the governor's budget and adding what the House added and another about what was backed off. Talk through some of those items if you wish.

Senator Kilzer my request is to work from what the House has done. I don't mind hearing the dislikes first. Please proceed.

Arvy Smith on page 17 or testimony from 3-9-15 Environmental Health Oil Impact (testimony # 1) pages 17 through 21 in a nutshell we would like the 14 FTE restored, the House gave us 6. We have 164 FTE in environmental health. (8.20 - 9:50)

Senator Kilzer if you would get all 14 you would have 178. That was confirmed.

Arvy Smith: also in that oil impact request was $270,000 for legal assistance. We are in the deficiency bill for an additional $250K for this biennium, our current level wasn't enough. If we don't have that there is a high chance we will be back for deficiency appropriation next session. We had funding for targeted increases, for engineers, some lab folks, and scientists. Our other concern is the epidemiologist in our disease control area. We look at two issues when we look at equity: the external market and internal. We look at other state agencies; we are not in par with them. We compare the applicable classifications, we are behind them. We are looking at classifications, which is our issue. We train them well and lose them.

Senator Kilzer how many vacancies are there in environmental services?

Arvy Smith, about a handful now. Our issue is the middle area, the 5 to 10 year experience workers. A lot of people are eligible for retirement; we don't have that trained middle level to move up into those higher levels of services.

Senator Mathern (13.44) in this section there was considerable staff in the surge bills, we combined the legislative bill and the governor's bill until one bill passed. I believe there were 19 staff in there, none of those passed?

Arvy Smith: there were 15 for Health. If we get the 14 we would try to hire immediately.

Senator Mathern so there is no duplication on that request. It's basically the same staff.

Arvy Smith the same staff.

Senator Gary Lee: the targeted equity, can you be more specific how you would use this as an agency in terms of positions.

Arvy Smith: there are different ways: the performance mainly in the governors and the legislature's performance increase package. This deals more with work load and comparing salaries. We can go by position by position and classification by classification and show how far below the market equity each position is.

Senator Gary Lee I am looking at the targeted dollar equity. It seems you would want to use it in certain positions.

Arvy Smith we would use that in key positions that middle level sustainability we are concerned with. We would look at other state agencies and try to get our salaries up so at least we are not losing our people there.

Dave Glatt, Section Chief, Environmental Health Impact, all of our staff would be in stress. There a few critical positions that deal with highly technical issues. We would target them to make sure we keep that technical knowledge within the department. My concern is that those people are extremely marketable. We would give them some incentive to keep them.

Senator Gary Lee would you advance their salaries when the dollars came or wait until they say they are looking elsewhere?

David Glatt: In my experience when they say they are going is too late for a salary raise. We would use the money as quickly as possible.

Senator Kilzer is compression a problem in other areas of your department?

Arvy Smith: there is some department wide, I mentioned environmental, and disease control, and lab staff are quite behind, these really concern us. Back to the oil impact - we'd like to do salary adjustment for those on the road handling spill response. I would move off that topic. (21.05)
The next thing is in the area of Immunizations - page 18, testimony # 1. We were in for a deficiency appropriation in that area. Considering where we are at, now we need $576K to continue that effort. The house did fund all of that; they did not fund was $179,100 for a school module that would improve compliance with school immunization requirements; it would simplify the process for parents, schools and providers. It would be a time saver by giving access the status of each child for immunization.
Next: infectious diseases, governor provided $550K; $500K is a catastrophic fund to work with public health in dealing with outbreaks. We have currently used up our fund for dealing with Hepatitis C and tuberculosis. Another issue is to centralize the tuberculosis medication distribution. The house didn't fund any of that but it was in the governor's budget. (23:37 - 25:17)

Kirby Krueger, Director, Division of Disease Control, NDHD, currently we provide by law treatment to tuberculosis patients. There are two stages to this disease, in some it isn't active, and they can be treated with one drug. In others the disease is active; they have to be treated with 4 drugs for 2 months, then dropped down to 2 a month. Right now we purchase the medications and send them out. We believe the best approach is to get pharmacists involved. If we can contract with them, there are advantages: Access to the pharmacists knowledge; Pharmacist are already geared up to bill, they could bill directly so there would be savings for the Dept. in the long run.

Senator Mathern what do you want added to this budget to implement that approach.

Kirby Krueger: We are asking for $50K and then put out a bid.

Senator Mathern: I am surprised it's so little, could it pay for itself?

Kirby Krueger: we believe this has a potential to pay of itself, but we don't know yet.

Senator Mathern is this medication covered by Medicaid Expansion, by the policies on the exchange?

Kirby Krueger: yes, if the medications are covered. We have a multidrug resistant tuberculosis case. We were able to get them on Medicaid expansion and get the medication covered.

Senator Kilzer: How much is the dose for hepatitis C vaccine?

Kirby Krueger: there is no vaccine; the treatment is after infection the new ones is $150,000 to complete the course. For the B is $12.00 on the federal contract.

Senator Mathern: is it possible we should change the law to have TB covered by the state. Technically everyone has to have insurance.

Kirby Krueger: It is worth considering; the law does allow us to be the payer of last result.

Arvy Smith: the $500K catastrophic fund, and the $50K for the centralized TB medication distribution. The Hepatitis C in Minot, 52 cases is continued to be monitored.
It is not as intense when it first started. We worry where the next outbreak will be.

Senator Kilzer is there anything available for viral epidemics?

Kirby Krueger: there are various molecular methods.

Arvy Smith (33.36) Medical Examiner Services - page 19- testimony # 1 - we had asked for $640K , to have UND to cover some of the autopsies in the state. The legislature provided $480K. Our request was to get that back up to the original amount the house backed that off and did not fund the additional amount. There were additional items, X-ray machine, and update of our vital records system; which the house did not fund.

Senator Kilzer: I have amendments that would study the possibility of the GF morgue being taken over by the medical school. We will also study the deficit you have now.

Arvy Smith: the food and lodging staffing page 20 Testimony # 1; read from the testimony. We are way understaffed here. The House gave us only one of the positions, we had requested 5; if we don't get those we won't be able to meet the audit recommendations. (35:37 - 37:52) In food and lodging we have now 8, only 6 are inspectors

Senator Kilzer do you charge the services at all?

Arvy Smith there are annual licensing fees for the establishments. The local public health units can do them, if they want. Where they do not the state does. We don't charge for the initial inspection of a new facility, managing the fees or collection. We have an MOU with agriculture stating inspections they do and the ones we do. We had brought a proposal for our fees to cover our expenses. At that time the legislature was concerned the fees would get too high, so they opted to continue to subsidize with general funds. Right now we have used all of the fees in the proposal. There is still this subsidized gap by the general fund. Our fees aren't off the charts high; we did just do that a couple of years ago.

Senator Gary Lee: what are the current fees and what would we need to go to make it self sustaining? What would the fee be? A standard fee, per audit fee?

Kevin Bullinger, Food and Lodging Division, we would have to figure that out. It would be substantial. Probably doubling it. We have a wide variety of fees. We have an annual fee and our fees are based on the size of establishment. Our flat fee is $110, plus 50 cents /seat charge, graduated depending on kind of establishment. Some range from $50 from 1 to 3 room, all the way up to a man camp 100 rooms, up to $600?yr

Senator Gary Lee: the audit, was it specific to the health dept., or to the public health units?

Kevin Bullinger it would impact the local health units as well. They are technically doing work for us under those MOUs we would hold them to the same standard inspection frequency we would be doing. Do that audit recommendation.

Senator Gary Lee: in terms of FTE in your budget. Are the local public health units able to keep up?

Kevin Bullinger: they are not

Senator Kilzer would you be willing to make it a fee for service, double the rates, if you had enough people? The fees I heard here are quite low.

Arvy Smith: We could look at fees again, I think they would get substantial and we would get some kickback from the establishments. If you look at that whole program, 50% is paid by the fees. We could develop a scenario of what the fees would have to be to fund the program.

Senator Kilzer: I would like to see that.

Senator Gary Lee: typical number of inspections an inspector should be able to do in a year? (Was told about 220.)

Arvy Smith: Moving on to suicide Prevention page 20 testimony #1, we asked for additional funding to increase media use and professional training. The governor approved $500K increase. The House funded $150K.

Senator Mathern: we have inordinately high suicide rate, working on this area doesn't seem to have any impact. Are we using methods recognized by CDC or are we just trying to do something? Do we have some protocol we follow? What level of expertise are we using?

Arvy Smith: suicide is a tough issue. We are using the best material we can find, Best Practices. We have just recently gotten the funding for suicide; we are still putting the programs in place, so we won't see the effects for a while.

Senator Mathern: would what was cut by the House bring us to the CDC recommended level? What is the proper amount to make an impact?

Micki Savelkoul, Suicide Program Director ND Dept. of Health: Substance Abuse, Mental Health Svcs. Admn. Is the federal agency that oversees suicide prevention. We are using programs that are Best Practice across the state. We also have a document that the NOAFS put out about recommended strategies for suicide prevention; we work with the primary care physicians. We would like to expand. We don't know what specific dollar amount is needed to see results.

Senator Kilzer: how much money is in the present biennium?

Micki Savelkoul: I have $850,000

Senator Gary Lee: of the several behavioral health bills that came through, was there any money in any of those? Do you know that amount?

Micki Savelkoul: There isn't an overlap in the two budgets. No I don't. (Human Svces, Suicide Prevention)

Arvy Smith: we can't equate dollars to outcomes yet; we can relate it to output, more people trained, more public awareness and more providers to assist. (54.31)
Loan repayment programs is the next topic (Attachment: 1.4-1.5)) read written testimony, the House did not provide the funding the governor provided. $712,500.

Senator Kilzer how many were presently financed?

Arvy Smith, currently 3 physicians, 3 dentists, 3 midlevels and no behavioral health. The governor's recommendation would have gone from 3 to 5 phycians, 3 to 4 mid-levels and 3 to 4 dentists and 5 behavioral health professionals. That was in 1004, but the language to establish was in 1115, that failed and got melded into 1396, the funding was removed, and in 1396 they required 5 years instead of 2 year for payments could to be spread, the governor eliminated the match.

Brenda Weisz, Director of Accounting, the governor left the match as it was in the century code, the House made a changed it down to15% match for physicians; for the clinical psychologists would be 25% , the midlevel and behavioral health: 10% match.

Senator Kilzer: were most of these slots filled.

Brenda: yes.

Senator Kilzer: we will have to continue this another day. It will be Monday or Tuesday. We will continue until we finish these changes. We'd like to hear about any requests. Around two bienniums ago we had a pilot project for co-rectal screening; I think the committee would like to know what happened. Closed the subcommittee hearing on HB 1004.

Testimony # 2 - Listing of Proposed changes to Engrossed Version of HB 1004 was submitted to the committee for their review by Senator Mathern.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
3/31/2015
Job # 25666

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Doris Eperez for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for the Department of Health (DOH)

Minutes: Attachments 1 - 3

Chairman Kilzer called the subcommittee hearing together at 3:00 pm on Tuesday, March 31, 2015 in the Harvest Room. All subcommittee members were present: Chairman Kilzer, Senator Gary Lee and Senator Mathern. Nick Creamer, OMB and Sheila M. Sandness, Legislative Council were also present.

Chairman Kilzer: I don't anticipate this bill coming to the floor late next week. We will meet one more time, maybe Thursday or Friday morning. I would like to finish up with Arvy's in depth items. Senator Mathern will talk about his amendments and Senator Holmberg has amendments considering a study on Grand Forks

Arvy Smith, Director Dept. of Health continued on page 21 of testimony submitted at original hearing on 3-9-15, Testimony # 1. State Medical Cache - This entire amount would be a general fund onetime expense 1.1. Next is salary equity, and we already discussed that piece 1.2-

Senator Kilzer: did you split up the two?

Arvy: $1,559,659 - is the targeted equity.

Senator Mathern: tell us about the market equity. Describe the governor's recommendation regarding that. The $600,000 general fund, what was the plan for that money?

Brenda Weisz, Director of Accounting, we would follow the guidance provided by OMB, take a look at our employees, where they sit in comparison to the market policy point, and in comparison to others in the department as to years of service. That was the purpose of the market policy point, like in years past.

Senator Mathern is there an order of injustice between that and targeted equity; which one is the greater problem?

Arvy: all state agencies were slated to get the marketed equity, so all move up together. So the marketed would bring us up a notch. The targeted would bring us up closer to the other state agencies. If none of the other agencies get the marketed equity, the targeted equity would help us keep pace.
Continued her testimony - Local Public Health state Aid - page 23 (1.3). Governor approved $1M; House only funded $250,000 of that request.

Senator Kilzer: this is outside of federal grants? (Was told yes)

Arvy: the general fund portion about 5% of local public health funding.

Senator Kilzer: 28 health units around the state? Yes. Do they all receive money? Yes.

Arvy: it is formula driven and there is a base plus populations. I think it is $6K/county, and the remaining funding is allocated based on population.

Senator Kilzer: had it been $4M/biennium for quite a while?

Arvy: they have received increases over time. Last increase was $700K. It's been coming up each biennium.

Senator Kilzer the House proposed $4M? (Yes)

Arvy: moving on to Emergency Medical Services Assistance Fund - page 23. (1.3) (11:21-12:33) the governor proposed $1,600,000 The House approved only $500,000.

Senator Kilzer: there are other sources of funding that go to that.

Senator Gary Lee: In HB 1176, there were $8 or $9M for EMS, for western ND. Is this for the whole state, specific to other places, how will it be?

Arvy: spread across the whole state, it is a grant award. They have to apply, explain how they will use the money and we use a formula to figure who gets how much. We prorate those amounts.

Senator Kilzer when you do your prorating do you give for training grants, for hours work, do you separate those.

Arvy: we do look at allowable and unallowable and priorities. Tim will explain the formula.

Tim Wiedrich, EMS Division, this is an operations grant to help support rural EMS services. There is a wide variety of things they can apply for. We cap maximums for some expenses, others would be fully allowable. Training is not requested in this grant. (14:20 - 15:17)

Senator Kilzer Would you be able to give us a status of the total amounts still in the bills for this session, and what has been done in the past?

Senator Mathern: is there duplication in the bill Senator Gary Lee talked about, and this one?

Tim: We don't have a legal way to separate them out. So that level of direct exclusion is not possible, we lack the authority. The other bill is a result of oil impact activity.

Senator Mathern: if we amended this bill to grant authority for that exception that would solve the problem. We would just have to put it into the bill.

Tim: that is my understanding.

Senator Mathern: I did some research, because one of my amendments to add money to EMS, my research indicated that the governor's recommendation was $8.94M and you say $8M.

Arvy: we have a schedule but it doesn't include the 1176 type funding. In EMS we have $940K for training grants, $1.250, 000 then from the insurance tax distribution fund. So the governor recommended for that area was $8,940,000. Then the House dropped $1.1M.

Senator Mathern: another section would have the training money.

Arvy: yes. Continued on page 23, Domestic Violence/Rape Crisis, the governor had approved $500,000 and the House reduced it to $200,000. (20:38 - 23:07)

Senator Kilzer there is another bill to train nurses in the acute phase of this. Is that bill still alive? I know it passed the Senate. I know it does not duplicate this

Arvy it hasn't been to appropriations yet. Next is Women's Way Services on page 24. (23:09 -

Senator Kilzer have we used in the past general funds for women's way?

Arvy: I don't think so.

Senator Kilzer: Dept. of health has done the screening and Human Services has done the treatment.

Arvy: some went to Human services to provide the Medicaid match for the Woman's Way Treatment.

Senator Gary Lee is this one of the optional adjustment requests? He was told yes. Where did it fall?

Arvy: it fell low on the priority list. We go through the process of getting them through, they end up being eligible for the Medicaid program. We have spent time getting them in, and then they get off because of Medicaid. With the uncertainty of ACA as well, we might have done that differently when we put the budget together. She continued, on the operating budget on page 24. So that is a high priority to get that repaired. She continued with federal funding. (30.18), bottom of page 24. The federal funding is significant for the Ebola care system preparedness; we are asking that you add authority for spending. See testimony # 2 - Additional Federal Authority Needed.

Senator Kilzer: on the Ebola, is there a certain period?

Arvy: 5 years on the hospital preparedness, 18 months, and lab capacity 3 years. These are the amounts we need for the biennium. Everything we are doing for Ebola will help us with any health care infections and diseases that come into the facility. The Colorectal cancer grant - funds cannot be used for actual screenings.

Susan Mormann, Cancer Protection and Control: What we had done regarding the follow-up colonoscopies? (That is correct) We had done some pilot screening in the past, I had asked about patients that had polyps or tumors that is what I brought before you. At the end of session last time, there would be 89 eligible or required for a follow up on a colonoscopy. We ask that they contact each of those individuals to make them aware that we have funding available if they were eligible. The 1st and 2nd contact can be a phone call; the 3rd got a registered letter, only to those that had a need for a follow up. At the end of that process, we found we had about 55 individuals that could use the services. Some aged out, they were over age 64. We lost some because they now had insurance, for example if they were part of the Medicaid expansion. Turtle Mountain actually secured the services of a surgeon, they can do them, and they had a substantial number of individuals for follow-up. Our current status is that we had provided funding for a total of 55 current, we have 25 individuals in the process and we have some in the hopper. Out of 89 we had 55 that we actually could do the colonoscopy. One of the things we have noticed is that some insurances don't cover follow up. The way we are structured now, we can't do the other high quality screening tests for colon cancer.

Senator Kilzer: the follow up has to be another colonoscopy?

Arvy: we were really focused on the numbers of colonoscopies. We would like to be able to cover the costs of the Fit tests. Open that up and cover all of those two. Make sure you are aware of that and approving that. The federal grant, that is a 5 year grant we can get, we will be using it with the providers, get them in place to help them do more colon cancer screens. Finally the stroke prevention grant

Senator Kilzer so that's quite broad.

Arvy: a little bit, so $450,000 is for the data base acquisition.

Senator Kilzer is this a renewal?

Arvy this is new.

Tim: this is a progression of activity regarding the creation of standards so we are treating stroke patients. That is to make sure the hospital, the EMS system and the patients themselves are educated about the services provided by the hospitals and the EMS services have appropriate destinations for patients to be transported to. A major portion the collection of the data systems to make sure that we actually have an understanding what is happening to stroke patients and EMS services are knowledgeable where to take stroke patients.

Senator Gary Lee: going back to FTEs, the food and lodging staff were all included in the governor's budget of in the OAR list.

Arvy we had requested 7 on the OAR, the governor approved 5, and the House approved 1.

Senator Kilzer we're not going to have time to get to Senator Mathern's proposed amendments. I want to share with the committee amendment proposed by Senator Holmberg; during the interim he would like a study, Testimony Attached # 3. It relates to UND Forensic Pathology Center because forensic services in ND are large. Counties pay for transporting the bodies, which has been a sore spot for funding in the past, particularly in Grand Forks. There have been individual contracts between Medical School and counties in the east; in the west the state bears the expense of the autopsy, the counties of the transportation. That is what we can be thinking about. I want to go over Senator Mathern amendments next time. We will do that by the end of this week, and then early next week we want to present our amendments before the whole committee. We'll close the hearing on 1004.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/2/2015
Job # 25792

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Katie Oliver for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee Hearing for the Department of Health.

Minutes: **5 Attachments**

Chairman Kilzer called the subcommittee hearing to order on Thursday, April 02, 2015 at 4:00 in the Harvest Room in regards to HB 1004. All subcommittee members were present: Chairman Kilzer, Senator Gary Lee and Senator Mathern. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council was also present.

Senator Mathern: Listing of proposed changes to engrossed version of HB 1004, I have been tracking this from the beginning and tried to share it with people who have asked for information or asked for items. There are 3 major issues in these amendments one is trying to address the impact of oil development, another is salary in the department, basically focusing on targeted salary increases and deleting market salary increases. Third is trying to take advantage of as many federal dollars as possible. Went through each of the three issues one at a time, see attachment #1. I think they I would hope that you would consider these, if you have questions maybe I can answer them. (22:20)

Senator Gary Lee: I applaud your work on this, one area that I have looked at was the environmental section I agree, at least in part, that the oil industry is still going to be here, these people actively taking a role on monitoring, staff needs to be increased from what the House did but I am not sure which category they would fit in the best. I agree with some of the others you put in here. To get us all the way back to the executive budget, that might be a stretch but I think that you have done a concise job. I do have one extra here
See attached # 2 - on site sewage disposal systems.

Senator Mathern I think that is very important, some of the work here that addresses this but Senator Gary Lee is correct, it's just not staff to do it, but we do it consistently around the state. I think a study would help us in that regard. You might want to add the words to get consistency around the state that is where a study would help us.

Senator Gary Lee: The second bullet looks towards uniform standards that we could apply in all situations.

Senator Kilzer: You were talking about items 12 through 23; I would ask either Dave. Glatt or Arvy, to give their input or ideas.

Arvy Smith: Department of Health, we do have some follow up materials that relate to some of these items if you want we can start with the food and lodging items. See attachment # 3 says Senator Kilzer proposed increase. See attachment # 4 Senator Mathern proposed increase.

Senator Mathern: Could I get a further explanation on attachment #4, is that assuming 5 people?

Arvy Smith: The one that the House had funded, we took the remaining four and split that in half. Half general fund and half fees.

Senator Mathern: In attachment #3 is assuming the same number of staff?

Arvy Smith: That all 4 of those additional they are full fees. To pull out of the general fund and make them all special funds, for the entire program to be special funds.

Senator Gary Lee: Just a clarification on attachment #3, on the right side, what's the $2,479,053.

Arvy Smith: That would be the entire program on special funds.

Senator Gary Lee: And attachment #4 would be half special funds half fees?

Arvy Smith: Only of those 4 attritional FTEs we tried to pay attention to what we were asked.

Senator Mathern: Do we have other parts of Department of Health where someone else pays the entire cost like we have in the Public Service Commission I think that in weights and measures the people who use it pay the entire cost. I was wondering if there was anything like that in the Department of Health.

Arvy Smith: I cannot think of a situation like that in the Health Department another area we collect fees is in our lab but there are also general and federal funds so that is not entirely self-sufficient. Previously the fees were established in law, and then they were moved into administrative rule instead. At that time we had proposed entirely funding the program on fees but there wasn't' interest to raise the fees to fully fund it.

Dave Glatt: Section Chief of the Environmental Health Programs, our lab has several functions, primarily it is to support the environmental health programs to have that capacity we have a lot of instruments as a side benefit we are able to provide service to the public if they want to bring samples in.

Senator Gary Lee: Do you try to get to a certain percentage of the cost by fee when the rates have been set?

Arvy Smith: That is a good question, when I think of the two instances that we went to administrative rules committee to increase fees they were both as a result of legislative activity so we had a request in for either a position or a management information system. We have not since the first time, about 10 years ago, is when we have additions to the program.

Senator Gary Lee: The cost of a grocery store inspection for instance, what's that based on?

Arvy Smith: it is based on history and as we had to make increases we would try to evenly spread out the increases based on the amount that is needed. This time, with the audit recommendation we were told to look at the risk level of each, and determine the higher risk would have to be inspected 4 times and the lower risk one time a year. We were going to look at? We didn't have time to get that done.

Senator Kilzer: Do you have any kind of punitive things, say if they fail three inspections and you have to come back repeatedly can you make them pay the full price.

Ken Bullinger: Division of Food and Lodging. Our penalties are set in statute, our enforcement provisions are set in statue generally we do not have the ability to fine establishments but we do issue notices of requirement which our enforcement action, outlining when they need to correct the problems if they fail an inspection and if they are not corrected by a date that we set on the inspection form then we file a complaint with the county state's attorney.

Senator Gary Lee: Did we provide some funding for a program, can I go out on your website look at Bismarck, and this is the history of failure in the past.

Ken Bullinger: Yes, one of the audit recommendations was to include information on our website we do have open records of any inspection they wanted but with the new information management system that was approved it will allow us to build the inspection results on our website.

Senator Mathern: These requests for these positions were made about a year ago. How close are we, if we were to add these 4, in light of what happened since you prepared this budget are we making it comfortable, is it just scratching the needs. Help us decide if this is the right amount, do we have room to take some out, or need to add.

Ken Bullinger: A lot of these FTE requests that were geared towards was the audit recommendation, the last time we requested 7 FTEs to meet the audit recommendation. The governor gave us 7 FTEs to meet the audit recommendation. In the budget recommendation process we did request one additional FTE for increased oil activity but the other 6 work to address the audit recommendation on inspection frequency. We were

required to categorize our establishments by risk and then set an inspection frequency based on federal recommendation on high risk establishments, so that is what drove the position request.

Senator Mathern: What if we gave you an amount of dollars that we want to raise from fees towards these positions but we said we want it risk adjusted. If we actually are going to follow audit recommendations, we ought to do that. We'll give you the 4 FTE, but we want the fees? What kind of timing would that take to accomplish?

Ken Bullinger: We already have worked on that, the number of inspections that are needed and the risk categorization was done to get the numbers that we pushed up through our optional enhancement package through the budgeting process. That is how we came up with the 7 FTEs, all of the facilities are categorized by risk. We could work up another scenario based on risk categories, maybe drop some on of the license fees on the lower side of things and increase on the higher risk.

Senator Kilzer: I would like to talk about the forensic situation with Grand Forks and Bismarck. It looks to me from Senator Holmberg's request and what I got from the House funding of the Grand Forks facility it is still isn't a very solidly long term agreement situation. Can you comment on that?

Arvy Smith: Last session we looked at the number of autopsies to keep our forensic examiner at the recommended level of around 250 a year and then the remainder we would push to UND and we estimated a cost of $2,000 at that time and came up with $640,000 that UND would need to cover. So they have been doing those autopsies this biennium but the final agreement only gave UND $480,000 but they have been doing them anyway. I believe the per autopsy amount that they are receiving is more like $1,300-$1,400 and to our knowledge that is working out quite well other than the recommendation to get them to the $640,000.

Senator Kilzer: Do you have any agreement might be with Minnesota?

Arvy Smith: we don't have that information but we have insisted that those are separate, we do not count those and we do not fund those.

Senator Kilzer: It would be a measuring stick to see if they are short. They can't be happy if they are only getting $1,300 per procedure and in Bismarck they are being allotted $2,000.

Arvy Smith: I don't know if we are at 2000 in Bismarck.

Senator Kilzer: But you are higher in Bismarck than in Grand Forks.

Arvy Smith: Previously, when our forensic examiner was doing 300 per year, took the total cost and divided by that we were under $2,000. Now that he is doing 261 per year, our cost for autopsy raises.

Senator Kilzer when I look at this bill and that section, the House doesn't seem to be very interested. What is their attitude?

Arvy Smith: They were the ones that pushed the issue two years ago. This time they very quickly put it back to the 480 level.

Senator Kilzer: At least they are at the 480 level.

Arvy Smith: I am concerned how long UND will continue at that level I would like to see them get more.

Senator Kilzer: Do you like the amendment the study that Senator Holmberg submitted.

Arvy Smith: We don't' have the details of what the cost of that building was that was built and we do not have the information on what kind of rent they are paying there. The building that we had constructed ten years ago we do have two forensic stations in there and one forensic examiner.

Senator Mathern: One of the issues in Grand Forks is there's a long term lease involved. So it is complicated to unravel that but probably no other way then a study.

Senator Mathern: I have a question for Dave . Glatt items 12 through 23. You gone through the surge with no money and some other bills I think that there were a few places you thought that there was going to be additions of staff and I assumed it never happened, is this your need yet? Has something changed?

Dave . Glatt: That is our need, what we are seeing is that once a well goes in the ground it becomes a compliance point also an issue we have to deal with is hot water brine releases and our concern. We have a back log of 1500 sites; to be sure they have cleaned them up we haven't verified that. This will allow us to point boots on the ground, additionally we are seeing a lot more development, fertilizer plants, those types of things that need permitting. Along with the new EPA regulations so my answer is yes we do need these, not only in the oil patch, but with the growth in North Dakota.

Senator Kilzer: You mentioned 1,500 cases what is the time interval from the time they put in the request and the time that you are able to appear and do the inspection.

Dave . Glatt: We get about 5 or 7 reports a day of various bills and we triage those initially to the ones that we really need to get out there. There are other ones that the company says they will get them cleaned up and we will take time to get out there to verify that they did that.

Senator Kilzer: What is the longest time from a request until you are able to get there?

Dave . Glatt: One some of them we are pushing a year that we have not gotten back out there, they sent us information that they moved soil. We like to verify that what they did was

adequate and that they put the site back as close as the original conditions. I will tell you we do have people out there 5 days or 7 days a week following up on this.

Senator Gary Lee: In terms of FTEs you ask for is that sort of a priority. Is that a higher priority?

Dave . Glatt: I wouldn't say it's a higher priority, priority over air quality, water quality, land quality, waste management they are all high priority to us and need to address them the best we can. The House set those priorities; they gave us what we need. 14 is what we needed if we get something less than 14 I would like to have flexibility on how to utilize those FTEs to address the priorities we have out in the field.

Senator Gary Lee: If we gave you a pool of dollars, and then you fill in the blank with the staff you need?

Dave . Glatt: FTE without a designation like air quality if that makes sense.

Senator Gary Lee: So even though they gave you the 3 air quality if we included whatever the number of additional FTEs were you have can you prioritize the dollars.

Dave . Glatt: There is a mix of general funds, special funds and federal funds we would try to keep that mix. If we got less than the 14 requested we would have to sit down and take a look at what things we don't do in a timely manner and what is the most important. When a spill occurs that is the most important, when an air quality event happened that is the most important.

Senator Gary Lee: Where are you the furthest behind?

Dave . Glatt: Getting boots on the ground making sure the cleanup is done; another area is air quality where we have gone exponentially the number of compliance points that are happening out in the field. For the first time that I have ever been with the department there could be non-attainment which would be catastrophic for North Dakota. In a realistic standpoint, you can only do so much with what you have. The more flexibility that I have to use the tools that are at my disposal to distribute out into the filed as appreciated. By no stretch of the imagination do I feel we are covering it adequately.

Senator Mathern: Within this budget how free are you to move dollars from positions? I know in the Department of Human Services there is a certain amount of latitude, is there the same latitude in your department?

Arvy Smith: Our major boundaries are what is in the bill the line items and the general funding and if there are any items specifically mentioned in the bill then we need to follow that as well.

Senator Mathern: Let's look at lines 12 through 23, if that was passed would your section chief be able to change?

Arvy Smith: So our restriction there would be the line items because some of those items are in the operating line so if we wanted more to happen in salaries, we would need that authority up to the salaries line item. If we have authority in another section we are free to move that over there. If we had extra authority in another section we are free to move that over there, we have those freedoms but there is also another concern that we work with is federal grants. Just about every federal grant we get is for a specialized purpose and we can't shift that around well we must comply with what we got the federal funding for.

Senator Mathern: Items 12 through 21.

Arvy Smith: We would have the freedom to move those.

Senator Mathern: If we would move those, Dave . Glatt could move those.

Arvy Smith: The two real vital concerns that cut in our base budget that are not on any of the proposed amendments, one is the $400,000 cut to our operating, the House had cut $300,000 general fund in operating costs and also missed funding source change that was both in the governor's budget and that would cut into our base funding. Another item is the community health trust fund. See attachment # 5.

Senator Kilzer: In the executive budget this was general funds.

Arvy Smith: $500,000 in general fund for Women's Way and they switched it into the community health trust fund. So they cut the $500,000 down to $414,000, and took the $414,000 out of the community health trust fund.

Senator Mathern: I know at one point in the House they had a tobacco tax bill part of which they thought that they would put into the community health trust fund and I was thinking that there might be more dollars there than they actually are. What would they do if they bankrupt it? They must have known this too.

Arvy Smith: Our behavioral risk factor surveillance tool got cut, that was federally funded. It was a huge priority to us so we used community health trust fund for that. I do not know what their intent was or if they forgot about that but they had both of those coming out of there.

Senator Mathern: So what is the consequence? What would you do as a department?

Arvy Smith: We would prioritize internally and do an allocation.

Senator Mathern: What is the dollar amount you need to make the community health trust fund 0.

Arvy Smith: That $418,000 negative balance would fix it. Basically if you move the Women's Way out of there and back to general fund we could make that work. We really need for a forensic x-ray and the immunization because of the efficiencies it provides to

local public health and education, it saves them a lot of time and hours, making it easier to get more kids vaccinated.

Senator Mathern: Why didn't any of those people no one has ever mentioned that.

Arvy Smith: The local public health units did address the immunization module in their testimony; I think that it was Robin.

Senator Gary Lee: The digital x-ray that's the $44,000. Would that be new?

Arvy Smith: Yes and yes.

Senator Kilzer: We will meet on Monday at 3:00p.m. but are in recess until then.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/6/2015
Job # 25838

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature MDuvck for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for the Department of Health

Minutes: Attachments # 1 - 3

Chairman Kilzer called the subcommittee hearing to order on Monday, April 06, 2015 at 3:00 pm in the Harvest Room in regards to HB 1004. All subcommittee members were present: Chairman Kilzer, Senator Gary Lee and Senator Mathern. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council, were also present. We were able to go over some of the items that Senator Mathern had presented to the subcommittee. I would like to hear from Arvy Smith regarding the Community Health Trust Fund. Maybe explain it for us.

Arvy Smith, Director of Dept of Health, which 4 items that were of the most concern?
Senator Kilzer You mentioned last time your first one was $400,000 cut to the operating base and can you kind of take it from there.
Arvy Smith So with the operating two things happen. **Senator Kilzer** With the $400,000 cut now.
Arvy Smith with the $400,000 operating cut of general funds. So the one thing that happened the House had gone through all of our operating expenses in detail and looking at the history and stuff. I think they questioned some areas in travel, and a couple other of the operating expenses that they thought looked a little high compared to actual expenditures to date. So they removed $300,000 from operating. I wouldn't be as concerned they took it off in General Fund and most of the items they identified were Federal funding areas. So, that concerns me that that entire $300,000 came out of General Funds in our operating line.

Senator Kilzer So you have a $400,000 line item and they took out $300,000 of it?
Arvy Smith No, the full line item is operating line is**. Senator Kilzer** What is the difference between the $400,000 and the $300,000? **Arvy Smith** The other part of the $400,000 was $91,999, a funding source which that we had fixed in the Governor's recommendation and since the House approached it starting with the base budget an adding, they missed that funding source change. Had they started from the Governor's office and backed off, we likely would've had that funding source change would've stayed in place. But it didn't and so

that shorts us another basically $92,000. So, it is actually this $300,000 and $91,999, so it is really $392,000 or $391,999.

Senator Kilzer I guess I am still not getting it, the $91,000 is the General Funds and so is the $300,000 though?

Arvy Smith Yes, so to fix it all we need $392,000. The $92,000 is related to a funding source change that we had made and the Governor had approved, and then it kind of got inadvertently missed in the House. To my knowledge I don't know that they intentionally didn't support that, but one way or another, that funding source change didn't stay in place and it was a shift from special funding to general fund, the Governor had approved, somehow that didn't stay in place, and so we lost that $92,000 as well as the $300,000 they intentionally cut from operating.

Senator Gary Lee So the $300,000 that you're talking about is federal funds that they reduced your budget by?

Arvy Smith No,they cut General Funds from our operating budget. **Senator Gary Lee** So, the $300,000 is general fund? **Arvy Smith** They cut out and they were analyzing operating expenses and where they thought they saw overages we had federal funded.

Senator Gary Lee I am just trying to get at where the $300,000 is that is just general fund dollars that they took out of your budget. Not necessarily where they are but $300,000.
Arvy Smith Yes they took out the $300,000.
Senator Gary Lee Then the $92,000 are special funds or general funds?
Arvy Smith The $92,000 are general funds as well.
Senator Gary Lee They had been shifted from Special funds? So it is $392,000 of General Fund dollars that they took out.
Arvy Smith Yes

Senator Kilzer That was your first item, any other comments about that first item? This is what you told us at the end of the last meeting or near the end of the last meeting.

Senator Kilzer The second item was in relation to the Community Health Trust Fund. Things like Women's Way, and other programs that receive funds from that.

Arvy Smith Yes, so if you've got. We handed out the Community Health Trust Fund schedules, financial statement. That shows the fund at a negative $418,000 balance. When we had put the budget together because our behavioral risk factor survey, which is a highly important program to us, it provides us the data that we use to get other federal grants when we have to state what is our percentage of obesity; what is our smoking rates; what's our diabetes rates, whatever. All those different things come from that behavioral risk factor survey and the federal government reduced that and we were greatly concerned about that so we chose to use funding out of the Community Health Trust Fund to pay for that. Then we reduced what was used for Women's Way so that the fund was still in balance. We did then go ahead and request that the Women's Way funding be restored with General Fund into our budget and the Governor approved that and the House switched the Women's Way funding back to Community Health Trust Fund putting the fund out of balance. Now I've

heard second and third hand that they had impended to take out the BRFSS but that was never talked about, so I don't know what their intent was there. But they didn't, they left the BRFSS funded by the Community Health Trust Fund and the Women's Way and that's what threw this thing into a negative.

Senator Kilzer Are you coming up against limits in the community health trust fund as I recall there is a limit that a certain percentage has to go against smoking, and only if a small percentage can go to other public health requests.

Arvy Smith It's not only the limit. We only get 20% of the 10% that tobacco gets and comes into this fund and 80% of that must be used for tobacco. Our bigger problem is there is not enough revenue coming in to the fund to cover all the expenses that were budgeted. There just isn't enough money where this sits right now. So either something's got to change with something or we won't be able to fund all those items coming out of Community Health Trust Fund.

Senator Kilzer If the Women's Way was put back into General Funding, would the Community Health Trust Fund be in the black?
Arvy Smith Yes, it would be good.

Senator Kilzer So, that is one alternative. Do committee members see any other way out or do you see any other way out? **Arvry Smith** I think that is the best solution.

Senator Kilzer What is the not so best solution? Leave it as it is in the red and take it to conference committee that way? **Arvy Smith** It would decrease Women's Way or BRFSS. That is the bad way. Both of those were approved by the Governor, both of them are highly important. At the time we put the budget together we valued BRFSS much higher than Women's Way, but because of the way some things have played out Women's Way came back to a higher proportion. The Governor saw that and funded it, we would like both of those funded.

Senator Kilzer Any other comments about the second request that you gave us concerning the Community Health Trust Fund? How much is the BRFSS altogether, the funding for the biennium for that?

Arvy Smith So, for a few years now we've been receiving about $400,000 a year for BRFSS. We anticipate maybe a total of $250,000 this year. And so that is being cut.

Senator Kilzer And that is all federal funds. **Arvy Smith** Yes
Senator Kilzer The Women's Way I know and this is just for the screening part of it that you're talking about right?

Arvy Smith Yes. **Senator Kilzer** Because of the treatment.
Arvy Smith The screening and the navigation. **Senator Kilzer** The treatment is in Human Services most of it. Okay. What is the screening and navigation part of Women's Way?
Arvy Smith The part that we are short is like the House we had requested $500,000 and the House reduced it to $414,000 that is what we're short based on the House budget. That is what we are short in General Funds.

Senator Kilzer How much are the Federal Funds? **Arvy Smith** From BRFSS? **Senator Kilzer** No from Women's Way in general? **Arvy Smith** So Women's Way is $1.9 million federal funds per year. Senator Kilzer That is just the screening and navigation part of it.
Arvy Smith So, the state funds help us with match for that program as well, as does the local spending. Local public health spends a fair amount on Women's Way as well and those match.

Senator Kilzer Your third item was $44,000 for forensics x-ray machine. Avry Smith Yes. So that one is for the x-ray machine.

Kirby Krueger, (Section Chief over the Forensic Examiner shop) Medical Services Center with Health Department. The x-ray machine we have is the original machine that was purchased when the forensic examiner's office was established about 10-12 years ago. So the concerns that we have with the x-ray machine is 1) the forensic examiner is telling me that the corners of the images are starting to cloud in those x-rays and that is increasing 2) parts are hard to get for the machine. Their concern that repairs may not be possible if it does malfunction. This is a needed machine and it's important for our forensics examinations.

Senator Kilzer Is this just an ordinary x-ray machine or does it do tomograms and stuff?
Kirby Kreuger You've just gone beyond my expertise on that. From my understanding just normal rentagons.
Senator Kilzer An AP lateral, or median oblique. Your new x-ray machine wouldn't cut corners?
Kirby Kreuger I hope it does not cut corners.
Senator Kilzer It wouldn't give you the details either.
Kirby Kreuger It would be a standard x-ray machine. That is all I could say about it.
Senator Kilzer Does your medical examiner need to get special studies like MRI's or?
Kirby Kreuger Very seldom. Since I've been with the section, he has not needed to do the specialized imaging. He has been able to get, or do, most they looking for very obvious things, fractures, bullet fragments, shot gun shot.
Senator Kilzer I am very much aware that for most details to that extent, the ammunition and gun powder and all these other things show up very well on even poorly done x-rays actually. But, when I hear that there is an 11% incidence of previously undiagnosed tumors in the population that comes to the forensics examiner, maybe that percentage would even be higher with a better defined image to look at. So, but $44,000 is his request and your request. What did the House do with that?
Kirby Kreuger It was cut. They removed it. **Senator Kilzer** With what comments next time or use somebody else's machine or what?
Arvy Smith There weren't comments in it and actually they started with the base budget and added in and they just did not add that item. So there was no discussion as to why they did not add that item. Not in committee.

Senator Kilzer The last one is about the $179,000 for the immunization model. I know that I have heard the history of the immunization thing for a few sessions, but it doesn't seem to stick in my brain very well each time and I don't expect you to go through all the details of the funding source changes that have occurred over the past 8-10 years but I know it used to be fully a federal program for providing the vaccines which it is not anymore.

Arvy Smith That is true. So the module that I have Molly Hull here is you want any additional information, but the module is to help local public and schools access and use the information related to the children's immunization status. Right now it's difficult and time consuming and this module will make it way easier for them to find those records and use them and provide them to parents, use them in monitoring immunization status. So for it is a one- time expenditure of $179,000 we will save many, many hours over the years for these folks. Hopefully easier use will increase immunization rates as well.

Senator Kilzer If this is a one-time expenditure wouldn't there be the actual vaccine costs in coming by bienna?

Arvy Smith If it were to increase immunizations there would be potentially, but those would be accounted for in our whole vaccination scenario. A significant portion comes from the Federal government, the vaccines for children for any Medicaid, uninsured, underinsured, or Native American or Alaskan. They are all covered by Vaccines for Children as many as we have and then the rest are insured. So you're either insured or on VFC vaccine. But the state has chosen to provide general funding to local public health to vaccinate any children that show up at local public health. So it could affect that general fund number as well.

Senator Kilzer Now the $179,000 how much would it be the following biennium if this is a one-time expenditure but there still would be additional expenses for the kids that don't qualify under these programs?

Arvy Smith Well the $179,000 is an IT project and so when that they can access the records, so there is no immunizations within this $179,000, that is just the IT project to access the records. When that IT project is done, we won't have that $179,000 cost anymore.

Senator Kilzer So there theoretically won't be any cost, either the kids will be under some type of program, or else they will have insurance.

Arvy Smith right. **Senator Kilzer** And insurance does cover. **Arvy Smith** Yes.

Senator Kilzer That answers my question now we can proceed with Senator Gary Lee.
Senator Gary Lee My list is just as point of trying to narrow the focus if you will and Senator Mathern did a great job last week of putting a lot of things together and outlining those needs as he saw them and things that were taken out by the House. My list tried to add back things that the House took away as well. The environmental health FTE area the Executive Budget had 14 FTE's and the House kept 6 of those, and I am suggesting that we keep 10 of those for 14. We did add one additional FTE that the House didn't put back into the Municipal Facilities area so there would be two FTE's there, Waste Management add an additional FTE or two FTE's more so there would be 3FTE's and an additional FTE in Water Quality where there would be 3 FTE's funded for a total of 10. In a lot of budget we've heard through the Appropriations section this part of the Health Department has an increased focus in what's happening in particularly in the oil industry with the pipelines and the water issues, waste water and all those things. So, I do think we need to improve on what the House did in terms of adding some of those FTE's back. The other thing is easy for us to take care of the Health Insurance costs add that but it would be a decrease in

insurance premium cost I believe. Also include the target equity that $1.5 Million dollars that in that budget for targeted equity. Accept that grant from Tobacco Control people of $500,000, restore the EMS grants for $1.6 Million and I think that is an area as well that we have some significant issues with around the state in terms of the volunteers in particular.

Senator Kilzer Is there some way that we can have an up to date EMS total funding because it seems like that is always funded in numerous other bills and particularly in the other chamber and put on to as an amendment to well like 1176 which we just passed a bit ago. I don't know if it's your responsibility like it will be to do the air ambulance scheduling which I was amazed but the EMS total appropriation is in different bills isn't it?

Arvy Smith We do have a schedule for you that we had prepared earlier. Testimony attached #2. History of Emergency Medical Services Funding

Senator Gary Lee It is a good one to determine here. I know there is some that is designated oil country, some non-oil and I hope they do have something that helps us with it.

Arvy Smith This shows the various sources in uses of our EMS funding in the department. With the exception when we did this schedule late last week, we didn't know what would happen with 1176 and so we just flagged it that we are waiting to see what happens. We had heard there was going to be $6Million dollars for EMS in 1176, I don't know if that happened today.

Senator Kilzer Yes it did. **Senator Mathern** Yes that passed 1176 today with $6 Million dollars in it, and I think that would give us some room here in terms of item # 5 Senator Lee and I would suggest some amendment to that effect but I would like to see the full list here.

Senator Kilzer Arvy ,can you point out on this handout where that is? **Arvy Smith** So the $6 Million is not in this schedule yet because we did not know if it was going to happen yet. It is # 3 it's in the last column. We've got it asterisk note #3 just stating that there's potential or discussion about funding in 1176 but we didn't, the amendments hadn't been made yet to go there so.

Senator Gary Lee You are saying the EMS total would be $8.9 Million plus the $6 Million? **Avry** said yes.

Senator Gary Lee I have a couple of other items here that I just mentioned. I think we should restore the forensic x-ray dollars as well at $44,000 the equipment sounds like it is in failing mode and I think that should be replaced; and I think we need to restore that $414,00 back to the Community Health Trust Fund however that works best to restore that amount of money so that there not in the red; and also consider the Food Service Criteria ~~based fee increase seems reasonable there and then include an additional FTE or two that~~ would support the work that is needed to be done in that area. That is my list.

Senator Kilzer I appreciate that and it might be items that you've listed for purposes of amendment to Legislative Council. We should put together a little bit more detail probably.

Senator Mathern As a working document, after our last meeting I updated the list with the items that the department brought forward. I would like to pass that out and go through the list with Senator Gary Lee's comments on that bigger list. It appears that we would have a number of items in common and so we could take those off the table and work off the rest, if you would be open to that, I would hand that out. **Senator Mathern** attached # 3 Listing of proposed changes to engrossed version.

Senator Kilzer Yes I am open to that.

Avry Smith While you're handing that out, can I make a clarification on this schedule this EMS schedule. In the last column the $8 million is at the Governors executive level not the House level. **Senator Kilzer** The $8.94. **Avery Smith** Yes. That is at the Governors' level not the House level. I just want to make sure you catch that.

Senator Mathern Senator Lee's item # 1 refers to items #12-23 in the second page. His amendments wouldn't fund all of these FTE's, but they do fund some of them? And they are silent on the related expenses that relate to that work. So, I would suggest we take Senator Lee's # 1 item and just clarify on this list which of those positions and if he agrees on them and I agree on them and they are on both lists we just circle that as being part of being part of the final amendment. So Senator Lee essentially what my amendments suggest is 8 in additional to the House which brings it up to the 14. You're suggesting that we bring the total up to 10 which means we would have to take 4 off of here. I am wondering if you could identify which ones on lines 12-16 you approve of.

Senator Gary Lee I'll just start with # 12, I didn't include in the list. That one was left out. That would be the lab chemist. There's two of the municipal facilities people why are we going through these what I was looking for was the FTE's in those particular categories and maybe Mr. Glatt, if he was interested in helping us prioritize in those groups maybe a better choice than me deciding or we deciding which of those is deemed really more important to you if we want to do it that way.

Senator Mathern So if we went to list of 10 persons versus 14 we would ask Mr. Glatt.
Senator Gary Lee I would be open to that method as opposed to me determining which ones most important to him.
Senator Mathern It has to be between 12 through 16. In items 12-16 which ones would you suggest to get us up to 10?

Dave Glatt Section Chief for the Health Department, for the Environmental Health section. You're asking me to prioritize. To get it clear in my mind, right now when we're talking 10, we're looking at overall 3 in air quality, we would end up in 3 in waste management, we would end up with 2 in municipal facilities, 2 in water quality. If I was going to, obviously 14 is the preferred but I also know the realities of life and but if I had to prioritize that I would probably move one out of municipal facilities and move that into water quality for the 3. Just because that there is so much going on with spill response and we would dedicate those individuals to do spill response. There is a lot going on out there.

Senator Gary Lee So 3 water quality; 1 municipal facility.

Dave Glatt There is still a lot going on in municipal facilities there has been a little bit of a down turn with the oil prices going down. There is not as many water systems were being built. Not to say that we still don't have a lot of issues there, but if I had to prioritize that would probably be what I would do. Still a lot of activity in waste management with the t-norm and the new facilities coming on line and then air quality is our major, major issue coming up in the near future.

Senator Mathern As were talking in addition to the House, just a different way of describing this, of these 8 positions listed here, there are 4 that would remain and we would only have 4 of these 8. So,12 would turn into zero, correct. 13 would be how many?

Dave Glatt I believe that would be I would have to look, what did we have under the House? Avry 14

Senator Mathern 13 is the data processing coordinator. **Dave Glatt** Yes we would probably skip that one. So that would be zero as well.

Senator Mathern #14, we would keep that. #15 you've got three left. **Dave Glatt** We would do.

Senator Mathern Between #15 and #16 you would have 3 spots. **Dave Glatt** We would probably put one in waste and 2 in water quality.

Senator Mathern Maybe you could stay there and the items #17-23, are items to support the work of environmental health section. Senator Lee didn't address those items but I am wondering and I presume your open to some of those items, Senator Lee but they would be reduced based on reduced staff and reduced tools they would need. Does that seem where you are at Senator Lee that item #17-23 which all support that staff you would be open to some of those things but maybe a different amount, would that be accurate?

Senator Gary Lee These have to do with the #18 health insurance changes, #17 is the targeted increase that I think we are supporting. If those other salary issues are related to the # 20 is the temporary salaries. Where there is a relationship to the targeted equity piece, we need to do that. I am not sure if that's what their saying here or not. If we would give them that discretion in that million and a half, I think they would figure that out.

Senator Kilzer On #17 you have a figure of $38,579. What is the base and then your adding this amount and what is your calculation?

Senator Mathern Actually all of #17-23 related to keeping the environmental health section at the operating level recommended by the Governor. Sheila helped prepare these amendments for me and could probably help better describe that.

Sheila M. Sandness The line #17 is the performance increases that is the 3 and a 3; because when those FTE's were put in they were put in at the base salary and then the 3 and 3 calculated so when those FTE's were not added by the House we reduced the performance increase by the performance increase related to the those new FTE's that

were not included in the budget as it came over from the House. So if you include them then this would be the 3 and 3 that would go with those positions.

Senator Kilzer with the 8 or 10 above. **Sheila Sandness** correct with those positions that are above. I have a per position breakdown of that $38,000 so I could identify the 3 and a 3, that goes with each one of those positions and just include that portion of it that relates to the positions your adding back if that what the committee desires.

Senator Gary Lee I think it is just the additional dollars that would go with the FTE's we added and you know which ones are which. The next ones would be the insurance that goes along with those FTE's I am assuming.

Sheila Sandness Correct, the increase. **Senator Mathern** So both of those items would be reduced but would be there somewhat in light of the positions that were keeping in.

Senator Kilzer The health insurance is the regular health insurance with the $31.30 monthly reduced which is for everybody.

Sheila Sandness Legislative Council Correct. The amount of the $28,520 is just the new increase multiplied by that number of employees. And so I would just pro grata include a dollar amount related to those 4 employees that you're adding in.

Senator Mathern I would suggest we look at the big dollar amount #22. Mr. Glatt if we reduce so that items #12-16 were only 4 staff versus 8, and they were the 4 as you outlined, how would that change item #22 or would it not?

Avry Smith It looks like the operating relating to those 8 positions is within that $2 Million dollars and as well as the IT project is in there, so the largest portion of that piece is the IT project, but the operating for whichever positions you add is in there so I think however Legislative Council did that they will be able to pick out the operating related to the positions that you fund versus those that you don't fund. But that is all wrapped up in that number.

Senator Kilzer So that would change.

Senator Mathern I would suggest as a subcommittee we decide how many staff we will authorize. I am suggesting 8 that we increase. Senator Lee is suggesting 4, that we make that decision as a subcommittee and then we ask the department to come back with Legislative Council with new numbers for items #17-23, so that the new numbers reflect the staff that we are authorizing.

Senator Kilzer I would concur with Senators Lee's 10 of the 14, that he has researched and I would calculate that.

Senator Mathern Would you be fine then with the department and Legislative Council then coming back with based on 10 overall that they redo #17-23?

Senator Gary Lee They would have to do that anyway.

Sheila M. Sandness Legislative Council The $3.9 Million also includes some other items and oil field IT project; that you may or may not choose to include, there was also. They provided a schedule and I don't know if they have of it, but there was also an IT project that is included in here so I am wondering if that needs to be included or if I should just include just the operating relating to those, because this $3.9 million includes more than just operating. It includes an IT project that was not funded.

Senator Kilzer I am just thinking of the personnel and the cost for them but if there is other projects that we need to hear about I suppose we should hear about them, but I am not interested in expanding IT projects.

Senator Mathern I am wondering if Mr. Glatt could tell us if we did in fact authorize only ten persons, does the IT project become impossible to do or maybe even more important to do.

Dave Glatt The IT project they are independent. We can get the FTE's and it would not impact the IT end of it. That the IT project was going to do was to start moving down path to make the data more accessible to the public. Make it in electronic format so that we can have more accessible to the staff and it was going to start moving down that path. It is one of those things that I think we need to look at but if I had to choose between staff or IT I would go with staff.

Senator Kilzer Any idea of how much that might reduce the $3.9 Million?
Dave Glatt We also have $270,000 for legal fees in there as well. That is something that I would encourage you to take a look just due to the increased amount of enforcement activities that we have gone up exponentially plus also the legal issues we have with EPA.

Senator Gary Lee I would suggest that a big important number to consider as that is the legal fees.

Senator Kilzer So we will put in the legal fees, part of it. Is there a co-ordination with the Attorney General's office?

Dave Glatt yes there is. They have a signed an attorney to our shop and they are an Attorney General's employee but they work on environmental issues.

Senator Mathern It appears then that we have kind of come to some agreement on item #12-23. Then the next item on Senator Lee's list is update health insurance costs that is #2 on this list. That is certainly we agree on that it appears. The other thing that Senator Lee has on his list is including the targeted equity that is #1 on this list.

Senator Kilzer Are there any questions about that Sheila?
Sheila Sandness No, the items #1 and #2 are in agreement, so.

Senator Mathern Then his fourth item is # 6 on this list, and I agree with that too. The 5th item I think we should change that some. Senator Gary Lee you were adding the additional dollars though I am open to that, in light of the fact that we passed 1176, I think we could do this by adopting footnote #2 on the 3rd page which essentially would not add the additional

dollars by appropriation but move some of the dollars that would've gone out to the West to the rest of the state because we have now by 1176 put dollars in to the West. So, I would suggest that we just add legislative intent language that at least 95% would go to non-oil, non-impact grant funding, which then would get to the $1.6 that you're talking about and probably more. But if you want to put it in cash I think that would be fine.

Senator Gary Lee you're suggesting 95% of the $7.8 comes out to $6.5 or something like that?

Senator Mathern The way I would look at it right now, we've got $6 in oil impact and we would have the $7.8, so we would have almost $14 Million for medical services grant distribution.

Senator Gary Lee How much is in the 1176?
Senator Mathern $6 million
Senator Gary Lee was there other oil related EMS money?
Senator Mathern No.
Senator Gary Lee So they are at $6 million and then 95% of the $7.8 Million what does that come up to Sheila?

Sheila Sandness It is $7,448,000.
Senator Gary Lee What is that 95%, come from Senator Mathern?

Senator Mathern I am just suggesting that we have two chunks of money for EMS. So that one chunk that was going to go state-wide for use 95% wise in the non-oil producing counties. So where does it come from. It is just choosing a percent. It is saying most of that money that we thought we were going to state-wide, let's spend most of it in the non-oil counties instead. So it frees up many more dollars for the non-oil counties because just this morning we funded the oil counties by $6 Million.

Senator Gary Lee What I was looking at was the line item that has funding for EMS grants for $1.6 in the Executive budget, the House funded that $500 and I was putting it back to $1.6 so that would put $1.1 additional from what the House did. That is what I was looking to do. You're just saying.

Senator Mathern I am just saying with this 95% it will be at least that amount. It is just a different way of getting it there.

Senator Gary Lee But 95% of that number would be 7 something.

Senator Mathern For just the non-oil counties, which is more than they would've gotten under the executive budget.

Senator Kilzer I am in favor of going back to the Executive Budget level and I am sure that this will be an item for discussion.

Senator Gary Lee I think it is a better place to start the $1.6 at least we know where it came from and then we have a reference there, so that is we put the $1.1 back in then the total would be the $1.6 grants that the Executive Budget had indicated.

Senator Kilzer So Sheila could you word it that way. Restoring it back to the $1.6.

Sheila Sandness Do you want to increase the funding for rural EMS by the $1.1 Million to provide the total of $8.94 million and then did you still want to include the section related to the 95% or was that not to be included?

Senator Kilzer No.

Senator Mathern I am fine with that #5 to do it in that manner that we just looking for a way of saving some dollars. But I think that is fine. # 6 is the same as # 32 on this list; I suggest that we make it a one-time funding, so that is in the list; fine with that and then Senator Gary Lee list # 6, is restoring the x-ray to $44,000 so that stays in I agree with that, that would be #32 on this list, then Senator Lee also offers the $414,000 putting back into Community Health Trust Fund and that is number #28 on this list. I certainly agree with that.

Senator Kilzer that is general funds correct to go into that.

Sheila Sandness, Legislative Council. Yes the Women's Way would be the $414,000. You would be reducing special funds and increasing general funds. So as a matter of fact it would be zero, but it would be a funding source change.

Senator Kilzer There wouldn't be any red ink. Sheila Sandness replied no, it would be minimal like $10,000 I think it would be in the estimate.

Senator Kilzer Avry would you sleep a little bit better for a while.
Senator Mathern Then Senator Lee's item #6, this list suggests that we would put 4 folks back, and Senator Lee's list #8, suggests one to two, and what I had suggested is that we add 4 and make $300,000 of that $400,000 come from a fee increase. It appears that you would prefer one to two, maybe we should just make that decision now. Then we should choose our fee structure.

Senator Gary Lee I thought you said you might be working on a fee schedule or is that the one that you gave us before?

Senator Mathern What I suggested and it's under the last page item #1, in the notes, so its page 3, under other proposed changes Item #1. It would direct the department to change the fees to a risk basis that was recommended by the audit recommendation, and they would need to change the fees to raise $300,000. I would suggest if we have the 4 and we do the $300,000 but if we have a smaller amount we reduce that fee amount by that amount. I would agree with you that we should increase the fees and I think that's something we both agree on, but it is a matter of amounts, so I would suggest that the three of us decide how many FTE's and then we set how much we're going to do in fees.

Senator Kilzer I appreciate the two pages of the Kilzer proposed increase, funding the whole $2.4 Million dollars by increasing the fees; quite a bit by 300% in some cases. The Mathern proposed increase would raise it by $1.3 million dollars. I guess what I would like to do is to add two FTE's of the 1-2 that Senator Lee talked about and I don't know how much we should increase the amount or which fees should be increased, should you have a $100 minimum fee, or not? It looks to me like some of them are $50.00 now, that's pretty low to visit a place and do an inspection and only charge that amount. Even though you only have to spend 10 minutes there, so.

Senator Mathern I would suspect we should make one other decision as to do we want risk based or not? I think we should make it risk based in light of the fact that it was an audit recommendation, if we were to agree on that.

Senator Kilzer I think it might look a little bit better I think the auditor said you should have 7 additional FTE's, which we are not granting, but I think a risk based fee schedule is okay with me.

Senator Gary Lee I would agree. I was getting too with the criteria based I guess.
Senator Mathern In light of the fact that you're talking about two additional staff, and I was talking about $300,000 for risk based at 4, I would suggest we increase we direct the department to increase the fees by $150,000 and make it risk based and we have two staff persons.

Senator Gary Lee I would support that in terms to see what that looks like in terms of the overall adjustments.

Senator Kilzer I would support that too. $150,000 might be a little low, in this whole budget, because that is the less than a 10% increase but there is always two years from now again so. It takes a little getting used to because it will be a new philosophy.

Senator Kilzer Any other items for discussion?
Senator Mathern I guess I would just like to go through the other items on the list then at our next meeting but I think we've made a lot of progress.

Sheila Sandness Legislative Council Not so far. Just a quick question though, the legislative intent then would remain that section that we have on the last page. We would just adjust the amount to $150,000 and keep it risk base.

Senator Kilzer Yes. Sheila Sandness So for the next time, what would you like me to prepare? Would you like me to prepare something different or do you do want to just continue to work off of this copy?

Senator Kilzer I would like to continue to work off this copy. We do have a couple of another amendments to be considered to be put in. One was a Senator Holmberg amendment regarding the morgue in Grand Forks and then there was another one too for a study. That should do it. We will meet again tomorrow.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/7/2015
JOB # 25887

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Katie Olives for Alice Detzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for Department of Health

Minutes: Attachment # 1 - 2

Chairman Kilzer called the subcommittee hearing to order on Tuesday, April 07, 2015 at 4:00 pm in the Senate Conference Room. All subcommittee members were present: Chairman Kilzer, Senator Gary Lee and Senator Mathern. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council was also present. Two sessions ago we had Senator Mathern present his information and last time we had Senator Gary Lee give us his inclusions in the Senate version.

Senator Mathern: Here is another version of the list highlighted some items that I would like to get some feedback on and some support. Testimony Attached # 1 - Listing of Proposed Changes to Engrossed version.

Senator Kilzer: Last time we agreed on 7 of those Senator Gary Lee talked about.

Senator Mathern: I did not highlight those. # 3, suicide prevention grants. So the $350,000 is bringing it to the level that the governor proposed and it continues the program that we started.

Senator Kilzer: We can no longer aim to be at the executive budget level, that budget was made 6 to 9 months ago; the Moody Forecast on March 18th plays a role here. The health department and the state of North Dakota does not have the funds for the upcoming biennium, this is also affected by the community health trust fund which has restrictions upon it going back to measure 3. My significant priory on the community health trust fund is to get it out of the red. When you talk about the executive recommendation to me that is history.

Senator Gary Lee: Is there other dollars in addition to this that would deal with this?

Senator Mathern: There are other dollars, but they are more related to the treatment aspect of suicide and mental illness this is more related to the promotion of suicide prevention

activities so that is an attempt to get on the front end of the issue and try to prevent some of that. I'll move on unless that is something you want to put dollars in. # 4 - dental loan repayment program that addresses making loan dollars available to dentists willing to practice in low served areas, that is $60,000. I did some more research on #5 and it is also connected, there is a pool of dollars in the department of health to increase the amount of dental professionals in this broader range the Schulte report of the past biennium, other feedback to the department was that they need to put more resources into loan programs for mental health professionals and not just into the traditional professionals. That is where #5 comes from is adding those practitioners. I would encourage us, to combine that and offer the department some dollars there, combining those as $555,000 if we would put $400,000 in those two.

Senator Kilzer: And this would be a new program?

Senator Mathern: The adding of the behavioral health loan payment program would be a new effort the whole loan program is not new but adding mental health professionals is a new activity.

Senator Kilzer: We had the dental loan program for a long time, is that maxed out currently?

Brenda Weisz: Department of Health. We are currently filling all three spots as it is currently contained in statue. We generally received more applications than we have spots for, as many as 8.

Senator Mathern: I am wondering if you would be interested between those two putting in a dollar amount, say $400,000.

Senator Gary Lee: The $60,000 would get us back to what the executive budget would be, for example on the loan repayment on the dental, that isn't funded at all.

Senator Mathern: Those positions were not funded before. But it is to address an urgent need in the health spectrum. # 7 - funding the sexual assault nurse program. We have a senate bill originally started out at $500,000, now it is down to $200,000, this addition $200,000 would bring it up to the $400,000 if the Senate bill passes. It would be used for grants to hospitals, community agencies, and train expert nurses to examine people who have been sexually assaulted. The next one is #8 - funding for domestic violence and rape crisis grants, this is the money that goes directly to the rape crisis and domestic violence shelters in communities. The $300,000 would make the executive recommendation whole.

Senator Gary Lee: That one has general funds and special funds. Where are those special funds coming from?

Senator Mathern: We have a license fee in marriage licenses. It is part of that fee.

Arvy Smith: Not that go to the domestic violence agencies we have other federal domestic violence funds but they are not available to go to those providers.

Senator Mathern: the next two items, # 9 and 10, cardiac system of care and Million Hearts Initiative both are important in addressing cardiac care around the state. I would suggest combining these two take out the FTE, and combine to one appropriation permitting the department to make its allocation and programing in those two areas in the amount of $600,000.

Senator Kilzer: Where would the funding source come from?

Senator Mathern: Some general fund, some federal funds, depending on what the agency could use for match with federal dollars.

Senator Kilzer: Was there anything in those grants that you received dollars for and it would be applicable here?

Arvy Smith: Our current Million Hearts grant is coming to an end soon. We will look for other sources if we had special fund authority.

Senator Kilzer: Are most of these matching grants.

Arvy Smith: No match on the million hearts but we don't have a difficult match issue. We can look at other places to provide the match.

Senator Kilzer: The only thing I would be open to if there would be a match available, I would like to hear about it.

Senator Mathern: We have some working understanding of where we are at from 11 to 23. Going to 24, that is approving the anticipated federal dollars that would be available from the department to cover issues like colon cancer screening, stroke prevention, Ebola emergency preparedness, lab capacity, hospital preparedness so I would ask that we approve that.

Senator Kilzer: This is anticipatory item.

Arvy Smith: We are fairly confident of this money, the Ebola grants are submitted, colon cancers are nearly done and we are confident that we will get those grants.

Senator Kilzer: Is there anything we can do to maximize the grants?

Arvy Smith: Just having the spending authority so we don't' have to come to the emergency commission.

Senator Kilzer: Do you have any suggestive wording to put in to these grants.

Arvy Smith: What is listed there is what describes it; we can provide you a little more wording. The whole Ebola is about being prepared, the equipment and exercise the training.

Sheila M. Sandness, Legislative Council: This would be the description I would use.

Arvy Smith: We are fine with what is there; if you want more language we can get some to Shelia.

Senator Mathern: The next item # 25 is adding funding for local public health units adding $1,650,000 to public health units that are struggling to meet their budgets; this would give them money to do their work.

Senator Gary Lee: In your narrative it provides $5,900,000 from general fund, $900,000 more than the governor's budget. Can you explain that to me?

Senator Mathern: The requests from the public health units were about $1,900,000. The governor didn't put that entire amount in in the governor's budget. But the locals made a substantial need, and the House reduced that further, the House kept in $250,000, so that $1,600,000 would bring them to the level.

Lisa Klutt: Executive Officer of the First District Health Unit, Minot. The governor had included $1,000,000 increase for state aid and our request was $1,900,000 some of it was looking at the food and lodging issues that you are also seeing at the state level. Our fees are higher than the state at this point. We serve MOU with the state health department all of our communities so about 40% of population on food and lodging, and 60% local health units. We are seeing the same impact that the state is seeing. The other thing our health increases at the same rate as the state health insurance.

Senator Kilzer: Do you have a mill levy that is even throughout your district?

Lisa Klutt: Yes, by law we equalize mill to the 7 counties that we serve.

Kenneth Bullinger: Department of Health, Food and Lodging Division I just wanted to clarify one thing. About 40% of the work is done on food establishment only they don't' do mobile homes, camp ground.

Senator Gary Lee: Your fees that you charge for inspections are they set, by the health.

Lisa Klutt: Each has their own fee.

Kenan Bullinger: There is a wide range of fees based on their needs at the local level. The majority of them are either equal or lower than ours. City of Bismarck is a little higher.

Senator Mathern: I do have a list of fees.

Senator Kilzer: I think we would like to see that some time.

Arvy Smith: Proposed food and lodging division license fees to be done on a risk-based level. Testimony Attached # 2.

Senator Gary Lee: What are the risks?

Kenan Bullinger: There are 4 risk factors, in FDA code for food establishments. They are not making things from scratch and then the risk goes up, making foods in large batches, have to cool it down, those are risky things in food preparation.

Senator Kilzer: Are there a lot of situations where there is failure to pass?

Kenan Bullinger: Yes.

Senator Kilzer: Is there any additional charge if they fail?

Kenan Bullinger: We don't have the fine, we don't' have that authority. We have discussed something that would allow us to do a reinvestigate charge. Because it takes time to do that.

Senator Mathern: I presume that we will adopt this. I am very supportive of this. It will generate a little bit of heat on the Senate floor.

Senator Kilzer if this is something difficult to institute if we put it the bill.

Arvy Smith: These fees were in by law; they got moved over by administrative rule. I don't know if they were part of intent to get them, we would not like to see them go back into law.

Senator Gary Lee: How much additional, $150,000 for the biennium. So that would pay for about 1 FTE.

Arvy Smith: With operating the travel and everything that would be pretty close. You were talking about 2 additional FTEs.

Senator Mathern: #11, two of those people. And so, part of it would be paid for by this and part by general funds.

Senator Gary Lee: Does that keep at the balance we are at today. Does it maintain the balance of adding the FTEs and increasing the rates?

Arvy Smith: It will stay fairly close to that funding breakdown in total.

Senator Kilzer: And how this sit would with your auditors as time goes by.

Arvy Smith: We really calculated and we need the 5 FTE one of those is related to oil impact and four are related to the increased inspections we need to meet the federal requirements. The guidelines, if we don't get them, I'll be able to tell, we won't meet the audit recommendations.

Senator Mathern: Item # 26, the Sealant program, we did pass this once in the Senate, it was defeated in the House. I would encourage us to put it back on. It is the cheapest program in terms of dental care.

Senator Kilzer: A couple things about that, the first time $150,000 to two schools.

Senator Mathern: The department of health would chose schools and then all the children in those schools would be eligible for this program.

Senator Gary Lee: I am trying to remember what we had in the deficiencies? Was that just for vaccines?

Arvy Smith: Yes only for vaccines, all vaccines at local public health free of charge. We have to purchase June so it's available for July.

Senator Gary Lee: There was money there for because they had to purchase early, correct.

Arvy Smith: There is one month that we need to purchase by June 30th so it is available by July.

Sheila M. Sandness: Legislative Council put these in?

Senator Mathern: Which ones are you willing to include, I think they are all very important. Approving them brings us to a strong place when we meet with the House. This item not only supports the program. As we know from the bill coming over to us it will be an uphill battle.

Senator Gary Lee: When do you want to get this out?

Senator Kilzer: I would like to get the amendments in a day or two, certainly by the end of the week. There are no additions from the presentations that were presented today that I would vote to add to the bill.

Senator Gary Lee: I am comfortable with what I proposed and the federal dollars on number 24, is that something we should consider putting back in in terms of that resource?

Senator Kilzer: We will have Shelia and Arvy get together on that and work out the language.

Senator Gary Lee: I wanted to look at the public health units.

Senator Mathern: I wonder if it would be help to us to have Sheila prepare a list of all the items we have discussed that we agreed on.

Senator Kilzer: the latter. Have we resolved the community trust fund being in the red?

Arvy Smith: The # 28 you approved that, and that would put the fund in good shape.

Senator Mathern: I have a question in light of the items 17- 23, we gave kind of a general approval based on how they relate to the reduced environmental health section staff just had a 8 person increase and it is going to be 4, are there any questions , are those clear to Sheila?

Sheila M. Sandness: Legislative Council. Nothing for #12, 0 on 13, and starting with 14 one FTE and also add performance and operating relating to that FTE, it's actually part of 22, I'll let you know what that is. And then 15 one FTE that would be $129,893, item 162 FTEs, item 17 prorated share, of those 4 FTEs, item 18 health insurance increases related to the FTEs. I do not have approval written down for 19, 20 and 21. Item 22, you directed me to operating expenses for the 4 FTE which total $117,936 and legal fees which total $270,000 for a total of $387,936. I did not include any items from # 23 and that is the entire environmental section.

Mr. Glatt: The way I have it is number 14 is the one they have in there, number 15 would have one and 16 would be 2.

Sheila M. Sandness: Waste management is two.

Senator Gary Lee: 3 water quality, 2 waste management, 1 municipal facilities and 3 air quality?

Senator Kilzer: So the executive budget had 14, the House had 6, our version 10.

Senator Mathern: A question for Mr. Glatt in light of taking out all these temp salaries, what actually is the consequence here if we don't' fund these.

Mr. Glatt: What that funding was going to be used for our field staff. Sometimes our staff works 7 days a week, and long hours, a desire to try to work that long, compensate them for the longs hour they put in. If they don't get that we will continue on. We can't expect people to do that.

Senator Gary Lee: The targeted equity is this a place you could be using.

Mr. Glatt: It could be.

Senator Kilzer: Any other questions before we close. Thanks to those who answered questions for us. the only additional thing that Senator Gary Lee thinks about the lodging food, hopefully we can have a brief meeting tomorrow morning, and have all the amendments by Thursday morning. We will close the hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/8/2015
Job # 25910 *(14:49)*

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Mary Ann Engl for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for Department of Health

Minutes: 2 Attachments

Chairman Kilzer called the subcommittee hearing to order on Wednesday, April 08, 2015 at 9:30 in the Senate Conference Room. All subcommittee members were present: Chairman Kilzer, Senator Gary Lee and Senator Mathern. Lori Laschkewitsch, OMB and Sheila M. Sandness, Legislative Council were also present.

(see attachment #1)
Chairman Kilzer: We have Sheila's proposed changes. The work is accurate and it reflects the ideas that the subcommittee wanted. I would draw brief attention to legislative intent on sub note #1- food and lodging division license fees. It says "license fees to generate up to $150,000 of additional special fund revenue." That puts the $150,000 at a maximum whereas in my original intent, I had hoped that that would be a minimum. I am willing to accept it the way it is however.

Senator Mathern: We have the possibility of adding some more dollars for public health and the cardiac care. I am hoping we could act on that. I do support all of these items, and I want to show you another sheet *(see attachment #2)*. There were 36 items on the sheet that we began with, and now we are down to 14. In addition to doing more in public health and cardiac care, this sheet has 5 items that I really hope we could include.
I feel very strongly about suicide prevention grants, behavioral health and the one-time funding for the interface module. They are very strong recommendations from the Governor's office. They deal with the daily calls from public concerned about these issues and we can get some help from the governor's office to get these through the legislature. Suicide is way too high; we need more professionals. I reduced this amount from 495 to 200,000 in light of the concerns. The issue of immunization is basically a software package that will help families, schools and providers all communicate properly.
Number 3 has great public support. We are talking about domestic violence and rape crisis grants. This is a public issue; people want that addressed properly.
Number 4 asks to include the SEAL program. We passed it as a Senate. The sealant is a way to prevent cavities and it saves a lot of money. Appropriations will support this. I went

through the list of 36 and came up with this list of 5. It would add 1.1M to the appropriation and eliminate any need for me to go to the full committee or full Senate where I think we can get these passed. I am asking you to add these items to the list and call it a day.

Senator Gary Lee: They are important items for the state. I suggest that we add $500,000 to the local public health grants line and $200,000 to the cardiac system of care.

Chairman Kilzer: Did you mean to put the figure at $500,000 for public health?
Senator Gary Lee: Yes.

Chairman Kilzer: It is at $250,000 now.
Senator Gary Lee: I was going to put 500 plus the 250.

Sandness: a total increase of $750,000?
Senator Gary Lee: The line would be $750,000 and $200,000 on the cardiac system of care. Those would be my suggestions.

Senator Mathern: I would support those additions.
Senator Kilzer: I would support those as well.

Senator Mathern: What about the 5 items?
Chairman Kilzer: If there was funding available at the level of the executive budget when it was put together, it would make a difference. The needs are there. We still have conference committees.

Senator Mathern: I have worked with the House committee before. I can see us adding these as giving us and the Senate more strength going into the conference committee. There will be trades to be made and different priorities to look at. Adding these items can benefit us.
Chairman Kilzer: I am interested in what's practical and what is ultimately best for the state of ND. We use the cards that are dealt.

Senator Gary Lee: The total we are adding back would be about $10.3?
Sandness: Correct.

Chairman Kilzer: When will you be able to add those two items?
Sandness: I can have the amendments done by tomorrow sometime.
Chairman Kilzer: Will we be able to put this before the whole Appropriations committee by tomorrow afternoon?
Sandness: Do you want to meet in subcommittee to go over the amendments?
Senator Kilzer: That won't be necessary.
Sheila M. Sandness: I will update the spreadsheet and have the amendments done by tomorrow morning.

Senator Kilzer adjourns the subcommittee meeting on HB 1004.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/9/2015
Job # 25995

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donna E Bauer for Alicia Delzer

Explanation or reason for introduction of bill/resolution:

A Bill for an Act to defray the expenses of the Department of Health (Do Pass as Amended)

Minutes:

1 Amendment # 15.8112.02003
2 Amendment # 15.8112.02004
3 Listing of proposed Changes to Engrossed Version

Chairman Holmberg called the committee back to order on Thursday, April 09, 2015 at 4:00 pm in regards to HB 1004. All committee members were present. **Nick Creamer** and **Lori Laschkewitsch**, OMB were present as was **Sheila M. Sandness**, Legislative Council.

Senator Kilzer: amendments # 15.8112.02003 and explained the amendments. Is very large complex bill The amendments, your subcommittee accepted 12 changes. The two bills would be supplemental to each other. I am pretty sure Senator Mathern assumes that our amendments will be accepted.#1 changes the employee health insurance premiums as adjusted to reflect a revised premium estimate of $1.13M9 ($31.30/mo/policy holder; #2 is the restoration of the targeted equity $11.56M, health department has a lot of catching up; #3 the funding to add back two food and lodging inspectors to provide a total of 3 new FTEs the funding source is additionally requested that they increase their charges for their services in food and lodging expenses to get $150K less on the general fund; #4, four FTEs for municipal facilities, one FTE waste management, one water quality, two to meet increased demands; 5 is funding for increased legal fees in environmental health section ; #6 a onetime funding of a new x-ray machine for $44K in the forensic examiner; # 7 funding for the women's way program adjusted to provide $414K from the general fund instead of the community health trust fund, because that amount of money would put the community health trust fund in the red for more than $300k; # 8 funding was increased by $1.1M from the general fund for rural EMS perhaps; # 9 funding for tobacco prevention is increased to provide a grant a $500 transfer , this would bring it back up to the amount needed. #10 is funding for federal grants anticipated by the department including funding for colorectal screening, stroke prevention and Ebola emergency prepared ness, lab capacity and hospital, about $500M federal funds anticipated to be coming. We chose to allow them to accept the grants so they could proceed; #11 grant to public health units is increased by $500K to provide for a total of $4.75M from the general fund, $250K less than the executive recommendation, to restore some of the funds that were cut. #12 for cardiac

system of care $250K. Overall these various cuts or restoration of partial cuts still bring us below the executive budget, which was put together when oil was $70/ barrel range. There are lots of OARs (optional adjustment requests); the majority of our subcommittee chose these.

Senator Gary Lee: we took pretty good time looking thru how the bill came to us and what we should add back. We added back about 11 different things, $10-11 worth of restorations, environmental health FTEs. We were careful and responsible in terms of what we put back. It is a matter of where you do have to draw the line and how far do you go.

Senator Kilzer: your proposed amendment is on here as well as a legislative management study about sewage disposal in the state. I move these amendment # 15.8112.02003. 2nd by **Senator Gary Lee**

Senator Mathern I think these are important amendments. The department of health had an audit done; it said they needed to do more in food and lodging inspections. The dept. asked for 7 FTEs, the executive put in 4 or 5, we restored a couple. We got a lot of testimony from environmental health that people are underpaid and overworked. If we don't properly fund that department I have no doubt that at some point the federal government will be more aggressive. There are some requests of the dept. and the governor's office that were not addressed.

Chairman Holmberg is there any of these items that don't rise to the priority listing, do you want every one of these 12.

Chairman Holmberg all in favor of amendment 02003 say aye. Motion carried.

Senator Mathern these are additional amendments (handed out 4 pages) Attachment # 2 - Amendment # 15.8112.02004. . Attachment # 3 - Listing of Proposed Changes to Engrossed Version. Highlights: for the suicide prevention grants (included 2 pages of data) requests increased funding of $350K to make the programs that are already in place more effective around the state. The second item is to expand the dental sealing program for children, request of $150K. Request of $179K one time funding for school immunization interface module. The Dept. of Health budget with these 3 things would still be over $7M less than the governor's recommendation. These are state wide programs that benefit all. I would like these items added. I move that amendment # 15.8112.02004. 2nd by **Senator Heckaman**

Senator Kilzer: this was not included in our list because of the funding portion. It is either add or increase. All of these are near the cut off line, we can add them if the money is available. If not the programs would still continue. I would ask at the present time that this proposal be defeated.

Senator Carlisle: on the sealant, I would look for that to go back. **Senator Bekkadahl** said it helps so many kids, he couldn't understand why the House took it out.

Senator Kilzer: all of us can echo that sentiment, but it is totally finances.

Senator Gary Lee I would support the decision of the chairman as well. We looked closely at all those things taken out, Senator Mathern did an excellent job, we selected several things to put back in, I will be voting no on adding these back as well.

Senator Mathern: in terms of financial decisions we are making, we added in many programs, in other departments, building buildings, adding to commerce dramatically. We are making value choices. I believe these fit within that context. The bill is still $7M less. **Senator Kilzer** and **Senator Gary Lee** you can vote for these amendments and still hold your line. These are things that are people oriented. These are individuals that need something. I actually had a list of 32. These are all things that are preventative in nature, things that will save us dollars in the future.

Senator Heckaman I agree with **Senator Carlisle** and **Senator Mathern** on a couple of points. I would pick the suicide and dental sealant because those are the two that impacted my life. A suicide affect a lot of people, the family and the community, there is a lot more than the costs. The dental sealants save kids from cavities. If I had my druthers I would pick those two.

Chairman Holmberg: all in favor of Amendment # 15.8112.02004 say aye. Opposed same sign The opposed carried. Would you raise your hand? The count was 7 opposed, 6 for. Amendment # 15.8112.02004 failed.

Chairman Holmberg: Can I have a motion on HB 1004 as amended?

Senator Kilzer moved Do Pass as Amended on HB 1004. 2nd by **Senator Gary Lee**

Chairman Holmberg: Call the roll on a Do Pass as Amended on 1004.

A Roll Call vote was taken. Yea: 13; Nay: 0; Absent: 0.

Senator Kilzer will carry the bill. The hearing was closed on HB 1004.

15.8112.02003
Title.03000
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
April 8, 2015

4/9/15
1054

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "; to provide a statement of legislative intent; and to provide for legislative management studies"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$9,711,166	$64,468,676
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	7,301,524	44,606,538
Capital assets	2,224,288	1,494,944	3,719,232
Grants	57,510,729	1,451,031	58,961,760
Tobacco prevention	5,544,251	1,369,464	6,913,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$14,644,979	$198,869,921
Less estimated income	139,303,434	4,617,530	143,920,964
Total general fund	$44,921,508	$10,027,449	$54,948,957
Full-time equivalent positions	354.00	13.00	367.00"

Page 2, after line 9, insert:

"Forensic examiner x-ray equipment	0	44,000"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$824,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$336,000"

Page 3, after line 10, insert:

"SECTION 5. LEGISLATIVE INTENT - DIVISION OF FOOD AND LODGING LICENSE FEES. It is the intent of the sixty-fourth legislative assembly that the division of food and lodging of the state department of health, based on risk and pursuant to audit recommendations, adjust division of food and lodging license fees to generate up to $150,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the division of food and lodging.

SECTION 6. LEGISLATIVE MANAGEMENT STUDY - UNIVERSITY OF NORTH DAKOTA FORENSIC PATHOLOGY CENTER. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of the university of North Dakota acquiring the building that houses the university of North Dakota forensic pathology center. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGEMENT. During the 2015-16 interim, the legislative management shall

consider studying onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$54,757,510	$61,864,139	$2,604,537	$64,468,676
Operating expenses	37,305,014	40,605,327	4,001,211	44,606,538
Capital assets	2,224,288	3,488,810	230,422	3,719,232
Grants	57,510,729	55,901,090	3,060,670	58,961,760
Tobacco prevention	5,544,251	6,413,715	500,000	6,913,715
WIC food payments	24,659,861	20,200,000		20,200,000
Accrued leave payments	2,223,289			
Total all funds	$184,224,942	$188,473,081	$10,396,840	$198,869,921
Less estimated income	139,303,434	138,320,871	5,600,093	143,920,964
General fund	$44,921,508	$50,152,210	$4,796,747	$54,948,957
FTE	354.00	361.00	6.00	367.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Health Insurance Premium Increases[1]	Adds Funding for Targeted Equity[2]	Adds Funding for Food & Lodging Inspectors[3]	Adds Funding for Environmental Health Positions[4]	Adds Funding for Environmental Health Section Legal Fees[5]	Adds One-Time Funding for Forensic Examiner Equipment[6]
Salaries and wages	($254,175)	$1,559,659	$270,638	$560,582		
Operating expenses			55,850	117,936	270,000	
Capital assets						44,000
Grants						
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	($254,175)	$1,559,659	$326,488	$678,518	$270,000	$44,000
Less estimated income	(108,257)	0	150,000	0	0	0
General fund	($145,918)	$1,559,659	$176,488	$678,518	$270,000	$44,000
FTE	0.00	0.00	2.00	4.00	0.00	0.00

	Adjusts Funding for Women's Way[7]	Increases Funding for Rural EMS Grants[8]	Increases Funding for Tobacco Prevention[9]	Adds Funding for Federal Grants[10]	Increases Funding for Local Public Health Units[11]	Adds Funding for Cardiac System of Care[12]
Salaries and wages				$467,833		
Operating expenses				3,357,425		200,000
Capital assets				186,422		
Grants		1,100,000		1,460,670	500,000	
Tobacco prevention			500,000			
WIC food payments						
Accrued leave payments						
Total all funds	$0	$1,100,000	$500,000	$5,472,350	$500,000	$200,000
Less estimated income	(414,000)	0	500,000	5,472,350	0	0
	$414,000	$1,100,000	$0	$0	$500,000	$200,000

General fund						
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	$2,604,537
Operating expenses	4,001,211
Capital assets	230,422
Grants	3,060,670
Tobacco prevention	500,000
WIC food payments	
Accrued leave payments	
Total all funds	$10,396,840
Less estimated income	5,600,093
General fund	$4,796,747
FTE	6.00

[1] Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month and to reflect FTE adjustments made by the Senate.

[2] Funding for targeted equity is added, the same as the executive recommendation.

[3] Funding is added for 2 food and lodging inspectors to provide a total of 3 new FTE food and lodging inspectors, 2 less than the executive recommendation. Funding is provided for salaries and wages ($260,958), related salary increase funding ($9,680), and operating expenses ($55,850). The funding source is also changed to provide $150,000 of the cost of the 2 FTE positions is provided from special funds available as a result of fee increases.

[4] Funding is added for 4 FTE positions--municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (2 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($540,407), related salary increase funding ($20,175), and operating expenses ($117,936).

[5] Funding is provided for increased legal fees in the Environmental Health Section of the department.

[6] One-time funding is added for digital x-ray equipment for the forensic examiner.

[7] Funding for the Women's Way program is adjusted to provide $414,000 from the general fund, instead of the community health trust fund.

[8] Funding is increased by $1.1 million from the general fund for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation.

[9] Funding for tobacco prevention is increased to provide for a grant from the Tobacco Prevention and Control Executive Committee to be used for the Centers for Disease Control *Best Practices for Comprehensive Tobacco Prevention and Control Programs.*

[10] Funding is added for federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and Ebola emergency preparedness, lab capacity, and hospital preparedness.

[11] Funding for grants to local public health units is increased by $500,000 to provide a total of $4.75 million from the general fund, $250,000 less than the executive recommendation.

[12] Funding is added for cardiac system of care.

4-24-21

This amendment also adds:

- A section of legislative intent to provide the Division of Food and Lodging of the State Department of Health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue and that the department use the additional special fund revenue to fund a portion of the costs related to additional full-time equivalent inspection positions in the Division Food and Lodging.
- A section to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center.
- A section to provide for a Legislative Management study of onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public.

Prepared by the Legislative Council staff for
Senator Mathern
April 9, 2015

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,256,629	$62,014,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,479,413	40,784,427
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,259,639)	56,251,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,927,239	$189,152,181
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,909,802	$50,831,310
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, after line 9, insert:

"School immunization interface module	0	179,100"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$959,100
Less estimated income	265,000	488,000
Total general fund	$980,000	$471,100"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$54,757,510	$61,864,139	$150,000	$62,014,139
Operating expenses	37,305,014	40,605,327	179,100	40,784,427
Capital assets	2,224,288	3,488,810		3,488,810
Grants	57,510,729	55,901,090	350,000	56,251,090
Tobacco prevention	5,544,251	6,413,715		6,413,715
WIC food payments	24,659,861	20,200,000		20,200,000
Accrued leave payments	2,223,289			
Total all funds	$184,224,942	$188,473,081	$679,100	$189,152,181
Less estimated income	139,303,434	138,320,871	0	138,320,871
General fund	$44,921,508	$50,152,210	$679,100	$50,831,310
FTE	354.00	361.00	0.00	361.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Increases Funding for Suicide Prevention Grants[1]	Adds Funding for Dental Sealant Program[2]	Adds One-Time Funding for a School Immunization Module[3]	Total Senate Changes
Salaries and wages		$150,000		$150,000
Operating expenses			179,100	179,100

Capital assets				
Grants	350,000			350,000
Tobacco prevention				
WIC food payments				
Accrued leave payments				
Total all funds	$350,000	$150,000	$179,100	$679,100
Less estimated income	0	0	0	0
General fund	$350,000	$150,000	$179,100	$679,100
FTE	0.00	0.00	0.00	0.00

[1] Funding for suicide prevention grants is increased to provide a total of $1,180,000 from the general fund, the same as the executive recommendation.

[2] Funding is added to expand the Seal! ND program which provides dental sealant services to elementary aged students.

[3] One-time funding for a school immunization interface module is added, the same as the executive recommendation.

Date: 4-9-15
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: 15.8112.02003

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Kilzer Seconded By Lee

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern		
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee					
Senator Kilzer					
Senator Erbele					
Senator Wanzek					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote
Carried

Date: 4-9-15
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: 15.8112.02004

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Mathern Seconded By Heckaman

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern		
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee					
Senator Kilzer					
Senator Erbele					
Senator Wanzek					

Total (Yes) 6 No 7

Absent (show of hands)

Floor Assignment _____

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

failed

Date: 4-9-15
Roll Call Vote #: 3

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Kilzer Seconded By Lee

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator O'Connell	✓	
Senator Carlisle	✓		Senator Robinson	✓	
Senator Sorvaag	✓				
Senator G. Lee	✓				
Senator Kilzer	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Kilzer

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

REPORT OF STANDING COMMITTEE

HB 1004, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "; to provide a statement of legislative intent; and to provide for legislative management studies"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$9,711,166	$64,468,676
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	7,301,524	44,606,538
Capital assets	2,224,288	1,494,944	3,719,232
Grants	57,510,729	1,451,031	58,961,760
Tobacco prevention	5,544,251	1,369,464	6,913,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$14,644,979	$198,869,921
Less estimated income	139,303,434	4,617,530	143,920,964
Total general fund	$44,921,508	$10,027,449	$54,948,957
Full-time equivalent positions	354.00	13.00	367.00"

Page 2, after line 9, insert:

"Forensic examiner x-ray equipment	0	44,000"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$824,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$336,000"

Page 3, after line 10, insert:

"**SECTION 5. LEGISLATIVE INTENT - DIVISION OF FOOD AND LODGING LICENSE FEES.** It is the intent of the sixty-fourth legislative assembly that the division of food and lodging of the state department of health, based on risk and pursuant to audit recommendations, adjust division of food and lodging license fees to generate up to $150,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the division of food and lodging.

SECTION 6. LEGISLATIVE MANAGEMENT STUDY - UNIVERSITY OF NORTH DAKOTA FORENSIC PATHOLOGY CENTER. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of the university of North Dakota acquiring the building that houses the university of North Dakota forensic pathology center. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGEMENT. During the 2015-16 interim, the legislative management shall consider studying onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public. The legislative management

shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$54,757,510	$61,864,139	$2,604,537	$64,468,676
Operating expenses	37,305,014	40,605,327	4,001,211	44,606,538
Capital assets	2,224,288	3,488,810	230,422	3,719,232
Grants	57,510,729	55,901,090	3,060,670	58,961,760
Tobacco prevention	5,544,251	6,413,715	500,000	6,913,715
WIC food payments	24,659,861	20,200,000		20,200,000
Accrued leave payments	2,223,289			
Total all funds	$184,224,942	$188,473,081	$10,396,840	$198,869,921
Less estimated income	139,303,434	138,320,871	5,600,093	143,920,964
General fund	$44,921,508	$50,152,210	$4,796,747	$54,948,957
FTE	354.00	361.00	6.00	367.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Health Insurance Premium Increases[1]	Adds Funding for Targeted Equity[2]	Adds Funding for Food & Lodging Inspectors[3]	Adds Funding for Environmental Health Positions[4]	Adds Funding for Environmental Health Section Legal Fees[5]	Adds One-Time Funding for Forensic Examiner Equipment[6]
Salaries and wages	($254,175)	$1,559,659	$270,638	$560,582		
Operating expenses			55,850	117,936	270,000	
Capital assets						44,000
Grants						
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	($254,175)	$1,559,659	$326,488	$678,518	$270,000	$44,000
Less estimated income	(108,257)	0	150,000	0	0	0
General fund	($145,918)	$1,559,659	$176,488	$678,518	$270,000	$44,000
FTE	0.00	0.00	2.00	4.00	0.00	0.00

	Adjusts Funding for Women's Way[7]	Increases Funding for Rural EMS Grants[8]	Increases Funding for Tobacco Prevention[9]	Adds Funding for Federal Grants[10]	Increases Funding for Local Public Health Units[11]	Adds Funding for Cardiac System of Care[12]
Salaries and wages				$467,833		
Operating expenses				3,357,425		200,000
Capital assets				186,422		
Grants		1,100,000		1,460,670	500,000	
Tobacco prevention			500,000			
WIC food payments						
Accrued leave payments						
Total all funds	$0	$1,100,000	$500,000	$5,472,350	$500,000	$200,000
Less estimated income	(414,000)	0	500,000	5,472,350	0	0
General fund	$414,000	$1,100,000	$0	$0	$500,000	$200,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	$2,604,537
Operating expenses	4,001,211
Capital assets	230,422
Grants	3,060,670
Tobacco prevention	500,000

WIC food payments	
Accrued leave payments	
Total all funds	$10,396,840
Less estimated income	5,600,093
General fund	$4,796,747
FTE	6.00

[1] Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month and to reflect FTE adjustments made by the Senate.

[2] Funding for targeted equity is added, the same as the executive recommendation.

[3] Funding is added for 2 food and lodging inspectors to provide a total of 3 new FTE food and lodging inspectors, 2 less than the executive recommendation. Funding is provided for salaries and wages ($260,958), related salary increase funding ($9,680), and operating expenses ($55,850). The funding source is also changed to provide $150,000 of the cost of the 2 FTE positions is provided from special funds available as a result of fee increases.

[4] Funding is added for 4 FTE positions--municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (2 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($540,407), related salary increase funding ($20,175), and operating expenses ($117,936).

[5] Funding is provided for increased legal fees in the Environmental Health Section of the department.

[6] One-time funding is added for digital x-ray equipment for the forensic examiner.

[7] Funding for the Women's Way program is adjusted to provide $414,000 from the general fund, instead of the community health trust fund.

[8] Funding is increased by $1.1 million from the general fund for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation.

[9] Funding for tobacco prevention is increased to provide for a grant from the Tobacco Prevention and Control Executive Committee to be used for the Centers for Disease Control *Best Practices for Comprehensive Tobacco Prevention and Control Programs*.

[10] Funding is added for federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and Ebola emergency preparedness, lab capacity, and hospital preparedness.

[11] Funding for grants to local public health units is increased by $500,000 to provide a total of $4.75 million from the general fund, $250,000 less than the executive recommendation.

[12] Funding is added for cardiac system of care.

This amendment also adds:

- A section of legislative intent to provide the Division of Food and Lodging of the State Department of Health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue and that the department use the additional special fund revenue to fund a portion of the costs related to additional full-time equivalent

inspection positions in the Division Food and Lodging.

- A section to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center.
- A section to provide for a Legislative Management study of onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public.

2015 CONFERENCE COMMITTEE

HB 1004

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/15/2015
Job 26115

☐ Subcommittee
☒ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Sen. Kilzer reviewed the Senate amendments.

Chairman Bellew: I will want to know about the target equity, section 5 of the bill which is to raise food and lodging fees of $150,000, and all the new employees. I would also like some discussion on section 6, which is to study the forensic pathology center at UND. We'll discuss what the Senate added and what we did to the bill.

Sen. Mathern: I'm hoping we could also discuss some things that we may have overlooked in terms of some funding aids on the department's basis and maybe even some potential misunderstandings. For example the oral health bill that we sent over with $150,000 that was defeated. That was for dental sealants and maybe the House defeated that bill assuming that money was in here. It was not in here so I'm wondering if we could consider restoring that. The immunization module that the department needed to make this immunization record more clear around the state. I'm hoping in addition to what we have before us, we could look at some of those things that might be important for a properly operating department.

Chairman Bellew: It is my understanding that in conference committees we're only supposed to discuss our differences.

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: I believe technically that's true.

Sen. Kilzer: The first thing I would like to take note of is in another budget you have gone from 3 and 3 down to a 2 and 2. I like your take on that. Is that something that you're putting on the table for any other departments or just the Department of Human Services as it exists now?

Chairman Bellew: My understanding is it's just for the Department of Human Services as it exists now.

Sen. Lee: In terms of the additional FTEs, those in the environmental section in particular we had a lot of discussion on the floor and there were even amendments to add additional FTEs so there is strong support to keep those, given what's happening in the western part of the state. There is strong evidence that would indicate those needs are really there. I think the department makes a very strong case that the number of FTEs we added back are warranted and that we should include those in what we pass out.

Sen. Mathern: The targeted equity dollars that were put back in here, there were two reasons for that. In the Senate, we almost across the board put targeted equity back in to agencies because of the study indicating the need for that. But in this department particularly where there are so many specialized positions and the turnover rate is so high, the targeted equity received overwhelming support so I hope that can be addressed.

Sen. Kilzer: Continuing on targeted equity, is there a specific area you wanted to check into?

Chairman Bellew: Basically, I was asking the Senate's thoughts on that and why you stuck it back in when I thought it was an agreement between both houses to remove that?

Sen. Kilzer: You're right. The original leadership agreement was that all equity would be removed. But there was some softening from leadership on that. You will see it in this and other budgets. We can check into the $1.56 million and how we arrived there.

Rep. Kreidt: We had funded for the litigation $500,000. Were there feelings that that wasn't adequate? It went up $270,000. What was the reason for that?

Sen. Kilzer: I'll check into that.

Sen. Lee: It seems to me that in the deficiency appropriation bill there was some additional dollars requested for this same category because they were going to run short. As we were moving into the discussion, they are probably going to be shorter yet than what the deficiency appropriation is providing. This may be for that reason.

Sen. Mathern: That section relates to two activities; one is the Legislation authorizing intervention in federal EPA activities. It also has legal funds for other operations of the department. This additional money is to support both of those efforts.

Chairman Bellew dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/16/2015
Job #26151

☐ Subcommittee
☒ Conference Committee

Kenneth M. Tarkel

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Chairman Bellew: Could you explain why you added the one-time funding for forensic examiner equipment for $44,000?

Sen. Kilzer: The $44,000 is to replace a plain x-ray machine at the morgue in Bismarck that is beyond salvaging. They're not asking for anything fancy, like a planogram or tomogram or CT or MRI. It's a plain x-ray machine. It readily detects things like metallic bullet fragments and actually bullet stuffing does show up very well. It's not a relatively terribly expensive item, but it is $44,000. It's kind of an all-or-none situation. You can't get them any cheaper than that.

Chairman Bellew: Is this on top of the one that's already in their budget? They have one in their budget now.

Sen. Kilzer: Not that I know of, no.

Chairman Bellew: I can show you the piece of paper I got that says it's in their budget.

Sen. Kilzer: I accept that, if it's true.

Chairman Bellew: I just wanted to know if this is an additional one.

Sen. Lee: I'd like to see where that is. I don't see where there is another one other than that replacement. I could be wrong, but I don't see it anywhere.

Sen. Mathern: If it was in the budget, the House took it out.

Chairman Bellew: We didn't take it out.

Sen. Mathern: So then we're clarifying for you that we agree with you to keep it in?

Chairman Bellew: I don't remember removing that from the budget. Show me on our amendments where we removed that.

Lori Laschkewitsch, OMB: You didn't include it in moving it over. In the first half, you were looking at the Executive recommendation and if you didn't move it over, it didn't become part of the House's amendments. So while it was not specifically removed, it was not specifically included.

Rep. Kreidt: We want the one machine. If we did or didn't include, we want one machine.

Chairman Bellew: I stand corrected. I'm sorry.

Rep. Kreidt: We would agree with including that?

Chairman Bellew: Yes.

Rep. Kreidt: The other one would be the adjustment for health care. We all agree on that.

Chairman Bellew: I concur on that one also.

Sen. Mathern: I wonder if you could add that $500,000, number 9, to the list. Essentially that was a transfer of $500,000.

Chairman Bellew: I don't know that that's going to be a problem, but I think the tobacco settlement, it's in that conference committee. I'm going to wait and see what they do before we. We really want to know what this money is going to be used for and who is going to control it. If the tobacco advisory group is going to tell the Health Department what to do with it, and stuff. I don't know that we'll agree with that, but we want to know how it's going to be used, what the contract is going to be, and stuff like that.

Sen. Mathern: That other subcommittee is getting that wording today.

Chairman Bellew: I don't see it as a major problem, but I guess we just need to know.

Rep. Kreidt: On the targeted equity, until there is some agreement between the House and the Senate, our hands are tied on that one. We're hoping leadership will get together and make a decision on how we're going to handle that. I guess the House's position would be, we're just kind of at a stalemate on that. I understand there was supposed to be some meeting today, or something, between leadership. Maybe it'll be worked out at that time.

Sen. Mathern: Looking at things that are closest to agreement, I'm looking at number 10, the anticipated Federal grants.

Vice Chairman Bellew: To me, it's probably not going to be a big deal, but I'd like to have a breakdown of that, especially, I see there's almost $500,000 for salary and wages and operating expenses is 3.3, and we're only giving grants of 1.5. That seems like a big disparity there. I would like to see exactly what those grants are for and what those salaries and wages are for.

Sen. Mathern: There's not one general fund dollar in that item so all of those salaries would have to come out of federal grants.

Vice Chairman Bellew: We would like to see the breakdown on that.

Lori Lashkewitz: Did you want a copy of the schedule that the Senate received that detailed all of these?

Chairman Bellew: Yes, please. We are making some progress, I think. Is there anything else we can discuss this morning? Do the Senators want to bring up anything else at this time?

Sen. Kilzer: The thing on those grants, I think it was $5.2-million. There were three categories. There was ebola virus preparation, colorectal screening and there was stroke prevention. Those were the three clinical conditions.

Vice Chairman Bellew: One of my concerns is that for colorectal screening, I thought we put general fund dollars in here for that. Would this replace those general fund dollars?

Sen. Kilzer: No; this is strictly additional Federal grants.

Sen. Mathern: I'm wondering if the schedule that the Senate has couldn't just be handed out to all of the conference committees.

Sen. Lee: Just as Section 7; it's a study on waste management. That was an issue that was presented in terms of the jurisdictional, there's issues with the barriers and jurisdictional authority in local ordinances, and it doesn't appear to be state law that's there that allows much enforcement, and in some cases, I understand there's not even ordinances or codes that determine much in relation to those sewage disposal sites and how sewage is disposed of. Just wondering if that is something we can check off the list.

Chairman Bellew: Yeah, we can check that off. We'll accept Section 7 of the bill. I guess as long as we're discussing sections, I'd like to discuss Section 6 of the bill. The Senate added a Legislative Management study of the University of North Dakota Forensic Pathology Center. It says you want to study the feasibility of the state acquiring it. Don't we already own that? Isn't that a university building? Doesn't the state already own it?

Sen. Mathern: No, we don't own that.

Chairman Bellew: Who owns that?

Sen. Mathern: Some group that put it together. We didn't want to pay for it so we got some private group build it, and we rent it. It's a long-term lease, and costs a lot of money, and it probably makes sense to study that. Maybe we should buy it.

Chairman Bellew: I thought that was our building.

Rep. Kreidt: What is the rental fee on that?

Sen. Mathern: It's another reason for a study. We ought to know, as legislators.

Lori Laschkewitsch, OMB: The lease payments are $7,878 a month.

Chairman Bellew: Do you have the terms of the lease?

Lori Laschkewitsch, OMB: It's a 25 year lease. The lease is held by Paces Lodging Corp. in Fargo.

Chairman Bellew: Do you know what the assessed value is?

Lori Laschkewitsch, OMB: No.

Rep. Kreidt: I think it's worth taking a look at. Probably the purchase of it would be more logical than what we're doing. I'm in favor.

Chairman Bellew: We'll concur with that one too, section 6.

Sen. Mathern: Regarding the additional federal authority that would be in the amendment as number 10, the Senate was apprised of this potential dollar amount. I think the House just didn't have the data because the department didn't have the specific data. I don't think it was necessarily an oversight on the part of the House. It's just as Federal programming becomes available, doesn't necessarily match with the North Dakota legislative session. The department did put together a fairly detailed schedule of what these federal funds will look like. I think they made a pretty good estimate of what is pretty likely funding. I don't think it's cash sitting there waiting for us to take. It is anticipated and if we could approve this, the department could start doing the programming and staff planning and partner involvement. I'm sure that all of these things involve more than just department staff. They involve health care providers around the state. They involve public health units around the state. And I think it's really an opportunity, for example, the ebola help that's available, even though we have been spared this epidemic, or this virus here in North Dakota, this is an opportunity to upgrade many of our emergency preparedness materials and processes, using these Federal dollars. Some other epidemic will come, and then we'll be further upgraded by the use of these resources. So I would encourage us to recognize this schedule, and to include this item in our acceptance of the conference committee report.

Chairman Bellew: At the present time, I would like to look at this and go through it in further detail before we do that. I can't see a big problem with it, but I'm not ready to do so at this meeting, anyhow.

Sen. Lee: Section 5 has to do with the food and lodging, based on risk. We established some increase in license fees to off-set one of the FTEs in the amount of $150,000. Not necessarily asking you to agree, if you do, that's fine. But, is there any other information you would want that maybe you don't have in terms of what was generated in regard to coming up with that decision?

Chairman Bellew: I think we got a food and lodging fee schedule. Just so you know, we do not agree with that section at this point. That's Section 5 of the bill.

Sen. Lee: There was a schedule generated in terms of which fees would go up, and which ones didn't.

Chairman Bellew: You might as well hand that out.

Sen. Mathern: An audit was done regarding this matter so that we're responding to an audit report that told the Department of Health they need to do a better job in terms of the inspections. So, there is an audit report behind our recommendation.

Chairman Bellew adjourned the meeting.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/17/2015
Job 26203

☐ Subcommittee
☒ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Chairman Bellew: I have some things to bring forth for the Senators to think about. The first thing, on section 5 of the bill with the fee increase, it is our position we're against that. We think whenever we do that that's fee tax; it's the same thing. Along with that, we're probably against the two new employees for the food and lodging. The targeted equity will be solved above my paygrade.

Sen. Mathern: I wanted to note on the fee increase that it's a little bit different than a straight fee increase. Maybe that was not explained as well. There was information that indicated that our fees are pretty much across the board for these different kinds of establishments but that some establishments are actually more risk. This fee change is taking that into account. It is suggesting that we change our fee structure so that where there is higher risk there is a higher fee and where there is lower risk there is a lower fee. So this $150,000 is not just a fee increase; it's a change in a manner in which fees are assessed. I would hope that the House would consider that change.

Sen. Kilzer: The information that we received, and I received a couple of e-mails which I think are not totally accurate on this subject. At the present time there are fees in place that haven't been updated in a while. When you come to the high-risk and/or the repeat offenders and penalties, it's my opinion that the tax payers shouldn't have to bear all of the fees and penalties or whatever the additional inspections are. It amounts to a little over $2 million. The food and lodging establishments are only paying for about one-third of the actual cost. That's why I agreed to put on an additional $150,000 special funds to help that out. I think the establishments that are receiving the benefits should be bearing more of the burden. I received an e-mail from a knowledgeable person that is in that business. He

seemed to be under the impression that the fees were paying the full cost and that actually we were using this to cover inspection of other places, like nursing homes, which isn't the case. That's the reason I'd like to see an increase in fees. You also talked about the House taking out the two FTEs.

Chairman Bellew: That would be a point of discussion. We disagree with the two extra FTEs.

Sen. Kilzer: We did add them back because the auditors told them that for their caseload for each inspector that their expecting about twice the caseload of what typical inspectors should be carrying.

Chairman Bellew: Our thoughts were that with the price of oil going down and the activity slowing down, we weren't sure they were necessary. We can discuss that. Continuing on, the funding for the environmental health positions, you added four. Once again with the downturn, we're not sure that four are needed. We will discuss that too and we'll probably compromise on that somewhat. The legal fees of $270,000, we did put $500,000 for their legal fees for the environmental section. This $270,000 was an additional amount that they added. We think the $500,000 is enough at this point. If they need more, the emergency commission would grant it. We do agree with the forensic examiner equipment. The funding for Women's Way; this was a mistake that happened during our asking for amendments. I was under the impression that we removed the funding for the BRFSS survey. When we first amended the bill, that was removed and we put Women's Way into the Community Health Trust Fund. We were doing zero based budgeting and we needed to move the cost to continue items over. I did not realize that survey was in there. That was a mistake on the House's part because it was the intention of the House that that should not be funded out of the Community Health Trust Fund. We thought Women's Way was a more important or more needed item to fund.

Sen. Kilzer: I would ask what your opinion is on the source of funding. It can't be in the Community Health Trust Fund and you don't like to put it into the general fund.

Chairman Bellew: My hope is we'll remove the BRFSS funding out of the Community Health Trust Fund and put Women's Way back in. Upon testimony that the Health Department gave us, they said they put it in the Community Health Trust Fund because the federal funds were reduced. If you read the Century Code on the Community Health Trust Fund, the appropriations are to be appropriated by the Legislature. I think Women's Way, in my opinion, is a more important program than to do that survey. The next thing is the EMS grants. We increased that funding by $500,000 and you put in the full amount back at the Governor's recommended level. We reduced it again, mostly because of the reduction in revenues. We thought the $500,000 would be sufficient for that organization to continue what they're doing. I know they're having a hard time keeping volunteers or hiring people, but we thought at the time that the $500,000 would be sufficient. The other one is the funding for the tobacco prevention, I don't think we're going to have a problem with that; I just want to see what the stipulations are, if there's a contract or if they have to sign an MOU or how that money is to be used. I'd like to see that.

Sen. Mathern: We have another bill, 1024, that is dealing with this amount of money. That committee has now resolved itself and it clarifies the relationship between the committee and the Department of Health. It includes some intent language in the conference committee report, essentially that the committee will open its granting process to the Department of Health. The Department of Health will apply for a grant from the committee and if they both agree there will be a contract about how that money is spent. It's to be spent to meet the purposes of the committee and the Department of Health. There is wording added so there's a report of that relationship and how that worked to Legislative Management. I'm hoping that conference committee report will satisfy your concerns.

Sen. Kilzer: That report is to be submitted to Legislative Management in September just prior to the next Legislative session.

Chairman Bellew: The federal funding for grants, I don't see as being a problem but I still want to study the sheet that the Health Department gave us. That's the $5.4 million. The next item is the local public health units; we increased their funding by $250,000. The Senate added an extra $500,000; that would increase it to $750,000. We reduced it again because of the projected reduction in revenues. We thought that the $250,000 would be sufficient for the local public health units to help them carry on. Our position right now is to go back to the $250,000. That will be an item of discussion.

Sen. Kilzer: When you look at the historical graphic chart of the support for local public health units, it has gone up a lot over the last 5 or 6 biennia.

Chairman Bellew: I understand.

Sen. Mathern: The other thing that has happened is we provide incentives to the public health units to go into regional networks. I think that's another reason to have this amount; to assist them in the continuing development of their network process.

Chairman Bellew: The final item I see on here is the cardiac system of care. If the federal funds are received, I'm not sure that that amount is needed in this budget either.

Chairman Bellew adjourned the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/18/2015
26240

☐ Subcommittee
☒ Conference Committee

Committee Clerk Le Mae Kuehn

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew: Called the committee to order.

Chairman Bellew: It is my understanding there has been an agreement with the equity. There will be an equity pool at OMB so the equity should come out of this.

Sen. Mathern: Do you mean the targeted equity?

Chairman Bellew: Yes, the 1.59 in the budget.

Sen. Mathern: I presume you'll bring a chart?

Chairman Bellew: My understanding is that they will have a pool at OMB.

Sen. Lee: That's what I understand too. There will be a pool of money set aside for equity that departments and agencies draw off of. I don't know the mechanism to access it or the pool amount.

Chairman Bellew: Section 5 of the bill, the House still doesn't agree with raising the fees. We also don't agree with the two food and lodging inspectors at this point.

Sen. Mathern: I wonder if the House would agree to making that a general fund expenditure.

Chairman Bellew: No, we won't. The four FTEs for the environmental health, we may not be in total agreement. The legal fees that were added by the Senate, we think the amount in the budget of $500,000 is sufficient. If needed, the Health Department can go to the emergency commission to request additional funding. We agree with the forensic examiner equipment which is $44,000 for the x-ray machine. The Women's Way funding, I would like to go back into the Community Health Trust Fund. In the Community Health Trust Fund there is a dentist loan program of $360,000. There is also a Student Loan Trust Fund in there. One of the things it can be used for is the purchase of student loans. My proposal is to take that $360,000 out of the Community Health Trust Fund and pay with the Student Loan Trust Fund. Currently in the Student Loan Trust Fund, there is $35 million. If we do that, the department would have to find roughly $25,000 to complete the survey.

The next thing is the EMS grants. I found out that in HB 1176 the oil formula bill has $6 million for EMS grants. Because of that, we would like the full $1.1 million removed. If the full 1.6 is granted that the Governor wanted, that would be a 26.3% increase over last biennium. If we do just what the House did with the $500,000 increase, it's a 10.7% increase in funds. With the $6 million pool in the oil formula bill I think there is sufficient money for EMS.

Sen. Lee: Is that 1176 EMS money for oil counties or is it statewide?

Chairman Bellew: I am assuming it is for oil counties but not sure.

Sen. Mathern: That is designated for oil counties. There is a little spillover for the EMS districts that are a little bigger than the county line. It is targeted to oil impacted counties. Your proposal would be a dramatic reduction for non-oil counties, unless you wanted to move some of that $6 million to non-oil counties.

Chairman Bellew: My proposal is to leave the $500,000. The tobacco funding is coming from the tobacco advisory committee. We're alright with the amendment on the tobacco advisory bill. I think we also agree with the federal grants. With the list that we got from the Health Department, I want to make the granting specific to those grants for which they gave us the list. The local public health units, we committed $250,000 and you added $500,000. We are willing to compromise if the Senate would be amenable to reducing that by $250,000 so the total amount they would receive would be $500,000. That would be a 10 or 12 percent increase over the last biennium. The funding for the cardiac system of care, I think we're alright with that.

Sen. Kilzer: In general, I think that your proposals are very solid. They have good basis. On a couple of things, on the EMS situation, I'm anticipating receiving from the Legislative Council a totality of all of their funds from bills. They have to go to paid providers more frequently. In addition, there is a large amount of overlap from the ambulance service. There are more than a hundred different organizations or service areas. When you look at the state map and you see all of the territories that are being served, there are over a hundred. At the present time, district health units cover every square mile of the state. The 53 counties have 28 health units across the state. Ambulances are going to have to be similarly regionalized. On other things, the dental repayment system, along with Women's Way and the survey, you have a good start there. I would be concerned with the future of

the community health trust fund. It is so limited by measure 3 in the way the funds can be distributed. This is a very acceptable one-time source of the three funds but I would like to see a projection of what will be there in the future. Otherwise, I'm pretty much in agreement.

Chairman Bellew: For information, next biennium, measure 3 is no longer valid. The legislature can appropriate money as it used to out of the Community Health Trust fund. Eighty percent of it does not have to go back into tobacco cessation programs because it is past the seven- or eight-year limit. I thought we had a projection at one time. In this budget currently, there is a little over $2 million for Women's Way. If we added $400,000 it would be close to $2.5 million in there.

Sen. Kilzer: I am aware that 80% has to go to tobacco cessation out of the Community Health Trust Fund, but there is only 10% of all the tobacco money that comes into that fund. I would be interested in the projected revenue to the Community Trust Fund from the tobacco revenues is going to be for the next several biennia.

Sen. Mathern: I'm wondering if we should have a little bit of a report about the Community Health Trust Fund in its present position and coming into the next biennium. The cost of the survey is more. The difference might be a little more than $25,000.

Chairman Bellew: If I have it right, what would be left in the Community Health Trust Fund for the survey is $496,178. The department requested $520,000. They would have to come up with $25,000 in their budget

Sen. Mathern: The other concern I have is taking that money for Women's Way from the Student Trust Fund. In a way, we have that money to prepare health care providers. It would be sad if we funded a service, but didn't have enough providers to provide that service. That would be a concern of mine where we take the Women's Way dollars from. I would just hope we wouldn't take it from another program.

Chairman Bellew: We will schedule another meeting on Monday.

Sen. Mathern: I have another suggestion in terms of the emergency services. Rather than reducing the amount from the Executive recommendation, how about assuring that the money going into the oil impact counties doesn't get duplicated from the general formula of money going out to these services. With the 1156 bill, we've created another pool of dollars that was originally in the Department of Health. That would be another way of making sure that the non-oil counties are not as negatively impacted.

Chairman Bellew: We're open to any suggestions or proposals.

Chairman Bellew: Adjourned the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/21/2015
Job 26299

☐ Subcommittee
☒ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Chairman Bellew: I got a copy of HB 1176 yesterday and I want to bring up what is in there that concerns the Department of Health budget. Then I'd like to go through and see where we are with agreements on the bill before us. In 1176, there is $6 million in here for grants to emergency medical service providers. It does say it would mitigate the negative effects of oil and gas related development affecting EMS providers. Also, on section 12 of the bill there is $2 million for grants for local public health units in oil producing counties. I would like to discuss that as we go forward.

Sen. Mathern: I think those are important issues. I have some work done on the EMS grants in consideration of those two funding sources. I have a suggested amendment to the bill that I will hand out as a point of discussion on how we could meld the two appropriations in EMS and work with that dollar amount; recognize the $6 million and recognize that there would be some compromise in place with that $6 million. I would like to hand that out.

Chairman Bellew: We'll accept that now if you have it.

Sen. Mathern: As you know the impact bill came out late, after we had addressed this issue in the Department of Health budget. This language would suggest that we recognize that $6 million, that we recognize the House amount of $7.8 million, and direct that most of this money, at least 95%, would go to the non-oil impacted counties. There would be some flexibility on the part of the department in making these grants. This would recognize that the oil impact money wasn't supposed to totally be on top of the other statewide dollars, but would be more of an assurance that some money got out there. This amendment keeps

the $6 million in place, accepts the House amendments, and suggests a way that it can be doled out.

Sen. Kilzer: I would urge that we not adopt this amendment. When you look at the Department of Human Services budget, in the present biennium there is money to the tune of almost $8 million for ambulance services. The Executive budget for the next biennium increased that from $7.9 million up to $12 million. That's a tremendous increase so I would urge that we not adopt this amendment and as we put together what we're going to have for the Health Department part of it, we should keep in mind these other monies that they'll be receiving.

Sen. Mathern: I recognize what you're saying. I'm offering this as a manner of using the two pots of money. The $7.8 million, that could be higher or lower; I chose the House amount. There are two issues here; the manner in which we make both pots of money work together and the actual dollar amount. I would encourage us to think about this as a manner in which to do it, even if the dollar amount is incorrect.

Chairman Bellew: This is not an addition of $7.8 million; this would just leave it at $7.8 million as the House passed it. Is that correct?

Sen. Mathern: Correct. It is also suggesting the distribution of it so it flows more to the non-impacted counties because the impacted counties have the $6 million.

Sen. Kilzer: What this amendment does is to direct where the money goes or who gets the money. I think the Health Department can use good discretion on where the needs are.

Rep. Kreidt: I'd have to agree with Sen. Kilzer. I also think with the $6 million in 1176 that there will be some overflow into some of the counties also that aren't in the oil-impacted counties when this money goes out. I would let the Health Department make that decision.

Sen. Mathern: Just a clarification, there are very direct requirements in the law about the allocation. I think it's very important that we add some additional language. If you want to give the full discretion to the Department of Health, I think we need some changes in the law because our present requirements don't give them the flexibility that's indicated here.

Sen. Lee: Are you indicating that the law requires the dollars to be divided evenly between all of the service areas as opposed to this would require it to be directed at specifically to the way you have it?

Sen. Mathern: The law and some attorney general opinions of the past does in fact restrict the department in the manner in which it can give out these grants. This amendment would give the flexibility that I think you're looking for. The amount, the 95%, it just says at least 95%. It could be some variation of that. It's essentially saying get most of the money so it doesn't duplicate the $6 million. Without such wording, there will be duplication of dollars in some counties. If there is other wording that would be better, I think it would be fine. This is really just a reflection of what I understood was required to make sure there is flexibility.

Lori Laschkewitsch, OMB: There is an attorney general's opinion that addresses whether they were able to exclude some of the funding going out because of the basis of receiving additional funding. I believe if you want them to do something different with the money in their budget, you would need a section that tells them to do something different rather than just their discretion.

Chairman Bellew: Does the committee want to take action on this at this time?

Sen. Mathern: I'm fine with just leaving it on the table. I just wanted everyone to see it.

Chairman Bellew: I would like to discuss the local public health units now. Because of the $2 million in 1176, and the House added $250,000 to the local public health units, what my proposal would be is that this $250,000 go to local public health units not located in the oil producing counties and reduce that what the House passed it out as.

Sen. Kilzer: I'm ok with that.

Sen. Mathern: I really saw that addition in that House bill as trying to come up with a dramatic infrastructure needs of the oil-producing counties and their public health units. I don't see that as the same as emergency medical services. I think they are so far behind that they needed that extra $2 million. I understand your point of view, but I think it would be great if we also had some sort of method to find out if that $2 million will meet the need. For example, would Ward County be getting part of that?

Chairman Bellew: They are an oil producing county. I don't know the full mechanism on how this works. Let's continue on. As we said before, we agree on the health insurance premium. The targeted equity is going into the OMB bill. The food and lodging inspectors, the House doesn't want any of those. With the environmental health positions, can anyone refresh my memory on that?

Sen. Mathern: I think you thought they were great.

Chairman Bellew: The funding for the environmental health section legal fees, I think it was a consensus to remove that and if the department needed money, they could go to the emergency commission. We agreed to the forensic examiners equipment. With Women's Way, that would go back into the Community Health Trust Fund at $400,000. The doctors' loans at $360,000 would come out of the student loan trust fund. Then we would reduce the BRFSS survey to $496,000. The EMS grants, with what's in 1176, we would like to see that go back to the House's position. The funding for tobacco prevention we agree with. The funding for federal grants is ok and the funding for the cardiac system of care is ok.

Rep. Kreidt: If I remember correctly on the environmental health positions, the Senate had included 10. Is that correct?

Chairman Bellew: They added 4 to our 6.

Rep. Kreidt: We had indicated we would go to 9.

Chairman Bellew: We might have said that.

Sen. Lee: My understanding is that I had written ok by the 4.

Chairman Bellew: That's fine. How do we proceed from here?

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: I could go through the list to tell you what I have notes on so that I get it right. Then I could prepare the amendment and you could look at it.

Chairman Bellew: Ok. Could you do that?

Sheila Sandness: I wasn't sure about the environmental FTEs. Did you decide on 3 or 4 and if so, which ones?

Chairman Bellew: I will stay with 4.

Sheila Sandness: In addition to the 4 environmental FTEs, you agree on the forensic examiners equipment for $44,000. You agree on the healthcare insurance, the waste management study, the pathology center study. The equity pool will come out. The dentist loan will be paid $360,000 from the student loan trust fund. Women's Way will be $400,000 from Community Health Trust Fund. You'll reduce the survey to $496,000 coming from Community Health Trust Fund. The House is ok with the $500,000 tobacco grant. The House is ok with the federal money. The local public health units; was that going to be an increase on $250,000 and going to the non-oil?

Chairman Bellew: We're going to leave it at the House rate.

Sheila Sandness: And the House was an increase of $250,000.

Chairman Bellew: And going to non-oil producing counties.

Sheila Sandness: And with Legislative intent that it goes to non-oil producing counties. The House is accepting the cardia system of care. The EMS; we're leaving that at the House and adding the language or did you not come to a consensus?

Chairman Bellew: No, we didn't come to a consensus on that.

Sen. Kilzer: On the ambulance EMS services, whatever we put in here, we will kind of be balancing it with the Human Services budget.

Chairman Bellew: I think you're right.

Sen. Kilzer: There are actually three pots we're dealing with when it comes to funding that area; this budget, Human Services, and 1176. I'd welcome further discussion about the ambulance line item.

Sen. Mathern: The part in the DHS is really for payment of going out and getting somebody; it's the service end of it. What's in here is the training and grants for operating. This is more for keeping the place operating and the DHS is more for getting a patient and taking them to the hospital. There is that difference between the two.

Sen. Lee: What did you recall in terms of the food and lodging inspectors and the fee changes?

Sheila Sandness: I have that down as a question. I didn't know if you came to a consensus on that.

Sen. Lee: I thought we had discussed about taking out the fee increase, giving back one FTE, and then balancing that against the EMS money.

Chairman Bellew: That's not my understanding. I thought both FTEs would be eliminated. We have some more work to do.

Chairman Bellew dismissed the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/22/2015
Job 26337

☐ Subcommittee
☒ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Chairman Bellew: I have a proposal for the Senate. My proposal is, with what we've agreed to in the past, that the two new FTEs in the food and lodging would be removed, and lower the EMS increase by $500,000, and everything else we discussed previously.

Sen. Kilzer: What you're proposing would be that there would be one new FTE in food and lodging inspection.

Chairman Bellew: That's correct. That's what the House added the first half.

Sen. Kilzer: And there would be 10 new FTE in environmental.

Chairman Bellew: That's correct.

Sen. Kilzer: The $150,000 special funds of the food and lodging would be out.

Chairman Bellew: That's correct.

Sen. Kilzer: The EMS would be taken from $8.9 million down to $8.4 million.

Chairman Bellew: That's my understanding. It would be a $500,000 reduction from what you put in. The targeted equity is gone; that's going into the OMB budget. We agreed to remove the legal fees for the environmental health section. We agreed to keep the forensic examiner equipment in. Women's Way, the general funds will go back into the Community Health Trust Fund. Then there's a $360,000 doctor loan repayment that would come out of

the student loan trust fund, so that program stays intact. The EMS grants, we'd lower by $500,000. We'll keep the tobacco prevention money in, the $500,000. The federal grants we'll keep in. The local public health units, we'll remove that amount, the $500,000 and keep the $250,000 that the House added and that $250,000 for this biennium would go to the non-oil producing counties. We'll leave the cardia system of care at $200,000.

Sen. Mathern: I think the proposal has some merit, but I think there are some things that need to be corrected yet. One is the recognition of the $6 million that is in 1176. I checked with leadership and it appears that 1176 is going to pass with that $6 million in. I think it be appropriate that we give the department some latitude and direction about sharing those EMS grants in a different format so that the non-oil producing counties would actually increase in recognition of this $6 million going to the oil producing counties. I believe that was the actual intent of Sen. Wardner who brought the amendments on 1176 to the appropriations committee. I have some amendments to do that. The other thing is I believe there is room with those changes to get the operating funds into the department that they're short of some $400,000 and to put another person in the food and lodging, and to put the rest of the money into the public health units. That's what I think would be a positive situation to settle this budget and a manner in which the department could dole out those EMS grants. When we add these extra bills of surge and one-time funding, it has a positive ramification immediately, but it changes how the normal operation of the departments should be going. I think we should address that. That would be what we could do yet.

Sen. Kilzer: I'd like to proceed and draft the amendments that we have talked about and take it from there.

Chairman Bellew: Is that a formal motion?

Sen. Kilzer: Yes it is.

Sen. Lee: Second.

Chairman Bellew: We have a motion and a second to draft the amendments.

Sen. Kilzer: The ones that I talked about earlier.

Chairman Bellew: Yes.

Rep. Kreidt: Going back to the emergency medical service grant distribution, do we want some wordage in there how that is distributed from the Health Department?

Sen. Lee: What did we the last time we were here about that? I know we had an amendment proposed but do they have the latitude now or do they need some direction in that regard? They have to send it out equally?

Lori Laschkewitsch, OMB: Yes.

Rep. Kreidt: We did have that one amendment but that included 95%. I think the 95 might be a little high. Something more in the 85% area would be more appropriate to move those grants out. The wordage that was in Sen. Mathern's amendment would work.

Sen. Mathern: I handed out wording to recognize that this would be 85%.

Sen. Lee: I think I agree that we should look at the language that supports that money going out. I don't know exactly what the right number should be, but I think the 85% is a percentage that I could work with or support in terms of giving it to non-oil counties.

Sen. Kilzer: My question is to Lori and that is about the distribution now without this amendment. Did I hear something about equally?

Lori Laschkewitsch, OMB: Yes. They would have to distribute it out. They would not be able to change the distribution based on the oil producing counties and who gets money out of 1176. They would need this language in order to take the money from 1176 into consideration how they distribute this.

Sen. Kilzer: How are they distributing their appropriation now?

Lori Laschkewitsch, OMB: It's by a formula and grant applications.

Sen. Kilzer: What is the formula?

Tim Weidrich, Section Chief for the Emergency Preparedness and Response Section, Department of Health: The process is that there is the dollar amount, an application process that goes out through grant guidance, and then consistently we receive many more dollar requests than what we have to distribute. But in consultation with the attorney general's office, we're not able to exclude the oil impacted areas from that grant process so it ends up being an exclusionary process where we can't take that into consideration when we're awarding these funds that you're appropriating.

Sen. Kilzer: Are there other elements in the formula for distribution?

Tim Wiedrich: There's not a population-based or something along that nature. It ends up being prorated amongst the successful applicants based on the merits of the application.

Sen. Kilzer: Would this proposed amendment, the 85%, restrict you?

Tim Wiedrich: That would actually give us the latitude to be able to take these other grant funds from oil impact in consideration when we're making these awards.

Sen. Kilzer: As I pointed out to the sponsor of the amendment yesterday, it seems to be having the opposite effect. When you read it, it sounds like it's restricting and you tell me that it's opening up your options.

Tim Wiedrich: If I'm understanding the amendment correctly, the intent was that we have the latitude to take into consideration the oil impact funding.

Sen. Kilzer: I'm ok with this amendment then.

Chairman Bellew: Do we need to adopt it formally?

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: You could add it to your motion. But I would want to confirm with you the dollar amount because this has a different dollar amount than what you've previously mentioned.

Chairman Bellew: We want a total dollar amount in their budget of $8.44 million.

Sheila Sandness: Some of that $8.4 million is training grants.

Chairman Bellew: Yes, that's $1.25 million I think.

Sheila Sandness: So $940,000 is training grants so we would exclude that and then the rest would be rural EMS grants. The amount that would go in this section would be $7.5 million; $8.44 million minus the $940,000 would be $7.5 million.

Chairman Bellew: I think that's right.

Sheila Sandness: I have one other question before you make your motion. We also talked about non-oil on the local public health grants. I want to confirm with you the $250,000 is going into their base so it won't be one-time funding. It's an increase to the grants. However, my question then is this would be in session law that it's Legislative intent that the $250,000 go to non-oil.

Chairman Bellew: That's correct.

Sheila Sandness: Which then because it's in their base, then when it comes into their budget for the next biennium, just to confirm it'll be in their base but the restriction will end because this is session law. So the next biennium it would be in their base and it would go to everybody.

Chairman Bellew: I don't have a problem with that.

Sheila Sandness: Is that the intent of the committee?

Chairman Bellew: I think that's fine.

Sheila Sandness: Then the motion would be that the Senate recede from its amendments and further amend. Then we have the list.

Chairman Bellew: Do we have that motion?

Rep. Kreidt: I'll move it.

Sen. Lee: Second.

Sen. Mathern: We have a serious lack in the base operating budget of the Department of Health. If we were to adopt this motion and this became the result of 1004, I don't think that's acceptable. We also have a dramatic rejection of the audit report regarding our food and lodging work that needs to be done in our state. I think those are top items. We also are not giving the department the proper staff to do the environmental health section. This is the protection of our land and water and air. This pool of money of targeted equity that's going to OMB is a pittance compared to what this department needs. I think those are problems yet in this budget. I think we should be doing some more work in those areas. If we can't include that in this conference committee report, I plan to vote no on this motion.

Sen. Kilzer: The motion includes the Mathern amendment?

Chairman Bellew: Yes, but the dollar amount will change. It will be $7.5 million.

A Roll Call Vote was taken. Yes: 4, No: 2, Absent: 0. Motion carries.

Chairman Bellew adjourned the committee.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB 1004
4/22/2015
Job 26377

☐ Subcommittee
☒ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; and to amend and reenact section 43-28.1-01 of the North Dakota Century Code, relating to dental loan repayment program.

Minutes:

Chairman Bellew called the committee to order.

Chairman Bellew: I passed out a copy of the amendments. I wanted you to go through them and see if they're ok. We think they're what we asked for.

Sen. Mathern: I did go through them also. They are what you asked for but I don't think it's acceptable in terms of our actions. There are three things that I think we're short on. One is that we have one agency doing an audit of this department and telling them that they're way behind in food and lodging investigations. The solution was brought before us. We've not adopted that so I don't know what to do with that. The other area of concern, I just went through the data again with the spills in the west. They basically needed 17 staff; we put 10 out there. There are dramatic consequences. The other thing is that we just didn't fund the basic operations of the Health Department enough. Those are my concerns. I appreciate the amendments, but I think they lack in those three areas.

Sheila Sandness, Senior Fiscal Analyst, Legislative Council: I just noticed a bullet point missing on the statement of purpose. It's on the last page where it says this amendment also adds, there was a bullet there that indicated the addition of the Legislative intent on the rural emergency medical services grant distribution. I'll make sure it gets in there.

Sen. Mathern: It's in section 5.

Sheila Sandness: The actual formal amendment is correct; it's just the statement of purpose where we explain what we did.

Chairman Bellew: We'll need a motion that the Senate recede from its amendments and further amend.

Rep. Kreidt: I so move.

Sen. Lee: Second.

A Roll Call Vote was taken. Yes: 5, No: 1, Absent: 0. Motion carries.

Chairman Bellew dismissed the committee.

15.8112.02011
Title.04000
Fiscal No. 1

Prepared by the Legislative Council staff for
Conference Committee
April 22, 2015

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1571-1574 of the House Journal and pages 1338-1341 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "; to provide a statement of legislative intent; and to provide for legislative management studies"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,877,277	$62,634,787
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	6,961,674	44,266,688
Capital assets	2,224,288	1,494,944	3,719,232
Grants	57,510,729	451,031	57,961,760
Tobacco prevention	5,544,251	1,365,926	6,910,177
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$11,467,702	$195,692,644
Less estimated income	139,303,434	4,867,530	144,170,964
Total general fund	$44,921,508	$6,600,172	$51,521,680
Full-time equivalent positions	354.00	11.00	365.00"

Page 2, after line 9, insert:

"Forensic examiner x-ray equipment	0	44,000
WIC system upgrade	0	1,712,110"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$2,536,110
Less estimated income	265,000	2,200,110
Total general fund	$980,000	$336,000"

Page 3, after line 10, insert:

"**SECTION 5. LEGISLATIVE INTENT - GRANTS TO LOCAL PUBLIC HEALTH UNITS.** It is the intent of the sixty-fourth legislative assembly that, of the funds provided for grants to local public health units in the grants line item in section 1 of this Act, $250,000 from the general fund be made available for grants to local public health units serving non-oil-producing counties in the state during the biennium beginning July 1, 2015, and ending June 30, 2017.

SECTION 6. LEGISLATIVE INTENT - RURAL EMERGENCY MEDICAL SERVICES GRANT DISTRIBUTION. It is the intent of the sixty-fourth legislative assembly that, of the sum of $7,500,000 provided for rural emergency medical services grants in the grants line item in section 1 of this Act, at least eighty-five percent be distributed to emergency medical services providers that do not receive an oil impact grant during the biennium beginning July 1, 2015, and ending June 30, 2017.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - UNIVERSITY OF NORTH DAKOTA FORENSIC PATHOLOGY CENTER. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of the university of North Dakota acquiring the building that houses the university of North Dakota forensic pathology center. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

SECTION 8. LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGEMENT. During the 2015-16 interim, the legislative management shall consider studying onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$54,757,510	$61,864,139	$770,648	$62,634,787	$64,468,676	($1,833,889)
Operating expenses	37,305,014	40,605,327	3,661,361	44,266,688	44,606,538	(339,850)
Capital assets	2,224,288	3,488,810	230,422	3,719,232	3,719,232	
Grants	57,510,729	55,901,090	2,060,670	57,961,760	58,961,760	(1,000,000)
Tobacco prevention	5,544,251	6,413,715	496,462	6,910,177	6,913,715	(3,538)
WIC food payments	24,659,861	20,200,000		20,200,000	20,200,000	
Accrued leave payments	2,223,289					
Total all funds	$184,224,942	$188,473,081	$7,219,563	$195,692,644	$198,869,921	($3,177,277)
Less estimated income	139,303,434	138,320,871	5,850,093	144,170,964	143,920,964	250,000
General fund	$44,921,508	$50,152,210	$1,369,470	$51,521,680	$54,948,957	($3,427,277)
FTE	354.00	361.00	4.00	365.00	367.00	(2.00)

Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Health Insurance Premium Increases[1]	Adds Funding for Environmental Health Positions[2]	Adds One-Time Funding for Forensic Examiner Equipment[3]	Adjusts Funding for Women's Way[4]	Adjusts Funding for Dental Loan Repayments[5]	Adjusts Funding for Behavioral Risk Factor State Survey[6]
Salaries and wages	($257,767)	$560,582				
Operating expenses		117,936		(14,000)		
Capital assets			44,000			
Grants						
Tobacco prevention	(3,538)					
WIC food payments						
Accrued leave payments						
Total all funds	($261,305)	$678,518	$44,000	($14,000)	$0	$0
Less estimated income	(108,257)	0	0	(14,000)	0	0
General fund	($153,048)	$678,518	$44,000	$0	$0	$0
FTE	0.00	4.00	0.00	0.00	0.00	0.00

	Increases Funding for Rural EMS Grants[7]	Increases Funding for Tobacco Prevention[8]	Adds Funding for Federal Grants[9]	Adds Funding for Cardiac System of Care[10]	Total Conference Committee Changes
Salaries and wages			$467,833		$770,648
Operating expenses			3,357,425	200,000	3,661,361
Capital assets			186,422		230,422
Grants	600,000		1,460,670		2,060,670
Tobacco prevention		500,000			496,462
WIC food payments					
Accrued leave payments					
Total all funds	$600,000	$500,000	$5,472,350	$200,000	$7,219,563
Less estimated income	0	500,000	5,472,350	0	5,850,093
General fund	$600,000	$0	$0	$200,000	$1,369,470
FTE	0.00	0.00	0.00	0.00	4.00

[1] Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month and to reflect FTE adjustments made by the conference committee.

[2] Funding is added for 4 FTE positions in the Environmental Health Section, including municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (2 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($540,407), related salary increase funding ($20,175), and operating expenses ($117,936), the same as the Senate version.

[3] One-time funding included in the executive recommendation for digital x-ray equipment for the forensic examiner is added, the same as the Senate version.

[4] Funding for Women's Way is reduced to provide a total of $400,000 from the community health trust fund, instead of from the general fund as proposed in the executive recommendation and included in the Senate version.

[5] Funding for the dental loan repayment program ($360,000) is provided from the student loan trust fund instead of the community health trust fund. Funding for the dental loan repayment program was provided from the community health trust fund in the executive recommendation and in the House and Senate versions.

[6] Funding for the behavioral risk factor state survey is adjusted to provide $24,500 from federal or other funds, and $496,000 from the community health trust fund, instead of the total funding of $520,500 provided from the community health trust fund as provided in the executive recommendation and the House and Senate versions.

[7] Funding is increased by $600,000 from the general fund for rural emergency medical services (EMS) grants to provide a total of $8.44 million, of which $1.25 million is from the insurance tax distribution fund and $7.19 million is from the general fund. Funding is provided for training grants ($940,000) and rural EMS grants ($7,500,000). This level of funding is $500,000 less than the executive recommendation of $8.94 million. In addition, a section is added to provide that of the $7.5 million provided for rural EMS grants, at least 85 percent be distributed to EMS providers that do not receive oil impact grant funding.

[8] Funding for tobacco prevention is increased to provide for a grant from the Tobacco Prevention and Control Executive Committee to be used for the Centers for Disease Control and Prevention *Best Practices for Comprehensive Tobacco Prevention and Control Programs*, the same as the Senate version.

[9] Federal funding authority is added for federal grants identified by the department, including funding for colorectal cancer screening capacity, stroke prevention, and Ebola emergency preparedness, lab capacity, and hospital preparedness, the same as the Senate version.

[10] Funding is added for cardiac system of care, the same as the Senate version.

This amendment also adds:

- A section of legislative intent to provide that the additional $250,000 from the general fund provided for grants to local public health units be made available to local public health units serving non-oil-producing counties in the state. This section was not included in the House or Senate version. The conference committee increased funding for grants to local public health units by $250,000 from the general fund to provide a total of $4,250,000, the same as the House version. This level of funding is $500,000 less than the amount approved by the Senate and $750,000 less than the executive recommendation.
- A section of legislative intent to provide that of the sum of $7.5 million provided for rural emergency medical services grants, at least 85 percent is to be distributed to emergency medical services providers that do not receive oil impact grant funding. This section was not included in the House or Senate version.
- A section to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center, the same as the Senate version.
- A section to provide for a Legislative Management study of onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public, the same as the Senate version.

The conference committee removed a section included by the Senate to provide the State Department of Health increase license fees in the Division of Food and Lodging to generate additional revenue necessary to support a portion of the cost of additional FTE positions.

In addition, the conference committee did not include funding for 2 additional inspection FTE positions in the Division of Food and Lodging ($326,488), targeted salary equity ($1,559,659), or additional Environmental Health Section legal fees ($270,000) included in the executive recommendation and the Senate version.

Date: Click here to enter a date.
Roll Call Vote #: "Enter Vote #"

2015 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1004 as (re) engrossed

House Appropriations - Human Resources Committee

Action Taken

- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☐ **SENATE recede from Senate amendments and amend as follows**

- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Representatives	4/15	4/16	4/17	Yes	No		Senators	4/15	4/16	4/17	Yes	No
Chairman Bellew	X	X	X				Sen. Kilzer	X	X	X		
Rep. Kreidt	X	X	X				Sen. Lee	X	X	X		
Rep. Holman	X	X	X				Sen. Mathern	X	X	X		
Total Rep. Vote							Total Senate Vote					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Date: 4/22/2015
Roll Call Vote #: 1

2015 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1004 as (re) engrossed

House Appropriations - Human Resources Committee

Action Taken
- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☐ **SENATE recede from Senate amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Kreidt Seconded by: Sen. Lee

Representatives	4/18	4/21	4/22	Yes	No		Senators	4/18	4/21	4/22	Yes	No
Chairman Bellew	X	X	X	X			Sen. Kilzer	X	X	X	X	
Rep. Kreidt	X	X	X	X			Sen. Lee	X	X	X	X	
p. Holman	X	X	X		X		Sen. Mathern	X	X	X		X
Total Rep. Vote				2	1		Total Senate Vote				2	1

Vote Count Yes: 4 No: 2 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment
Voted to propose an amendment

Date: 4/22/2015
Roll Call Vote #: 2

2015 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1004 as (re) engrossed

House Appropriations - Human Resources Committee

Action Taken
- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☒ **SENATE recede from Senate amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Kreidt Seconded by: Sen. Lee

Representatives	4/22			Yes	No	Senators	4/22			Yes	No
Chairman Bellew	X			X		Sen. Kilzer	X			X	
Rep. Kreidt	X			X		Sen. Lee	X			X	
Holman	X			X		Sen. Mathern	X				X
Total Rep. Vote				3		Total Senate Vote				2	1

Vote Count Yes: 5 No: 1 Absent: 0

House Carrier _____ Senate Carrier _____

LC Number 15.8112. . 02011 of amendment

LC Number . 04000 . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

HB 1004, as engrossed: Your conference committee (Sens. Kilzer, G. Lee, Mathern and Reps. Bellew, Kreidt, Holman) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1571-1574, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1571-1574 of the House Journal and pages 1338-1341 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "; to provide a statement of legislative intent; and to provide for legislative management studies"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,877,277	$62,634,787
Accrued leave payments	2,223,289	(2,223,289)	0
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Capital assets	2,224,288	1,494,944	3,719,232
Grants	57,510,729	451,031	57,961,760
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Less estimated income	139,303,434	4,867,530	144,170,964
Total general fund	$44,921,508	$6,600,172	$51,521,680
Full-time equivalent positions	354.00	11.00	365.00"

Page 2, after line 9, insert:

"Forensic examiner x-ray equipment	0	44,000
WIC system upgrade	0	1,712,110"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$2,536,110
Less estimated income	265,000	2,200,110
Total general fund	$980,000	$336,000"

Page 3, after line 10, insert:

"**SECTION 5. LEGISLATIVE INTENT - GRANTS TO LOCAL PUBLIC HEALTH UNITS.** It is the intent of the sixty-fourth legislative assembly that, of the funds provided for grants to local public health units in the grants line item in section 1 of this Act, $250,000 from the general fund be made available for grants to local public health units serving non-oil-producing counties in the state during the biennium beginning July 1, 2015, and ending June 30, 2017.

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Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$54,757,510	$61,864,139	$770,648	$62,634,787	$64,468,676	($1,833,889)
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Total all funds	$184,224,942	$188,473,081	$7,219,563	$195,692,644	$198,869,921	($3,177,277)
Less estimated income	139,303,434	138,320,871	5,850,093	144,170,964	143,920,964	250,000
General fund	$44,921,508	$50,152,210	$1,369,470	$51,521,680	$54,948,957	($3,427,277)
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Department No. 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Health Insurance Premium Increases[1]	Adds Funding for Environmental Health Positions[2]	Adds One-Time Funding for Forensic Examiner Equipment[3]	Adjusts Funding for Women's Way[4]	Adjusts Funding for Dental Loan Repayments[5]	Adjusts Funding for Behavioral Risk Factor State Survey[6]
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Capital assets			44,000			
Grants						
Tobacco prevention	(3,538)					
WIC food payments						
Accrued leave payments						
Total all funds	($261,305)	$678,518	$44,000	($14,000)	$0	$0
Less estimated income	(108,257)	0	0	(14,000)	0	0
General fund	($153,048)	$678,518	$44,000	$0	$0	$0
FTE	0.00	4.00	0.00	0.00	0.00	0.00

	Increases Funding for Rural EMS Grants[7]	Increases Funding for Tobacco Prevention[8]	Adds Funding for Federal Grants[9]	Adds Funding for Cardiac System of Care[10]	Total Conference Committee Changes
Salaries and wages			$467,833		$770,648
Operating expenses			3,357,425	200,000	3,661,361
Capital assets			186,422		230,422
Grants	600,000		1,460,670		2,060,670
Tobacco prevention		500,000			496,462
WIC food payments					

Accrued leave payments					
Total all funds	$600,000	$500,000	$5,472,350	$200,000	$7,219,563
Less estimated income	0	500,000	5,472,350	0	5,850,093
General fund	$600,000	$0	$0	$200,000	$1,369,470
FTE	0.00	0.00	0.00	0.00	4.00

[1] Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month and to reflect FTE adjustments made by the conference committee.

[2] Funding is added for 4 FTE positions in the Environmental Health Section, including municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (2 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($540,407), related salary increase funding ($20,175), and operating expenses ($117,936), the same as the Senate version.

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This amendment also adds:

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included in the House or Senate version. The conference committee increased funding for grants to local public health units by $250,000 from the general fund to provide a total of $4,250,000, the same as the House version. This level of funding is $500,000 less than the amount approved by the Senate and $750,000 less than the executive recommendation.

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- A section to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center, the same as the Senate version.
- A section to provide for a Legislative Management study of onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public, the same as the Senate version.

The conference committee removed a section included by the Senate to provide the State Department of Health increase license fees in the Division of Food and Lodging to generate additional revenue necessary to support a portion of the cost of additional FTE positions.

In addition, the conference committee did not include funding for 2 additional inspection FTE positions in the Division of Food and Lodging ($326,488), targeted salary equity ($1,559,659), or additional Environmental Health Section legal fees ($270,000) included in the executive recommendation and the Senate version.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.

2015 TESTIMONY

HB 1004

Prepared by the North Dakota Legislative Council
Staff for House Appropriations -
January 9, 2015

Department 301 - State Department of Health
House Bill No. 1004

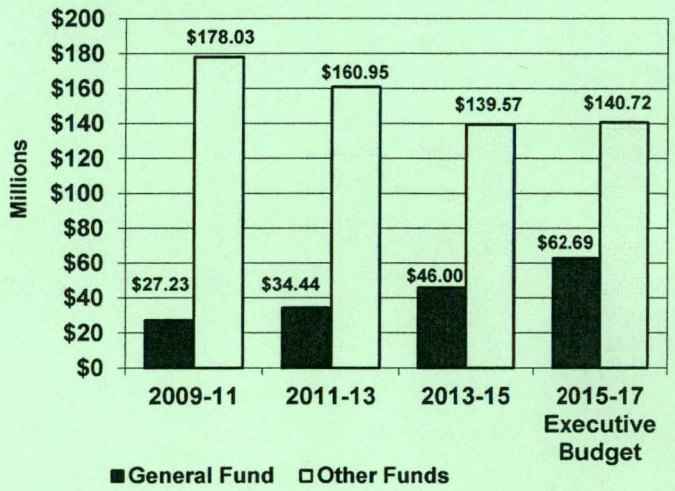
Executive Budget Comparison to Prior Biennium Appropriations

	FTE Positions	General Fund	Other Funds	Total
2015-17 Executive Budget	373.00	$62,694,635	$140,717,631	$203,412,266
2013-15 Legislative Appropriations	354.00	46,001,508	139,568,434	185,569,942
Increase (Decrease)	19.00	$16,693,127	$1,149,197	$17,842,324

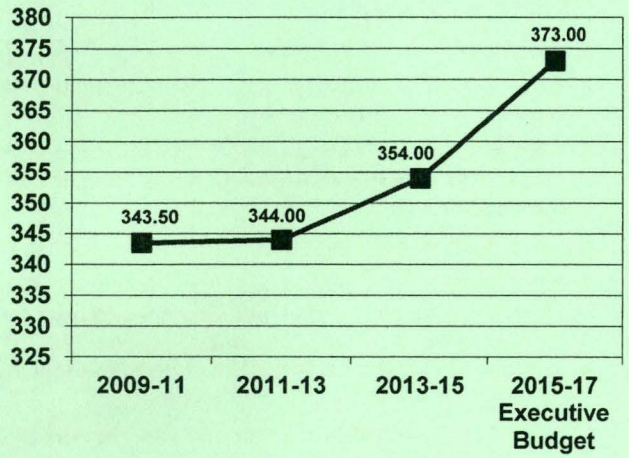
Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2015-17 Executive Budget	$61,159,135	$1,535,500	$62,694,635
2013-15 Legislative Appropriations	44,921,508	1,080,000	46,001,508
Increase (Decrease)	$16,237,627	$455,500	$16,693,127

Agency Funding



FTE Positions



Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2015-17 Executive Budget	$62,694,635	$140,717,631	$203,412,266
2015-17 Base Level	44,921,508	139,303,434	184,224,942
Increase (Decrease)	$17,773,127	$1,414,197	$19,187,324

Attached as an appendix is a detailed comparison of the executive budget to the agency's base level appropriations.

Executive Budget Highlights

	General Fund	Other Funds	Total
Administrative Support			
1. Provides funding for state employee salary and benefit increases, of which $2,929,634 relates to performance increases, $1,037,666 is for market equity adjustments, $1,632,154 is for health insurance increases, and $304,811 is for retirement contribution increases	$3,499,196	$2,405,069	$5,904,265
2. Provides targeted equity salary funding	$1,559,659	$0	$1,559,659
3. Adjusts funding for operating expenses, including reductions related to the removal of certain programs and increases due to inflation and increased information technology costs related to projects	$40,090	($1,329,690)	($1,289,600)
4. Adjusts funding for grants	$40,000	$751,740	$791,740

5. Removes funding for regional public health network grants provided during the 2013-15 biennium	($700,000)	$0	($700,000)
6. Increases funding for the dental loan repayment program to provide a total of $600,000, of which $240,000 is from the general fund and $360,000 is from the community health trust fund	$60,000	$0	$60,000
7. Increases funding for the medical loan repayment program to provide a total of $698,800 from the general fund	$122,012	$0	$122,012
8. Adds funding for a behavioral health professional loan repayment program to provide loan repayment for one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, licensed practical nurses, and registered nurses each year of the biennium	$495,000	$0	$495,000
9. Increases funding for local public health units to provide a total of $5 million from the general fund	$1,000,000	$0	$1,000,000
Medical Services			
10. Adjusts funding for operating expenses, including increases due to inflation and increased information technology costs related to software and computer replacement	$305,793	$1,339,643	$1,645,436
11. Adjusts funding for grants	$0	($530,544)	($530,544)
12. Adds **one-time funding** for a school immunization interface module	$179,100	$0	$179,100
13. Increases funding for the universal vaccine program to provide a total of $3,076,853 from the general fund, including a school interface module	$576,853	$0	$576,853
14. Adds funding for a catastrophic infectious disease outbreak fund	$550,000	$0	$550,000
15. Adds funding to contract with the University of North Dakota School of Medicine and Health Sciences to perform autopsies in the eastern part of the state. The 2013-15 biennium appropriation includes $480,000 of one-time funding for autopsy services in the eastern part of the state.	$640,000	$0	$640,000
16. Adds **one-time funding** to modify vital records system to allow electronic review	$20,000	$0	$20,000
17. Adds **one-time funding** for digital x-ray equipment for State Forensic Examiner	$44,000	$0	$44,000
18. Adjusts funding for bond payments, extraordinary repairs, and equipment	($36,857)	($2,385)	($39,242)
Health Resources			
19. Adjusts funding for operating expenses, including increases due to inflation and increased information technology costs related to maintenance	$32,603	($72,062)	($39,459)
20. Adds funding for 5 FTE food and lodging inspector positions, including salaries and wages ($652,393) and operating expenses ($139,623)	$749,873	$42,143	$792,016
21. Adjusts funding for equipment	$0	($15,000)	($15,000)
Community Health			
22. Adjusts funding for operating expenses, including increases due to inflation and increased travel costs	$246,546	($653,257)	($406,711)
23. Adjusts funding for grants	($128,928)	$1,695,340	$1,566,412
24. Increases funding for tobacco prevention and control, including NDQuits/QuitNet and grants to health systems for tobacco cessation	$0	$1,011,103	$1,011,103
25. Decreases funding for WIC food payments	$0	($4,459,861)	($4,459,861)
26. Removes contingent funding for family violence grant	($80,000)	$0	($80,000)
27. Increases funding for suicide prevention grants to provide a total of $1,180,000 from the general fund	$500,000	$0	$500,000

28. Adds funding for domestic violence and rape crisis grants	$500,000	$0	$500,000
29. Adjusts funding for the Women's Way program to provide a total of $500,000 from the general fund instead of the community health trust fund	$500,000	($400,500)	$99,500
30. Adds **one-time funding** from federal funds for WIC food payments system replacement, including salaries and wages ($110,000) and operating expenses ($1,602,110)	$0	$1,712,110	$1,712,110
31. Adds funding for a mobile dental services grant	$100,000	$0	$100,000
Environmental Health			
32. Adjusts funding for operating expenses, including increases due to inflation, additional equipment purchases, increased travel costs, rental costs related to additional space needs, and information technology related to electronic reporting	($13,112)	($74,739)	($87,851)
33. Adjusts funding for grants	$0	($1,606,977)	($1,606,977)
34. Adds funding for 14 FTE positions in air quality (3 FTE positions), laboratory services (1 FTE position), municipal facilities (3 FTE positions), waste management (4 FTE positions), and water quality (3 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($1,934,833), operating expenses ($4,067,753), and grants ($50,000)	$3,681,705	$2,370,881	$6,052,586
35. Adds funding for salary increases for emergency and spill response staff	$104,544	$0	$104,544
36. Adds **one-time funding** for equipment costs related to additional environmental impact positions	$303,400	$536,600	$840,000
37. Adjusts funding for bond payments, extraordinary repairs, and equipment	($300,406)	$368,170	$67,764
38. Adds funding for Environmental Protection Agency lawsuit	$500,000	$0	$500,000
Emergency Preparedness and Response			
39. Adjusts funding for operating expenses, including increases due to inflation and rental costs related to relocation of the section to new office space and reductions in professional fees related to the stroke system of care funded in the grants line and the removal of regional coordinators contracted to support ambulance services	($88,323)	$20,545	($67,778)
40. Adjusts funding for grants	$70,500	$61,218	$131,718
41. Adds **one-time funding** for medical cache supplies, including equipment ($30,000) for two used school buses to transport wheelchairs and stretchers	$989,000	$0	$989,000
42. Adjusts funding for equipment	$0	$471,000	$471,000
43. Increases funding for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund	$1,600,000	$0	$1,600,000
44. Adjusts funding for the continuation of the cardiac care system	$213	($2,055,906)	($2,055,693)

Other Sections in Bill

Environment and rangeland protection fund - Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.

Loan repayment program changes - Section 4 amends North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.

Continuing Appropriations

Combined purchasing with local public health units - Section 23-01-28 - Allows the State Department of Health to assist the local health units to purchase vaccines. Vaccines are not always available to local health units so it is necessary for the State Department of Health to purchase the vaccine and request the payment from the local health units. When the vaccines are delivered and payment is received, the net effect is zero.

Environmental quality restoration fund - Sections 23-31-01 and 23-31-02 - Allows the State Department of Health to provide immediate and timely response to catastrophic events that threaten the public and environmental health and when the responsible party is late in responding or cannot be located.

Organ tissue transplant fund - Sections 23-01-05.1 and 57-38-35.1 - Provides financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than $5 are transferred to the organ tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds.

Veterinarian and dental loan repayment - Sections 43-29.1-08 and 43-28.1-09 - The Health Council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of veterinarians' education loans or dentists' education loans. All money received as gifts, grants, or donations under these sections is appropriated as a continuing appropriation to the Health Council for the purpose of providing funds for the repayment of additional veterinarians' or dentists' education loans. If an entity desires to provide funds to the Health Council to allow an expansion of the program beyond three veterinarians or dentists, the entity must fully fund the expansion for a period of four years.

Deficiency Appropriation

Local public health vaccine purchasing program - Senate Bill No. 2023 contains a general fund deficiency appropriation of $470,900 for a shortfall in the local public health vaccine purchasing program.

Significant Audit Findings

The operational audit of the State Department of Health conducted by the State Auditor's office for the biennium ended June 30, 2013, included significant audit findings related to the underground storage tank program and the Division of Food and Lodging.

Significant audit findings related to the underground storage tank program include the following:

- The underground storage tank program does not have policies and procedures in place to ensure all areas of the training and registration process are adequate.
- The underground storage tank program does not have adequate policies and procedures in place to ensure the inspection process is handled appropriately.

Significant audit findings related to the Division of Food and Lodging include the following:

- The division does not have adequate policies and procedures in place to ensure the inspection process is handled appropriately.
- The division does not have policies and procedures in place to ensure all areas of the complaint handling process are adequate.
- The division was not following department policies and procedures to ensure policy acknowledgments and the division does not have policies and procedures in place to ensure new employee training is documented.
- The division does not have an adequate database management system. The current system does not have the ability to perform edit checks or completeness checks to ensure the validity of data entered. In addition, the system does not track, record, and disseminate all necessary information. Lack of funding to update the database has caused the division to rely on an outdated system.
- The division does not have policies and procedures in place to ensure that enforcement actions are handled consistently and appropriately.
- The division does not have policies and procedures in place to ensure all areas of the licensing process are adequate.
- The division does not have adequate staffing levels to ensure that inspectors have adequate time to perform thorough inspections using a risk-based approach. The division does not have adequate funding to support the staffing levels necessary.
- The division does not have adequate Memorandum's of Understanding (MOU) set up with the nine local and city health units. The division does not have policies and procedures in place to ensure adequate MOU's are entered into and that monitoring of the local and city health units is performed.

Early Funding

Environmental scientists - The executive recommendation includes, in Senate Bill No. 2126, $2 million, from the general fund to the State Department of Health for the purpose of hiring up to 15 environmental scientist FTE positions during the 2013-15 biennium.

Major Related Legislation

House Bill No. 1036 - Evaluation of State Programs to Assist Health Professionals - Requires the State Department of Health evaluate state programs to assist health professionals, including behavioral health professionals, with a focus on state loan repayment programs and report to Legislative Management. A fiscal note prepared by the State Department of Health indicates the department would need to contract with an outside vendor to complete the evaluation and study of programs at an estimated cost of $20,000.

House Bill No. 1042 - Electronic Review of Death Records and County Coroner Training and Planning Meetings - Provides appropriations totaling $54,375 from the general fund to the State Department of Health for information technology

costs related to the electronic review of death records ($15,000) and for the reimbursement of travel costs related to county coroner training and planning meetings ($39,375).

House Bill No. 1046 - Traumatic Brain Injury Registry - Provides appropriations totaling $2,226,083 from the general fund to the State Department of Health for the establishment and administration of a traumatic brain injury registry ($251,083), and to the Department of Human Services for costs relating to a traumatic brain injury registry, traumatic brain injury regional resource facilitation, and expanded traumatic brain injury programming ($1,975,000).

House Bill No. 1048 - Uniform Licensing and Reciprocity Standards - Requires the State Department of Health to develop a plan, during the 2015-16 interim, for the administration and implementation of uniform licensing and reciprocity standards for licensees of the Board of Addiction Counseling Examiners, Board of Counseling Examiners, North Dakota Board of Social Work Examiners, State Board of Psychologist Examiners, State Board of Medical Examiners, and the North Dakota Marriage and Family Therapy Licensure Board. A fiscal note prepared by the State Department of Health estimates expenditures totaling $108,900 from the general fund, including a contract with an outside vendor to complete the evaluation and study of six program standards at an estimated cost of $80,000 and department staff needed to develop the request for proposal, oversee the contract, and the study at an estimated cost of $28,900.

House Bill No. 1049 - Programs to Assist Behavioral Health Professionals - Provides appropriations to the State Board of Higher Education to administer a grant program to assist with the repayment of student loans incurred by behavioral health professionals, to the Office of Management and Budget for a transfer to the Bank of North Dakota for an addiction counselor internship loan program revolving fund, and to the Department of Human Services for annual grants to private entities that provide clinical training experiences for individuals pursuing licensure as addiction counselors. These programs are in addition to a state behavioral health professional loan repayment program to be administered by the State Department of Health included in House Bill No. 1115 below.

House Bill No. 1113 - Radioactive Material Regulation and Disposal - Relates to land used for the disposal of technologically enhanced naturally occurring radioactive material and penalties.

House Bill No. 1114 - Solid Waste Management - Increases penalties for solid waste disposal infractions.

House Bill No. 1115 - Behavioral Health Professional Loan Repayment Program - Creates a state behavioral health professional loan repayment program to be administered by the State Department of Health. A fiscal note prepared by the State Department of Health indicates funding for one clinical psychologist each year of the biennium ($135,000) and four other behavioral health professionals each year of the biennium ($360,000) is included in the executive recommendation.

House Bill No. 1116 - Health Statistics - Amends sections of Century Code relating to health statistics to provide clarification and allows the State Department of Health to issue, through electronic means, verification of information contained on birth or death records filed with the State Registrar.

Senate Bill No. 2023 - Deficiency Appropriation - Provides a general fund deficiency appropriation of $470,900 for a shortfall in the local public health vaccine purchasing program.

Senate Bill No. 2126 - Early Hire of Environmental Scientists - Provides appropriations to various agencies impacted by oil development, including $2 million from the general fund to the State Department of Health for early hiring of environmental scientists.

Senate Bill No. 2160 - Health Information Hub - Establishes a statewide health information hub and provides the State Health Officer serve on the executive committee.

Senate Bill No. 2162 - Loan Repayment Program for Social Workers and Addiction Counselors - Provides the State Department of Health administer a loan repayment program for social workers and addiction counselors and includes an appropriation of $360,000 from the general fund to the State Department of Health for the loan repayment program.

House Concurrent Resolution No. 3004 - Medicolegal Death Investigation - Directs Legislative Management continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state.

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942
2015-17 Ongoing Funding Changes				
Base payroll changes		$110,666	($170,444)	($59,778)
Salary increase - Performance		1,739,645	1,189,989	2,929,634
Salary increase - Market equity		609,362	428,304	1,037,666
Retirement contribution increase		181,000	123,811	304,811
Health insurance increase		969,189	662,965	1,632,154
Salary increase - Targeted equity		1,559,659		1,559,659
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522
Cost to continue programs		505,169	(3,847,541)	(3,342,372)
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)
Increases funding for vaccines, including a school interface module		576,853		576,853
Adds funding for a catastrophic infectious disease outbreak fund		550,000		550,000
Adds funding for autopsy contract with UND		640,000		640,000
Increases funding for suicide prevention grants		500,000		500,000
Increases funding for the dental loan repayment program		60,000		60,000
Increases funding for the medical loan repayment program		122,012		122,012
Adds funding for behavioral health professional loan repayment program		495,000		495,000
Increases funding for local public health grants		1,000,000		1,000,000
Increases funding for rural EMS grants		1,600,000		1,600,000
Adds funding for domestic violence and rape crisis grants		500,000		500,000
Adjusts funding for Women's Way program		500,000	(400,500)	99,500
Adds funding for mobile dental services grant		100,000		100,000
Adds funding for EPA lawsuit		500,000		500,000
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478
Adds funding for operating expenses related to food and lodging FTE		97,480	42,143	139,623
Adds funding for air quality environmental scientist II	1.00		129,893	129,893
Adds funding for air quality environmental scientist II	1.00		129,893	129,893
Adds funding for air quality environmental scientist II	1.00		129,893	129,893
Adds funding for chemistry lab chemist II	1.00	129,854		129,854
Adds funding for municipal facilities data processing coordinator II	1.00	111,657		111,657
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728
Adds funding for waste management environmental scientist II	1.00	129,893		129,893
Adds funding for waste management environmental scientist II	1.00	129,893		129,893
Adds funding for waste management environmental scientist II	1.00	129,893		129,893
Adds funding for waste management environmental scientist II	1.00	129,893		129,893
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893
Adds funding for water quality environmental scientist admin. I	1.00	178,279		178,279
Adds funding for waste management temporary salaries		3,850		3,850
Adds funding for water quality temporary salaries		40,700		40,700
Adds funding for additional salaries for emergency and spill response		104,544		104,544
Adds funding for operating expense and grants related to Env. Div. FTE		2,136,551	1,981,202	4,117,753
Removes funding for regional public health network grants		(700,000)		(700,000)
Removes funding for contingent family violence grant		(80,000)		(80,000)
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114
One-time funding items				
Adds funding for a school immunization interface module		$179,100		$179,100
Adds funding from federal funds for WIC food payments system upgrade			$1,712,110	1,712,110
Adds funding for costs related to environmental impact		303,400	536,600	840,000
Adds funding for medical cache		989,000		989,000

Adds funding to modify vital records system to allow electronic review		20,000		20,000
Adds funding for digital x-ray equipment for forensic examiner		44,000		44,000
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266

Other Sections in House Bill No. 1004

	Executive Budget Recommendation
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.
Loan repayment program changes	Section 4 amends North Dakota Century Code 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.

Prepared by the North Dakota Legislative Council staff for Senate Appropriations
March 11, 2015

Department 321 - Department of Veterans' Affairs
House Bill No. 1025

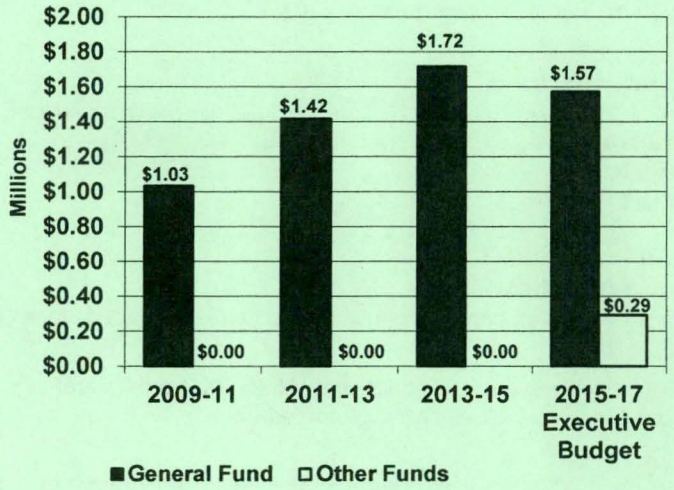
Executive Budget Comparison to Prior Biennium Appropriations

	FTE Positions	General Fund	Other Funds	Total
2015-17 Executive Budget	9.00	$1,572,448	$292,933	$1,865,381
2013-15 Legislative Appropriations	8.00	1,715,703	0	1,715,703
Increase (Decrease)	1.00	($143,255)	$292,933	$149,678

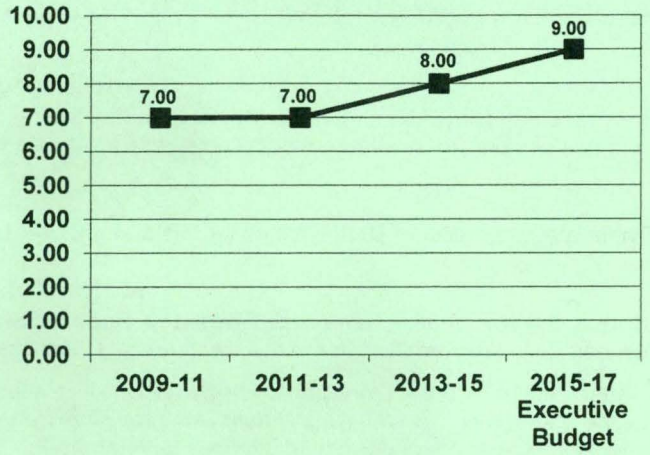
Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2015-17 Executive Budget	$1,572,448	$0	$1,572,448
2013-15 Legislative Appropriations	1,420,703	295,000	1,715,703
Increase (Decrease)	$151,745	($295,000)	($143,255)

Agency Funding



FTE Positions



Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2015-17 Executive Budget	$1,572,448	$292,933	$1,865,381
2015-17 Base Level	1,420,703	0	1,420,703
Increase (Decrease)	$151,745	$292,933	$444,678

First House Action

Attached is a comparison worksheet detailing first house changes to base level funding and the executive budget.

Executive Budget Highlights (With First House Changes in Bold)

	General Fund	Other Funds	Total
1. Provides funding for state employee salary and benefit increases, of which $63,370 relates to performance increases, $15,111 is for market equity adjustments, $38,858 is for health insurance increases, and $6,519 is for retirement contribution increases. **The House provided funding for performance salary increases of 2 to 4 percent per year and funding for health insurance increases, but did not include funding for market equity increases or funding for retirement contribution increases.**	$106,621	$17,237	$123,858
2. Provides targeted equity salary funding. **The House did not include funding for targeted equity salary funding.**	$55,100	$0	$55,100

3. Transfers the State Approving Agency federal funding and 1 FTE position from the North Dakota University System	$0	$275,696	$275,696
4. Adjusts funding for operating expenses	($5,220)	$0	($5,220)
5. Increases funding for stand down events, to provide a total of $20,000. **The House increased funding for stand down events by $5,000 to provide a total of $15,000.**	$10,000	$0	$10,000
6. Adds funding to purchase vans to transport veterans to medical appointments	$15,000	$0	$15,000
7. Removes funding for Agent Orange grants approved during the 2013-15 biennium	($50,000)	$0	($50,000)
8. Removes funding for service dog grants approved during the 2013-15 biennium	($50,000)	$0	($50,000)

Other Sections in Bill

Exemption - The House added a section to provide that if any of the funds available for veteran service dog training during the 2013-15 biennium remain at the end of the 2013-15 biennium, those funds are available for grants during the 2015-17 biennium.

Contingent funding - The House added a section to require the department seek federal funds of at least $20,000 for stand down events. The department may spend up to $15,000 from the general fund for stand down events only to the extent federal funding received for the stand down events during the 2015-17 biennium does not total $20,000.

Continuing Appropriations

Veterans' aid fund - North Dakota Century Code Section 37-14-03.3 - The purpose of the veterans' aid fund is to make loans or advancements to any veteran and to a surviving spouse of a veteran if the spouse has not remarried.

Significant Audit Findings

There are no significant audit findings for this agency.

Major Related Legislation

House Bill No. 1053 - Centralized Desktop Support Services - Requires certain agencies to obtain centralized desktop support services from the Information Technology Department.

House Bill No. 1364 - Transportation Services - Provides a 2013-15 biennium appropriation of $380,000 from federal funds to the Department of Veterans' Affairs for providing transportation services to veterans or for purchasing vehicles for the provision of transportation-related services to veterans.

House Bill No. 1372 - Agent Orange - Provides an appropriation of $50,000 from the general fund to the Department of Veterans' Affairs for the identification of and provision of services to veterans exposed to Agent Orange.

Department of Veterans' Affairs - Budget No. 321
House Bill No. 1025
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	8.00	$1,420,703	$0	$1,420,703	8.00	$1,420,703	$0	$1,420,703
2015-17 Ongoing Funding Changes								
Base payroll changes		$70,244		$70,244		$70,244		$70,244
Salary increase - Performance		46,133	$17,237	63,370		38,613	8,757	47,370
Salary increase - Market equity		15,111		15,111				0
Salary increase - Targeted equity		55,100		55,100				0
Retirement increase		6,519		6,519				0
Health insurance increase		38,858		38,858		38,858		38,858
Transfer FTE from the North Dakota University System	1.00		275,696	275,696	1.00		275,696	275,696
Adjust funding for operating expenses		(5,220)		(5,220)		(5,220)		(5,220)
Increase funding for stand down events		10,000		10,000		5,000		5,000
Add funding to purchase vans		15,000		15,000		15,000		15,000
Remove funding for Agent Orange grants		(50,000)		(50,000)		(50,000)		(50,000)
Remove funding for service dog grants		(50,000)		(50,000)		(50,000)		(50,000)
Total ongoing funding changes	1.00	$151,745	$292,933	$444,678	1.00	$62,495	$284,453	$346,948
One-time funding items								
Total one-time funding changes	0.00	$0	$0	$0	0.00	$0	$0	$0
Total Changes to Base Level Funding	1.00	$151,745	$292,933	$444,678	1.00	$62,495	$284,453	$346,948
2015-17 Total Funding	9.00	$1,572,448	$292,933	$1,865,381	9.00	$1,483,198	$284,453	$1,767,651

Other Sections in House Bill No. 1025

	Executive Budget Recommendation	House Version
Veteran service dog training		Section 3 allows unexpended funds appropriated during the 2013-15 biennium for veteran service dog training to continue into the 2015-17 biennium.
Contingent funding for stand down events		Section 4 directs the department to seek federal funds of at least $20,000 for stand down events. The department may spend up to $15,000 appropriated from the general fund only to the extent the department is unable to obtain federal funding.

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2013-15 AND 2015-17 BIENNIUMS (REFLECTING LEGISLATIVE ACTION CHANGES FOR CONFERENCE COMMITTEE)

	2013-15 Biennium		2015-17 Biennium	
Beginning balance		$47,258		$337,042
Add estimated revenues				
Transfers to date from the tobacco settlement trust fund	$2,275,638[1]			
Projected remaining transfers from the tobacco settlement trust fund	2,000,000[2]		$4,000,000[2]	
Total estimated revenues		4,275,638[2]		4,000,000[2]
Total available		$4,322,896		$4,337,042
Less estimated expenditures and transfers				
State Department of Health (2013 SB 2004, 2015 HB 1004)				
Tobacco prevention and control, including the Tobacco Quitline and the tobacco cessation coordinator and operating expenses	$3,220,354[3]		$3,440,864[3]	
Dentists' loan repayment program	340,000[4]		360,000[4]	
Women's Way program	400,500[5]		0[5]	
Dental grant program	25,000[6]		0[6]	
Behavioral Risk Factor State Survey			520,500	
Total estimated expenditures and transfers		3,985,854		4,321,364
Estimated ending balance (deficit)		$337,042		$15,678

[1]As of December 2014, $2,275,638 has been transferred from the tobacco settlement trust fund for the 2013-15 biennium. Total transfers of $36,172,013 have been made from the tobacco settlement trust fund to the community health trust fund.

[2]Revenues - Interest earned on the community health trust fund is deposited in the state general fund. Community health trust fund revenues have been estimated based on the average of actual revenues received into the community health trust fund during the 2009-11 and 2011-13 bienniums.

Initiated Measure No. 3 (2008) resulted in the following estimated allocation of the revised estimated collections for tobacco settlement payments through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	$36.4 million	N/A	$16.4 million	$16.4 million	$3.6 million
Actual payment April 2009	39.2 million	$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Actual payments 2011-13 biennium	63.0 million	22.8 million	18.1 million	18.1 million	4.0 million
Estimated 2013-15 biennium	65.2 million	22.5 million	19.2 million	19.2 million	4.3 million
Estimated 2015-17 biennium	62.6 million	22.6 million	18.0 million	18.0 million	4.0 million
Estimated 2017-19 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2019-21 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2021-23 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2023-25 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Total	$540.4 million	$105.5 million	$195.6 million	$195.6 million	$43.7 million

In 2006 [redacted]h tobacco companies began reducing their tobacco settlement pa[redacted]nts to North Dakota contending the Master Settlement Agreeme[redacted]lows for the payments to be reduced if they lose sales to small cigarette makers that did not participate in the agreement and if states do not enforce laws intended to make smaller tobacco companies set aside money for legal claims. The Attorney General's office has filed a lawsuit against the tobacco companies to collect full payment.

[3]North Dakota Century Code Section 54-27-25 provides money in the community health trust fund may be used by the State Department of Health, subject to legislative appropriation, for community-based public health programs and other public health programs, including programs with an emphasis on preventing or reducing tobacco usage. The 2003 Legislative Assembly authorized the establishment of a telephone "Tobacco Quitline". The 2007 Legislative Assembly increased the funding for the quitline to provide nicotine replacement therapy and cessation counseling. The 2007 Legislative Assembly authorized 1 full-time equivalent (FTE) tobacco prevention coordinator position and related funding for salaries and wages and operating expenses for the position. The 2013 Legislative Assembly did not approve direct funding for the quitline or the tobacco prevention coordinator position, but appropriated $3,220,354 from the community health trust fund to the department for tobacco prevention and control programs for the 2013-15 biennium. The department anticipates expending $3,220,354 from the fund for the 2013-15 biennium. The 2015-17 executive budget recommendation provides $3,440,864 from the community health trust fund to the department for tobacco prevention and control programs for the 2015-17 biennium.

In the November 2008 general election, voters approved Initiated Measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure also provides that 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control. Based on estimated tobacco settlement trust fund transfers during the 2015-17 biennium, tobacco prevention and control expenditures from the community health trust fund are required to total $3.2 million.

[4]The dentists' loan repayment program, which is administered by the Health Council, was established in 2001 Senate Bill No. 2276 (Chapter 43-28.1). Each year the Health Council is to select up to three dentists who agree to provide dental services in the state. The dentists are eligible to receive funds, not to exceed a total of $80,000 per applicant, for the repayment of their educational loans. The funds are payable over a four-year period ($20,000 per year). The dentists' loan repayment program is to provide the highest priority for acceptance into the program to dentists willing to serve the smallest and most underserved communities in North Dakota. Senate Bill No. 2152 (2007) provided a dentist practicing in Bismarck, Fargo, or Grand Forks must have received dental medical payments of at least $20,000 in the form of medical assistance reimbursement or practiced at least two full workdays per week at a public health clinic or nonprofit dental clinic in order to qualify for the dentists' loan repayment program. The 2013 Legislative Assembly appropriated $520,000, of which $180,000 is from the general fund and $340,000 is from the community health trust fund, for the dentists' loan repayment program. The department anticipates expending $340,000 from the fund for the dentists' loan repayment program for the 2013-15 biennium. The 2015-17 executive budget recommendation included $600,000, of which $240,000 is from the general fund and $360,000 is from the community health trust fund, for the dentists' loan repayment program, $80,000 more than the 2013-15 biennium legislative appropriation. Funding provided by the House for the 2015-17 biennium totals $540,000, of which $180,000 is from the general fund and $360,000 is from the community health trust fund, for the dentists' loan repayment program, $20,000 more than the 2013-15 biennium legislative appropriation. Neither the House nor the Senate have included the increase in funding from the general fund for the dental loan repayment program of $60,000 included in the executive recommendation. Dentists accepted into the program per biennium include:

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2001-03 biennium (3)	Minot (2) Larimore
2003-05 biennium (6)	Fargo Community Health Center New Rockford Grand Forks Fargo Bismarck West Fargo
2005-07 biennium (4)	Fargo Community Health Center Bismarck (serving special populations) Mott Minot

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2007-09 biennium (6)	Park River Bismarck Grand Forks Cando/Devils Lake Rugby Wishek
2009-11 biennium (6)	Bismarck Fargo Jamestown Larimore Valley City Williston
2011-13 biennium (6)	Bowman Hazen Langdon/Walhalla Carrington Cavalier Williston
2013-15 biennium (6 to date)	Minot New Rockford Fargo/Grand Forks Watford City (3)

In addition, the 2009 Legislative Assembly provided in Senate Bill No. 2358 an appropriation of $180,000 from the general fund for a loan repayment program for dentists in public health and nonprofit dental clinics. The bill also created Section 43-28.1-01.1 which provides if funds are appropriated, the Health Council is to select up to three dentists who provide or will provide dental services for three years in a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill patients for loan repayment grants. The grant award is $60,000 per recipient and is paid over a two-year period. This loan repayment program was not funded by the Legislative Assembly in 2011. In 2013 the Legislative Assembly provided in Senate Bill No. 2354 $180,000 from the general fund for the loan repayment program for three dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients. The State Department of Health has enrolled four dentists (Grand Forks (2) and Fargo (2)) in the loan repayment program for dentists in public health and nonprofit dental clinics. The State Department of Health used state funds to leverage federal funds for three of the four dentists in the loan repayment program. Additional funding ($30,000) remains in the loan repayment program and will be used to leverage federal funds if an applicant is received with sufficient time to comply with the requirements outlined in Century Code prior to the close of the biennium. The 2015-17 executive budget recommendation includes $180,000 from the general fund for the loan repayment program for three dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients.

[5]The 2013 Legislative Assembly provided $400,500 from the community health trust fund for the Women's Way program. The department anticipates expending $400,500 from the fund for the Women's Way program during the 2013-15 biennium. The 2015-17 executive budget recommendation included $500,000 from the general fund for the Women's Way program, $99,500 more than the legislative appropriation for the 2013-15 biennium. The House increased base funding for the Women's Way program by $13,500 to provide a total of $414,000 from the community health trust fund. The Senate provided funding for the Women's Way program from the general fund instead of the community health trust fund.

[6]Senate Bill No. 2152 (2007) provided for a dental grant program. A dentist who has graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the Health Council for a grant for the purpose of establishing a dental practice in North Dakota cities with a population of 7,500 or less. The Health Council may award a maximum of two grants per year with a maximum grant award of $50,000 per applicant to be used for buildings, equipment, and operating expenses. The community in which the dentist is located must provide a 50 percent match. The grant must be

distributed in equal amounts over a five-year period, and the dentist must commit to practice in the community for five years. The 2013 Legislative Assembly appropriated $25,000 from the community health trust fund for the dental grant program during the 2013-15 biennium. The department anticipates expending $25,000 from the fund for the dental grant program during the 2013-15 biennium for expenditures related to one grant awarded to a dentist in Larimore during the 2009-11 biennium and for other dental loan repayments. The 2015-17 executive budget recommendation does not include funding for the dental grant program.

FUND HISTORY

Section 54-27-25 created by 1999 House Bill No. 1475 established the community health trust fund. This section creates a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund as follows:

- 10 percent to the community health trust fund.
- 45 percent to the common schools trust fund.
- 45 percent to the water development trust fund.

In the November 2008 general election, voters approved Initiated Measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure provides for a portion of tobacco settlement funds received by the state to be deposited in this new fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continues in perpetuity, will continue to be deposited into the tobacco settlement trust fund and allocated 10 percent to the community health trust fund, 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement relating to strategic contribution payments, which began in 2008 and continues through 2017, will be deposited beginning in 2009 into the newly created tobacco prevention and control trust fund. The measure also provides 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the Master Settlement Agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. Future tobacco settlement payments will be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25, as amended by the measure.

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	House Version				Senate Version				Senate Changes to House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942	0.00	$0	$0	$0
2015-17 Ongoing Funding Changes												
Base payroll changes		$110,666	($170,444)	($59,778)		$110,666	($170,444)	($59,778)				$0
Salary increase - Performance		1,247,551	884,530	2,132,081		1,277,406	884,530	2,161,936		29,855		29,855
Salary increase - Market equity				0				0				0
Retirement contribution increase				0				0				0
Health insurance increase		917,375	662,965	1,580,340		771,457	554,708	1,326,165		(145,918)	(108,257)	(254,175)
Salary increase - Targeted equity				0		1,559,659		1,559,659		1,559,659		1,559,659
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522		(337,263)	821,785	484,522				0
Cost-to-continue programs		505,169	(3,847,541)	(3,342,372)		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)		213	(2,055,906)	(2,055,693)				0
Increase funding for vaccines		576,853		576,853		576,853		576,853				0
Add funding for a catastrophic infectious disease outbreak fund				0				0				0
Add funding for autopsy contract with UND		480,000		480,000		480,000		480,000				0
Increase funding for suicide prevention grants		150,000		150,000		150,000		150,000				0
Increase funding for the dental loan repayment program				0				0				0
Increase funding for the medical loan repayment program		122,012		122,012		122,012		122,012				0
Add funding for behavioral health professional loan repayment program				0				0				0
Increase funding for local public health grants		250,000		250,000		750,000		750,000		500,000		500,000
Increase funding for rural EMS grants		500,000		500,000		1,600,000		1,600,000		1,100,000		1,100,000
Add funding for domestic violence and rape crisis grants		200,000		200,000		200,000		200,000				0
Adjust funding for Women's Way program				0				0				0
Add funding for mobile dental services grant		100,000		100,000		100,000		100,000				0
Add funding for EPA lawsuit		500,000		500,000		500,000		500,000				0
Add funding for food and lodging environmental health practitioner II	1.00	130,479		130,479	1.00	130,479		130,479				0
Add funding for food and lodging environmental health practitioner II				0	1.00	65,479	65,000	130,479	1.00	65,479	65,000	130,479
Add funding for food and lodging environmental health practitioner II				0	1.00	65,479	65,000	130,479	1.00	65,479	65,000	130,479
Add funding for food and lodging environmental health practitioner II				0				0				0
Add funding for food and lodging environmental health practitioner II				0				0				0
Add funding for operating expense related to food and lodging FTE		19,496	8,428	27,924		55,346	28,428	83,774		35,850	20,000	55,850
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for chemistry lab chemist II				0				0				0
Add funding for municipal facilities data processing coordinator II				0				0				0
Add funding for municipal facilities environmental engineer II	1.00	150,728		150,728	1.00	150,728		150,728				0
Add funding for municipal facilities environmental engineer II				0	1.00	150,728		150,728	1.00	150,728		150,728
Add funding for waste management environmental scientist II	1.00	129,893		129,893	1.00	129,893		129,893				0
Add funding for waste management environmental scientist II				0	1.00	129,893		129,893	1.00	129,893		129,893
Add funding for waste management environmental scientist II				0				0				0
Add funding for waste management environmental scientist II				0				0				0

Add funding for water quality environmental scientist II position				0	1.00	129,893		129,893	1.00	129,893		129,893
Add funding for water quality environmental scientist II position				0	1.00	129,893		129,893	1.00	129,893		129,893
Add funding for water quality environmental scientist admin. I	1.00	178,279		178,279	1.00	178,279		178,279				0
Add funding for waste management temporary salaries				0				0				0
Add funding for water quality temporary salaries				0				0				0
Add funding for additional salaries for emergency and spill response				0				0				0
Add funding for op. exp., grants and legal fees related to Env. Div. FTE		87,251	110,331	197,582		475,187	110,331	585,518		387,936		387,936
Increase Womens Way funding to provide a total of $414,000 and adjust funding source			13,500	13,500		414,000	(400,500)	13,500		414,000	(414,000)	0
Reduce funding for operating expenses agency wide		(300,000)		(300,000)		(300,000)		(300,000)				0
Add funding for additional federal grants anticipated by the department				0			5,472,350	5,472,350			5,472,350	5,472,350
Increase funding in tobacco prevention line for a grant from the Tobacco Prevention and Control Executive Committee				0			500,000	500,000			500,000	500,000
Add funding for cardiac system of care				0		200,000		200,000		200,000		200,000
Remove funding for regional public health network grants		(700,000)		(700,000)		(700,000)		(700,000)				0
Remove funding for contingent family violence grant		(80,000)		(80,000)		(80,000)		(80,000)				0
Total ongoing funding changes	7.00	$4,938,702	($3,182,673)	$1,756,029	13.00	$9,691,449	$2,417,420	$12,108,869	6.00	$4,752,747	$5,600,093	$10,352,840
One-time funding items												
School immunization interface module				$0				$0				$0
Federal funds for WIC system upgrade			1,712,110	1,712,110			1,712,110	1,712,110				0
Costs related to environmental impact		292,000	488,000	780,000		292,000	488,000	780,000				0
Medical cache				0				0				0
Modify vital records system to allow electronic review				0				0				0
Digital x-ray equipment for forensic examiner				0		44,000		44,000		44,000		44,000
Total one-time funding changes	0.00	$292,000	$2,200,110	$2,492,110	0.00	$336,000	$2,200,110	$2,536,110	0.00	$44,000	$0	$44,000
Total Changes to Base Level Funding	7.00	$5,230,702	($982,563)	$4,248,139	13.00	$10,027,449	$4,617,530	$14,644,979	6.00	$4,796,747	$5,600,093	$10,396,840
2015-17 Total Funding	361.00	$50,152,210	$138,320,871	$188,473,081	367.00	$54,948,957	$143,920,964	$198,869,921	6.00	$4,796,747	$5,600,093	$10,396,840

Other Sections in House Bill No. 1004

	House Version	Senate Version
Environment and rangeland protection fund	Section authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	Section authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.
Loan repayment program changes		
Veterinary loan repayment program	A section is added to require veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice.	Section requires veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice.

	House Version	Senate Version	
Legislative Intent - Food and Lodging Division license fees		A section is added to provide that it is the intent of the Legislative Assembly that the Food and Lodging Division of the State Department of Health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue. The State Department of Health must use the additional special fund revenue to fund a portion of the costs related to additional full-time equivalent inspection positions in the Food and Lodging Division.	
Legislative Management Study - University of North Dakota Forensic Pathology Center		A section is added to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center.	
Legislative Management Study - Waste Management		A section is added to provide for a Legislative Management study of on-site sewage disposal in the state, including areas of the state lacking environmental programs to address on-site sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of on-site sewage disposal and waste management on industry and the public.	

HB 1004
01-12-15
#1

Prepared by the Legislative Council staff
for
January __, 2015

HOUSE BILL NO. _____
LISTING OF PROPOSED CHANGES TO BASE LEVEL

Department -

Proposed funding changes:

Description	FTE	General Fund	Special Funds	Total
1				
2				
3				
4				
5				
Total proposed funding changes		$0	$0	$0

Other proposed changes:

1

2

3

4

HB1004
01.12.15
#2

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942
2015-17 Ongoing Funding Changes								
Base payroll changes		$110,666	($170,444)	($59,778)				$0
Salary increase - Performance		1,739,645	1,189,989	2,929,634				0
Salary increase - Market equity		609,362	428,304	1,037,666				0
Retirement contribution increase		181,000	123,811	304,811				0
Health insurance increase		969,189	662,965	1,632,154				0
Salary increase - Targeted equity		1,559,659		1,559,659				0
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522				0
Cost to continue programs		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)				0
Increases funding for vaccines, including a school interface module		576,853		576,853				0
Adds funding for a catastrophic infectious disease outbreak fund		550,000		550,000				0
Adds funding for autopsy contract with UND		640,000		640,000				0
Increases funding for suicide prevention grants		500,000		500,000				0
Increases funding for the dental loan repayment program		60,000		60,000				0
Increases funding for the medical loan repayment program		122,012		122,012				0
Adds funding for behavioral health professional loan repayment program		495,000		495,000				0
Increases funding for local public health grants		1,000,000		1,000,000				0
Increases funding for rural EMS grants		1,600,000		1,600,000				0
Adds funding for domestic violence and rape crisis grants		500,000		500,000				0
Adjusts funding for Women's Way program		500,000	(400,500)	99,500				0
Adds funding for mobile dental services grant		100,000		100,000				0
Adds funding for EPA lawsuit		500,000		500,000				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for operating expenses related to food and lodging FTE		97,480	42,143	139,623				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for chemistry lab chemist II	1.00	129,854		129,854				0
Adds funding for municipal facilities data processing coordinator II	1.00	111,657		111,657				0
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist admin. I	1.00	178,279		178,279				0
Adds funding for waste management temporary salaries		3,850		3,850				0

Adds funding for water quality temporary salaries		40,700		40,700				0
Adds funding for additional salaries for emergency and spill response		104,544		104,544				0
Adds funding for operating expense and grants related to Env. Div. FTE		2,136,551	1,981,202	4,117,753				0
Removes funding for regional public health network grants		(700,000)		(700,000)				0
Removes funding for contingent family violence grant		(80,000)		(80,000)				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114	0.00	$0	$0	$0
One-time funding items								
Adds funding for a school immunization interface module		$179,100		$179,100				$0
Adds funding from federal funds for WIC food payments system upgrade			1,712,110	1,712,110				0
Adds funding for costs related to environmental impact		303,400	536,600	840,000				0
Adds funding for medical cache		989,000		989,000				0
Adds funding to modify vital records system to allow electronic review		20,000		20,000				0
Adds funding for digital x-ray equipment for forensic examiner		44,000		44,000				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210	0.00	$0	$0	$0
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324	0.00	$0	$0	$0
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266	354.00	$44,921,508	$139,303,434	$184,224,942

Other Sections in House Bill No. 1004

	Executive Budget Recommendation	House Version
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	
Loan repayment program changes	Section 4 amends North Dakota Century Code 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the State Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.	

HB 1004
01-12-15
#3

Testimony
House Bill 1004
House Appropriations Committee, Human Resources Division
Monday, January 12, 2015
North Dakota Department of Health

Good morning, Chairman Pollert and members of the Human Resources Division of the House Appropriations Committee. My name is Dr. Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Bill 1004. I will be giving you a brief overview of the department and the status of public health in North Dakota. Following my testimony, our Deputy State Health Officer, Arvy Smith, will give an overview of the executive budget request that is the subject of this bill.

Mission

Our mission is "to protect and enhance the health and safety of all North Dakotans and the environment in which we live." The budget request in House Bill 1004 moves us forward in meeting our mission.

Department Overview

While most people know in general that public health is important, they are not always sure what public health is or how it affects their lives. In fact, the efforts of public health professionals touch the lives of every North Dakotan every day:

- Our **Environmental Health** section monitors the quality of North Dakota's air and water, ensuring that our environment provides us with a healthy basis for our lives
- Our **Health Resources** section ensures that health facilities are safely and adequately serving residents and patients, and that food and lodging establishments meet all necessary safety requirements
- Our **State Forensic Examiner** performs autopsies that provide families with information on their loved ones and give us valuable information for population studies
- Our division of **Disease Control** monitors infectious diseases, responds to outbreaks, educates the public, and manages state vaccination data. From hepatitis C to Ebola to tuberculosis, disease control detectives work hard to identify and contain disease outbreaks. Their efforts to educate the public and track down sources of illness help to protect us all.

- Our **Community Health** section manages programs that help North Dakotans quit smoking; receive breast, cervical and colorectal cancer screening; improve diet and exercise habits for management of chronic disease and improved quality of life; manage diabetes; care for children with special needs; maintain nutrition levels during pregnancy and the first years of a child's life; care for health needs of children; and reduce instances of suicide and domestic violence
- Our **Emergency Preparedness and Response** section ensures that our public health system is prepared and able to respond to emergencies, such as Ebola, floods, fires or tornados; that hospitals and health care facilities are prepared for emergencies; and that our ambulance services are meeting the needs of citizens and provide the best quality of care possible

Department Goals

The department of health's strategic plan is guided by our overall mission. In order to accomplish our overall mission, we focus on the following major goals:

- Improve the health status of the people of North Dakota
- Improve access to and delivery of quality health care and wellness services
- Preserve and improve the quality of the environment
- Promote a state of emergency readiness and response

Some of our goals are considered cross-cutting goals, meaning they impact the department as a whole. These goals are

- Enhancing our capability to manage emerging activities, such as oil impact and flooding;
- Achieving strategic outcomes using all available resources; and
- Strengthening and sustaining stakeholder engagement and collaboration through the Healthy North Dakota Program.

Each of our goals is supported by a list of objectives and outcome performance measures that help us assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective.

Following on the next page is the department's strategic plan, which details our goals and objectives.

CENTRAL CHALLENGE:
Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live

April 4, 2014

Improve the Health Status of the People of North Dakota	Improve Access to and Delivery of Quality Health Care and Wellness Services	Preserve and Improve the Quality of the Environment	Promote a State of Emergency Readiness and Response
Decrease Vaccine-Preventable Disease	Promote and Maintain Statewide Emergency Medical Services	Preserve and Improve Air Quality	Prepare Public Health and Medical Emergency Response Systems
Achieve Healthy Weights Throughout the Lifespan	Enhance the Quality of Health Care	Ensure Safe Public Drinking Water	Maintain Hazard Identification Systems
Prevent and Reduce Chronic Diseases and Their Complications	Improve Access to and Utilization of Health and Wellness Services	Preserve and Improve Surface and Ground Water Quality	Maintain Emergency Communication and Alerting Systems
Prevent and Reduce Intentional and Unintentional Injury	Improve Health Equity	Manage Solid Waste	Coordinate Public Health and Medical Emergency Response
Prevent and Reduce Tobacco Use and Support Other Substance Abuse Prevention		Ensure Safe Food and Lodging Services	
Reduce Infectious and Toxic Disease Rates			

Manage Emerging Public Health Challenges such as Oil Impact, Flooding and Other Events

Achieve Strategic Outcomes Using All Available Resources

Healthy North Dakota Strengthen and Sustain Stakeholder Engagement and Collaboration

Recent Public Health Activity

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans. Here are a few examples you may have heard about over the past two years.

- In the summer of 2013, an outbreak of hepatitis C was discovered in an elderly population in a long term care facility in Minot. An outbreak in this population is highly unusual. Once the outbreak was identified, our Department Operations Center and our incident command system were activated to manage the investigation. With assistance from the Centers from Disease Control and Prevention, our disease control detectives worked to try to identify the source of the outbreak, to stop transmission, and to identify all those who might be affected in order that they could receive appropriate treatment. We determined that the outbreak was not confined to one facility, and we continue to identify more cases associated with the outbreak. We worked with the affected facilities to review infection control practices in order to prevent further transmission of the disease. The fifty-first case of hepatitis C was recently identified and the investigation is ongoing. Though we may never know exactly how the disease was spread, we were able to narrow the likely causes of transmission and prevent further transmission.
- TENORM is technologically enhanced naturally occurring radioactive material, and it is a byproduct of oil production. TENORM comes to the surface during drilling operations and is concentrated in filter socks and oil production equipment. The current limit for TENORM disposal in the state is 5 picocuries per gram, and anything higher than that cannot be disposed of here and must be hauled out of state. Five picocuries per gram is about the equivalent of background radiation. Unscrupulous operators dumped filter socks illegally instead of disposing of them properly. The addition of filter sock containment bins on oil sites has decreased the amount of illegal dumping, but the issue of TENORM disposal remained. The department determined that safe TENORM disposal levels had never been determined from a scientific point of view. We contracted with Argonne National Laboratories to conduct a study on TENORM specific to North Dakota. Argonne's report was recently released, and indicated that the state could safely dispose of TENORM of up to 50 picocuries per gram under certain conditions. The department is recommending that level in a rule change that will be the subject of public hearings this month. Our transparency about this process and our reliance on sound science has

earned us support from several major newspapers across the state. Other states are now looking to North Dakota as a leader in this area.

- A syphilis outbreak in south central North Dakota was identified in 2014. We worked with local public health units, Indian Health Services and the Standing Rock Sioux tribe to coordinate testing, contact tracing and treatment to those affected by the outbreak. The strength of these partnerships has led to a sharp decrease in the levels of transmission of this disease.
- Tuberculosis (TB) continues to affect the Grand Forks community, and several other cases have been identified around the state, including one in New Town that was identified just this month. The department supports the efforts of local public health units to test for TB and provide the necessary education, treatment and support necessary to control this disease and prevent further transmission. Public education and consistent messages among state and local public health, private providers, and school officials ensured that parents and community members had access to important information they needed. Early identification of this outbreak and a thorough response helped to contain any further spread of the disease, and ensured proper treatment for those already infected.
- We have taken advantage of several opportunities to exercise our emergency preparedness and response plans and services. One instance involved the relocation of residents of the Baptist home in Bismarck. The other involved the recent opening of the new St. Joseph's hospital in Dickinson. Both moves allowed us to activate our response protocols and assist local public health as if the moves were emergency evacuations. Those opportunities allow us to better prepare for actual incidents that might require evacuation.
- There has been an increase in spills of oil, production fluid and other substances that have the potential to impact public health. In response to public concern, we now list all spills on our website. We adopted a policy of sending out news releases for spills over a certain size or those that affected the waters of the state. We also provide updates to the media regarding cleanup efforts. We continue cleanup efforts on the large Tioga spill that was caused by a leaking pipeline, along with other sites around the state. The number of spills and their complexity has provided a challenge to the environmental health section, but the addition of new staff positions will help alleviate the workload and ensure that all spills receive the proper attention from our department.

Highlighted Accomplishments – Over the last biennium, The North Dakota Department of Health:

- Received accreditation as HealthLead TM for workplace wellness

- Enrolled 4,100 people in NDQuits in FY 2014, which is 260 more people than were enrolled the previous year
- Screened 2,400 women for breast and/or cervical cancer through the Women's Way program
- Provided funding to 20 domestic violence/rape crisis agencies for intervention, shelter and other services in 2013 to 900 victims of sexual assault along with 4,800 new victims of domestic violence and 4,250 children impacted by domestic violence Provided suicide prevention funding of $850,000 to schools, tribes, and social service and medical agencies
- Provided 5,200 dental sealant applications and 1,800 fluoride varnishes to students at about 50 schools to protect against tooth decay
- Distributed nearly 600 cribs and provided education on safe infant sleeping practices to reduce injury and death
- Achieved an adolescent vaccination rate for Tdap of 95 percent and meningococcal vaccination rate of nearly 94 percent
- Investigated three major infectious disease outbreaks, including hepatitis C (51 cases to date), syphilis (34 cases to date), and tuberculosis (16 cases in 2014-15)
- Activated and staffed the Department Operations Center for 15 incidents and provided medical support for six community events
- Reduced response time and increased emergency capacity by placing equipment and supplies in eight response trailers around the state
- Distributed $6.2 million in grants and CPR devices to ambulance services and hospitals
- Received the Lieutenant Governor's 2014 Gold Level Award for worksite wellness
- Maintained high compliance rates above national levels for all environmental health regulatory programs while responding to increased needs and 166 citizen complaints relating to environmental quality
- Reviewed and/or investigated approximately 2,806 oil or wastewater spill reports during 2014
- Placed 29 health professionals in shortage areas around the state through the medical and dental loan repayment program, a significant increase from the 18 positions that were supported in the last biennium
- Monitored individuals for Ebola symptoms, hosted educational video sessions for a variety of statewide partners, and prepared for possible Ebola diagnosis within the state

Public Health Future Concerns

Any public health department must prepare for the future, and we are no different. Here are a few issues we think will continue to impact the health department into the future.

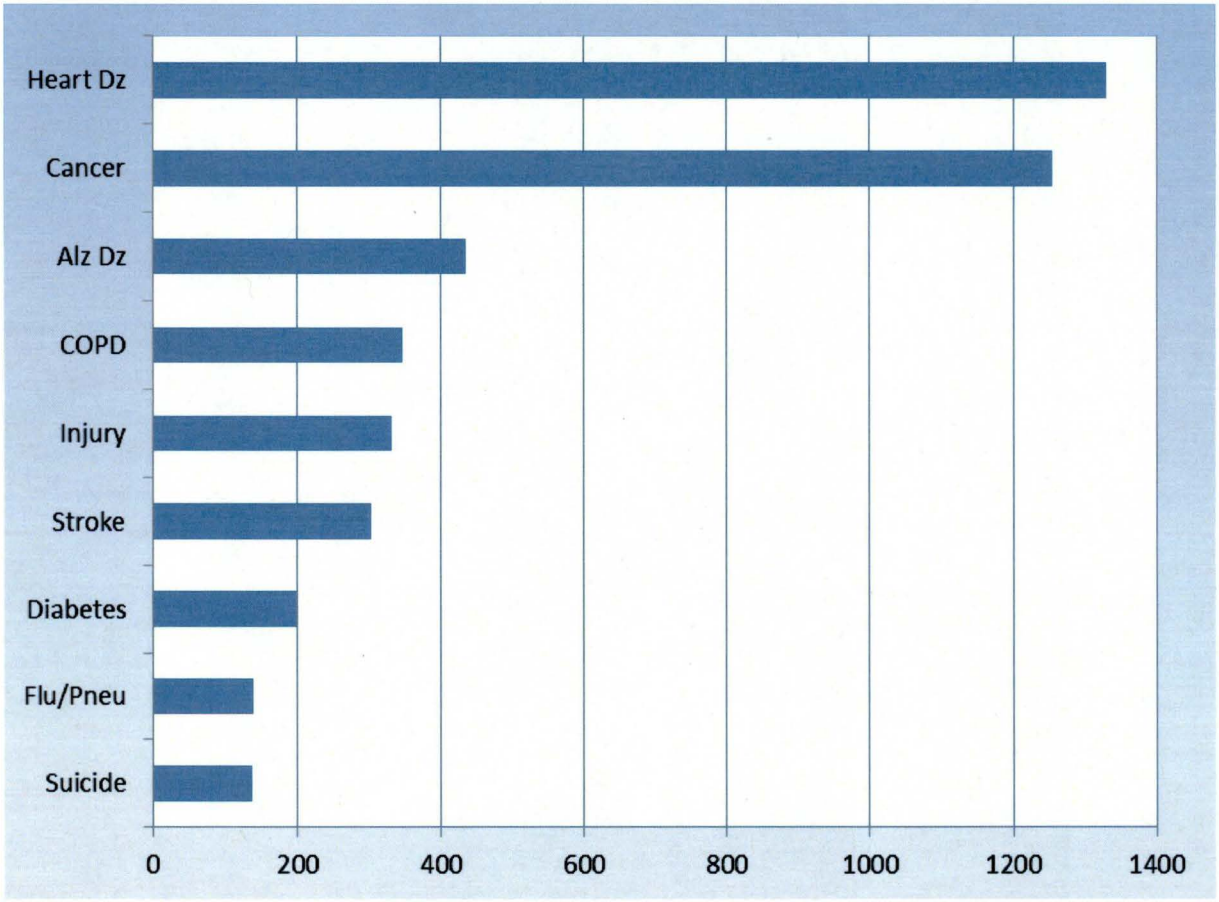
- Energy development in the western part of the state continues to challenge our Food and Lodging Division, which has seen a dramatic increase in licensing for food and housing establishments, including mobile food vendors. A recent audit pointed out issues with inspection reporting and made many useful recommendations, which we are implementing. One new improvement will be a database for inspections that will be accessible on our website.
- The Division of Emergency Medical Services and Trauma licenses and assists ambulance services across the state. These services have been struggling with a shortage of volunteers, which has resulted in the dissolution of at least one ambulance service. This is a serious issue in a rural state, and the DEMST is constantly looking for ways to sustain and improve these vital services. The Department of Health has played a vital role in coordination of the EMS system across the state, including providing grants and training to help sustain services at the local level.
- The rates of infectious diseases, particularly sexually-transmitted diseases, have risen across the state, reflecting a national trend. Providing services to populations in the western part of the state that tend to be more transient has been a challenge in the infectious disease, as well as other program areas.
- Our department relies in large part upon the federal government to provide funding for important public health programs. This funding can fluctuate in unpredictable ways, which makes some of our programs vulnerable. This is likely to continue to cause challenges for the department. Changes in federal programs, such as the implementation of the Affordable Care Act, also present challenges as we assess the impacts to existing programs and determine how to address future initiatives.

Overview of Health Statistics

In order to address public health concerns, we need to know the status of health across the state. Specifically, public health is interested in the impact that events such as disease, accidental injury, and suicide might have on our population.

As a whole population, the six most common causes of death in North Dakota are heart disease, cancer, Alzheimer's disease, chronic obstructive pulmonary disease, injury and stroke.

Number of Deaths, by Leading Causes of Death
North Dakota, 2013



Communities are comprised of individuals across the age spectrum. The chart on this page shows the leading causes of death in North Dakota by age. This information is important in developing appropriate health-related strategies for policymakers, clinicians and public health professionals to improve the health and wellness of all North Dakota citizens.

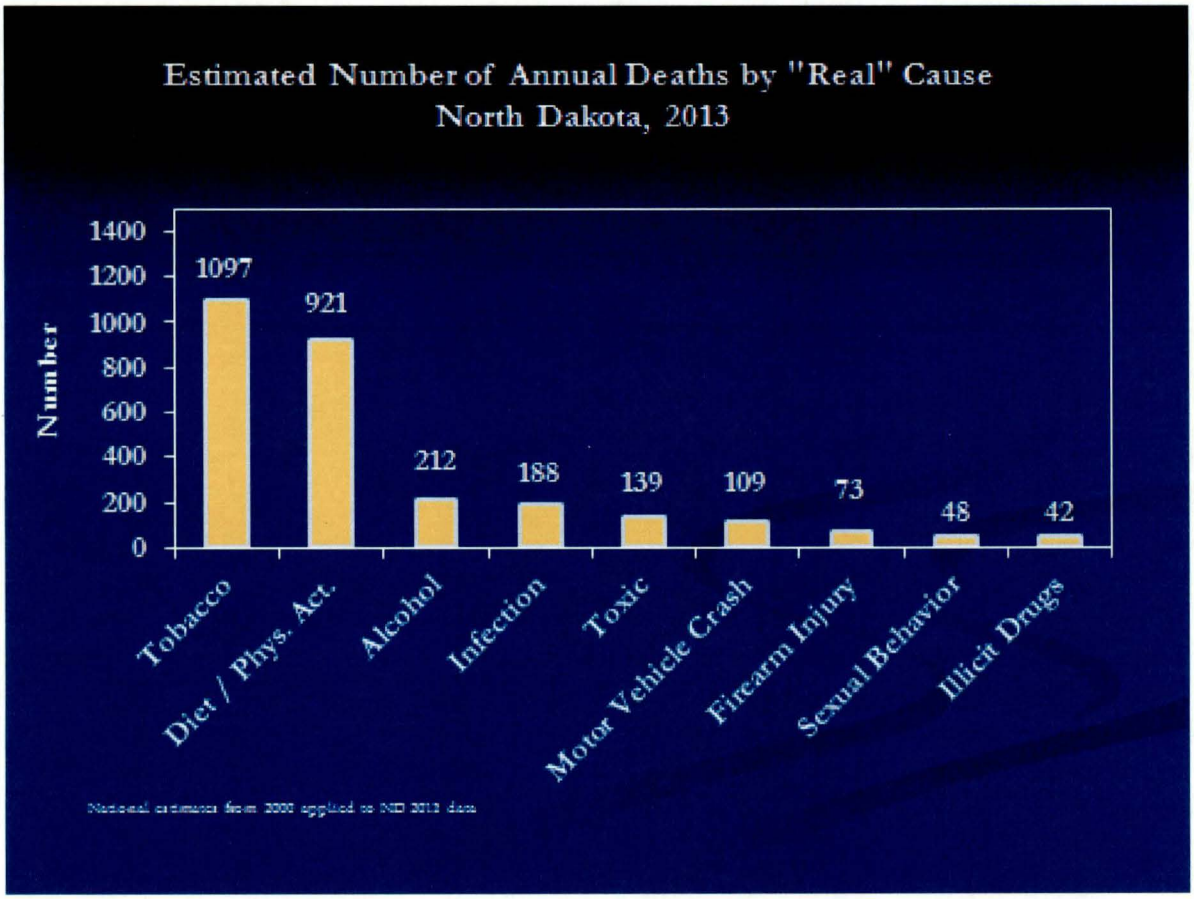
Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44. Suicide is the number two cause of death between the ages of 15 and 34. The diseases listed on the first graph, heart disease and cancer, don't become common killers until the middle of life, raising to the number one and two slots at 45 years and older.

LEADING CAUSES OF DEATH BY AGE

NORTH DAKOTA, 2012-2013

<1	Age 1 to 4	Age 5 to 9	Age 10 to 14	Age 15 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65 +
PRE-MATURITY 24	UNINT. INJURY 9	UNINT. INJURY 2	UNINT. INJURY 3	UNINT. INJURY 73	UNINT. INJURY 80	UNINT. INJURY 83	CANCER 156	HEART 252	HEART 2245
ANOMALY 21	ANOMALY 3	CANCER 1	HOMICIDE 2	SUICIDE 59	SUICIDE 45	SUICIDE 42	HEART 124	CANCER 430	CANCER 1841
SIDS 13	CANCER 1	ANOMALY 1	ANOMALY 1	CANCER 7	HEART 24	HEART 35	UNINT. INJURY 93	COPD 53	ALZHEIMER'S 856
PREG COMP 13			SUICIDE 1	HOMICIDE 6	CANCER 10	CANCER 35	CIRRHOSIS 53	UNINT. INJURY 70	STROKE 593
RESP NB 11				HEART 2	CIRRHOSIS 4	CIRRHOSIS 23	SUICIDE 45	CIRRHOSIS 53	COPD 591
UNINT. INJURY 6				DIABETES 2	STROKE 2	DIABETES 14	DIABETES 27	DIABETES 41	DIABETES 300

Public Health's primary mission is the prevention of the risk factors and behaviors that cause death and disease in North Dakota across the entire age spectrum of the whole population. The next slide shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease, followed closely by poor diets and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer.



Governor Dalrymple emphasized in his state of the state address that none of our responsibilities as a state is more important than caring for our people, particularly our seniors, our veterans and our most vulnerable citizens. He also indicated his strong financial support for nursing homes and other service providers. I would like to briefly discuss how the Department of Health supports some of those strategic goals.

In the broad field of health care, the two primary systems are the system of public health and the system of clinical health. Clinical health professionals are primarily trained to diagnose and treat individuals with disease and in clinical settings are valuable partners with public health to encourage health and wellness behaviors of individual patients and families. Public health professionals work at the prevention end of the spectrum by influencing behavior that leads to disease. Both systems are important and can benefit from additional collaboration and partnership. The health department encourages that collaboration and those partnerships as a means of enlisting clinical health professionals for support in the fight against development of disease and other health problems.

On the public health side, one of our major strategies to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been shown to decrease health care costs by 26 percent, decrease workers' compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being

of families and communities as they are challenged and blessed with economic development.

Conclusion

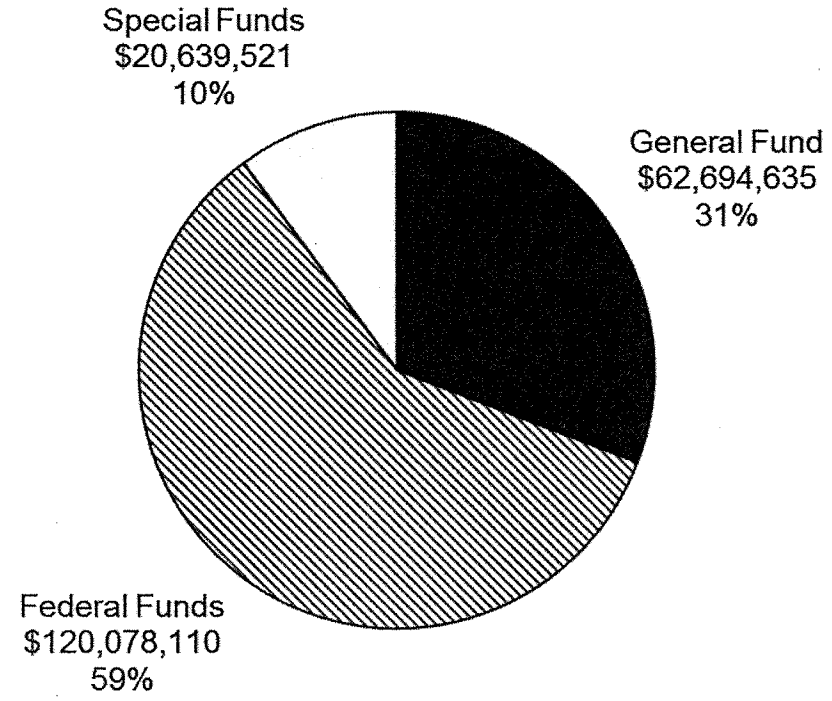
I wanted to take the opportunity to thank you for providing funding and seeing the importance of our work in public health. With the uncertainty of federal funding, we have come to rely more on the state to take care of its own, the people of the state. The support of Governor Dalrymple and the Legislative Assembly has allowed us to continue our work towards better health for all North Dakotans.

I'd like to ask Arvy Smith to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Chairman Pollert and members of the committee I am Arvy Smith, Deputy State Health Officer for the Department of Health. The total budget for the North Dakota Department of Health recommended by the governor for the 2015-17 biennium and included in House Bill 1004 is $203,412,266.

Total 2015-17 Budget by Funding Source



Total $203,412,266

The recommended general fund budget is $62,694,635 (31%) of the executive budget. That is equivalent to $42 per capita per year. Federal funds are recommended at $120,078,110 (59%), and special funds at $20,639,521 (10%).

A comparison by funding source and FTE of the department's 2013-15 appropriation, the 2015-17 base budget request (which is the legislative appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2015-17 executive recommendation as presented in House Bill 1004 is as follows:

	2013-15 Legislative Appropriation	2015-17 Base Budget Request	HB 1004 2015-17 Executive Rec	Inc/(Dec) Exec Rec to Leg Approp
General	46,001,508	45,556,803	62,694,635	16,693,127
Federal	120,309,143	116,763,623	120,078,110	(231,033)
Special	19,259,291	18,507,317	20,639,521	1,380,230
Total	185,569,942	180,827,743	203,412,266	17,842,324
FTEs	**354.00**	**354.00**	**373.00**	**19.00**

There are several changes to general funding which will be discussed in detail later. The federal funding decrease represents a net of increases and decreases in federal grants, most notably a $4.5 million reduction to the Women, Infants and Children food payments. The special fund increase reflects an increase in the use of fees to pay for expenses in the environmental health section offset by a decrease in use of special funding in the emergency preparedness and response section for the cardiac system of care funded by the Helmsley Foundation. FTE increases are related to oil impact and to an increase in the number of food and lodging inspections required. Additional detail will be provided regarding budget changes later in my testimony.

The department pursues its goals and objectives through six departmental sections – Community Health, Emergency Preparedness and Response, Health Resources, Medical Services, Environmental Health and Administrative Support. Each section is composed of several divisions that house the individual programs that carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health and the Environmental Health sections make up 63 percent of our total budget. The Environmental Health section employs almost half of our employees. Our administrative overhead is only 3.32 percent of our total budget.

A comparison of our overhead rates for the last several biennia is as follows:

2007-09	2009-11	2011-13	2013-15	2015-17
2.63%	2.78%	3.57%	3.33%	3.32%

Our overhead costs to administer around 100 different programs have remained low. These rates have held steady over the last several biennia.

Department goals are also pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $79.5 million or 39 percent of our budget are passed through to the local public health units and other local entities to provide public health services. Approximately $20.9 million goes to local public health units, and $25.1 million goes to other local entities. The remaining $33.5 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

The executive budget for the Department of Health by line item is as follows:

	2013-15 Legislative Appropriation	HB 1004 2015-17 Executive Rec	Percent of Budget
Salaries and Wages	56,980,799	67,315,887	33.1%
Operating Expenses	38,395,014	46,841,297	23.0%
Capital Assets	2,224,288	3,622,810	1.8%
Grants	57,610,729	59,006,090	29.0%
Tobacco Prevention & Control	5,544,251	6,426,182	3.2%
WIC Food Payments	24,659,861	20,200,000	9.9%
Federal Stimulus Funds	155,000	0	0.0%
Total	185,569,942	203,412,266	100%

Salaries and Wages

Salaries and wages make up $67,315,887 or 33 percent of our budget. The majority of the increase to the salaries line item is the recommended salary package, the amount necessary to continue the second year of the 2013-15 biennium increases and the new FTE related to oil impact and food and lodging inspections.

Salary levels have been a major issue for the Department of Health. In some areas our turnover rate is over 20 percent and we continue to face recruitment and retention issues for certain positions, particularly while North Dakota's economy is so strong. Department of Health salaries have not been equitable with other state agency salaries for similar jobs in comparable classifications. In addition, many of our classifications – including environmental engineers,

epidemiologists, chemists and human service program administrators – are paid significantly less than their counterparts in other states and in the private sector.

The new employee classification system as a result of the Hay Study caused severe salary compression issues. Although we have made some progress in this area we are still experiencing compression issues. The governor included $5,904,265 with 3,499,197 from the general fund in our budget to address compression, allow performance increases and pay for health insurance premium increases. In addition the department received $1,559,659 for equity adjustment for targeted high turnover, hard-to-fill positions.

Operating Expenses

Our operating budget of $46,841,297 makes up 23 percent of our budget. The increase in the operating budget is a result of travel and other operating expenses related to new FTEs, the new environmental health management information system and other increases in contracts.

Capital Assets

Capital assets of $3,622,810 make up only 2 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, and equipment costing more than $5,000 make up a majority of this line item. The increase is related to several large pieces of laboratory equipment for oil impact activities and digital x-ray equipment for the morgue.

Grants

Grants, which are provided to many local entities across the state, are at $59,006,090 and make up 29 percent of our budget. The majority of grants are in the Community Health, Emergency Preparedness and Response, and Environmental Health Sections. At a departmental level, grants are up slightly but this is the net result of several increases and decreases that will be explained later in the testimony.

Special Line Items

There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $6,426,182, or 3 percent of our budget. This is up by 16 percent due to increased tobacco settlement funding available and a previously projected increase in federal funding. Note that subsequent to budget submission, we have learned that this federal grant will likely decrease by as much as $600,000 per year over the next several years.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $20,200,000 or 10 percent of our budget. This is an 18 percent decrease reflecting the current usage of the program. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item, which was for federal economic stimulus funds, is eliminated due to final expenditure of that funding source on the immunization interoperability project.

2015-17 Budget

The 2015-17 executive budget provides additional funding to address public health needs in our state and meet our mission to protect and enhance the health and safety of North Dakotans.

Environmental Health Oil Impact $6,997,130 (14 FTE)

Significant increases in workload have resulted from the increased energy development in the western part of the state. Many of the caseloads for inspection, permitting, monitoring, complaint investigation and enforcement activities to minimize the environmental impact and protect the public from environmental hazards have skyrocketed. Some examples include 1) air quality industrial construction permits have increased from an average of 20 per year to more than 80 per year, 2) oil well permit registrations have risen from approximately 3,000 per year to 7,400 per year, 3) Safe Drinking Water Act violations have risen from 73 a year to 332 in oil-impacted counties, 4) the number of water and wastewater projects submitted for review/approval have increased from 179 in 2010 to 384 in 2014, 5) industrial/oilfield special waste has increased from 10,000 tons in 2001 to an estimated 2,100,000 tons in 2014. There are many more examples. At the close of my testimony we will present you with additional details on the environmental activity in the western part of the state.

To address these needs, the governor's budget provides funding and FTE for the environmental health section as follows:

14 FTE	$2,039,377
Associated operating expenses	$456,934
Legal Fees	$270,000
EH Management Information System	$3,340,819
Equipment	$840,000

Grants	$50,000
Total	$6,997,130 ($3,997,650 general)

We are able to access just under $3 million in federal and special funding (from radiation fees) to assist in paying for some of this expense. The one-time general fund portion of this is $303,400.

Immunizations $755,953

In order to continue to provide free vaccines for children at the local public health units, we need an additional $576,853. The current $2.5 million included in the base budget is not sufficient to pay for the vaccine in the current biennium. We have asked for $470,900 in the deficiency bill (SB 2023) to be able to pay for the costs in the current biennium. The increase is due to the increasing cost of vaccines and new immunization recommendations. An additional $179,100 is included for a school module in the North Dakota Immunization Information System (NDIIS) to improve compliance with school immunization requirements and simplify processes for parents, schools and providers. Currently, about 10 percent of children entering kindergarten are not up-to-date for required immunizations. This system will save many hours of entering and tracking vaccinations in a separate system. The one-time general fund portion of this request is $179,100.

Infectious Disease $550,000

During the current biennium, the Division of Disease Control has been responsible for identifying, responding to and managing three large infectious disease outbreaks including a large tuberculosis outbreak in Grand Forks County, a hepatitis C outbreak in Ward County, and a syphilis outbreak in Sioux County. In addition, they are now participating in activities to prepare the state to respond to an Ebola case should one occur in the state and to monitor individuals coming into the country from Ebola infected countries. Some of the burden of these activities falls on local public health units. Due to budget constraints, we are able to provide only limited support to local entities. This funding establishes a $500,000 catastrophic fund to respond to infectious diseases wherever they occur in the state. An additional $50,000 is included for centralized tuberculosis medication distribution.

Medical Examiner Services $224,000

From 2004 to 2012, the number of autopsies performed by the Medical Examiner's Office has steadily increased. Accreditation standards indicate that one forensic examiner should perform only 225 to 250 autopsies per year. To

address this, the governor recommends $640,000 to contract with University of North Dakota Medical School to perform all autopsies for selected counties on the eastern part of the state, which total approximately 160 per year. $480,000 has been included in the base budget and an additional $160,000 was added by the governor. An additional $44,000 is provided for equipment to replace the original portable X-Ray machine. Also $20,000 is provided to modify the Electronic Vital Event Registration System (EVERS) to receive and review death records electronically. The one-time general fund portion of this request is $64,000.

Food and Lodging Staffing $792,016 (5 FTE)

Additional staff are being requested to address not only the increased regulatory work associated with oil activity, but also to address recommendations of a recent programmatic audit conducted by the State Auditor's Office. Approximately 250 new food and lodging establishments have been licensed and inspected in the last two years, most from oil impacted counties. Pre-operational inspections on new establishments are more time consuming than routine inspections. Enforcement action on unlicensed and non-compliant licensed facilities has steadily increased over the last couple of years as well. The audit recommended that the division comply with Food and Drug Administration (FDA) guidelines regarding staffing levels and implementing a risk-based inspection system. According to the FDA standard, low risk food operations should be inspected once per year while the highest risk operations should be inspected four times per year. This results in an additional 1,600 more inspections per year. Also according to FDA, one full time employee should perform between 280 and 320 inspections per year. Currently each full time employee conducts over 500 inspections each year.

Suicide Prevention $500,000

Funding for suicide prevention is increased $500,000 to fortify efforts for youth and underserved populations. Funding will be used to increase suicide prevention education and training across the state to professionals who provide services to the 10 to 24 year old population, develop and distribute new media materials, increase suicide prevention in medical facilities, and provide better referral resources to physicians.

Loan Repayment Programs $712,500

Additional funding is provided to expand the current loan repayment programs and to establish a new behavioral health loan repayment program. Funding will add two physicians each year, one midlevel practitioner each year, one dentist

and five behavioral health professionals each year, one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, registered nurses or licensed practical nurses working in the behavioral health field. The need for these providers is demonstrated through the Health Professional Shortage Area federal designation. Ninety-two percent of the state is designated as a Primary Care Health Professional Shortage Area while 94 percent is designated as a mental health shortage area and 33 percent is designated as an oral health shortage area. Loan repayment is an incentive that has proven to be helpful in recruiting health care providers to serve in rural and underserved areas of the state. Of 23 physicians that have completed their program obligation, 19, or 83percent, remained at the same practice site one year following completion of the loan repayment program and all have remained in North Dakota.

State Medical Cache $989,000

The state medical cache, currently valued at $11.4 million, contains public health and medical supplies, equipment and pharmaceuticals that are used for emergency response by local and state public health and private medical responders. Those responders include public health units, hospitals, clinics, long term care facilities, laboratories, emergency medical services providers and others. Additional needs have been identified as a result of actual responses to emergencies, drills and exercises, and planning efforts. The state medical cache currently has sufficient public health and medical supplies and durable medical equipment to care for 1,500 patients for one week. Due to events such as the 2009, 2010 and 2011 flooding, the natural gas pipeline explosion that affected many of the medical facilities on the eastern side of the state, train derailments and warehouse fires in 2014, we recognized that capacities needed to be increased to care for at least 3,000 people. Items include disposable medical supplies such as bandaging, linens, oxygen, laceration trays, catheters, intravenous starter sets, defibrillator pads, alcohol swabs, glucose strips, syringes, lifts, stretchers and wheelchairs. Hospitals do not have sufficient quantities of supplies and equipment to meet this need and delivery from the federal government would typically not be available for 72 hours. The funding allows for $959,000 in health and medical shelter supplies and $30,000 for conversion of two additional school busses into stretcher/wheelchair coaches for patient transfer. The entire amount is a one-time general fund expense.

Salary Equity $1,559,659

Continued oilfield, municipal and industrial development has resulted in the need for environmental professionals in the private sector, creating job

opportunities for trained environmental staff such as those in the Environmental Health Section of the department. As a result, the section is losing employees with five to ten years of experience, resulting in increased staff workloads related to recruiting, hiring and training new employees. We are experiencing turnover rates of over 20 percent in some areas. In addition, although there has been some improvement, compression still exists as a result of implementing the Hay classification system. As directed by Office of Management and Budget, the salary equity package will be targeted at hard-to-fill professions and will not be given across the board.

Local Public Health State Aid $1,000,000

An additional $1,000,000 is provided to local public health units for a total of $5,000,000 to support their injury prevention strategies and response to environmental health needs across the state. Public health threats may include food borne outbreaks, water supply contamination or natural disasters such as floods and tornados. Local public health unit budgets continue to be tight due to decreasing federal pass-through funding from the state, hold-even or slightly decreasing federal funding which makes it difficult for LPHUs to fund inflation, and other rising costs.

Emergency Medical Services Assistance Fund $1,600,000

Funding for emergency medical services grants is increased from $6,400,000 to $8,000,000. Rural ambulance services are experiencing a shrinking volunteer workforce, increasing populations, increases in medical severity of patients, increases in uncompensated care, and increases in the cost of equipment. Since there is no mandate for EMS in the state, there is no one entity charged with the financial support of ambulance services. Most ambulance services do not generate enough revenue to cover expenses. The grants are used to offset operating expenses such as staffing, on-call pay, supplies and other operational expenses.

Domestic Violence/Rape Crisis $500,000

An additional $500,000 is recommended for grants to the 20 domestic violence/rape crisis centers to provide prevention and intervention services to victims of domestic violence and sexual assault. Current funding is at $2,050,000. There has been an increase in the numbers of incidents and victims that are being reported by local crisis centers in the past two years by centers in Williston, Dickinson, Minot, Stanley and Beulah. However, agencies across the state are feeling the impact of the increased populations and affordable housing shortages. Lack of local resources is also an issue. Victims seeking services

have more complex needs than in the past. Advocates provide the initial crisis response to victims seeking assistance at the centers, which includes counseling, filing protection orders, making arrangements to get victims back to another state, assisting with immigrant status, short-time emergency shelter, referrals for treatment of mental health needs, substance abuse and trauma care. When victims are able to take the next steps to survivorship advocates assist victims seeking affordable housing and jobs or educational opportunities. The additional funding would help agencies hire additional advocates, offer competitive wages and pay for increasing shelter costs.

Women's Way Services $500,000

In building our department's base budget and looking at caseloads, priorities, and Affordable Care Act impacts, we felt compelled to use special funding from the Community Health Trust Fund which had previously been used for Women's Way indirect costs, to fund the Behavioral Risk Factor Surveillance System (BRFSS). Data from BRFSS, which is the main public health survey conducted across the nation, is used by staff to draft grant proposals. BRFSS has experienced significant federal funding cuts. The cuts were severe enough to jeopardize the validity of the survey, as the number of individuals surveyed would have to be cut substantially in order to fit within the funding provided. Our department felt that funding BRFSS had to be a top priority, since this information helps us obtain federal and special grant funding which we are so heavily dependent upon.

On the other hand, Women's Way screening caseloads have decreased because many clients are now eligible for either expanded Medicaid or the Marketplace health insurance exchange. Yet under federal rules at the time the budget was put together, only 40 percent of funding could be used for indirect costs (costs of recruiting, case management, navigation) and 60 percent had to be used for direct screening costs. In our optional package we requested restoration of the Women's Way funding that we cut in order to fund BRFSS. A bill in Congress to remove the 40/60% rule had passed the House and has now in fact passed both houses. This should free up federal funding so that more funding can be provided to local public health units for recruiting women into the program. At the time the Governor's recommendation was made, the rule had not yet passed, so they chose to restore the Women's Way funding we had cut to fund BRFSS.

Federal Funding Issues

As indicated earlier, almost 60 percent of the Department of Health budget comes from the federal government in the form of approximately 80 federal grants. The status of our federal funding is often uncertain. With that uncertainty, we prepared our budget by assuming that federal grant amounts will hold even, unless we were certain otherwise. We recognize that as we proceed through the next biennium we will have to make adjustments to our budget, operations and possibly staffing as the federal funding picture becomes clearer.

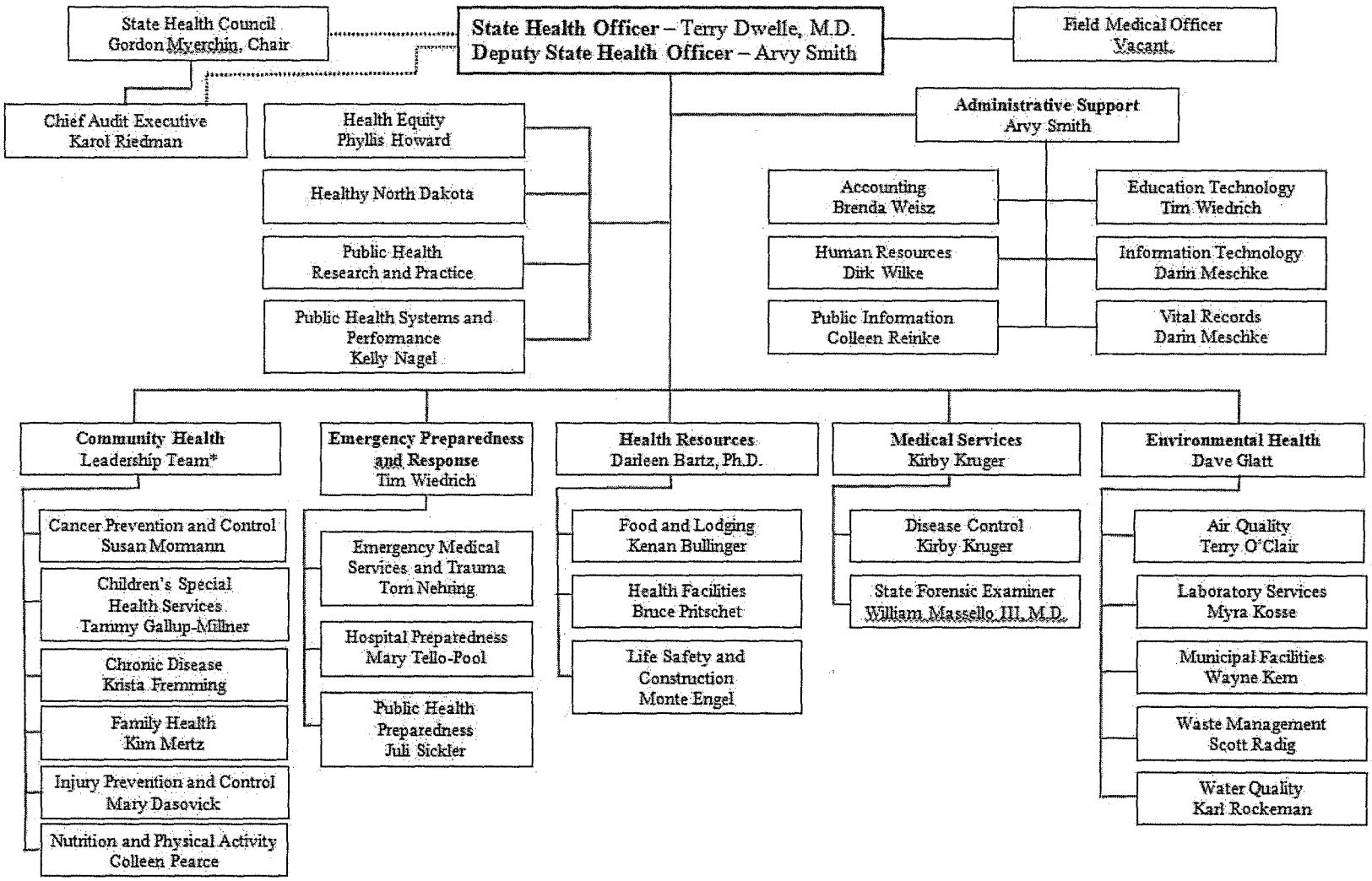
Conclusion

The budget before you for the Department of Health addresses many important community public health needs. It provides much needed funding to deal with impacts of energy development in the west, it provides much needed medical resources in the form of professional loan repayments, state medical cache and emergency medical services grants, and by providing additional resources to the local public health units, it allows us to systematically work together to meet our public health goals.

Chairman Pollert, members of the Committee, this concludes the department's testimony on House Bill 1004. I will now invite Dave Glatt, Environmental Health Section Chief to present to you a report regarding the environmental impacts in the western part of the state. After that our staff and I are available to respond to any questions you may have.

NORTH DAKOTA
DEPARTMENT of HEALTH

Organizational Chart
January 2015



*The six division directors share responsibility for management of the Community Health Section.

HB 1004
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#4

Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

January 2015

Environmental Health Section
North Dakota Department of Health
918 East Divide Avenue
Bismarck, North Dakota

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Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

I. Background

The Environmental Health Section of the North Dakota Department of Health (NDDoH) is responsible for safeguarding North Dakota's air, land and water resources. The section, which has 164 employees, works closely with local, state and federal entities to address public and environmental health concerns and implement protection policies and programs. The section has a Chief's Office and five divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

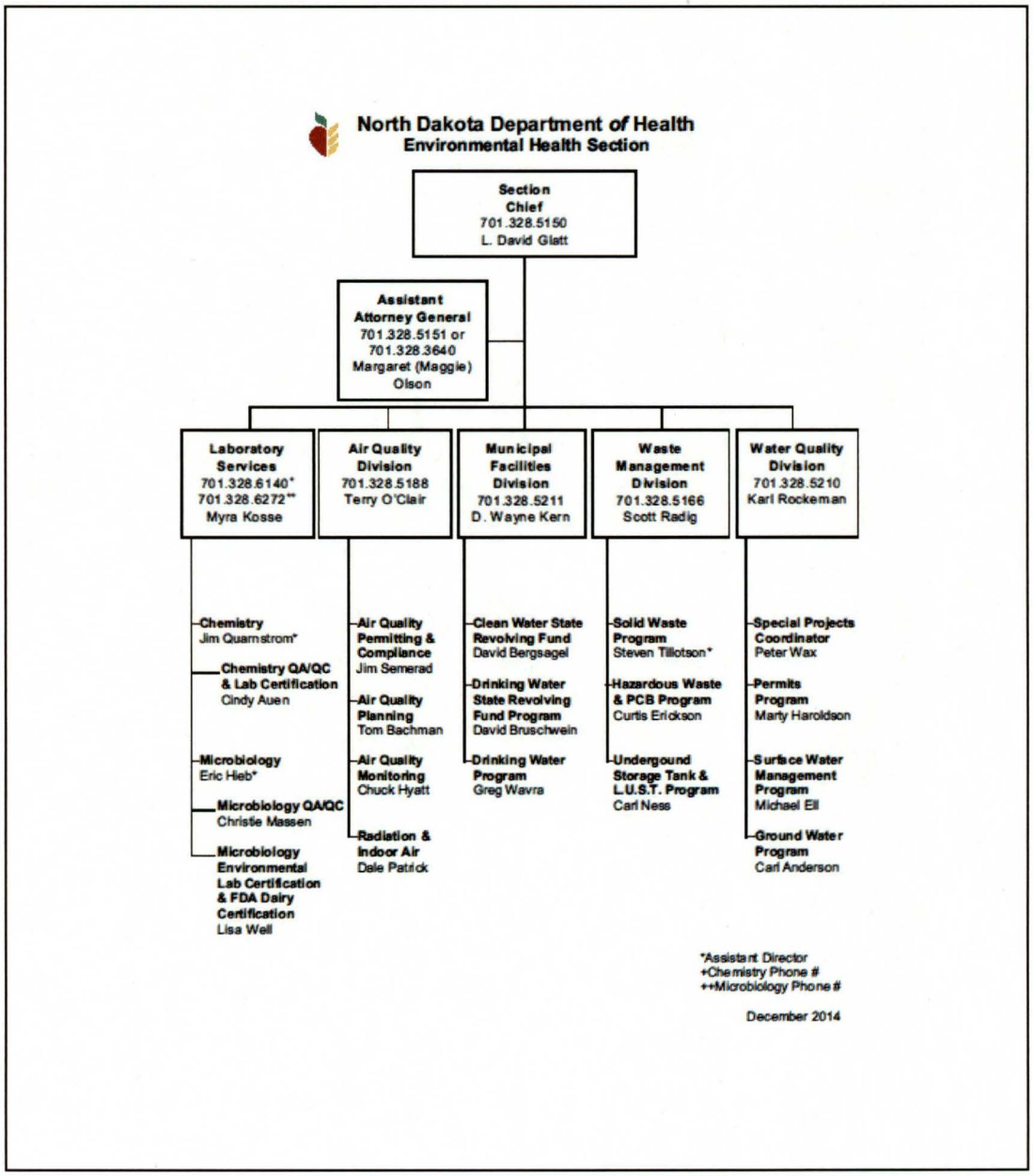

Figure 1. Environmental Health Section Organizational Chart

A. Division of Air Quality

The Division of Air Quality consists of two major programs with 33 full-time positions and one half-time position. There are 20.5 environmental scientist positions, one environmental sciences administrator, and six environmental engineers which all require the minimum of a four-year degree. In addition, there are four electronic technicians who have two-year technical degrees and two administrative support staff.

Air Pollution Control Program

This program promotes clean air activities and initiates enforcement actions to correct air pollution problems. Program staff responsibilities include implementing the Clean Air Act, evaluating permit applications, conducting computer modeling of potential impacts to air quality, issuing permits that restrict emission levels to ensure standards are met and operating an ambient air quality monitoring network.

Radiation Control and Indoor Air Quality Program

This program performs two major functions: (1) regulating the development and use of ionizing and non-ionizing radiation sources to protect North Dakotans and the environment, and (2) evaluating and mitigating asbestos, radon, lead and other indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

Field activities supporting the programs include inspecting facilities to ensure compliance, enforcing laws, investigating air pollution complaints and operating a statewide ambient air quality monitoring network.

B. Division of Laboratory Services

The Division of Laboratory Services has two principal support programs. There are 35 full-time employees. Twenty-six are professional microbiologists or chemist positions requiring the minimum of a four-year degree, and nine are support staff, including four medical laboratory technicians and two chemistry laboratory technicians who have two-year degrees.

Chemistry

The chemistry laboratory provides analytical chemistry data to environmental protection, public health, agricultural and petroleum regulatory programs in the state. The laboratory also maintains a certification program for North Dakota laboratories that provide environmental testing services. The department's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern.

Microbiology

The microbiology laboratory (i.e., the public health laboratory) performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology. The laboratory is responsible for providing rapid, accurate detection and identifying organisms that may threaten public health.

C. Division of Municipal Facilities

The Division of Municipal Facilities administers three programs. There are 29 full-time employees. Fifteen are environmental scientists, and 11 are environmental engineers requiring the minimum of a four-year degree. There is one grants/contract officer position, which also requires a four-year degree, and two administrative support personnel.

Public Water Supply Supervision (PWSS)

This program works with the public water systems (PWS) in North Dakota (currently 657) to ensure drinking water meets all standards established by the Safe Drinking Water Act (SDWA). This is accomplished by monitoring drinking water quality and providing technical assistance. Currently, 96.5 percent of community water systems are meeting all applicable health-based standards under the SDWA – one of the highest compliance rates in the region and country (EPA goal for 2014 is 90 percent nationwide).

Training and certification is provided for operators of water treatment and distribution facilities and wastewater collection and treatment plants. There are about 1,041 certified operators in the state. A total of 93 percent of public water systems are meeting operator certification requirements for water treatment (no EPA goal). There are 73 percent of community water systems meeting operator certification requirements for water distribution (no EPA goal).

Staff administer the fluoridation program and provide technical assistance to private systems. A total of 75 communities add fluoride to their drinking water. Of the population served by these communities, 95 percent (about 623,500) receive optimally fluoridated drinking water (no EPA goal).

Drinking Water State Revolving Loan Fund (DWSRF)

This program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the SDWA. Since program inception (1997) through December 31, 2014, loans totaling about $414 million have been approved. Staff members also review drinking water projects to ensure compliance with state design criteria before construction and provide technical assistance.

Clean Water State Revolving Loan Fund (CWSRF)

This program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Since program inception (1990) through December 31, 2014, loans totaling about $562 million have been approved. Staff members also review wastewater projects to ensure compliance with state design criteria before construction and provide technical assistance.

Field activities supporting the above programs include: (1) inspecting about 606 public water and wastewater systems to ensure compliance with all public health standards, (2) inspecting State Revolving Loan Fund construction projects to ensure they meet state and federal requirements, and (3) investigating complaints.

D. Division of Waste Management

The Division of Waste Management works to safeguard public health through four programs. There are 23 full-time positions and one part-time position, consisting of 14 environmental scientists, five environmental engineers, one environmental sciences administrator, the division director (all of which require the minimum of a four-year degree), and three administrative support staff.

Hazardous Waste Program
This program regulates 760 facilities that generate, store, treat, dispose or transport hazardous waste. The program also coordinates assessments and cleanups at Brownfield sites (properties underdeveloped due to actual/perceived contamination) and performs inspections at sites known or suspected to have equipment containing polychlorinated biphenyls (PCBs).

Solid Waste Program
This program regulates the collection, transportation, storage and disposal of nonhazardous solid waste. Resource recovery, waste reduction and recycling are promoted. The program helps individuals, businesses and communities provide efficient, environmentally acceptable waste management systems. There are 428 facilities under this program and about 800 permitted waste transport companies.

Underground Storage Tank Program
This program regulates petroleum and hazardous substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners and provides for state inspection and enforcement. The program works with retailers and manufacturers to ensure specifications and standards for petroleum and antifreeze are met. There are 988 facilities currently regulated under this program. In addition, the UST Program supervises the cleanup of any leaking underground storage tank facility and other petroleum product releases.

Abandoned Motor Vehicle Program
The Abandoned Motor Vehicle Program focuses on assisting political subdivisions in the cleanup of abandoned motor vehicles and scrap metal.

Field work includes compliance assistance, sampling, training, site inspections and complaint investigations.

E. Division of Water Quality
The Division of Water Quality protects water quality through four programs. There are 34 full-time positions and one part-time position, consisting of 27 environmental scientists, three environmental sciences administrators, four environmental engineers (all of which require the minimum of a four-year degree) and one administrative assistant.

North Dakota Pollutant Discharge Elimination System (NDPDES) Permit Program
This program issues the federally required National Pollutant Discharge Elimination System (NPDES) permits for discharge of pollutants to surface waters. This may include pollutants carried by stormwater, in addition to direct discharge of wastewater. Many industries and municipalities require these permits. This program also issues permits to septic tank pumpers regulating the collection and proper disposal of domestic wastewater. The permits may be individual permits issued to one facility or general permits where multiple facilities are covered under one permit.

Nonpoint Source Pollution Management Program
This program expended approximately $4.4 million in Section 319 funding (federal fiscal year 2014) to support 51 locally sponsored projects. These projects included 25 watershed projects, 14 education/demonstration projects, four support projects and eight assessment projects. The projects used

the funding to cost-share agricultural projects, conduct education events, deliver technical assistance to agricultural producers, design manure management systems and evaluate water quality trends or conditions. Nearly 45 percent of the Section 319 expenditures within the local project areas were used to support various best management practices (BMPs). More than 70 percent of these BMP expenditures were used to install practices that improve livestock grazing and manure management.

Surface Water Quality Monitoring and Assessment Program

Beginning in January 2013, the NDDoH, working in cooperation with the U.S. Geological Survey (USGS) North Dakota Water Science Center and the North Dakota State Water Commission, began implementation of a revised ambient water quality monitoring network for rivers and streams. This revised monitoring network consists of 81 sites located on 48 rivers and streams in the state. Lake water quality monitoring from 2011-2013 was conducted on Lake Sakakawea and Devils Lake, the state's two largest lakes. Working cooperatively with the North Dakota Game and Fish Department (NDGF) and the U.S. Army Corps of Engineers, the NDDoH conducted dissolved oxygen/temperature profile monitoring on Lake Sakakawea monthly from July through October in 2011, 2012 and 2013.

In 2012 and 2013, the NDDoH conducted sampling for the National Lake Assessment (NLA), and in 2013 the NDDoH also began sampling as part of the National Rivers and Streams Assessment (NRSA). For the NLA project, 50 randomly selected lakes and reservoirs were sampled. In addition, 25 sites were sampled in 2013 for the NRSA, and another 25 sites were sampled in 2014 for a total sample size of 50 sites. As is the case with the NLS, the NRSA uses a random sample site design to provide estimates of the ecological condition and aquatic life use of the nation's rivers and streams and to identify key stressors affecting impaired waters.

Ground Water Protection Program

This program includes the (1) Wellhead and Source Water Protection Programs to define the susceptibility of public water systems to contaminant sources, (2) Underground Injection Control (UIC) Program which helps prevent contamination of drinking water by injection wells, and (3) Ambient Ground Water Monitoring Program which assesses the quality of ground water resources with regard to agricultural and oilfield-related chemical contamination. In addition, trained personnel provide immediate response to emergency spills and continued investigation/enforcement if necessary to fully address environmental impacts. Program staff also fulfills open records requests typically received as part of property transactions or as Freedom of Information Act requests from the general public.

Field activities include inspecting wastewater treatment facilities and septic tank pumpers, and compliance audits/sampling to ensure permit requirements are met; inspecting construction and industrial site stormwater controls; meetings with local/state entities to assess nonpoint source project goals; ambient monitoring of lakes and rivers; evaluating domestic water sources for potential contaminant sources; annual collection/analysis of samples from vulnerable aquifers; overseeing remediation of spills with potential to reach water sources; and responding to complaints.

F. Section Chief's Office

Division activities are coordinated by the Section Chief's Office, which has 8.75 full-time employees (FTEs) and an attorney assigned by the Office of Attorney General. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data management activities, emergency response efforts, enforcement of environmental regulations and funding requests.

II. Impacts of Oilfield Growth

A. Division of Air Quality

Expanded activity in the oilfield has increased the workload in the division due to the number of licensing/permitting and inspection activities. The number of air quality industrial construction permits issued has increased from a historical average of approximately 20 per year to more than 90 per year (see Figure 2). Compounding the increase in the sheer number of permits is the fact that new federal regulations have increased the complexity of these permits. In addition to permits for industrial facilities, all producing oil wells are required to go through a permit/registration process with the division. Well permit registrations have risen from 3,000 to more than 8,000 (Figure 3) and are expected to increase with continued oilfield development. Similar increases have been seen in the number of crude oil storage tanks, compressor stations and gas plants.

Larger industrial developments, coupled with increasing regulatory requirements and the capacity of the environment to assimilate new emission sources, have resulted in the need for more complex and technical permits and treatment technologies, requiring significant staff expertise and resources.

Figure 2. Air Quality Industrial Construction Permits

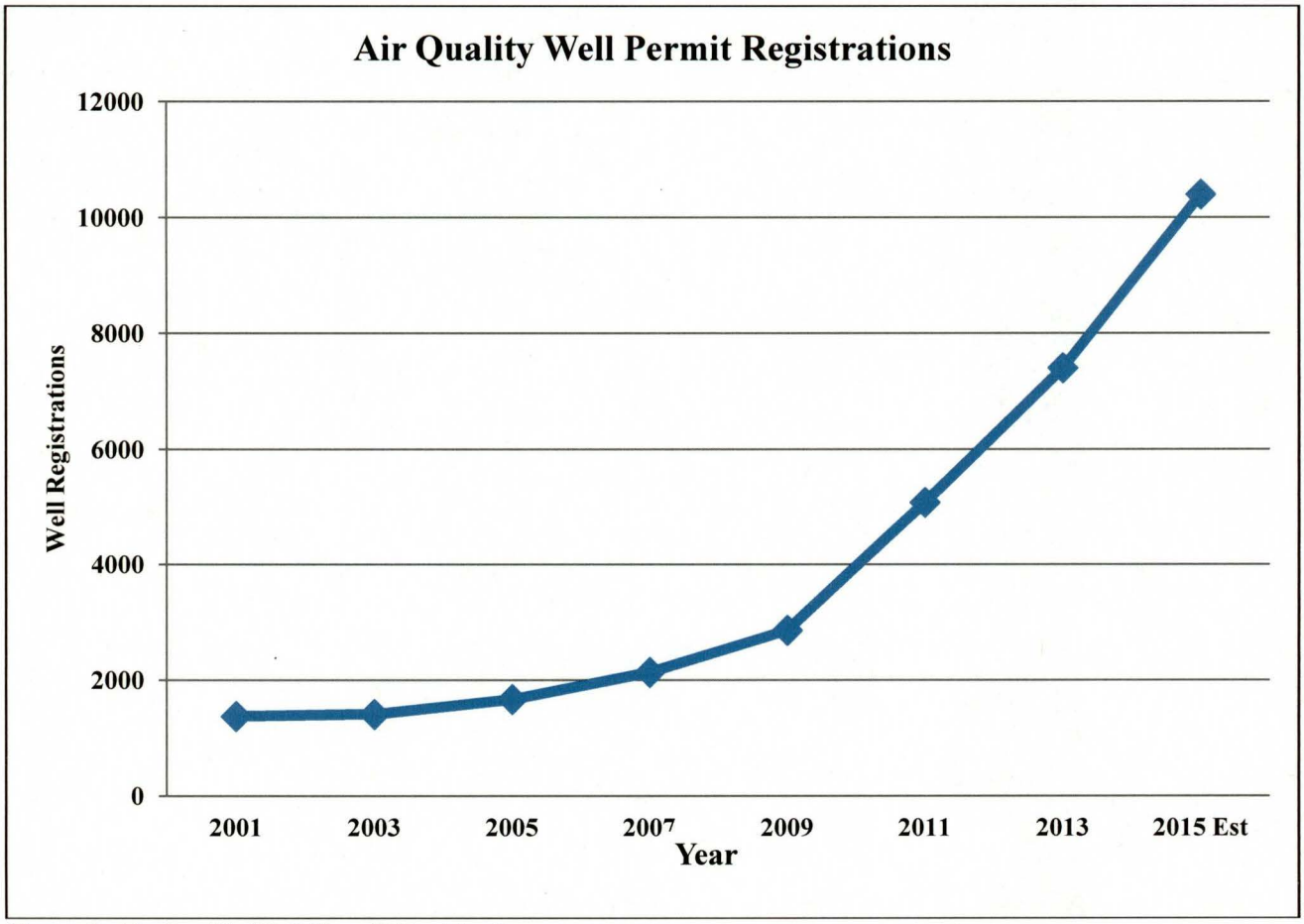

Figure 3. Air Quality Well Permit Registrations

Many companies in the oilfield use instrumentation technologies containing radioactive material, and there has been a large increase in the number of companies actively using such materials. Several operators have been identified as improperly using these materials, potentially placing members of the public at risk. North Dakota serves as an Agreement State in cooperation with the U.S. Nuclear Regulatory Commission (NRC). Through that agreement, the NRC has notified the department of a number of allegations regarding improper handling of radioactive materials.

Oilfield-related radioactive materials license applications (and inspection activity) have risen from 149 in 2011 to 215 in 2014 (see Figure 4). Licensing requirements adopted by the NRC have become more complex due to increased control tracking.

The NDDoH has drafted TENORM (Technologically Enhanced, Naturally Occurring Radioactive Materials) rules, which may become effective late summer of 2015 and could result in increased workload. In addition, increased workload demands have been placed upon the division as a result of the licensure of all TENORM radioactive waste transporters and the increase in the number of facilities that treat TENORM.

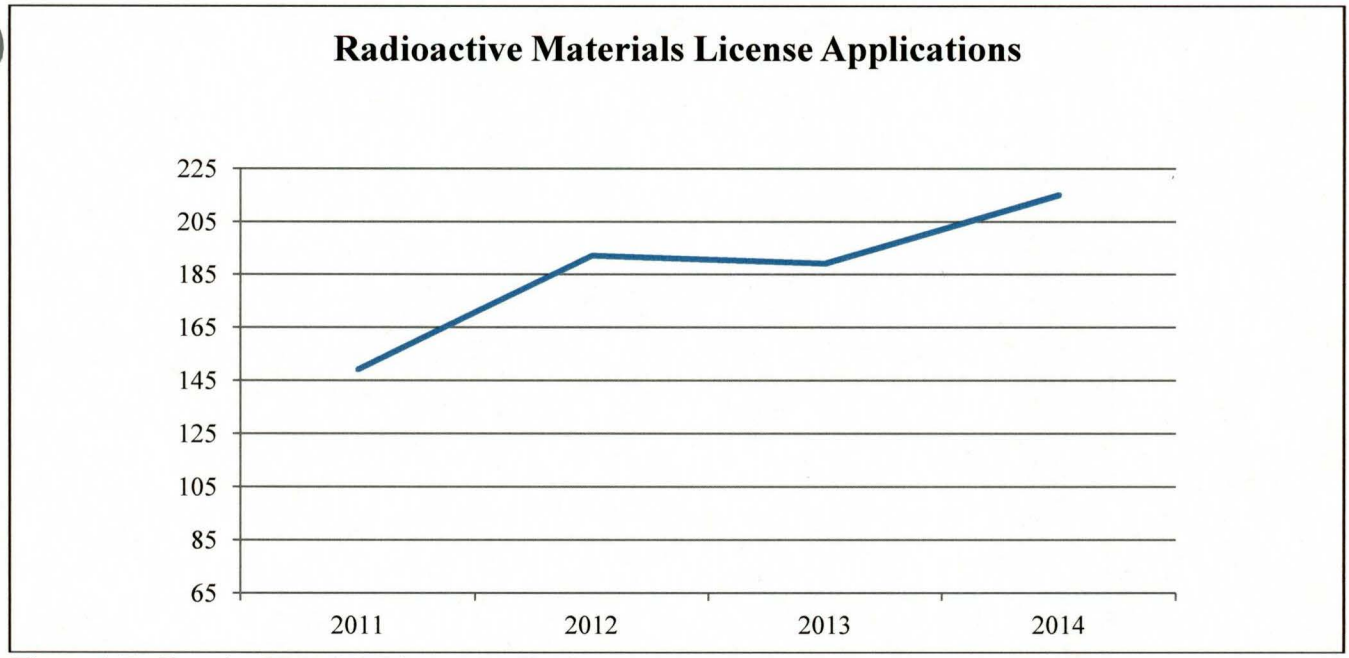

Figure 4. Radioactive Materials License Applications

Additional direct and indirect impacts on the division include:

- Expansion of the Tesoro Refinery, plus permitting work for proposed diesel refineries.
- Extensive effort on Bakken Pool Permitting and Compliance Guidance Document for oil wells.
- Increased telephone and email inquiries pertaining to air pollution control requirements.
- Increased oil- and gas-related complaints and inquiries from public.
- Operating of a new Williston monitoring site to measure air quality.
  Inspections and study of radiation from frack sand and drilling mud.
- Increased permitting activity, along with increased particulate control inspections of more rock, sand and gravel plants (three times higher than in the past), due to greater demand for these materials in the oilfield.
- Road dust has become a significant source of air pollution.
- New Environmental Protection Agency regulations directed at energy development.
- Expansion of the Tioga Gas Plant

B. Division of Laboratory Services

Microbiology

Testing volumes from 2007-2014 were evaluated from oil-impacted communities in the western half of North Dakota. Communities included principal private (clinics and hospitals) and public health entities in the Dickinson, Williston, Watford City, Minot, Bismarck, Hettinger, Mott and New England areas.

The total testing volume from these communities showed a steady increase over the period 2007-2013. There was a slight decrease (approximately 1 percent) in 2014. An increase in public health sector testing in 2014 offset the decrease in clinic and hospital testing.

Private health sector testing conducted at the state public health laboratory for 2007-2013 data shows a continual rise. The 2014 data shows a decline in private health sector sample numbers. The decline in private sector samples resulted from the recent consolidation of the Catholic Health Initiative (CHI) health care network. Many of the samples from these associated CHI facilities are now being sent to a large commercial laboratory with which CHI has a contract. Figure 5 shows the trend in private testing.

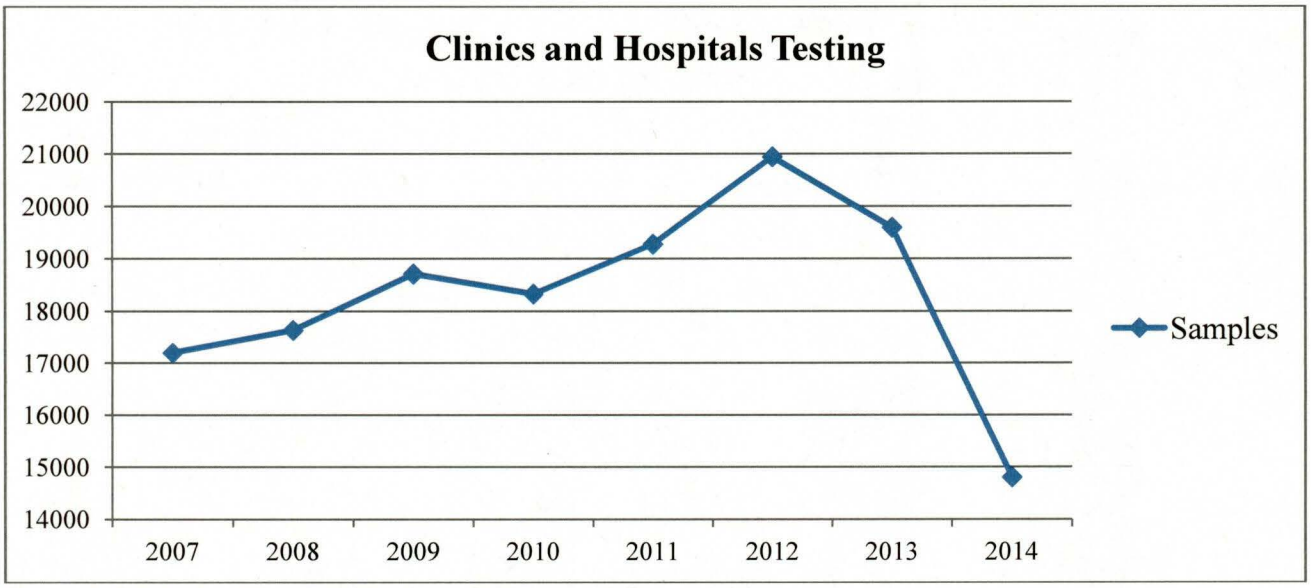

Figure 5. Clinics and Hospitals Testing - Oil-impacted Communities

Public health sector testing conducted at the state laboratory increased significantly in 2014. This increase is resulting in part from an increase in public health testing, but the primary increase is seen in submissions from correctional facilities (state and local). Figure 6 shows the trend in public testing.

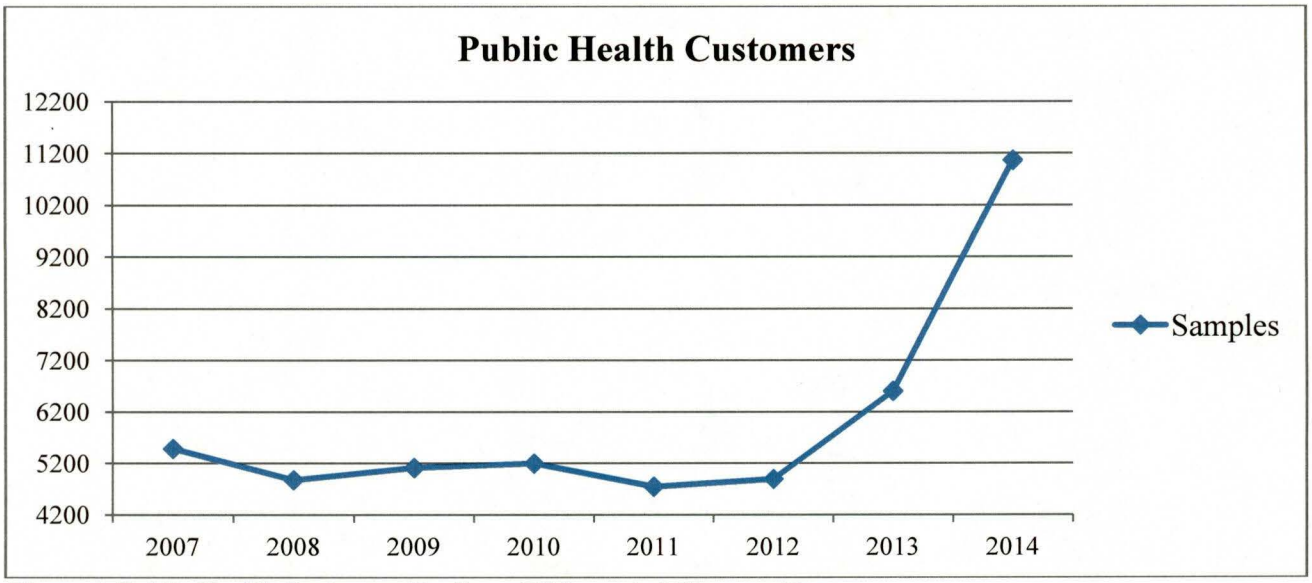

Figure 6. Public Health Customers Testing - Oil-impacted Communities

Chemistry

Since the beginning of 2012, 918 samples for 44,617 analytes have been collected by Environmental Health Section personnel, other agencies or private entities, and new public drinking water systems associated with temporary housing in the oilfield. Another 35 associated quality control samples for 674 analytes were analyzed for a grand total of 953 oilfield-related samples and 45,291 analytes. These numbers represent an increase in successive years.

Tests requests for most of these samples are for complete mineral chemistry; benzene, toluene, ethylbenzene and xylene (BTEX); gasoline range organics (GROs); diesel range organics (DROs); and semi volatile organic compounds (SVOCs). Projecting the sample load out at the current rate through the end of 2014 would result in totals of 971 samples for 46,455 analytes. The annual break outs are depicted in Figures 7 and 8.

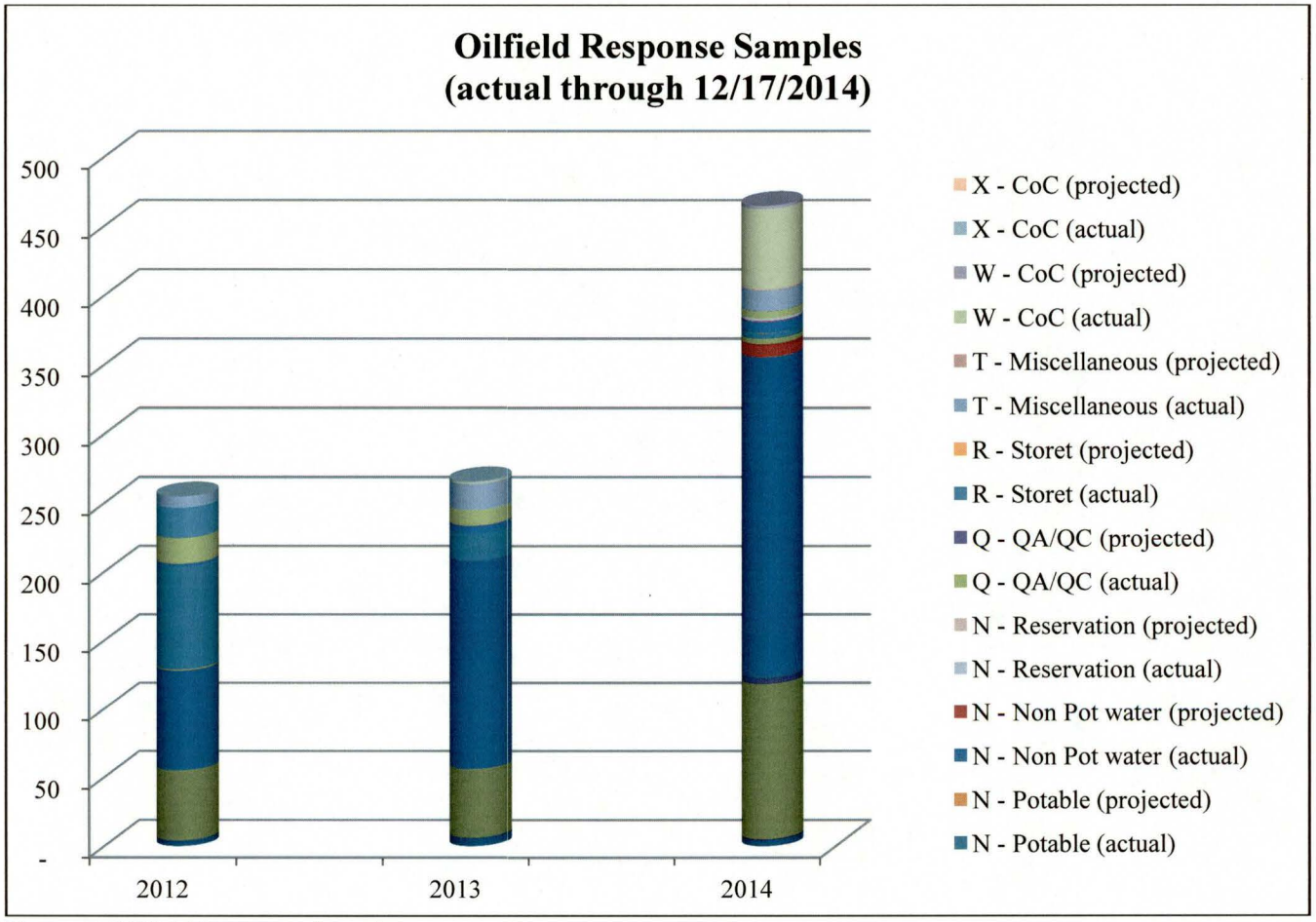

Figure 7. Oilfield Response Samples

The letters and abbreviations in the legend refer to how samples are identified when entered into the laboratory's database. X-CoC and W-CoC = chain of custody samples; T-Misc = special case samples; R-Storet = water quality samples; Q-QA/QC = quality assurance/quality control samples; N-Non Pot = nonpotable water samples; N-Potable = potable water samples; and D-Discharge = wastewater discharge samples.

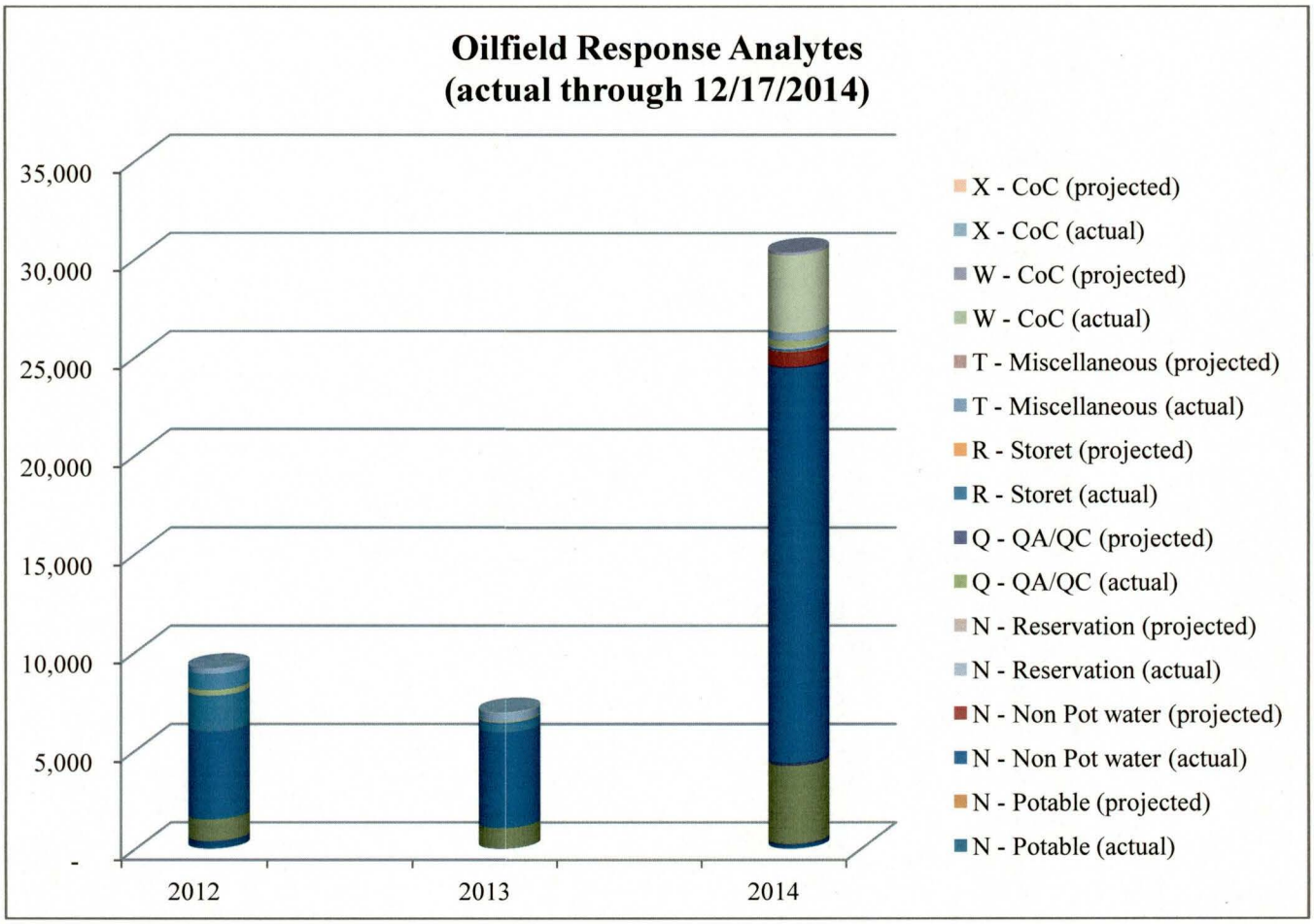

Figure 8. Oilfield Response Analytes

The letters and abbreviations in the legend refer to how samples are identified when entered into the laboratory's database. X-CoC and W-CoC = chain of custody samples; T-Misc = special case samples; R-Storet = water quality samples; Q-QA/QC = quality assurance/quality control samples; N-Non Pot = nonpotable water samples; N-Potable = potable water samples; and D-Discharge = wastewater discharge samples.

C. Division of Municipal Facilities

An ever-expanding challenge is keeping pace with new drinking water and wastewater facilities in oil-impacted areas. Figure 9 shows the total number of PWS significantly increased since 2010; 94 percent (of the increase) is in oil-impacted counties.

Figure 10 shows the total number of SDWA violations increased since 2010. About 67 percent of this increase is due to new PWS in oil-impacted counties. Implementation of new and revised rules further impacts workload and compliance rates, both compounded by the increasing number of PWS.

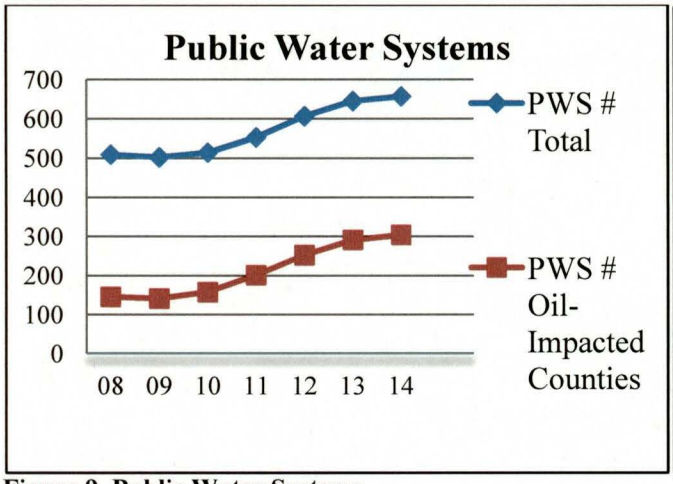

Figure 9. Public Water Systems

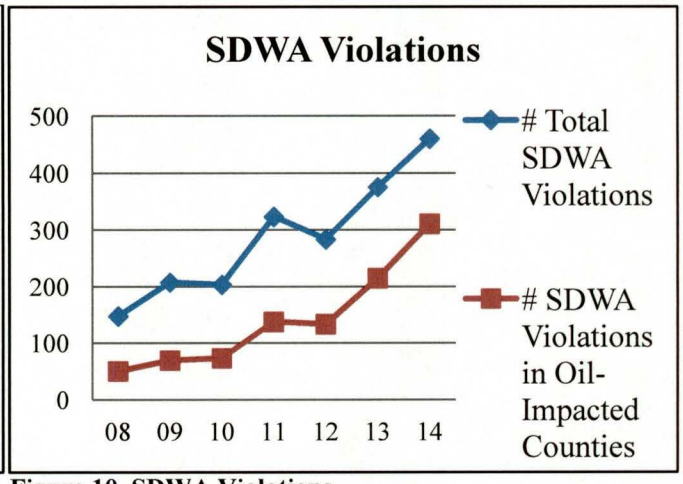

Figure 10. SDWA Violations

Figure 11 shows public health unit inspections of non-community PWS have decreased in oil-impacted counties, while division inspections have increased. (To date, public health units serving non-oil-impacted areas have kept pace with their assigned inspections.) As oil activity expands, it is anticipated the health units may not be able to complete these inspections, adding to division workload.

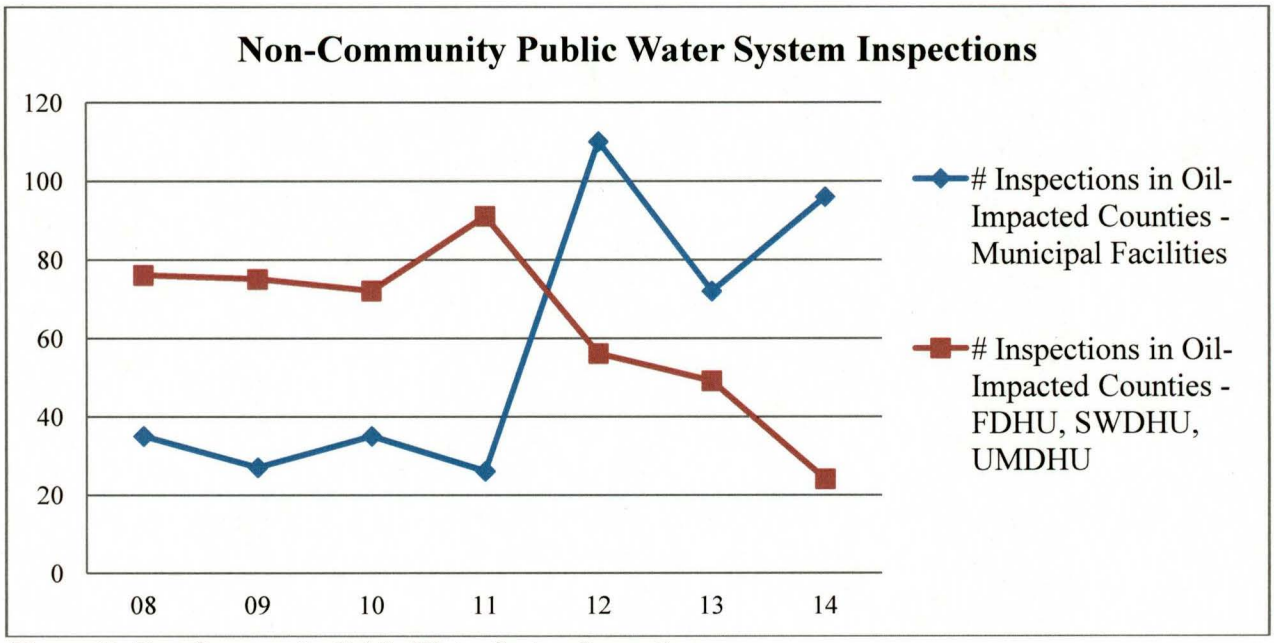

Figure 11. Non-Community Public Water System Inspections
FDHU = First District Health Unit (Minot); SWDHU = Southwestern District Health Unit (Dickinson); and UMDHU = Upper Missouri District Health Unit (Williston)

Under state law (NDCC 23-26), all persons operating water and wastewater systems, with some exceptions, must be certified by the department. Figure 12 shows decreased numbers of water distribution operators being certified due to two principal factors: (1) operator turnover (certified operators leaving for higher paying jobs in the oilfield); and (2) new systems that do not have a certified operator. Additional new systems have increased the workload of the division's operator certification and training program. In oil-impacted counties, the primary need has been for water distribution operators because most new systems obtain drinking water from other regulated sources (no treatment required) and either haul wastewater to another permitted system or provide on-site wastewater disposal. Compliance with operator certification requirements for water treatment and wastewater collection/treatment also may decrease if more systems choose to develop/treat their own drinking water sources or treat/discharge wastewater.

Figure 13 shows a large increase in plans and specifications submittals/approvals since 2010, largely due to projects in the oilfield. Project submittals decreased in 2014, but remained high and required extended review time. Many were submitted by out-of-state engineering firms (98 to date) unfamiliar with North Dakota requirements, resulting in extended review time. Many had mechanical wastewater treatment plants and/or large on-site disposal systems which require additional time for review and approval. On-site disposal systems have not historically been used or addressed by the division. Finally, many involved as-built situations which require more time to resolve design and construction issues. Considerable time also is spent: (1) evaluating and addressing noncompliant or failing wastewater systems, many of which were built and expanded without local or state approval and which have undergone numerous ownership or management changes; and (2) developing new design standards and policies to address issues primarily related to projects in the oilfield.

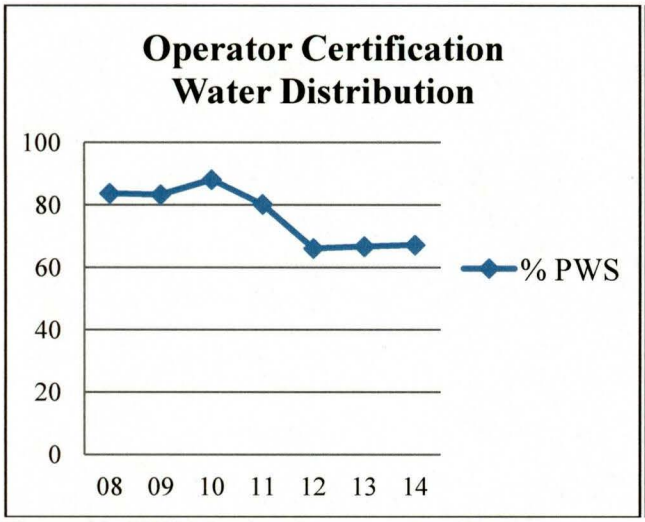

Figure 12. PWS Meeting Operator Certification Requirements (Water Distribution)

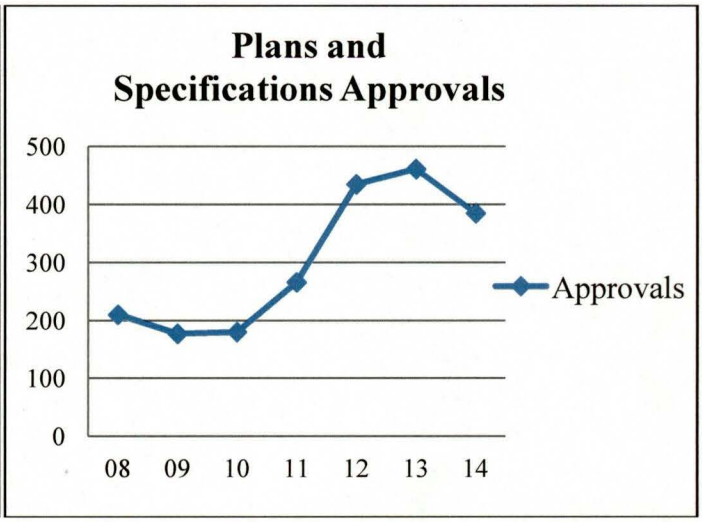

Figure 13. Plans and Specifications Approvals - Water and Wastewater Projects

Figure 14 shows the number of projects/dollar value on the CWSRF and DWSRF lists increased significantly since 2010. For 2015, the preliminary dollar value of projects is $724 million for the DWSRF and $484 million for the CWSRF. This will result in a large number of SRF projects to implement, increasing workload on top of attempting to keep pace with more technical reviews for non-SRF and oilfield projects.

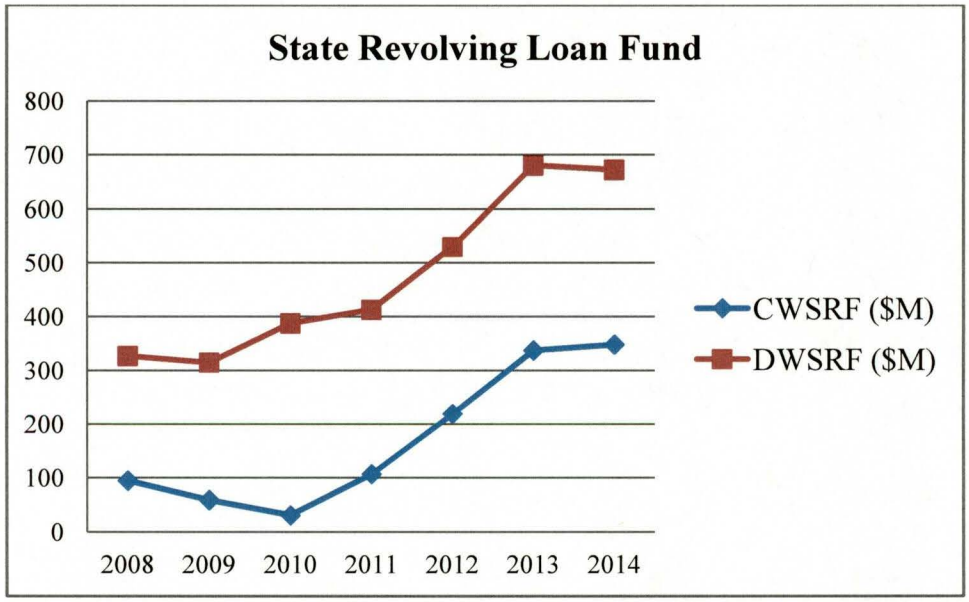

Figure 14. State Revolving Loan Fund - Total Project Amount from Intended Use Plans

Additional workload impacts to those shown in the above tables include: educating systems on SDWA requirements, implementing/enforcing the requirements, and compliance/technical assistance in addressing SDWA violations; responding to complaints; answering calls and emails about proposals for new/expanded housing facilities; addressing vendor/engineer inquiries; and attending visits and presentations on alternative wastewater treatment systems and project proposals.

D. Division of Waste Management

Oilfield activity has significantly increased the workload, from facilities directly operated by oilfield-related businesses and from peripheral businesses supporting the increasing general population. There are more oilfield service companies generating large quantities of hazardous waste and other support businesses, such as tank manufacturers generating more hazardous waste. New gas stations and truck stops are being built or expanded. Both municipal landfills and oilfield special waste landfills are dealing with new types and greatly increased volumes of waste. Figures 15 through19 show the increase in hazardous waste large quantity generators (LQGs), municipal solid waste (MSW) and special waste landfills, tons of oilfield special waste, new or expanded underground storage tank (UST) facilities, and new waste transporter permits. The division also has three staff members on the Environmental Health Section spill response team, which requires considerable field work and office followup. Figure 21 on page 20 of this report shows spill response numbers.

Figure 15. Hazardous Waste Large Quantity Generators

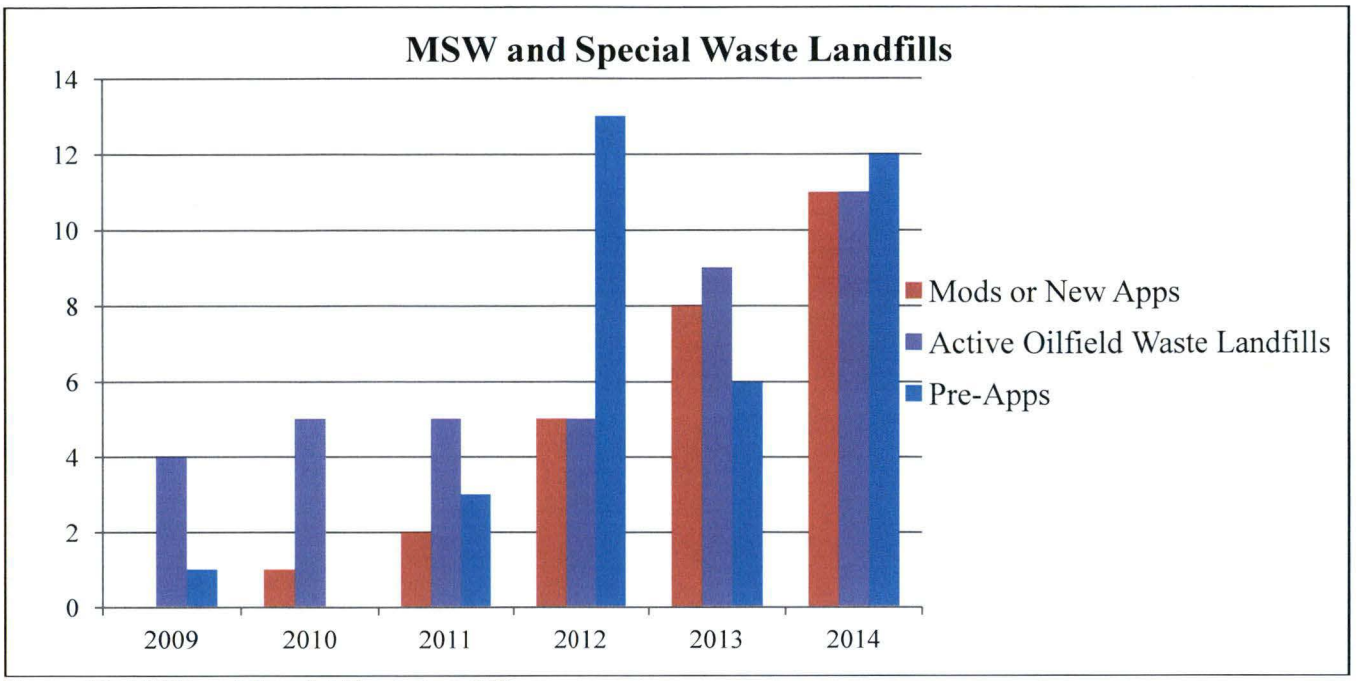

Figure 16. MSW and Special Waste Landfills

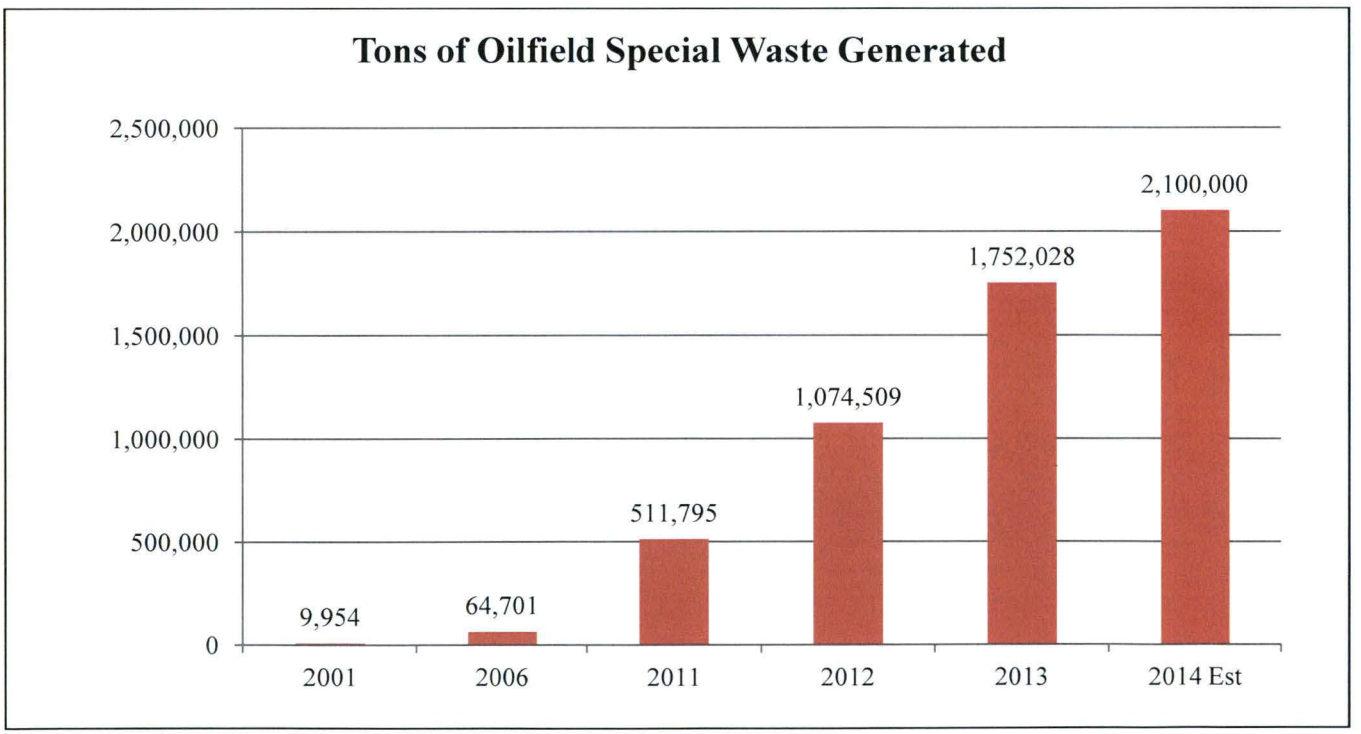

Figure 17. Tons of Oilfield Special Waste Generated

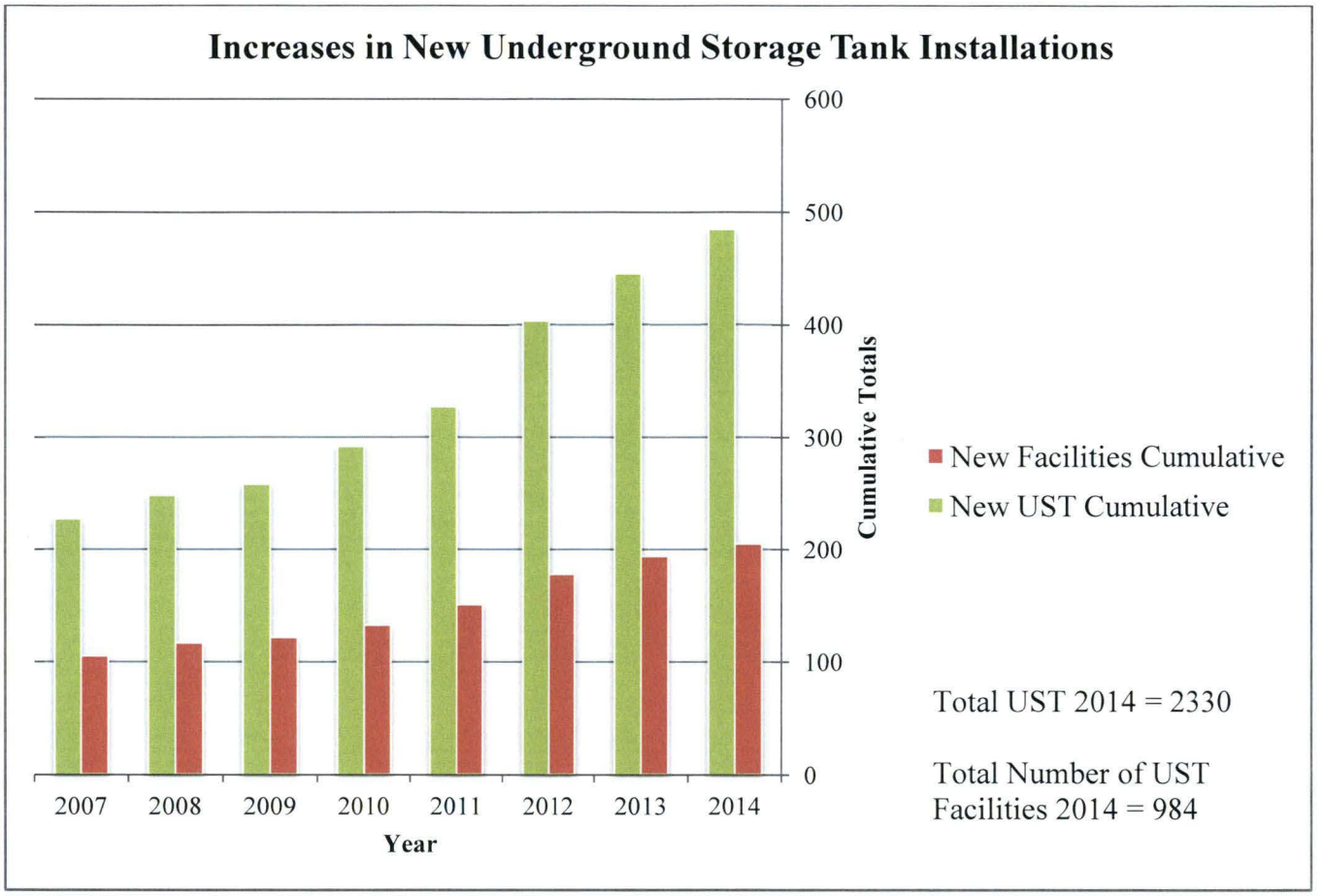

Figure 18. Increases in New Underground Storage Tank Installations

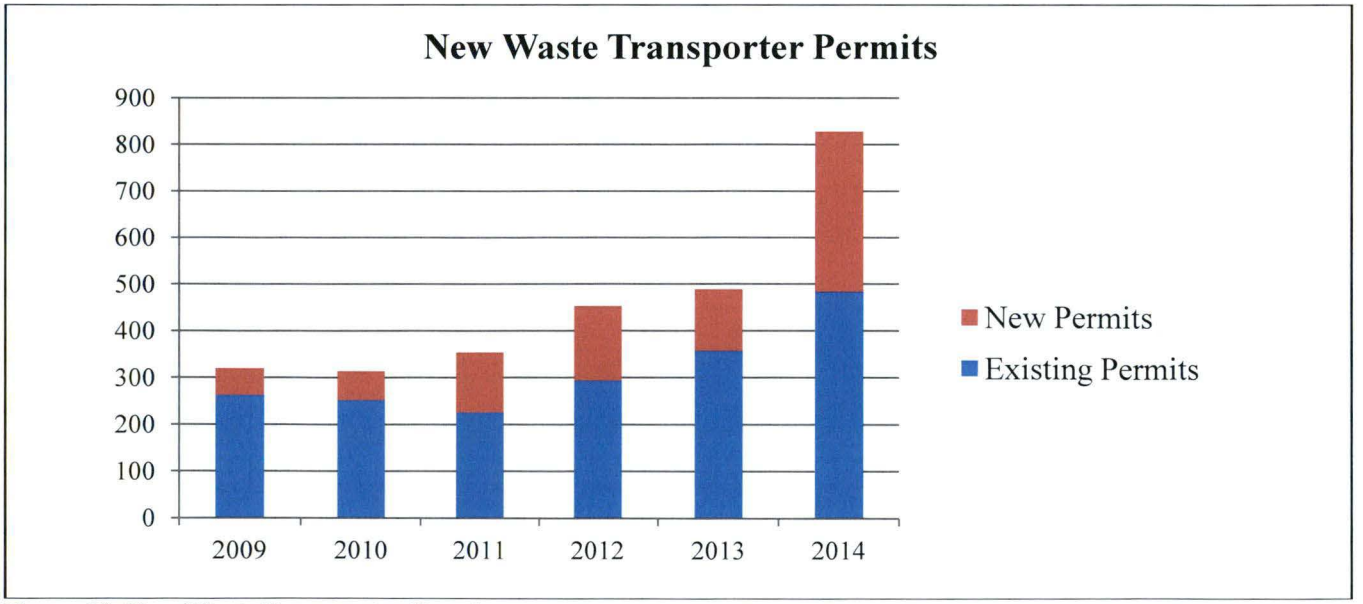

Figure 19. New Waste Transporter Permits

The significant increase in the number of pre-applications and applications for new or expanding landfills, both municipal solid waste and oilfield special waste, has greatly increased the workload of the Solid Waste Program. These applications are very detailed, highly technical documents, usually more than a thousand pages in length, that require expertise in soils, hydrogeology, plant science and engineering to review. North Dakota solid waste rules have a 120-day limit in which the department is required to complete the review. However, that has been increasingly difficult to achieve due to the volume of applications and inquiries received. At the same time, there is an increased need for inspections at the existing facilities and site visits to the new facility locations, which also takes significant staff time. This has resulted in a backlog for inspections and permits for other regulated solid waste facilities around the state. All of the programs in the Division of Waste Management have been affected by oilfield activities, but the Solid Waste Program has been affected the most.

An entirely new issue has arisen regarding the generation and proper management of Technologically Enhanced Naturally Occurring Radioactive Material (TENORM). TENORM is low-level radioactive waste that is generated primarily in oilfield exploration and production activities. It includes materials such as filter socks, tank bottom sludge and pipe scale. Responding to illegal dumping and improper management incidents has taken considerable staff time, as TENORM is a major concern of the public. The Division of Waste Management is overseeing rejected waste loads at landfills and the cleanup of illegal dump sites, although the number of incidents has decreased since implementation of requirements for TENORM waste containers on all well sites. The division is working with Argonne National Laboratory to study the risks to oilfield workers and the general public. New administrative rules regarding the proper handling, recordkeeping, reporting and disposal of TENORM have been developed and are in the public comment period. The recordkeeping and reporting requirements will take considerable additional staff time to oversee, as every oil well and salt water disposal well is a TENORM generation site. Existing special waste or large volume industrial waste landfills that want to accept TENORM waste under the new rules will have to apply for a permit modification, which may include changes to the waste acceptance plan, plan of operations and the landfill design.

E. Division of Water Quality

With increased oilfield activities in the northwestern part of the state, the division has been actively involved in many related issues. This division is primarily responsible for responding to oil spills with the potential to impact waters of the state and following up on appropriate remediation. Figures 20 and 21 illustrate the large increase in number of spills reported and response by staff. Of the spills that have been reported since 7/1/2013, there are currently 127 awaiting the initial inspection and 171 others that need additional on-site followup. Spills with the greatest potential to adversely impact the environment are evaluated as soon as possible. As the number of oil and gas facilities increase, the number of spills is expected to increase as well.

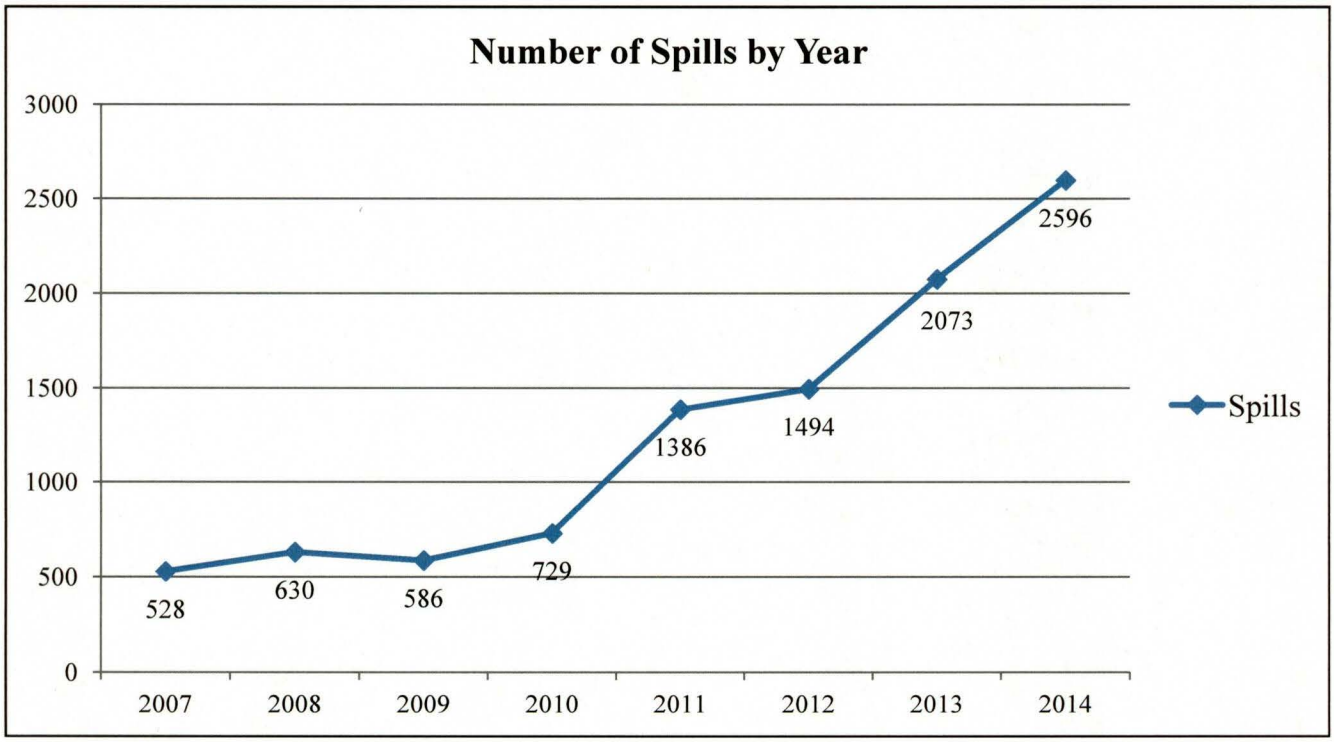

Figure 20. Number of Spills by Year

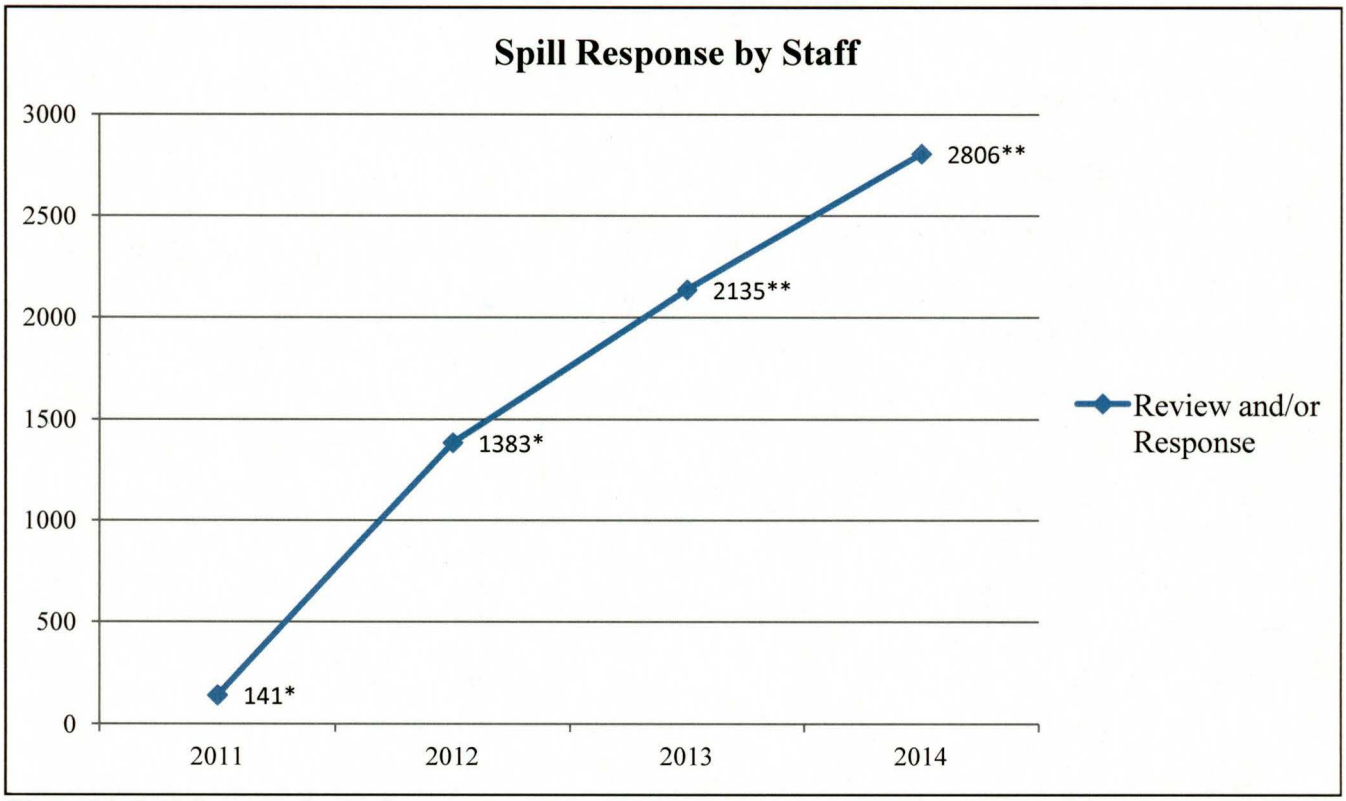

Figure 21. Spill Response by Staff

* 2011 and 2012 figures have been recalculated because the algorithm used to determine "response" has changed. "Response" now includes the review of an incident to determine whether a follow-up is necessary. In previous versions of this graph, "response" was limited to telephone conversations and site inspections after the incident had occurred.

**The spill response team continues to work through a backlog of spills, which is why the numbers for 2013 and 2014 in Figure 21 are larger than the corresponding figures in Figure 20.

NDPDES Program

Figure 22 shows there has been a significant increase in the number of permits issued. All of the following, except for septic system servicers, are federally required permits.

- Construction stormwater
- Septic system servicers
- Dewatering and hydrostatic testing (including pipelines and tanks)
- Industrial stormwater
- Wastewater general permits (typically small domestic wastewater treatment facilities)
- Wastewater individual permits (typically major municipalities and industries)

The increase in permits has resulted in additional inspections of septic tank servicers, stormwater controls, and crew camp and hauled wastewater treatment facilities. In addition, the growth in the production of oil and natural gas has resulted in increased interest in facilities to utilize these products. Preliminary work has been done on permits for the following new facilities: two ammonia fertilizer plants, one diesel refinery and three natural gas-fired power plants. The permits for these facilities can be complex and require more staff time than most typical permits, and the interest in petrochemical manufacturing is expected to grow.

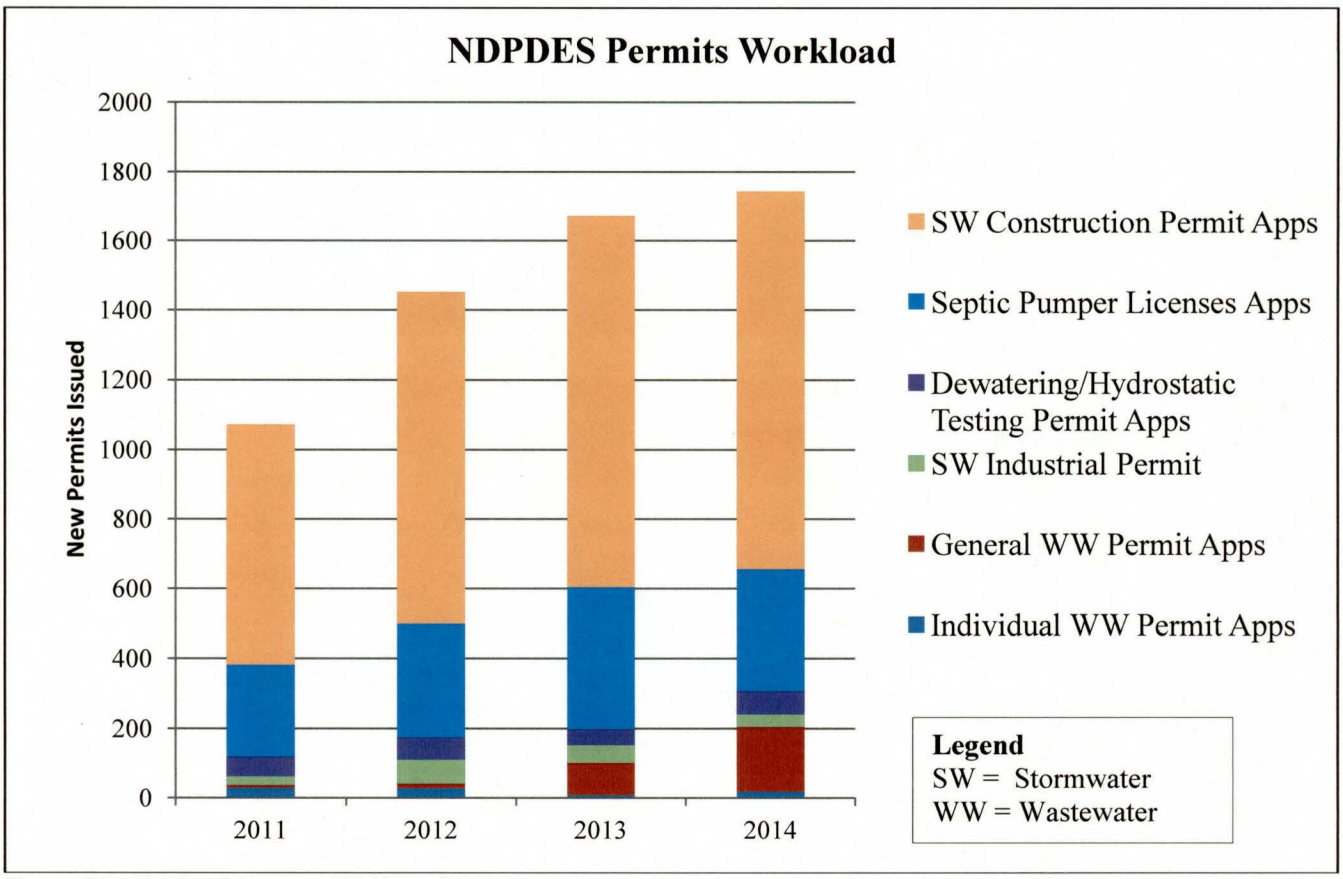

Figure 22. NDPDES Permits Workload

Ground Water Protection Program

To address the increased number of spills, one of the staff has become the team leader for the oilfield response team. This full-time effort means the program is short one full-time position. Existing staff assumed other duties of this position, which are extensive. In addition, two other existing staff members provide part-time support services to the oilfield response team, which also takes time away from their normal work duties.

The program reviews and comments on water appropriation applications received by the State Water Commission. The oil boom has significantly increased the applications for review (Figure 23), primarily related to industrial uses of groundwater. Approximately 120 water appropriation permit reviews were completed in 2014, and it is estimated that 125 reviews will be completed in 2015.

The number of public water systems in the oilfield has significantly increased, and each system requires the completion of a Wellhead Protection Area report. This report includes the delineation of the protection area, completion of a contaminant source inventory and a susceptibility analysis (Figure 23). In the last year, 62 reports have been prepared, including two reports for new community water systems. It is estimated that 70 reports will be prepared in 2015.

Figure 23 also shows significant impact on the UIC Program. The number of potential UIC sites (crew camps, oil service companies, vehicle repair businesses, etc.) increases daily. In 2015, it is estimated approximately 325 businesses in western North Dakota may have Class V wells and therefore require inspection. Available staff was able to inspect approximately 41 facilities in 2014. In 2015, it is

estimated approximately 280 facilities may warrant inspection. Additional potential UIC sites have yet to be evaluated. The program has responded to many requests for information about Class I injection wells and is in the process of permitting two Class I wells. Two Class I wells are projected for permitting in 2015. Many proposed oilfield waste disposal sites are also considering Class I wells, and some facilities are evaluating injection of treated wastewater as a disposal option.

A significant number of calls have come from the public related to sampling of private wells (e.g., how to sample, where to send samples, what to analyze, perceived impacts to wells, etc.). Workload related to landfill and facility siting reviews has increased significantly (Figure 24). Before the oil boom, one or two landfill pre-applications were received per year. In 2014, 11 oilfield special waste landfill pre-applications were received and reviewed by program staff. If the facilities obtain zoning approval, they will move through the application process requiring review by program staff.

An increased number of Freedom of Information Act open-records requests (223) were processed by program staff during 2013. In 2014, 180 requests were processed. This reduction is a result of some records moving to online availability and is not indicative of an overall decrease in demand for program data. Due to the growth in oil and gas production, North Dakota is known nationwide as a large oil- and gas-producing state, and this has resulted in increased information requests from across the country. Many of these requests are broad in scope and take additional staff time to compile.

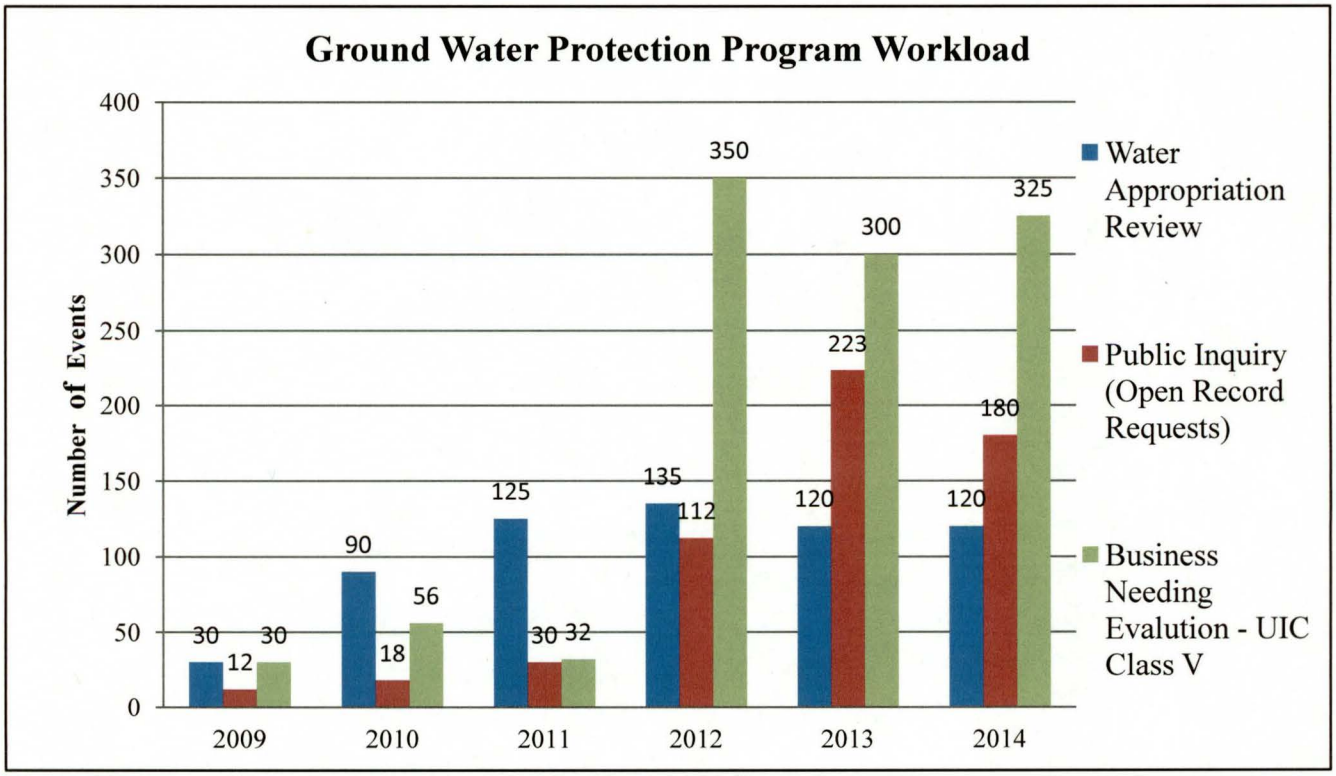

Figure 23. Ground Water Protection Program Workload (2009-Present)

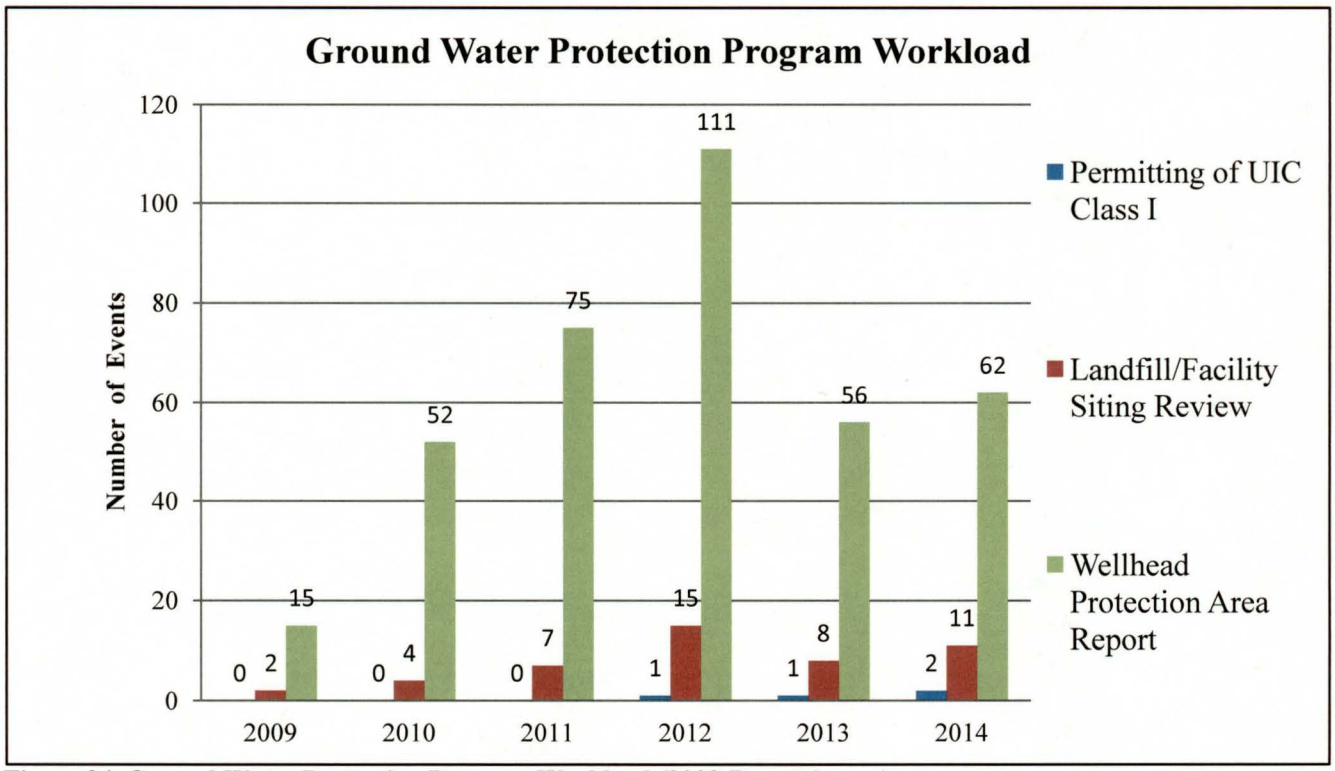

Figure 24. Ground Water Protection Program Workload (2009-Present)

Figure 25 shows that formal enforcement actions relating to violations of environmental statutes continue to increase. Enforcement actions require considerable staff time relating to case investigation, technical evaluation, monitoring and compliance reviews.

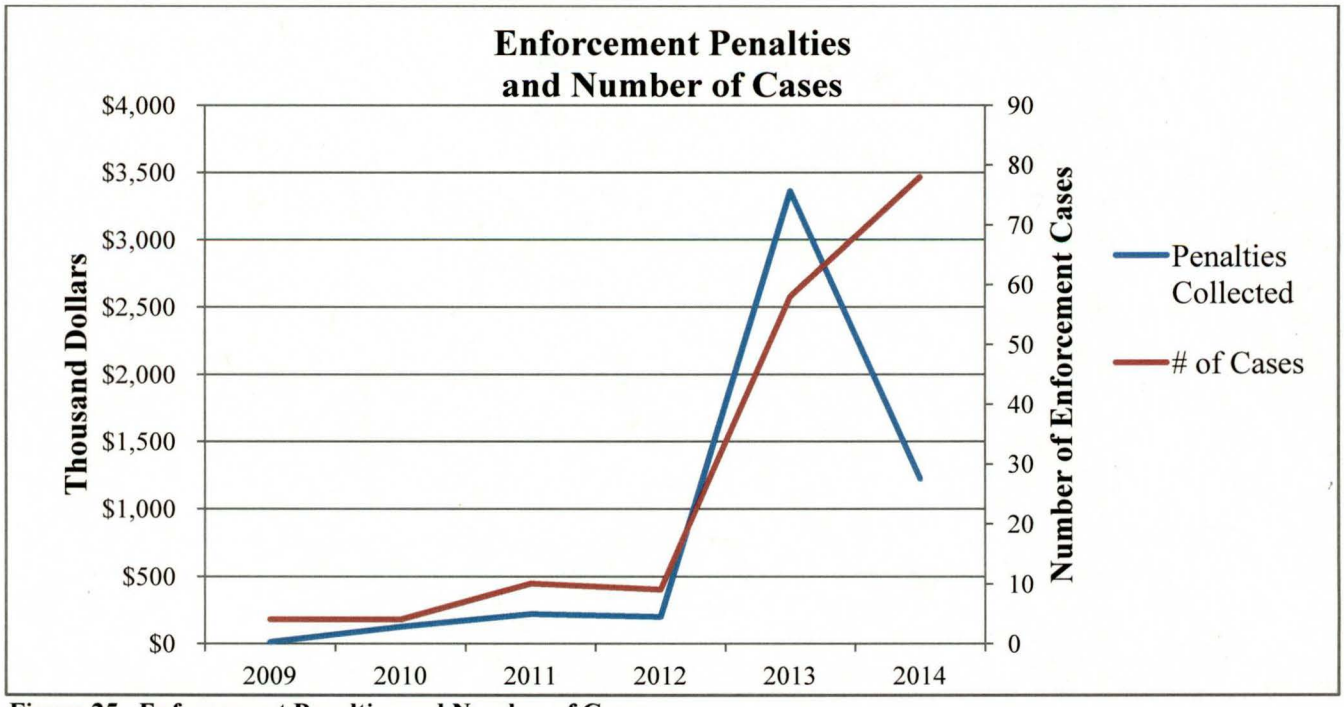

Figure 25. Enforcement Penalties and Number of Cases

III. Assistance Needed to Meet Increased Workload

A. Division of Air Quality

The division is in the process of assessing staffing needs and may need to add three FTEs to meet the workload increase in both the Air Quality Permitting & Compliance branch, as well as the Radioactive Materials branch. It is expected that funding for some positions can be met with fees that are being generated, although some General Fund support may be needed.

B. Division of Laboratory Services

Additional funds are being requested to address the increase in workload due to activities in the oilfield. One FTE (Chemist II) is needed to help with the increasing certification requests the laboratory has been receiving, as well as to help with sample analysis. In addition to the FTE, the division is requesting new instruments to replace or upgrade laboratory equipment that is old and out of date and may even be failing. Additional funds are being requested for supplies for the increased testing and new instrumentation. Funds also are being requested to purchase instrument maintenance agreements crucial to the continued operation of the laboratory instruments.

C. Division of Municipal Facilities

The division continues to experience significant increases in workload due largely to oilfield development activities. The increased workload is compounded by implementation of new and revised SDWA and State Revolving Loan Fund (SRLF) Program requirements; heightened community interest in using the SRLF programs for financial assistance to address infrastructure needs; turn back of work historically performed by local public health units; and reduced federal funding which impacts the division's ability to maintain state delegation for its programs. These challenges are not short-term but long-term. The division needs three additional FTEs (one data processing coordinator and two environmental engineers) to keep up with and address this increased workload. Due to stagnant or reduced federal funding, these positions will need to be funded using state general funds.

D. Division of Waste Management

In 2013, six new oilfield and industrial waste landfills were permitted, and two were significantly expanded. The Solid Waste Program conducted 235 inspections of 140 facilities and followed up on 110 reports of waste rejected by solid waste disposal facilities due to prohibited waste (including potential radioactive materials). Ten pre-application reviews were completed for proposed oilfield, industrial and special waste landfill units in 2013. This resulted in a backlog for inspections and permits for other regulated solid waste facilities around the state.

In 2014, two new oilfield waste landfills were permitted, and four industrial and municipal landfills were significantly expanded. The Solid Waste Program conducted 349 inspections of 195 facilities and followed up on 142 reports of waste rejected by solid waste disposal facilities due to prohibited waste (including potential radioactive materials). Ten pre-application reviews were completed for proposed oilfield, industrial and special waste landfill units in 2013.

Due to the number of permit applications that have been or are expected to be received, the year 2015 looks to be on a similar or increased pace. To respond to this increased workload, the division needs four additional FTEs (environmental scientists), one of which would be for designated for spill response.

E. Division of Water Quality

The Division of Water Quality has experienced a considerable increase in work load from oilfield activities. In the last five years, the division has responded to an approximate 230 percent increase in spills and numerous complaints regarding infrastructure shortfalls. The division needs to add three additional environmental scientists to meet the growing need for oversight of spill cleanups, underground injection control and wastewater treatment.

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ND Department of Health

TURNOVER RATE SUMMARY BY SECTION

Year	Rate (%)	Total # Sep Env Health	Employees (Env Health)
2008	4%	7	156
2009	4%	7	156
2010	6%	9	156
2011	9%	14	156
2012	7%	11	156
2013	11%	18	164
2014	12%	20	164

Year	Rate (%)	Total # Sep Med Services	Employees (Med Services)
2008	10%	3	30
2009	17%	5	30
2010	20%	6	30
2011	3%	1	30
2012	13%	4	30
2013	9%	3	32
2014	13%	4	32

Year	Rate (%)	Total # Sep Comm Health	Employees (Community Health)
2008	7%	4	59
2009	0%	0	59
2010	3%	2	59
2011	15%	9	59
2012	25%	15	59
2013	9%	5	55
2014	9%	5	55

Year	Rate (%)	Total # Sep Health Resources	Employees (Health Resources)
2008	22%	10	46
2009	4%	2	46
2010	7%	3	46
2011	6%	3	48
2012	10%	5	48
2013	10%	5	48
2014	6%	3	48

Year	Rate (%)	Total # Sep EPR	Employees (EPR)
2008	0%	0	14
2009	0%	0	14
2010	21%	3	14
2011	0%	0	13
2012	23%	3	13
2013	13%	2	15
2014	0%	0	15

Year	Rate (%)	Total # Sep Admin/SHO	Employees Admin/SHO
2008	10%	4	40
2009	0%	0	40
2010	3%	1	40
2011	8%	3	38
2012	11%	4	38
2013	18%	7	40
2014	10%	4	40

ND Department of Health

TURNOVER RATE SUMMARY ENVIRONMENTAL HEALTH

Year	Rate (%)	Total # Sep Air Quality	Employees (Air Quality)
2008	3%	1	31
2009	3%	1	31
2010	6%	2	31
2011	6%	2	31
2012	10%	3	31
2013	9%	3	33
2014	18%	6	33

Year	Rate (%)	Total # Sep Chief's Office	Employees (Chief's Office)
2008	0%	0	9
2009	0%	0	9
2010	0%	0	9
2011	11%	1	9
2012	0%	0	9
2013	11%	1	9
2014	11%	1	9

Year	Rate (%)	Total # Sep Lab Services	Employees (Lab Services)
2008	3%	1	37
2009	8%	3	37
2010	3%	1	37
2011	11%	4	37
2012	11%	4	37
2013	11%	4	36
2014	6%	2	36

Year	Rate (%)	Total # Sep MF	Employees (Municipal Facilities)
2008	8%	2	26
2009	0%	0	26
2010	12%	3	26
2011	8%	2	26
2012	8%	2	26
2013	17%	5	29
2014	14%	4	29

Year	Rate (%)	Total # Sep WM	Employees (Waste Management)
2008	0%	0	21
2009	5%	1	21
2010	5%	1	21
2011	10%	2	21
2012	0%	0	21
2013	4%	1	23
2014	0%	0	23

Year	Rate (%)	Total # Sep WQ	Employees (Water Quality)
2008	9%	3	32
2009	6%	2	32
2010	6%	2	32
2011	9%	3	32
2012	6%	2	32
2013	12%	4	34
2014	15%	5	34

ND Department of Health

TURNOVER RATE SUMMARY BY CLASSIFICATION

Environmental Scientist II & III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	9%	6	65
2009	6%	4	67
2010	7%	5	73
2011	7%	5	67
2012	7%	5	69
2013	13%	10	76
2014	16%	12	76

Environmental Sciences Administrator

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	0%	0	6
2009	0%	0	6
2010	0%	0	6
2011	17%	1	6
2012	0%	0	6
2013	33%	2	6
2014	17%	1	6

Environmental Engineer I & II

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	0%	0	20
2009	5%	1	20
2010	10%	2	20
2011	10%	2	20
2012	10%	2	20
2013	10%	2	20
2014	20%	4	20

Chemist I/II/III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	0%	0	9
2009	11%	1	9
2010	0%	0	9
2011	11%	1	9
2012	18%	2	11
2013	36%	4	11
2014	9%	1	11

ND Department of Health

TURNOVER RATE SUMMARY BY CLASSIFICATION

Microbiologist I/II/III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	0%	0	14
2009	7%	1	14
2010	7%	1	14
2011	14%	2	14
2012	7%	1	14
2013	0%	0	12
2014	0%	0	12

Medical Lab Tech I/II/III/IV & Lab Tech I/II/III/IV

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	13%	1	8
2009	0%	0	8
2010	13%	1	8
2011	0%	0	8
2012	13%	1	8
2013	0%	0	8
2014	14%	1	7

Health Care Facility Surveyor II/III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	35%	8	23
2009	4%	1	23
2010	13%	3	23
2011	9%	2	23
2012	13%	3	24
2013	13%	3	24
2014	13%	3	24

Health and Human Service Program Administrator I/II/III/IV/V/VI

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	7%	3	43
2009	0%	0	46
2010	8%	4	50
2011	8%	4	49
2012	14%	7	51
2013	10%	5	52
2014	6%	3	53

ND Department of Health

TURNOVER RATE SUMMARY BY CLASSIFICATION

Epidemiologist II/III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	9%	2	23
2009	9%	2	23
2010	19%	4	21
2011	5%	1	22
2012	32%	6	19
2013	11%	2	18
2014	22%	4	18

Public Health Nurse Consultant I/II

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	0%	0	4
2009	0%	0	4
2010	0%	0	4
2011	75%	3	4
2012	25%	1	4
2013	0%	0	4
2014	0%	0	4

Administrative Assistant I/II/III & Office Assistant I/II/III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	4%	2	49
2009	0%	0	49
2010	4%	2	50
2011	6%	3	49
2012	9%	4	47
2013	13%	6	47
2014	4%	2	46

Data Processing Coordinator III

Year	Rate (%)	Total # Separations in Classification	# of Employees in Classification
2008	75%	3	4
2009	25%	1	4
2010	25%	1	4
2011	0%	0	4
2012	20%	1	5
2013	20%	1	5
2014	0%	0	5

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Optional Adjustment Summary
2015-17 Budget

TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS

Final	Section		FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating & Cap Assets	Grants	Total
1	**EH**	Oil Impact	15.00	6,867,858	1,514,366	1,633,549	5,021,243	4,944,530	50,000	10,015,773
2	**MS**	Maintain/Incr Immunization Rates of ND Children	1.00	2,614,103	176,460		166,337	1,124,226	1,500,000	2,790,563
3	**MS**	Prevention/Response-Infectious Disease		1,566,688				1,566,688		1,566,688
4	**MS**	Forensic Examiner Infrastructure		353,375				353,375		353,375
5	**CH**	Newborn Screen Medical Consultant		30,000				30,000		30,000
6	**EPR**	Cardiac System of Care		601,400				601,400		601,400
7	**HR**	Food & Lodging Staffing Increase	7.00	1,049,822		59,000	913,350	195,472		1,108,822
8	**CH**	Suicide Prevention Program	1.00	1,422,043			132,896	437,425	851,722	1,422,043
9	**CH**	Million Hearts Program	1.00	1,400,000	139,573	500,000	139,573	400,000	1,500,000	2,039,573
10	**Admin**	Loan Repayment Programs		1,617,500					1,617,500	1,617,500
11	**EPR**	State Medical Cache Increase		2,000,000	(891,000)			1,109,000		1,109,000
12	**EPR**	EMS Database System		480,000				480,000		480,000
13	**Admin**	Salary Equity Package		437,016	145,672		582,688			582,688
14	**Admin**	Health Equity Office Salary Funding		87,975			87,975			87,975
15	**Admin**	LPHU Workforce Development		275,000					275,000	275,000
16	**Admin**	LPHU Regional Networks		367,000					367,000	367,000
17	**CH**	Pediatric Obesity Prevention Coordinator	1.00	411,747			139,573	62,174	210,000	411,747
18	**Admin**	LPHU State Aid Increase		1,960,000					1,960,000	1,960,000
19	**CH**	Evidence-based Home Visiting Programs		1,500,000					1,500,000	1,500,000
20	**EPR**	Rural EMS Grant Assistance		9,600,000					9,600,000	9,600,000
21	**CH**	Reducing Infant Mortality		475,000				475,000		475,000
22	**CH**	Diabetes Prevention and Control	1.00		139,573		139,573			139,573
23	**EH**	Enhanced Western ND WQ Monitoring		729,030				729,030		729,030
24	**CH**	Domestic Violence/Rape Crisis Program		1,500,000					1,500,000	1,500,000
25	**EH**	Regulation of On-Site Sewage Disposal	2.00	385,243			280,621	104,622		385,243
26	**CH**	CD Prevention - Healthy Communities		850,000					850,000	850,000
27	**CH**	State School Nurse Consultant	1.00	142,125			129,759	12,366		142,125
28	**CH**	Women's Way Services		500,000				500,000		500,000
		Total	30.00	$ 39,222,925	$ 1,224,644	$ 2,192,549	$ 7,733,588	$ 13,125,308	$ 21,781,222	$ 42,640,118

FUNDED

1	**EH**	**Oil Impact**	14.00	3,997,650	1,514,366	1,485,114	2,039,377	4,907,753	50,000	6,997,130
		All but 1 FTE (Environ Scientist II) in Air Quality was funded. A portion of the salary equity was included below in OAR #13 for targeted occupations. Everything else funded.								
2	**MS**	**Maintain/Incr Immunization Rates of ND Children**		755,953				755,953		755,953
		Includes add'l $576,853 for vaccines for children at LPHUs and $179,100 for School Immunization module in NDIIS								
3	**MS**	**Prevention/Response-Infectious Disease**		550,000				550,000		550,000
		Includes funding $500,000 for the Catastrophic Fund and $50,000 for the centralized TB medication distribution.								

Optional Adjustment Summary
2015-17 Budget

Final	Section		FTE	General Fund	Federal Funds	Special Funds	TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS Salaries	Operating & Cap Assets	Grants	Total
4	MS	**Forensic Examiner Infrastructure**		224,000				224,000		224,000
		Includes add'l $160,000 funding for UND contract, $44,000 for digital x-ray machine, and $20,000 for system changes needed for the vital records system - EVERS								
7	HR	**Food & Lodging Staffing Increase**	5.00	749,873		42,143	652,393	139,623		792,016
8	CH	**Suicide Prevention Program**		500,000					500,000	500,000
10	Admin	**Loan Repayment Programs**		712,500					712,500	712,500
		Includes funding the following: 2 add'l physicians each year; 1 add'l midlevel practitioner each year; 1 add'l dentist each year; and the addition of the behavioral health disciplines - 5 slots each year (1 psychologist and 4 social workers, addiction counselors, professional counselors, psychology nurse practitioners, registered nurses or licensed practical nurses working in the behavioral health field.) No community match required.								
11	EPR	**State Medical Cache Increase**		989,000				989,000		989,000
		Funding for Emergency Response Health & Medical Shelter supplies - $959,000 and $30,000 to acquire 2 used school buses to convert to wheelchair & stretcher buses.								
13	Admin	**Salary Equity Package**		1,559,659			1,559,659			1,559,659
		Salary equity adjustment for targeted occupations - Oil impact and non-oil impact positions that have been difficult to fill.								
18	Admin	**LPHU State Aid Increase**		1,000,000					1,000,000	1,000,000
20	EPR	**Rural EMS Grant Assistance**		1,600,000					1,600,000	1,600,000
24	CH	**Domestic Violence/Rape Crisis Program**		500,000					500,000	500,000
28	CH	**Women's Way Services**		500,000				500,000		500,000
		Totals	**19.00**	**13,638,635**	**1,514,366**	**1,527,257**	**4,251,429**	**8,066,329**	**4,362,500**	**16,680,258**
		Other Increases								
		Market Policy Point Adjustment (Quartiles 1 and 2) - 1-2% each yr		609,362	315,623	112,681	1,037,666			1,037,666
		Compensation Package incl Health Ins. - 3 - 5% each yr		2,889,835	1,484,498	492,266	4,866,599			4,866,599

Overview - 2015 - 2017

	DoH 2015-17 Budget Request	DoH 2015-17 Executive Recommend-ation	Change
General Fund	45,556,803	62,694,635	17,137,832
Federal Funds	116,763,623	120,078,110	3,314,487
Special Funds	18,507,317	20,639,521	2,132,204
Total	180,827,743	203,412,266	22,584,523
FTEs	354.00	373.00	19.00

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North Dakota Department of Health
Administrative Support
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**40.45**	**0.00**	**40.35**	**40.35**	**0.00**	**0%**
511	Salaries	4,135,227	3,045,803	4,792,068	7,527,767	2,735,699	57%
513/514	Temporary, Overtime	193,438	134,022	303,223	119,392	(183,831)	-61%
516	Benefits	1,556,326	1,253,202	1,860,514	2,170,112	309,598	17%
	TOTAL	**5,884,991**	**4,433,027**	**6,955,805**	**9,817,271**	**2,861,466**	**41%**
	General Fund	2,564,545	1,724,378	3,256,931	6,029,593	2,772,662	85%
	Federal Funds	3,301,268	2,655,106	3,608,874	3,674,997	66,123	2%
	Special Funds	19,178	53,543	90,000	112,681	22,681	25%
OPERATING EXPENSES							
521	Travel	124,896	70,042	204,292	100,897	(103,395)	-51%
531	IT - Software/Supp.	39,510	17,553	38,178	35,272	(2,906)	-8%
532	Professional Supplies & Materials	89,323	9,171	74,113	13,885	(60,228)	-81%
533	Food & Clothing	0	0	0	0	0	
534	Buildings/Vehicle Maintenance Supplies	10,575	2,211	5,392	5,559	167	3%
535	Miscellaneous Supplies	0	0	0	0	0	
536	Office Supplies	73,448	49,447	74,573	86,019	11,446	15%
541	Postage	177,942	121,490	187,013	189,566	2,553	1%
542	Printing	70,720	33,233	53,398	47,224	(6,174)	-12%
551	IT Equip Under $5000	33,733	17,609	43,120	38,900	(4,220)	-10%
552	Other Equip Under $5000	4,530	0	0	2,000	2,000	100%
553	Office Equip Under $5000	24,308	7,327	6,500	3,200	(3,300)	-51%
561	Utilities	0	0	0	0	0	
571	Insurance	65,004	31,200	79,956	77,929	(2,027)	-3%
581	Lease/Rentals - Equipment	4,431	3,000	4,161	3,729	(432)	-10%
582	Lease \Rentals-- Buildings./Land	24,478	11,683	25,193	15,627	(9,566)	-38%
591	Repairs	14,301	2,756	7,834	8,101	267	3%
601	IT-Data Processing	249,127	249,113	250,709	314,970	64,261	26%
602	IT-Telephone	72,610	40,219	71,287	61,522	(9,765)	-14%
603	IT - Contractual Services	74,167	42,675	26,000	81,000	55,000	212%
611	Professional Development	90,137	42,491	101,178	77,424	(23,754)	-23%
621	**Operating Fees & Services**	**32,780**	**21,924**	**44,424**	**15,323**	**(29,101)**	-66%
623	**Professional Services**	**621,523**	**655,945**	**1,492,226**	**321,800**	(1,170,426)	-78%
625	Medical, Dental, and Optical	0		0	0	0	
	TOTAL	**1,897,543**	**1,429,089**	**2,789,547**	**1,499,947**	**(1,289,600)**	**-46%**
	General Fund	267,732	131,874	288,325	328,415	40,090	14%
	Federal Funds	1,121,297	849,367	1,898,600	678,236	(1,220,364)	-64%
	Special Funds	508,514	447,848	602,622	493,296	(109,326)	-18%
CAPITAL ASSETS							
683	Other Capital Payments	0		0	0	0	
684	Extraordinary Repairs	0		0	0	0	
691	Equipment >$5000	0	6,330	0	0	0	
693	IT Equip >$5000	0		0	0	0	
	TOTAL	**0**	**6,330**	**0**	**0**	**0**	
	General Fund	0	6,330	0	0	0	
	Federal Funds	0		0	0	0	
	Special Funds	0		0	0	0	
GRANTS							
712	Grants - Non State	4,082,715	4,575,289	6,926,788	8,548,800	1,622,012	23%
722	Grants - In State	130,342		214,000	360,740	146,740	69%
	TOTAL	**4,213,057**	**4,575,289**	**7,140,788**	**8,909,540**	**1,768,752**	**25%**
	General Fund	3,616,805	4,057,339	6,121,788	7,138,800	1,017,012	17%
	Federal Funds	141,252	392,950	654,000	1,410,740	756,740	116%
	Special Funds	455,000	125,000	365,000	360,000	(5,000)	-1%
SPECIAL LINES							
-71	Tobacco Prevention/Control	0		0	0	0	
-72	WIC Food Payments	0		0	0	0	
-78	Cont Approp-EPA	0		0	0	0	
-79	Federal Stimulus Funds	253,024		24,317	0	(24,317)	
	TOTAL	**253,024**	**0**	**24,317**	**0**	**(24,317)**	
	General Fund	0		0	0	0	
	Federal Funds	253,024	0	24,317	0	(24,317)	
	Special Funds	0		0	0	0	
	TOTAL	**12,248,615**	**10,443,735**	**16,910,457**	**20,226,758**	**3,316,301**	**20%**
	General Fund	6,449,082	5,919,921	9,667,044	13,496,808	3,829,764	40%
	Federal Funds	4,816,841	3,897,423	6,185,791	5,763,973	(421,818)	-7%
	Special Funds	982,692	626,391	1,057,622	965,977	(91,645)	-9%

North Dakota Department of Health
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Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Legal	27,500	22,500	395	15,081	7,024
Audit	82,500	82,500	2,170	41,695	38,635
Misc. Professional - Strategic Plan	25,000	25,000	658	12,635	11,707
Healthy ND - Ehren's Consulting	100,000	91,800		91,800	
Accreditation Preparation		100,000			100,000
Reach Partners - Local/Tribal Comm Based Health Init.	32,000	-			
Community Transformation - Local/Tribal Comm Based	462,241	-			
SE Regional Network (Bush Foundation)	180,585	-			
Community Transformation Small Communities	582,400	-			
Total Professional Services	**$ 1,492,226**	**$ 321,800**	**$ 3,223**	**$ 161,211**	**$ 157,366**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Nexus - Reporting System Maintenance	26,000	26,000	684	13,140	12,176
Nexus - Reporting System Enhancement	-	55,000	5,770	49,230	
Total IT Contractual Services	**$ 26,000**	**$ 81,000**	**$ 6,454**	**$ 62,370**	**$ 12,176**

North Dakota Department of Health
Administrative Support
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Primary Care Grant - UND	214,000	310,740		310,740	
Loan Repayment Administration - UND		50,000	50,000		
Local Public Health - State Aid	4,000,000	5,000,000	5,000,000		
Public Health Networks	700,000	-			
Dental Loan Repayment Program	520,000	600,000	240,000		360,000
Dental New Practice Grant	25,000	-			
Nonprofit / Public Health Dental Loan Repayment Program	180,000	180,000	180,000		
Medical Personnel Loan Repayment Program	576,788	698,800	698,800		
Federal State Loan Repayment Program (SLRP)	440,000	1,100,000		1,100,000	
Veterinarian Loan Repayment Program	485,000	475,000	475,000		
Behavioral Health Loan Repayment Program	-	495,000	495,000		
Total Grants	**$ 7,140,788**	**$ 8,909,540**	**$ 7,138,800**	**$ 1,410,740**	**$ 360,000**

North Dakota Department of Health
Administrative Support
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Preventive Health Block Grant	153,280	106,800	(46,480)
Community Transformation Grant	1,405,287	-	(1,405,287)
Public Health Emergency Preparedness Grant	561,524	500,427	(61,097)
Primary Care Services - Resource Coordination & Development Grant	353,719	340,954	(12,765)
Primary Care Services - ARRA Grant	24,317	-	(24,317)
Partnership Grant Progam to Improve Minority Health	268,717	87,975	(180,742)
National Center for Health Statistics/Social Security Administration	299,750	388,883	89,133
Indirect Rate Collection	2,679,197	2,918,992	239,795
Federal State Loan Repayment Program (SLRP)	440,000	1,100,000	660,000
Unallocated Market Policy Point Adjustment		315,623	315,623
Unallocated Executive Compensation Package		4,319	4,319
Total Federal Funds	**$ 6,185,791**	**$ 5,763,973**	**$ (421,818)**

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Environmental Health Practitioner License	3,000	1,840	(1,160)
Vital Records Postage	150,000	150,000	-
National Association for Public Health Statistics & Information Systems	100,000	-	(100,000)
Bush Foundation Project	196,880	-	(196,880)
Gaining Ground Accreditation Grant	-	100,000	100,000
Community Health Trust Fund - Dental Loan Repayment Program	365,000	360,000	(5,000)
Indirect Rate Collection	242,742	241,456	(1,286)
Market Policy Point Adjustment	-	112,681	112,681
Total Special Funds	**$ 1,057,622**	**$ 965,977**	**$ (91,645)**

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North Dakota Department of Health

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History of Funding for Local Public Health State Aid

	Biennium				
	2007-09	2009-11	2011-13	2013-15	2015-17
Amount - General Fund	1,900,000	2,400,000	3,000,000	4,000,000	5,000,000

As Requested by Representative Pollert

North Dakota Department of Health

2015 - 17 Executive Budget

History of Loan Repayment Applications Received vs Awarded

	Dentists	Physicians	Mid-Level Practitioners
2010			
Applications	8	4	3
Awards	3	4	2
2011			
Applications	8	3	3
Awards	3	3	3
2012			
Applications	8	4	0
Awards	3	3	
2013			
Applications	8	4	0
Awards	3	4	
2014			
Applications	5 *	12	4
Awards	3	7	4

* - One of the initial awardees declined the contract. Offered to the next dental applicant, who also declined the contract.

As Requested by Representative Nelson

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Department of Health
Loan Repayment Programs
2015 - 2017 Executive Budget

	2011 – 2013 Appropriation			2013 – 2015 Leg Approved Budget			2015 - 2017 Executive Budget			Change from 2013-15 Leg Approved to 2015-17 Executive Budget		
	General Fund	CHTF	Total	General Fund	CHTF	Total	General Fund	CHTF	Total	General Fund	CHTF	Total
Dental	180,000	260,000	440,000	180,000	340,000	520,000	240,000	360,000	600,000	60,000	20,000	80,000
Dental New Practice	20,000	10,000	30,000		25,000	25,000			-	-	(25,000)	(25,000)
Nonprofit/Public Health Dental				180,000		180,000	180,000		180,000	-	-	-
Medical	345,000	75,000	420,000	576,788		576,788	698,800		698,800	122,012	-	122,012
Behavioral Health							495,000		495,000	495,000	-	495,000
Veterinarians	135,000	310,000	445,000	485,000		485,000	475,000		475,000	(10,000)	-	(10,000)
Total	680,000	655,000	1,335,000	1,421,788	365,000	1,786,788	2,088,800	360,000	2,448,800	667,012	(5,000)	662,012

State Loan Repayment Program

Summary of North Dakota Loan Repayment Programs for Health Professionals

	Physician (MD)	*Nurse Practitioner/Physician Assistant/Certified Nurse Midwife (NP/PA/CNM)*	*Dentist (DDS)*	*Dentist New Business Grant*	*Dentists in Public Health and Nonprofit Dental Clinics*	*Veterinarian (DVM)*
Year program began	1991	1993	2001	2007	2009	2007
*Max Amount of award per individual **from State***	$45,000	$15,000	$80,000	$25,000	$60,000	$80,000
Years of service Required	2	2	4	5	3	4
State Payment parameters	1st pymt- after at least 6 mo. service; pymt can be no later than the end of the fiscal yr. of service - 22,500 / pymt	1st pymt- after at least 3 mo. service; pymt can be no later than the end of the fiscal yr. of service- 7,500 / pymt	1st pymt- after at least 6 mo. service; pymt can be no later than the end of the fiscal yr. of service - 20,000 / pymt	Distributed in equal amts over 5 yr. period	Payments must be made during the 1st two years of service.	1st pymt (15,000)- after 6 mo. service the 1st yr.; 2nd pymt (15,000) - upon completion of 2nd yr. of service; 3rd pymt (25,000) upon completion of 3yrs; 4th pymt (25,000) upon completion of 4 yrs.
State / Community match	50%/50%	50%/50%	None	50%/50%	None	None
Number of awards/year	As many as funding will support	As many as funding will support	3	2	3 per biennium	As many as funding will support - ***see footnote 1***
2013 - 2015 Biennial budget	**464,288**	**112,500**	**520,000**	**25,000**	**180,000**	**485,000**
General	464,288	112,500	180,000	0	180,000	485,000
CHTF	0	0	340,000	25,000	0	0
Century code	43-17.2	43-12.2	43-28.1	43-28.1	43-28.1-.01.1	43-29.1
Penalty if leave early	Twice uncredited amount on prorated monthly basis	Twice uncredited amount on prorated monthly basis	Total amount received	Law is Silent	Law is silent	Prorated for amount of time served for the specific yr. service was not fulfilled
Community Selection	Priority - demonstrated need for primary care physician or trained in psychiatry or population not more than 15,000	Priority - demonstrated need for primary care or population not more than 15,000	Population under 2,500 given highest priority; 2nd priority 2,500 - 10,000; < 10,000 given lowest priority	Population not more than 7,500	Sites must be in a public health setting or nonprofit dental clinic utilizing a sliding fee scale	Population under 5,000 given highest priority; 2nd priority 5,000 - 10,000; < 10,000 given lowest priority
Continuing Approp. Authority to grant additional awards if gifts, grants or donations are rec'd	No	No	Yes	No	No	Yes

1 - 2011 Session Laws change requirement of funding of "no more than 3 veterinarians" to being limited to the number supported by moneys available.

Federal / State Loan Repayment Program

Federal State Loan Repayment Program (SLRP) *

	Physician (MD)	Nurse Practitioner/Physician Assistant/Certified Nurse Midwife (NP/PA/CNM)	Dentist (DDS)	Mental/Behavioral Health, Pharmacy, Registered Nurses		
Year program began	2012	2012	2012	2014		
*Max Amount of award per individual **from State***	$50,000	$50,000	$50,000	$50,000		
Years of Service Required	2	2	2	2		
Payment Parameters	Payment is made after 90 days of service. Consistent with the National Health Service Corps Federal Program	Payment is made after 90 days of service. Consistent with the National Health Service Corps Federal Program	Payment is made after 90 days of service. Consistent with the National Health Service Corps Federal Program	Payment is made after 90 days of service. Consistent with the National Health Service Corps Federal Program		
Match Requirements	50% NonFederal Funds	50% NonFederal Funds	50% NonFederal Funds	50% NonFederal Funds		
Number of awards	6 total awards					
Federal Award	$308,000 - 9/1/2014 - 8/31/2015					
Century code	43-17.2-02	43-12.2-02	43-28.1-02	N/A		
Penalty	Severe federal penalties, mandated by the Federal State Loan Repayment Program Office, are imposed on health care providers for default of the SLRP contractual agreement. Failure of the provider to meet any of the contractual service requirements will result in a provider penalty consisting of: 1) The payback of any SLRP funds received throught the program, 2) A default penalty of $7,500 per month multiplied by the number of months of the entire contract (if less than one year has been served) or $7,500 multiplied by the number of months remaining in the contract (if the provider has served more than one year), and 3) An additional $10,000 penalty if the defaulted contract is three or more years in length.					
Continuing Approp. Authority to grant additional awards if gifts, grants or donations are rec'd	No	No	No	N/A		

**** - Must practice in a federally designated workforce shortage area***

Medical Personnel Loan Repayment Program

	2013-15 Legislative Appropriation	2015-17 Executive Budget
General Funds	576,788	698,800
Special Funds	0	0
Total	576,788	698,800

Participants			Prior Bien Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	Pmt Date	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
CURRENT LOANS:											
PHYSICIANS *:											
Anderson, Misty, MD	FY11	#1	19,289	19,289	Mar-14						
Lindley, Anna Marie, MD PhD		#2	22,500	22,500	Sep-13						
Mann, Alice, MD (Linton Aug 2011)		#3	22,500	22,500	Mar-14						
Ostlie, Jane MD	FY 12	#1	22,500	22,500	Mar-14						
Keene, Roxanne, MD		#2	22,500	22,500	Mar-14						
Loo, Li Er, MD		#3	17,500	17,500	Mar-14						
Open	FY 13	#1									
Open		#2									
USED IN FY 14		#3									
MID LEVEL **:											
Total Current Physicians		Subtotal	$171,789	$126,789		$0		$0		$0	
CURRENT LOANS TOTAL						**$126,789**				**$0**	
PHYSICIANS *:											
Christopher DeCock	FY 14	#1		22,500	Mar-14	22,500	Jun-15				
David Keene		#2		22,500	Sep-13	22,500	Dec-14				
Heather Martin		#3		22,500	Sep-13	22,500	Jun-15				
Brook Nelson		#4		22,500	Sep-13	22,500	Jun-15				
Seiwert, Ryan	FY 15	#1				22,500	Jun-15	22,500	Jun-16		
Ranum, Josh		#2				22,500	Apr-15	22,500	Apr-16		
Kremer, Ashley		#3				22,500	Jun-15	22,500	Jun-16		
Ricks, Marc		#4				22,500	Apr-15	22,500	Apr-16		
Ranum, Carrie		#5				22,500	Apr-15	22,500	Apr-16		
Sheps, Daniel		#6				18,800	Apr-15	18,800	Apr-16		
Armstrong, Lacey		#7				22,500	Jun-15	22,500	Jun-16		
MID LEVEL **:											
none	FY 14	#1									
		#2									
		#3									
Czywcznski, Heather	FY 15	#1				7,500	Apr-15	7,500	Apr-16		
Volk, Robert		#2				5,000	Apr-15	5,000	Apr-16		
Pease, Carla		#3				7,500	Apr-15	7,500	Apr-16		
Hoffman, Leah		#4				7,500	Apr-15	7,500	Apr-16		
		Subtotal		$90,000		$271,300		$181,300		$0	
CURRENT LOANS TOTAL						**$361,300**				**$181,300**	

Medical Personnel Loan Repayment Program

2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	576,788	General Funds	698,800
Special Funds	0	Special Funds	0
Total	576,788	Total	698,800

Participants		Prior Biennium Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	Pmt Date	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
PHYSICIANS *:										
FY 16	#1						22,500	Apr-16	22,500	Apr-17
	#2						22,500	Apr-16	22,500	Apr-17
	#3						22,500	Apr-16	22,500	Apr-17
	#4						22,500	Apr-16	22,500	Apr-17
	#5						22,500	Apr-16	22,500	Apr-17
	#6						22,500	Apr-16	22,500	Apr-17
FY 17	#1								22,500	Apr-17
	#2								22,500	Apr-17
	#3								22,500	Apr-17
	#4								22,500	Apr-17
	#5								22,500	Apr-17
	#6								22,500	Apr-17
MID LEVEL **:										
FY 16	#1						7,500	Apr-16	7,500	Apr-17
	#2						7,500	Apr-16	7,500	Apr-17
	#3						7,500	Apr-16	7,500	Apr-17
	#4						7,500	Apr-16	7,500	Apr-17
	#5						7,500	Apr-16	7,500	Apr-17
FY 17	#1								7,500	Apr-17
	#2								7,500	Apr-17
	#3								7,500	Apr-17
	#4								7,500	Apr-17
	#5								7,500	Apr-17
	Subtotal						$172,500		$345,000	
NEW LOANS TOTAL									$517,500	
TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM						$488,089			$698,800	

Dental Loan Repayment Program

	2013-15 Legislative Appropriation	2015-17 Executive Budget
General Funds	180,000	240,000
Special Funds	340,000	360,000
Total	$520,000	$600,000

Participants			Prior Bien Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	FY 2015	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
CURRENT LOANS											
Orn, Dr. Carrie	FY 09	#2	60,000	20,000	Aug-12						
Bulik, Dr. Brian	FY 10	#1	60,000	20,000	Jun-12						
Dornfield, Dr. Kamila		#2	40,000	20,000	Aug-12	20,000	Aug-14				
Giese, Dr. Travis		#3	40,000	20,000	Jul-12	20,000	Jul-14				
Shelby, Daniel (appr 06/2011)	FY11	#1	60,000	20,000	Jun-14						
Not acted on in time		#2		0		0					
Not acted on in time		#3		0		0					
		Sbtl	260,000	100,000		40,000		0		0	
Current Loans Total						**140,000**				-	
Priscila Jelsing, DDS (appr 06/2011)	FY12	#1	40,000	20,000	Jun-14	20,000	Jun-15				
Jennifer Sarlsand, DDS (appr 06/2011)		#2	40,000	20,000	Jun-14	20,000	Jun-15				
Open - Not Approved		#3		0		0		0		0	
Benjamin Garr	FY13	#1		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
Jeremy Messer		#2		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
Sterling Stevens		#3		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
		Sbtl	$ 80,000	100,000		100,000		60,000		60,000	
						200,000				**120,000**	
Lucas Allen	FY 14	#1		20,000	Jan-14	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Narek Ovsepian		#2		20,000	Sep-13	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Amy Holtan-Ellingson		#3		20,000	Mar-14	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Bennion, Julia	FY 15	#1				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Hensen, Jerik		#2				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Trout, Carl		#3				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
		Subtotal		$60,000		$120,000		$120,000		$120,000	
Current Loans Total						**$180,000**				**$240,000**	
	FY 16	#1						20,000	Jun-16	20,000	Jun-17
		#2						20,000	Jun-16	20,000	Jun-17
		#3						20,000	Jun-16	20,000	Jun-17
		#4						20,000	Jun-16	20,000	Jun-17
	FY 17	#1								20,000	Jun-17
		#2								20,000	Jun-17
		#3								20,000	Jun-17
		#4								20,000	Jun-17
		Subtotal						$80,000		$160,000	
New Dental Loans Total										**$240,000**	
TOTAL DENTAL LOAN PROGRAM						**$520,000**				**$600,000**	

Dental New Practice Grants

2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	0	General Funds	0
Special Funds	25,000	Special Funds	0
Total	$25,000	Total	$0

		Prior Bien	2013-15 Estimated Expenditures				2015-17 Executive Budget			
		Payments	FY 2014	Pmt Date	FY 2015	Pmt Date	FY 2014	Pmt Date	FY 2015	Pmt Date
CURRENT DENTAL NEW PRACTICE										
#1	Volk	20,000	5,000	Apr-14						
FY 13	Open									
FY 13	Open									
CURRENT GRANTS TOTAL		$20,000			$5,000				$0	
PROPOSED DENTAL NEW PRACTICE										
FY14	#1									
FY14	#2									
FY15	FY15 #1									
FY15	FY15 #2									
Subtotal									$ -	
PROPOSED GRANTS TOTAL			$0		$5,000		$0		$0	
TOTAL DENTAL NEW PRACTICE GRTS									$0	

Nonprofit Dental Loan Repayment Program

	2013-15 Legislative Appropriation	2015-17 Executive Budget
General Funds	180,000	180,000
Federal Funds	0	
Total	$180,000	$180,000

Participants				2013-15 Estimated Expenditures				2015-17 Executive Budget			
	CURRENT LOANS			**FY 2014**	**PmtDt**	**FY 2015**	**PmtDt**	**FY 2014**	**PmtDt**	**FY 2015**	**PmtDt**
GF Valley Con	Jackie Nord	FY14	#1	0	0	27,077	Dec-14				
Fargo FHC	Courtney Rud		#2	0	0	30,000	Dec-14				
GF Valley Con	Christopher Eriksson		#3	0	0	30,000	Dec-14				
Fargo FHC	Samuel Sticka		#4	30,000	Jun-14	30,000	Jun-15				
	Open	FY15	#1								
				30,000		117,077					
Current Loans Total							**$147,077**				
	NEW LOANS										
		FY 16	#1					30,000	Jun-16	30,000	Jun-17
			#2					30,000	Jun-16	30,000	Jun-17
			#3					30,000	Jun-16	30,000	Jun-17
								90,000		90,000	
Total New Loans Total											**$180,000**

Dental Nonprofit Loan Repayment Prgm $60,000 for 2 years $30,000 per year (Allows 3 new dentists per biennium) 13- 15 Biennium - utilized SLRP funds to maximize the dollars and number of dentist that were assisted. Dental Nonprofit funding provided the match.

Behavioral Health Loan Repayment Program

	2015-17 Executive Budget
General Funds	495,000
Special Funds	0
Total	495,000

Participants

		2015-17 Executive Budget			
		FY 2016	Pmt Date	FY 2017	Pmt Date
LSW, Licensed Prof. Couns. Addiction Couns.,RN, LPNs					
FY 16	#1	30,000		30,000	
	#2	30,000		30,000	
	#3	30,000		30,000	
	#4	30,000		30,000	
FY 17	#1			30,000	
	#2			30,000	
	#3			30,000	
	#4			30,000	
Psychologists					
FY 16	#1	45,000		45,000	
FY 17	#1			45,000	
	Subtotal	**$165,000**		**$330,000**	
NEW LOANS TOTAL				**$495,000**	
BIENNIUM TOTALS				**$495,000**	

Veterinarian Loan Repayment Program

2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	485,000	General Funds	475,000
Special Funds		Special Funds	
Total	485,000	Total	475,000

Participants			Prior Bien	2013-15 Estimated Expenditures				2015-17 Executive Budget			
			Payments	FY 2014	Pmt Date	FY 2015	Pmt Date	FY 2016	Pmt Date	FY 2017	Pmt Date
	CURRENT LOANS:										
Mary Green,DVM	FY 11	#1	55,000	25,000	Apr-14						
Nadine Tedford, DVM		#2	55,000	25,000	Apr-14						
Charly Stansbery, DVM		#3	30,000	25,000	May-14	25,000	May-15				
Collin W. Galbreath, DVM	FY 12	#1	30,000	25,000	Mar-14	25,000	Mar-15				
Leslie Marie Henderson, DVM was New Salem now Elgin		#2	30,000	25,000	Mar-14	5,000	Mar-15				
Kristen Klein, DVM		#3	30,000	25,000	Mar-14	25,000	Mar-15				
Brian Watkins	FY 13	#1		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
Angela Hall, DVM		#2		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
Trisa Tedrow		#3		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
		Subtotal	$ 230,000	$ 195,000		$ 125,000		$ 75,000		$ 75,000	
	CURRENT LOANS TOTAL					**$ 320,000**				**$150,000**	
	CURRENT LOANS:										
Christina Burgard, Steele	FY 14	#1				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
Brent Webb, NDSU		#2				15,000	Oct-14	15,000	Apr-16	25,000	Apr-17
Seth Neinhueser, Watford City		#3				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
Lindy West, Hettinger		#4				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
New Veteranian Loan Contract 2015	FY 15	#1						15,000	Aug-15	15,000	Feb-17
New Veteranian Loan Contract 2015		#2						15,000	Aug 15	15,000	Feb-17
New Veteranian Loan Contract 2015		#3						15,000	Aug 15	15,000	Feb-17
New Veteranian Loan Contract 2015		#4						15,000	Aug 15	15,000	Feb-17
Subtotal		Subtotal				$60,000		$120,000		$160,000	
	CURRENT LOANS TOTAL					**$60,000**				**$280,000**	
NEW LOANS											
	FY 16	#1								15,000	Aug-16
		#2								15,000	Aug-16
		#3								15,000	Aug-16
	FY 17	#1									
		#2									
		#3									
		Subtotal								$ 45,000	
	NEW LOANS TOTAL									**$ 45,000**	
TOTAL VETERINARIAN LOAN PROGRAM							**$380,000**				**$475,000**

$4,000,000 Projected Distribution for State Aide with $600,000 EH Component
$6,000 Base Allotment per 53 Counties/Biennium 2013-15

		2012* Population Estimates	$6,000 Base Allotment/County					
			Base Allotment	Per Capita Amount	Total Before EH Reduction	Total State Aide Without EH	EH Component	Total Combined State Aid & EH
Upper Missouri	Divide	2,228	6,000	11,726	17,726	15,067	75,000	90,067
	McKenzie	7,987	6,000	42,034	48,034	40,829		40,829
	Mountrail	8,734	6,000	45,965	51,965	44,170		44,170
	Williams	26,697	6,000	140,501	146,501	124,526		124,526
	Total	45,646	$24,000	$240,226	$264,226	$224,592	$75,000	$299,592
Southwestern District	Adams	2,311	6,000	12,162	18,162	15,438	75,000	90,438
	Billings	905	6,000	4,763	10,763	9,149		9,149
	Bowman	3,202	6,000	16,851	22,851	19,423		19,423
	Dunn	3,967	6,000	20,878	26,878	22,846		22,846
	Golden Valley	1,804	6,000	9,494	15,494	13,170		13,170
	Hettinger	2,553	6,000	13,436	19,436	16,521		16,521
	Slope	758	6,000	3,989	9,989	8,491		8,491
	Stark	26,771	6,000	140,890	146,890	124,857		124,857
	Total	42,271	$48,000	$222,463	$270,463	$229,894	$75,000	$304,894
First District	Bottineau	6,579	6,000	34,624	40,624	34,530	75,000	109,530
	Burke	2,171	6,000	11,426	17,426	14,812		14,812
	McHenry	5,789	6,000	30,466	36,466	30,996		30,996
	McLean	9,309	6,000	48,991	54,991	46,742		46,742
	Renville	2,559	6,000	13,467	19,467	16,547		16,547
	Sheridan	1,266	6,000	6,663	12,663	10,764		10,764
	Ward	64,798	6,000	341,019	347,019	294,966		294,966
	Total	92,471	$42,000	$486,656	$528,656	$449,358	$75,000	$524,358
Central Valley	Logan	1,924	6,000	10,126	16,126	13,707	75,000	88,707
	Stutsman	20,934	6,000	110,171	116,171	98,745		98,745
	Total	22,858	$12,000	$120,297	$132,297	$112,452	$75,000	$187,452
Custer District	Grant	2,333	6,000	12,278	18,278	15,536		15,536
	Mercer	8,486	6,000	44,660	50,660	43,061		43,061
	Morton	28,101	6,000	147,890	153,890	130,807	75,000	205,807
	Oliver	1,838	6,000	9,673	15,673	13,322		13,322
	Sioux	4,347	6,000	22,877	28,877	24,545		24,545
	Total	45,105	$30,000	$237,378	$267,378	$227,271	$75,000	$302,271
Lake Region District	Benson	6,760	6,000	35,577	41,577	35,340	75,000	110,340
	Eddy	2,368	6,000	12,462	18,462	15,693		15,693
	Pierce	4,457	6,000	23,456	29,456	25,038		25,038
	Ramsey	11,536	6,000	60,712	66,712	56,705		56,705
	Total	25,121	$24,000	$132,207	$156,207	$132,776	$75,000	$207,776
Nelson/Griggs District	Nelson	3,080	6,000	16,209	22,209	18,878		18,878
	Griggs	2,362	6,000	12,431	18,431	15,666		15,666
	Total	5,442	$12,000	$28,640	$40,640	$34,544	$0	$34,544
Multi-county total		278,914	**$192,000**	**$1,467,867**	**$1,659,867**	**$1,410,887**	**$450,000**	**$1,860,887**

HB1004
01.19.15
#1

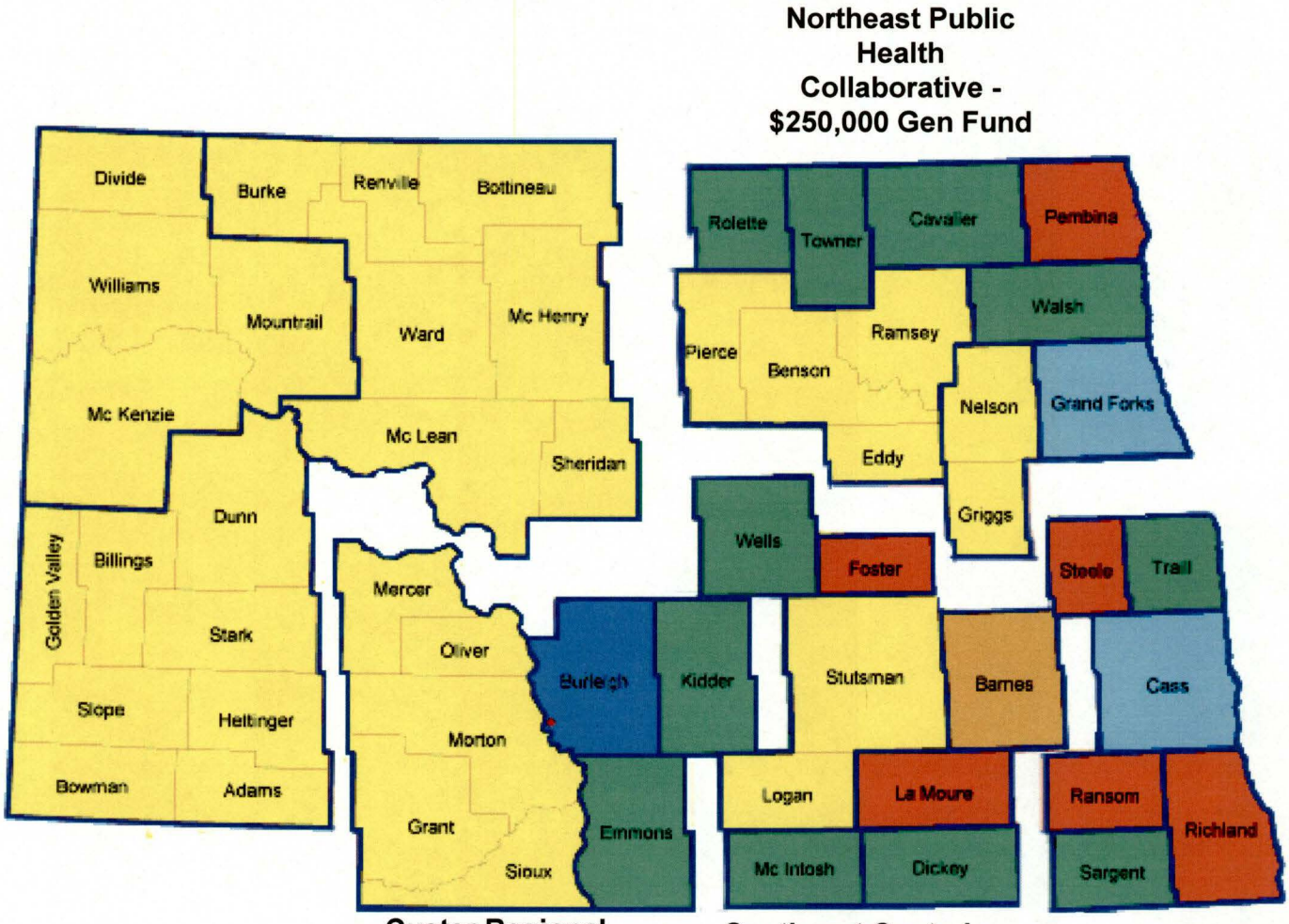
$4,000,000 Projected Distribution for State Aide with $600,000 EH Component
$6,000 Base Allotment per 53 Counties/Biennium 2013-15

Counties Single Co. Districts City/County		2012* Population Estimates	$6,000 Base Allotment/County					
			Base Allotment	Per Capita Amount	Total Before EH Reduction	Total State Aide Without EH	EH Component	Total Combined State Aid & EH
	Barnes(City County)	11,015	6,000	57,970	63,970	54,375		54,375
	Burleigh	85,774	6,000	451,411	457,411	388,799		388,799
	Cavalier	3,948	6,000	20,778	26,778	22,761		22,761
	Dickey	5,268	6,000	27,724	33,724	28,665		28,665
	Emmons	3,491	6,000	18,372	24,372	20,716		20,716
	Fargo/Cass	156,157	6,000	821,823	827,823	703,650	75,000	778,650
	Foster	3,392	6,000	17,851	23,851	20,273		20,273
	Grand Forks	67,472	6,000	355,091	361,091	306,927	75,000	381,927
	Kidder	2,426	6,000	12,768	18,768	15,953		15,953
	LaMoure	4,114	6,000	21,651	27,651	23,503		23,503
	McIntosh	2,751	6,000	14,478	20,478	17,406		17,406
	Pembina	7,271	6,000	38,266	44,266	37,626		37,626
	Ransom	5,444	6,000	28,651	34,651	29,453		29,453
	Richland	16,217	6,000	85,347	91,347	77,645		77,645
	Rolette	14,382	6,000	75,690	81,690	69,437		69,437
	Sargent	3,896	6,000	20,504	26,504	22,528		22,528
	Steele	1,989	6,000	10,468	16,468	13,998		13,998
	Towner	2,318	6,000	12,199	18,199	15,469		15,469
	Traill	8,072	6,000	42,481	48,481	41,209		41,209
	Walsh	11,046	6,000	58,133	64,133	54,513		54,513
	Wells	4,271	6,000	22,477	28,477	24,205		24,205
Single county total		**420,714**	**$126,000**	**$2,214,133**	**$2,340,133**	**$1,989,113**	**$150,000**	**$2,139,113**
Multi-county total		278,914	$192,000	$1,467,867	$1,659,867	$1,410,887	$450,000	$1,860,887
GRAND TOTAL		**699,628**	**$318,000**	**$3,682,000**	**$4,000,000**	**$3,400,000**	**$600,000**	**$4,000,000**

*2012 Population Estimates we obtained from the North Dakota Department of Commerce Census Office website on 3-13-13.

KEY AMOUNTS	
Base Allotment (Biennium Amt)	$6,000
Ttl Amt State Aide	$4,000,000
Ttl Amt Envir. Health	$600,000
St. Aide per Capita	$5.26279680

North Dakota Local Public Health Units and Regional Networks



NORTH DAKOTA DEPARTMENT OF HEALTH

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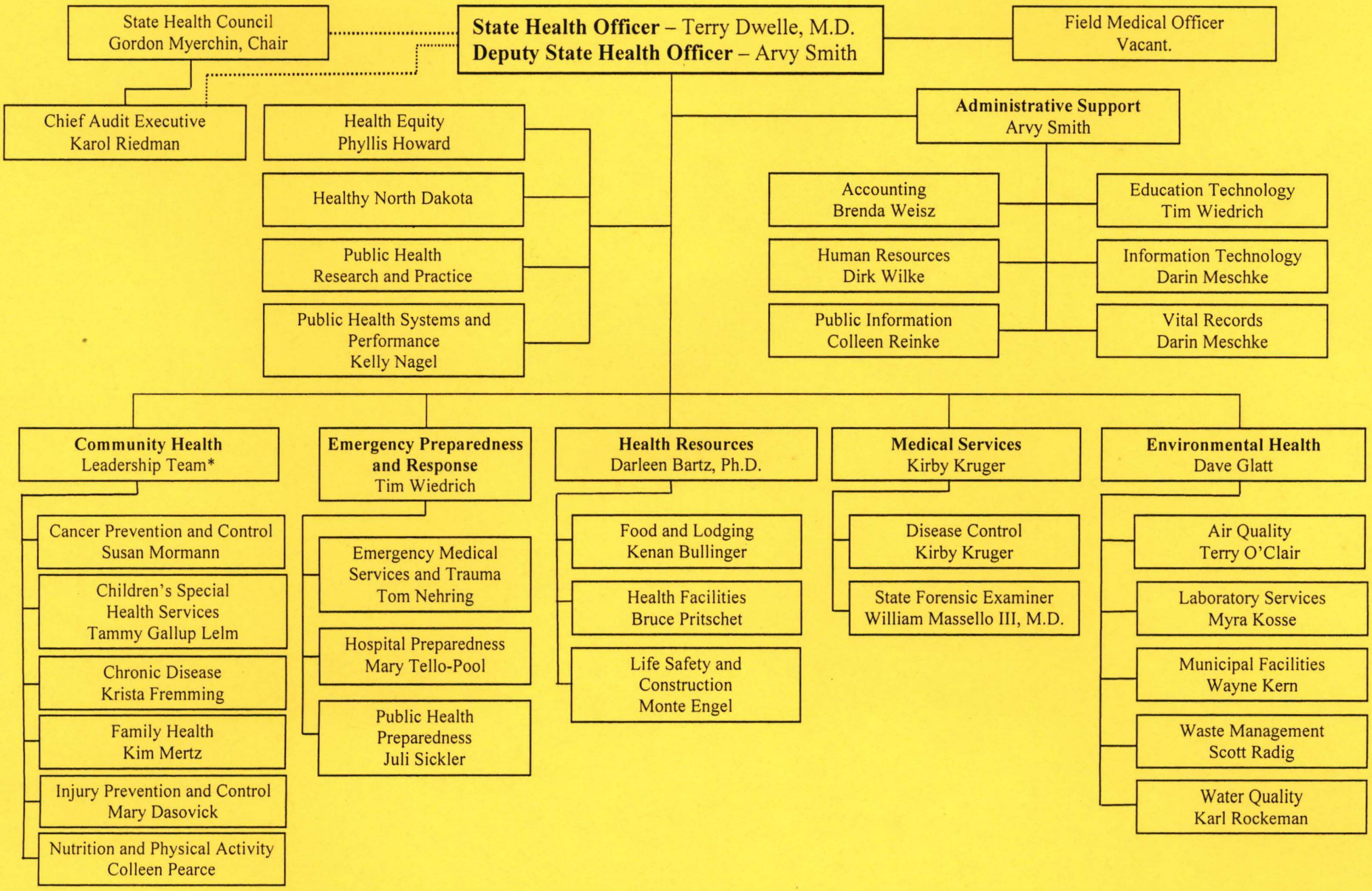
01.19.15
#2

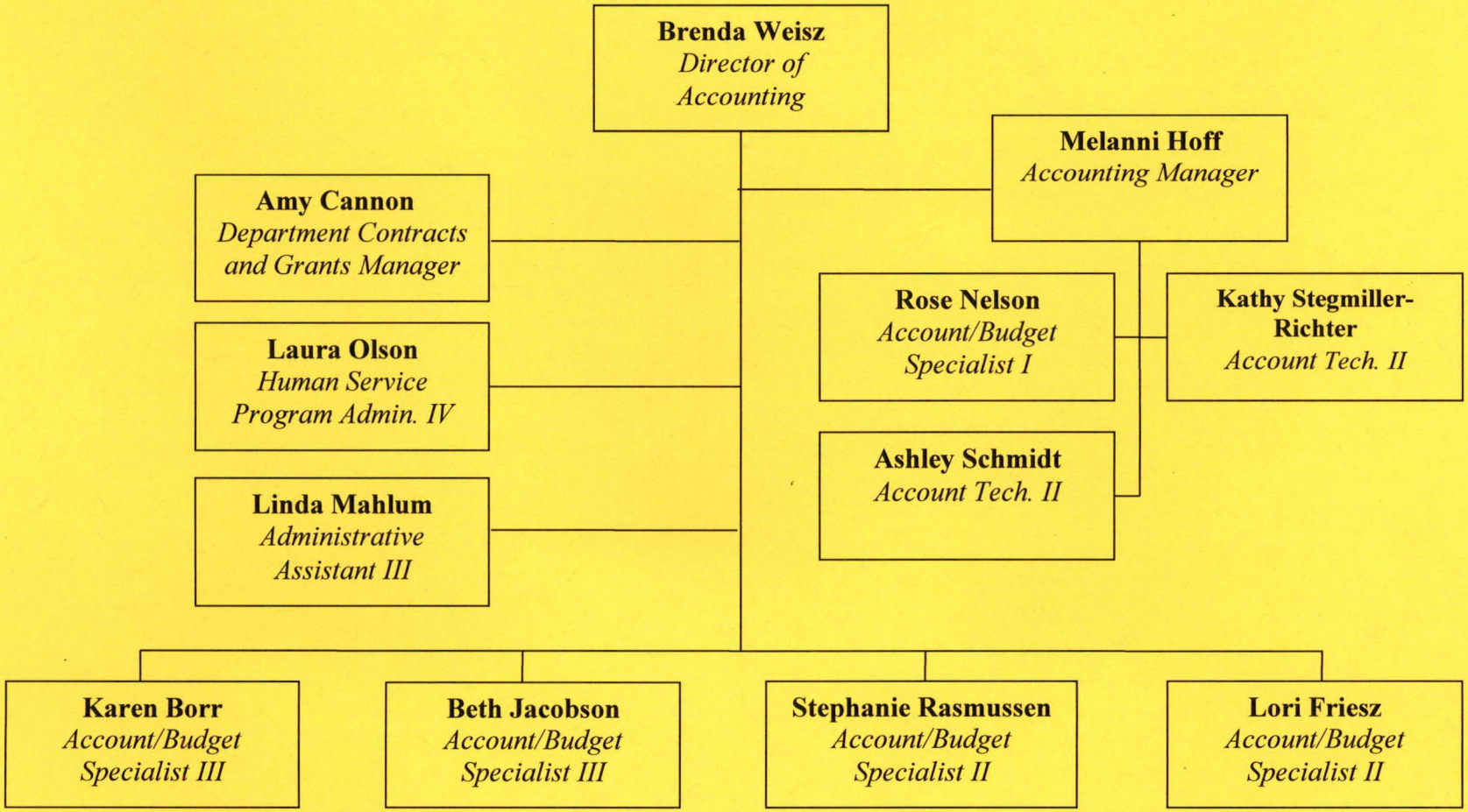
Organizational Chart
January 2015



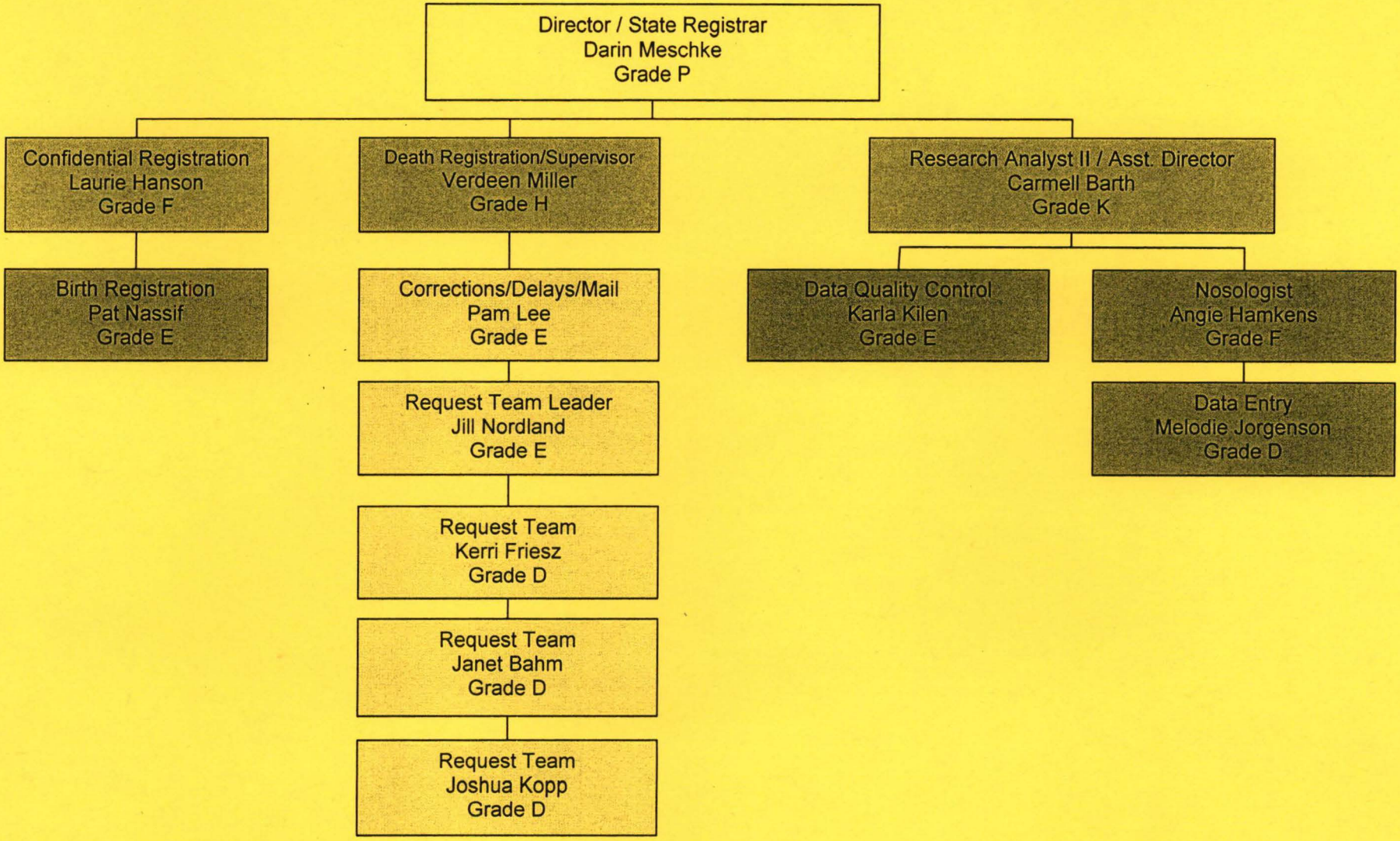
*The six division directors share responsibility for management of the Community Health Section.

NORTH DAKOTA
DEPARTMENT of HEALTH

North Dakota Department of Health
Division of Accounting
October 2014



North Dakota Department of Health
Division of Vital Records
September 1, 2013



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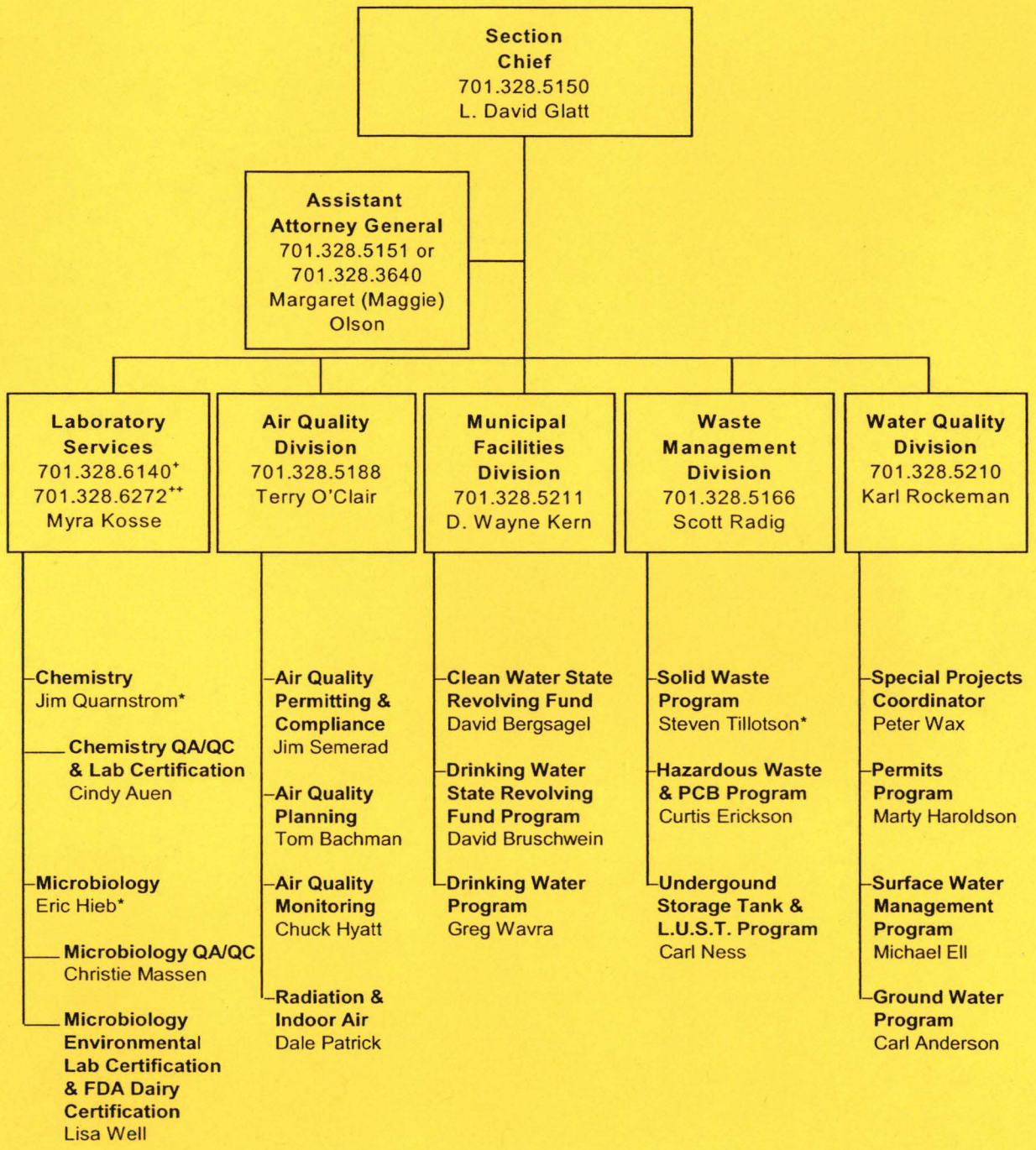
North Dakota Department *of* Health
Environmental Health Section



*Assistant Director
+Chemistry Phone #
++Microbiology Phone #

December 2014

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**156.25**	**0.00**	**164.25**	**178.25**	**14.00**	**9%**
511	Salaries	14,568,771	12,084,454	18,031,103	20,846,054	2,814,951	16%
513/514	Temporary, Overtime	248,485	225,836	508,600	598,780	90,180	18%
516	Benefits	5,583,635	4,888,552	7,284,633	9,411,479	2,126,846	29%
	TOTAL	**20,400,891**	**17,198,842**	**25,824,336**	**30,856,313**	**5,031,977**	**19%**
	General Fund	5,510,792	4,356,051	8,428,369	11,456,294	3,027,925	36%
	Federal Funds	10,316,573	9,174,771	12,440,127	12,580,719	140,592	1%
	Special Funds	4,573,526	3,668,020	4,955,840	6,819,300	1,863,460	38%
OPERATING EXPENSES							
521	Travel	797,619	775,933	1,066,441	1,250,641	184,200	17%
531	IT - Software/Supp.	135,561	106,669	238,310	873,879	635,569	267%
532	Professional Supplies & Materials	132,409	57,973	118,766	130,304	11,538	10%
533	Food & Clothing	10,593	9,136	11,830	14,587	2,757	23%
534	Buildings/Vehicle Maintenance Supplies	151,559	71,257	109,998	115,913	5,915	5%
535	Miscellaneous Supplies	0	325	200	3,206	3,006	1503%
536	Office Supplies	49,417	27,016	47,345	52,417	5,072	11%
541	Postage	125,461	98,522	128,190	139,102	10,912	9%
542	Printing	54,772	22,586	59,397	63,430	4,033	7%
551	IT Equip Under $5000	102,833	51,457	118,925	221,675	102,750	86%
552	Other Equip Under $5000	45,781	21,753	33,200	39,815	6,615	20%
553	Office Equip Under $5000	31,558	10,445	34,200	43,369	9,169	27%
561	Utilities	443,088	312,087	402,555	427,505	24,950	6%
571	Insurance	575	285	593	593	0	0%
581	Lease/Rentals - Equipment	41,682	34,425	53,929	55,354	1,425	3%
582	Lease \Rentals-- Buildings./Land	880,451	637,373	960,046	1,266,003	305,957	32%
591	Repairs	677,942	609,718	866,340	902,203	35,863	4%
601	IT-Data Processing	306,194	227,343	392,473	739,818	347,345	89%
602	IT-Telephone	190,705	127,265	206,206	214,715	8,509	4%
603	IT - Contractual Services	156,248	120,839	370,000	2,921,269	2,551,269	690%
611	Professional Development	178,547	119,110	218,517	237,046	18,529	8%
621	**Operating Fees & Services**	**210,790**	**112,899**	**295,593**	**311,069**	**15,476**	5%
623	**Professional Services**	**967,749**	**1,585,014**	**3,177,570**	**2,876,932**	(300,638)	-9%
625	Medical, Dental, and Optical	1,796,906	1,141,724	1,906,343	1,896,024	(10,319)	-1%
	TOTAL	**7,488,440**	**6,281,154**	**10,816,967**	**14,796,869**	**3,979,902**	**37%**
	General Fund	2,872,882	2,794,119	3,021,042	5,002,481	1,981,439	66%
	Federal Funds	3,307,050	2,403,287	5,024,268	6,585,293	1,561,025	31%
	Special Funds	1,308,508	1,083,748	2,771,657	3,209,095	437,438	16%
CAPITAL ASSETS							
683	Other Capital Payments	403,491	206,432	402,752	407,066	4,314	1%
684	Extraordinary Repairs	35,219		319,350	316,350	(3,000)	-1%
691	Equipment >$5000	482,364	426,691	739,250	1,636,200	896,950	121%
693	IT Equip >$5000	59,807		18,000	27,500	9,500	53%
	TOTAL	**980,881**	**633,123**	**1,479,352**	**2,387,116**	**907,764**	**61%**
	General Fund	207,754	393,476	515,820	610,814	94,994	18%
	Federal Funds	554,334	103,267	650,369	960,755	310,386	48%
	Special Funds	218,793	136,380	313,163	815,547	502,384	160%
GRANTS							
712	Grants - Non State	10,304,207	5,721,666	11,943,977	10,297,000	(1,646,977)	-14%
722	Grants - In State	966,450	572,067	460,000	550,000	90,000	20%
	TOTAL	**11,270,657**	**6,293,733**	**12,403,977**	**10,847,000**	**(1,556,977)**	**-13%**
	General Fund	0	6,637	0	50,000	50,000	100%
	Federal Funds	11,011,513	6,070,610	11,903,977	10,297,000	(1,606,977)	-13%
	Special Funds	259,144	216,486	500,000	500,000	0	0%
SPECIAL LINES							
-71	Tobacco Prevention/Control	0		0	0	0	
-72	WIC Food Payments	0		0	0	0	
-78	Cont Approp-EPA	717,570		0	0	0	
-79	Federal Stimulus Funds	1,939,481		0	0	0	
	TOTAL	**2,657,051**	**0**	**0**	**0**	**0**	
	General Fund	586,270		0	0	0	
	Federal Funds	1,939,481		0	0	0	
	Special Funds	131,300		0	0	0	
	TOTAL	**42,797,920**	**30,406,852**	**50,524,632**	**58,887,298**	**8,362,666**	**17%**
	General Fund	9,177,698	7,550,283	11,965,231	17,119,589	5,154,358	43%
	Federal Funds	27,128,951	17,751,935	30,018,741	30,423,767	405,026	1%
	Special Funds	6,491,271	5,104,634	8,540,660	11,343,942	2,803,282	33%

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Legal	1,027,725	396,668	41,250	161,945	193,473
Air Quality - Monitoring Site Operators	95,000	95,000		95,000	
Air Quality - Radon Public Education	30,000	20,000		15,000	5,000
Chem Lab Proficiency Testing	14,000	14,000	7,000		7,000
Micro Lab Medical Consultant	22,000	22,000	22,000		
Micro Lab Proficiency Testing	16,895	18,500	8,000	10,500	
Lab Hood Recertifications for Equipment	20,200	20,200		15,000	5,200
Micro Lab MN Challenge Proficiency Testing	4,000	-			
Micro Lab Courier Service	132,000	146,800	38,000		108,800
Wetlands Consultation	125,000	150,639		150,639	
Miscellaneous - Air Quality / Radiation Consultation	120,250	210,000			210,000
Miscellaneous - Water Quality Consultation	80,750	84,000	21,750	62,250	
Miscellaneous - Waste Management Consultation	180,000	15,000			15,000
Miscellaneous Professional Fees	750	4,125	3,600		525
LUST Engineering Fees	547,000	750,000	60,000	550,000	140,000
Targeted Brownfields	164,000	100,000		100,000	
Data Management	50,000	50,000	12,500	37,500	
Hazardous Materials Training	48,000	10,000	2,500	7,500	
EPA Legal Fees	500,000	500,000	500,000		
Legal - Oil Impact		270,000	270,000		
Total Professional Services	**$ 3,177,570**	**$ 2,876,932**	**$ 986,600**	**$ 1,205,334**	**$ 684,998**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Indoor Air/Radiation	70,000	80,000		40,000	40,000
Air Quality Updates/Maintenance		16,600		7,500	9,100
Surface Water Mapping Tool Maintenance		10,000	2,500	7,500	
ND Pollutant Discharge Elimination Syst. Database Maint.		10,000	2,500	7,500	
Municipal Facilities Inspections	25,000	35,000	8,750	26,250	
Municipal Facilities Safe Drinking Water Info. Sys.	50,000	50,000	12,500	37,500	
Municipal Facilities Electronic Reporting Info Systems		75,000	18,750	56,250	
Waste Management LUST IT Maintenance	90,000	60,000	7,500	49,500	3,000
Waste Management Solid Waste IT Maintenance		50,000	25,000		25,000
Information Exchange Updates/Projects	135,000	150,000		150,000	
Oilfield Impact IT Project		2,384,669	858,480	929,989	596,200
Total IT Contractual Services	**$ 370,000**	**$ 2,921,269**	**$ 935,980**	**$ 1,311,989**	**$ 673,300**

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
319 Nonpoint Source	10,261,577	9,100,000		9,100,000	
604 B Water Quality Mgmt. Prog.	110,000	110,000		110,000	
EPA Wetlands Protection Funds	300,000	300,000		300,000	
Env Rangeland Prot Trust Fund to ND Stockmen's Assoc	50,000	50,000			50,000
Clean Diesel Equipment Grants	600,000	180,000		180,000	
Water Dev Trust Fund Grants	200,000	200,000			200,000
Water Quality Monitoring Funds	160,000	200,000		200,000	
Water Pollution Grants to LPH	50,000	50,000		50,000	
Water Pollution Supplemental Grants Univ. & St Agencies	225,000	200,000		200,000	
Abandoned Vehicle Grants	250,000	250,000			250,000
Cleanup of Env. Incidents/Spills when Resp. Party Unknown		50,000	50,000		
Radon Grants to LPH and others	90,000	80,000		80,000	
Public Water Control (EPA Block)	107,400	77,000		77,000	
Total Grants	**$ 12,403,977**	**$ 10,847,000**	**$ 50,000**	**$ 10,297,000**	**$ 500,000**

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

Equipment > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Ozone Analyzer	2	12,000	24,000			24,000
SO2 Analyzer	2	13,000	26,000			26,000
Nox Analyzer	2	15,000	30,000			30,000
Fluorescent Microscope with Digital Imaging / Camera	1	85,000	85,000			85,000
Trace Level SO2 Analyzer	1	18,000	18,000			18,000
Air Monitoring Station	1	180,000	180,000			180,000
Inductively Coupled Plasma Photometer	1	110,000	110,000	30,000	20,000	60,000
Inductively Coupled Plasma Photometer / Mass Spec	1	150,000	150,000	50,000	50,000	50,000
High Performance Liquid Chromatogram System	1	84,000	84,000		84,000	
Gasoline Analyzer	1	25,000	25,000		25,000	
Nitrogen Sulfur Analyzer	1	40,000	40,000		40,000	
Ion Chromatogram Autosampler	1	21,000	21,000	7,000	7,000	7,000
Organic Muffle Oven	1	8,000	8,000		8,000	
Organic Evaporators	2	10,000	20,000	5,000	10,000	5,000
Liquid Chromatogram/Mass Spec/Mass Spec	1	600,000	600,000	200,000	400,000	
Conversion of File Area to Office Space	1	7,200	7,200		7,200	
AV Upgrade	1	16,000	16,000		16,000	
Partial Conversion of Video Surveillance to Digital	1	15,000	15,000			15,000
DNA Analyzer	1	85,000	85,000		50,000	35,000
Commercial Dishwasher	1	9,000	9,000			9,000
[illegible] Low Freezer	2	11,500	23,000			23,000
[illegible]. IT Plan: Replace hardware to upgrade/replace Lab. Info. Sys.	1	60,000	60,000	11,400	33,600	15,000
			-			
Total Equipment > $5,000			**$ 1,636,200**	**$ 303,400**	**$ 750,800**	**$ 582,000**

IT Equipment/Software > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Replacement Server	2	10,000	20,000		10,000	10,000
Network Enabled Copier	1	7,500	7,500		7,500	
			-			
Total IT Equipment/Software > $5,000			**$ 27,500**	**$ -**	**$ 17,500**	**$ 10,000**

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

Extraordinary Repairs

State Lab

Description	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Upgrade the data system for the HVAC controls	25,000	25,000		
Connect annex air cond. (& heat if not already done) into the emerg. gen.	25,000	25,000		
Replace humidifier in North Lab - ~ 8 years old	25,000	2,803		22,197
Repair driveway & parking lots & restriping	28,000			28,000
Replace carpets (Lab office areas and vestibule) - ~ 20 years old	15,000			15,000
Repair and enhance AC in the annex instrument rooms	10,000			10,000
Install knee holes at benches as per ergonomic consultation	17,500			17,500
Replace boilers in North Lab	50,000			50,000
Repair and paint annex walls - noted in CDC's review	10,000			10,000
Upgrade access control hardware	12,500			12,500
Replace and update signs in front of building	5,500			5,500
Install fix to prevent freeze-up of HVAC during winter months	5,500			5,500
Install fix to prevent overheating of condensing coils during summer months	1,550			1,550
Add North Lab to existing generator	32,000			32,000
Landscaping - trees (around bldg & replace shelter belt die-off), sidewalks etc . .	4,800			4,800
	-			
Total State Lab	**$ 267,350**	**$ 52,803**	**$ -**	**$ 214,547**

Environmental Training Center

Description	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Flush, repair (control valves), refill (with antifreeze) hot water heating system	3,000	3,000		
Replace south A/C condensor	5,000	4,620	380	
Replace laboratory window	5,000		5,000	
Replace northwest atrium window	5,000		5,000	
Re-carpet office areas	10,000		10,000	
Install HVAC ductwork east mechanical room	5,000		5,000	
Seal cost exterior brick & re-mortar bricks if needed	7,000		7,000	
	-			
Total Environmental Training Center	**$ 40,000**	**$ 7,620**	**$ 32,380**	**$ -**

Storage Building

Description	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Gutter covers	4,000			4,000
Pallet Racking	5,000			5,000
	-			
Total Storage Building	**$ 9,000**	**$ -**	**$ -**	**$ 9,000**

Total Section	**$ 316,350**	**$ 60,423**	**$ 32,380**	**$ 223,547**

North Dakota Department of Health
Environmental Health
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
EPA Performance Partnership Grant	8,513,938	8,956,005	442,067
FDA Radiation & Mammography Program	159,660	144,457	(15,203)
EPA PM 2.5 Monitoring	349,239	284,901	(64,338)
CDC Public Health Emergency Preparedness	827,572	600,455	(227,117)
Maternal and Child Health Block Grant (MCH)	91,000	58,252	(32,748)
Epidemiology & Lab Capacity	430,623	364,790	(65,833)
Aids Prevention	145,262	179,191	33,929
Immunization Grant	180,000	148,357	(31,643)
Sexually Transmitted Disease (STD) Grant	170,000	150,066	(19,934)
Tuberculosis Grant	75,950	66,717	(9,233)
Nonpoint Source Implementation Grant	11,464,013	10,681,971	(782,042)
Water Quality Management	246,922	234,243	(12,679)
Wetland Program Development Grants	530,000	499,629	(30,371)
Supplemental Water Quality Monitoring Grants	1,180,000	1,126,132	(53,868)
Drinking Water State Revolving Fund and Special Request	2,069,980	2,053,653	(16,327)
Clean Water State Revolving Fund	502,739	478,749	(23,990)
Clean Diesel Grant	633,200	180,000	(453,200)
Targeted Brownfield Grant	232,000	143,550	(88,450)
Leaking Underground Storage Tank (LUST)	1,022,155	1,174,062	151,907
(LUST) Trust Prevention	750,563	622,614	(127,949)
ND Environmental Exchange State Grants	395,925	1,601,867	1,205,942
DES Hazardous Materials Training	48,000	-	(48,000)
Unallocated Executive Compensation Package	-	674,106	674,106
Total Federal Funds	**$ 30,018,741**	**$ 30,423,767**	**$ 405,026**

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Air Contaminant Fees	3,032,915	2,349,927	(682,988)
Oil and Gas Registration Fees		610,000	610,000
Asbestos Fees & Lead Base	90,000	99,750	9,750
Radiation Control Licensing Fees	1,595,967	3,561,702	1,965,735
Chemistry Laboratory Analysis Fees	675,251	667,900	(7,351)
Microbiology Laboratory Analysis Fees	1,100,000	1,263,725	163,725
Environment & Rangeland Fund	265,700	250,000	(15,700)
ND Water Commission	294,500	294,500	-
Operator Certificate Fund	21,100	28,200	7,100
Large Volume Landfills	739,123	815,730	76,607
Sanitary Pumper Fees	-	36,656	36,656
Solid Waste Permitting Fees	366,104	467,000	100,896
Petroleum Tank Release Comp Fund	110,000	133,000	23,000
Abandoned Motor Vehicle Fund	250,000	250,000	-
Anti-Freeze Fees	-	32,000	32,000
Unallocated Executive Compensation Package		483,852	483,852
Total Special Funds	**$ 8,540,660**	**$ 11,343,942**	**$ 2,803,282**

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North Dakota Department of Health

2015 - 17 Executive Budget

History of Funding from Environment and Rangeland Protection Fund

	Biennium				
	2007-09	2009-11	2011-13	2013-15	2015-17
Amount - Special Funds	266,119	272,310	272,310	272,310	250,000

As Requested by Representative Bellew

ND Department of Health
Status of Audit Recommendation related to the Underground Storage Program

Improvements Needed with Underground Storage Tank Operator Training and Registration Procedures

We recommend the Department of Health's Underground Storage Tank Program implement the following steps to strengthen its current certification process:

- Develop written policies and procedures for all areas of the operator training and registration process.
    - *Documents are in final draft for operator training policies and procedures and in draft for registration process. The UST program is working on a comprehensive policies and procedure document for the entire UST/LUST program.*
- Implement a process to identify facilities associated with nonregistered tanks, which could include working closely with fuel supply companies to notify the program when a new tank is being filled.
    - *The current database contract will be cross referencing with the Insurance fund database to verify tank records and through the Petroleum Marketers Association (convention) we have distributed UST information.*
- Provide documentation to underground storage tank owners detailing the steps of the inspection process from start to finish.
    - *A handout is finalized and in use that explains the compliance inspections.*
- Implement a monitoring process to identify applicants that did not complete the operator training within 30 days after assuming operation and maintenance responsibilities of the underground system.
    - *With the implementation and review of the UST monthly status reports, the "Operator Training Status report" alerts the staff of facilities that have not completed operator training.*

Improvements Needed with Underground Storage Tank Inspection Process

We recommend the Department's Underground Storage Tank Storage Program implement procedures to strengthen the current inspection process. Specifically the Department should ensure:

- Written policies and procedures are developed covering all aspects of the inspection process.
    - *The UST program is working on a comprehensive policies and procedure document for the entire UST/LUST program.*
- Compliance form guidelines are made available on the Department's website.
    - *The website has been updated*
- Inspectors are sufficiently rotated.
    - *Inspection regions are being adjusted and oversight inspections are being planned.*
- A monitoring process is implemented and documented to ensure all compliance forms are submitted by the operators.
    - *With the implementation and review of the UST monthly status reports, the "COC status report" is reviewed.*
- All inspection results are provided to the owner/operator of facilities inspected.
    - *All of the inspection reports are available to each owner/operator online.*

ND Depar[illegible] of Health
2015 - 2017 [illegible]onal Request

	Oil Impact - Environmental Health Section										
	Air Quality	Lab Services	Municipal Facilities	Waste Mgmt	Water Quality	Oilfield IT	Emergency and Spill Response Salary Adj	Salary Equity	Spill Cleanup for No Responsible Party	Legal Assistance	**Total**
Optional Request - FTE Request	3.0	1.0	3.0	4.0	3.0	-					14.0
FTE Description of Optional FTE	2 - Environ Scientist II & 1 - Elec.Tech II	1 - Chemist II	2 - Environ. Eng. II/ 1 - Data PCII	4 - Environ Scientists II	2 - Env.SII & - 1 ESAdm I						-
											-
Salaries/Benefits											-
Salary	264,601	88,200	284,256	352,800	305,064		104,544	-			1,399,465
Temporary, Overtime			-	3,500	37,000						40,500
Benefits	125,077	41,655	128,858	167,121	136,701		-	-			599,412
Total	**389,678**	**129,855**	**413,114**	**523,421**	**478,765**	**-**	**104,544**	**-**	**-**		**2,039,377**
											-
Operating											-
Travel	21,825		12,000	36,500	27,500						97,825
IT - Software/Supp.	4,425	2,045	3,000	2,000	1,500	616,291					629,261
Professional Supplies & Materials	6,150		600	800	600						8,150
Food & Clothing	225		-	1,200	1,200						2,625
Bldgs./Vehicle Maintenance Supp.	2,550		300		-						2,850
Miscellaneous Supplies	-		1,500		1,500						3,000
Office Supplies	1,050		900	980	975						3,905
Postage	1,275		2,700	1,000	1,050						6,025
Printing	375		450	500	900						2,225
IT Equip Under $5000	5,550	2,150	4,350	5,600	4,950	14,400					37,000
Other Equip Under $5000	225	700	1,500		1,500						3,925
Office Equip Under $5000	6,000	2,000	6,000	8,000	6,000						28,000
Utilities	6,726		1,800								8,526
Insurance	-		-								-
Lease/Rentals - Equipment	825		600								1,425
Lease \Rentals-- Buildings./Land	31,314	2,647	31,314	41,752	31,314						138,341
Repairs	1,275	43,680	2,700								47,655
IT-Data Processing	6,300	2,101	6,303	8,400	6,300	325,459					354,863
IT-Telephone	2,016	672	2,016	2,688	2,016						9,408
IT - Contractual	6,600	-	-	-	-	2,384,669					2,391,269
Professional Development	1,875		3,000	4,000	3,000						11,875
Operating Fees & Services	3,225		1,500	1,000	750						6,475
Professional Services	525		600	1,000	1,000					270,000	273,125
Medical, Dental, and Optical											-
Total	**110,331**	**55,995**	**83,133**	**115,420**	**92,055**	**3,340,819**	**-**	**-**	**-**	**270,000**	**4,067,753**
Capital Assets											
Extraordinary Repairs											
Equipment > $5000	180,000	600,000				60,000					840,000
IT Equip > $5000											-
Total	**180,000**	**600,000**	**-**	**-**	**-**	**60,000**	**-**	**-**	**-**		**840,000**
Grants\Special Line Items											
Grants - Non State											-
Grants - In-State									50,000		50,000.0
Total	-	-	-	-		-	-	-	50,000		-
Grand Total	**680,009**	**785,850**	**496,247**	**638,841**	**570,820**	**3,400,819**	**104,544**	**-**	**50,000**	**270,000**	**6,997,130**
General Funds		644,950	496,247	638,841	570,820	1,222,248	104,544	-	50,000	270,000	3,997,650
Federal Funds		186,000				1,328,366					1,514,366
Special Funds	680,009	(45,100)				850,205					1,485,114

Oilfield Legal - AQ - $35,000, MF - $15,000, WM - $15,000 and WQ - $20,000 and $185,000 for additional legal assistance - Attorney II

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NORTH DAKOTA DEPARTMENT of HEALTH
Community Health

HEALTHY NORTH DAKOTA
★ Karen Ehrens ★

★ Not CHS Staff, but works closely with section. ★

CHS LEADERSHIP TEAM
Mary Dasovick
Krista Fremming
Tamara Gallup Lelm
Kim Mertz
Susan Mormann
Colleen Pearce

ADMINISTRATIVE SUPPORT
Ros Norstedt
Carleen Scherr

GRANTS MANAGEMENT
Lonny Mertz

INFORMATION TECHNOLOGY
Corey Bergrud

CANCER PREVENTION & CONTROL

DIRECTOR
Susan Mormann

Behavioral Risk Factor Surveillance System (BRFSS)
Alice Musumba

Comprehensive Cancer
Susan Mormann
Joyce Sayler
Jesse Tran
Janna Pastir

Healthy People 2020
Alice Musumba

Management-Leadership-Coordination (MLC)
Susan Mormann
Janna Pastir
Jesse Tran

State-funded Colorectal Cancer Screening Initiative
Joyce Sayler

Women's Way
Susan Mormann
Paulette DeLeonardo
Barbara Steiner
Joyce Sayler
Jesse Tran

Administrative Support
Candace Getz
Diana Greff

CHILDREN'S SPECIAL HEALTH SERVICES

DIRECTOR
Tamara Gallup Lelm

Autism Data Base
Kodi Pinks

Care Coordination Program
Tammie Johnson

Children with Special Health Care Needs Service System
Tamara Gallup Lelm
Kimberly Hruby
Tammie Johnson
Melissa Evans

Information Resource Center
Tammie Johnson
Carrie Tate

Metabolic Food
Tammie Johnson
Diane Bruley

Multidisciplinary Clinics
Kimberly Hruby
Tammie Johnson
Melissa Evans
Tina Feigitsch

Russell-Silver Syndrome Program
Melissa Evans

Specialty Care Diagnostic & Treatment Program
Melissa Evans
Tina Feigitsch
Kimberly Hruby
♦ Dr. Joan Connell ♦

State Systems Development Initiative (SSDI)
Devaiah Muccatira

Title V / CSHCN
Tamara Gallup Lelm

Administrative Support
Diane Bruley
Carrie Tate
Tina Feigitsch
Donna Doll

CHRONIC DISEASE

DIRECTOR
Krista Fremming

Chronic Disease Epidemiologist
Clint Boots

Chronic Disease – Heart Disease & Stroke Prevention (HDSP)
Krista Fremming

Grants Management
Lonny Mertz

Tobacco Cessation
Neil Charvat
Kara Hickel
Kara Backer

Tobacco Disparities
Kara Hickel

Tobacco Prevention & Control
Neil Charvat
Kara Hickel
Kara Backer

Administrative Support
Carleen Scherr
Diana Greff

FAMILY HEALTH

DIRECTOR
Kim Mertz

Abstinence Education
Vacant

Chronic Disease – School Health
Judy Thomson

Family Planning / Women's Health
Vacant Director
Vacant Nurse Consultant

Information Technology
Corey Bergrud

MCH / Oral Health Epidemiologist
Grace Njau

Newborn Screening / School Nursing
Becky Bailey
Katie Bentz

Maternal & Child Health (MCH) Nurse Consultant / Optimal Pregnancy Outcome Program (OPOP)
Joyal Meyer

Oral Health
Kimberlie Yineman
Jaclyn Seefeldt
Bobbie Will
✧ Beth Dilbeck ✧
✧ Jamie Blumhagen ✧
✧ Michael Goebel, DDS ✧
✧ Helen Kuntz ✧
✧ Susan Haberman ✧

Sudden Infant Death Syndrome (SIDS) / Cribs for Kids
Katie Bentz

Title V / MCH
Kim Mertz

Administrative Support
Ros Norstedt
Peggy Stanton
Sara Upgren
Donna Doll

INJURY PREVENTION & CONTROL

DIRECTOR
Mary Dasovick

Child Passenger Safety
Dawn Mayer

Domestic Violence / Rape Crisis
Mary Dasovick
Mallory Sattler

Injury / Violence Prevention
Mandy Slag

Suicide Prevention
Micki Savelkoul

Administrative Support
Missy Kopp

NUTRITION & PHYSICAL ACTIVITY

DIRECTOR
Colleen Pearce

Chronic Disease – Diabetes
Tera Miller
✧ Jane Myers ✧

Chronic Disease – Nutrition & Physical Activity
Deanna Askew

Healthy Communities
Deanna Askew

MCH Nutrition / Employee Wellness
BriAnna Wanner

Preventive Health & Health Services Block Grant (PHHSBG)
Deanna Askew

Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
Colleen Pearce
Kristi Miller
Kim Hinnenkamp
Vacant

Administrative Support
Lynne Wise
Sara Upgren

♦ Contracted Medical Director ♦ / ✧ Temp Positions ✧

North Dakota Department of Health
Community Health
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**53.80**	**0**	**54.40**	**54.40**	**0.00**	**0%**
511	Salaries	4,273,331	3,175,453	4,915,649	5,260,684	345,035	7%
513/514	Temporary, Overtime	251,063	17,086	662,722	628,470	(34,252)	-5%
516	Benefits	1,736,948	1,303,643	2,112,354	2,483,975	371,621	18%
	TOTAL	**6,261,342**	**4,496,182**	**7,690,725**	**8,373,129**	**682,404**	**9%**
	General Fund	1,519,818	842,590	1,761,942	2,005,149	243,207	14%
	Federal Funds	4,741,524	3,568,803	5,847,102	6,274,839	427,737	7%
	Special Funds	0	84,789	81,681	93,141	11,460	14%
OPERATING EXPENSES							
521	Travel	311,093	208,090	363,071	597,170	234,099	64%
531	IT - Software/Supp.	82,492	63,674	150,838	126,500	(24,338)	-16%
532	Professional Supplies & Materials	335,581	183,714	487,137	443,391	(43,746)	-9%
533	Food & Clothing	116,219	83,741	196,614	188,600	(8,014)	-4%
534	Buildings/Vehicle Maintenance Supplies	1,242	533	1,782	1,260	(522)	-29%
535	Miscellaneous Supplies	1,072	4,024	2,320	1,635	(685)	-30%
536	Office Supplies	54,884	31,928	64,299	62,158	(2,141)	-3%
541	Postage	59,059	29,110	65,508	62,437	(3,071)	-5%
542	Printing	222,683	123,778	259,937	245,532	(14,405)	-6%
551	IT Equip Under $5000	38,616	22,841	54,525	40,525	(14,000)	-26%
552	Other Equip Under $5000	22,062	1,620	1,620	11,362	9,742	601%
553	Office Equip Under $5000	5,450	8,168	12,385	1,500	(10,885)	-88%
561	Utilities	0	0	0	0	0	
571	Insurance	0	0	0	0	0	
581	Lease/Rentals - Equipment	9,609	5,059	11,229	13,029	1,800	16%
582	Lease \Rentals-- Buildings./Land	174,861	147,700	216,175	205,898	(10,277)	-5%
591	Repairs	2,035	135	4,200	578	(3,622)	-86%
601	IT-Data Processing	226,192	126,332	271,458	260,679	(10,779)	-4%
602	IT-Telephone	101,037	62,062	106,485	103,069	(3,416)	-3%
603	IT - Contractual Services	327,761	191,993	261,123	496,812	235,689	90%
611	Professional Development	90,533	63,317	113,417	104,487	(8,930)	-8%
621	**Operating Fees & Services**	**146,663**	**62,256**	**161,961**	**139,826**	**(22,135)**	-14%
623	**Professional Services**	**4,339,755**	**2,487,789**	**6,454,104**	**7,407,219**	953,115	15%
625	Medical, Dental, and Optical	54,583	10,454	82,493	123,913	41,420	50%
	TOTAL	**6,723,482**	**3,918,318**	**9,342,681**	**10,637,580**	**1,294,899**	**14%**
	General Fund	819,842	454,197	945,113	1,691,659	746,546	79%
	Federal Funds	5,511,983	3,150,305	7,775,966	8,249,375	473,409	6%
	Special Funds	391,657	313,816	621,602	696,546	74,944	12%
CAPITAL ASSETS							
683	Other Capital Payments	0	0	0	0	0	
684	Extraordinary Repairs	0	0	0	0	0	
691	Equipment >$5000	12,728	0	0	0	0	
693	IT Equip >$5000	0	0	0	0	0	
	TOTAL	**12,728**	**0**	**0**	**0**	**0**	
	General Fund	2,816	0	0	0	0	
	Federal Funds	9,912	0	0	0	0	
	Special Funds	0	0	0	0	0	
GRANTS							
712	Grants - Non State	18,720,785	10,673,962	20,511,441	23,034,394	2,522,953	12%
722	Grants - In State	182,557	164,110	347,721	311,180	(36,541)	-11%
	TOTAL	**18,903,342**	**10,838,072**	**20,859,162**	**23,345,574**	**2,486,412**	**12%**
	General Fund	4,224,409	2,120,463	4,759,471	5,550,543	791,072	17%
	Federal Funds	14,312,034	8,445,549	15,659,691	17,165,031	1,505,340	10%
	Special Funds	366,899	272,060	440,000	630,000	190,000	43%
SPECIAL LINES							
-71	Tobacco Prevention/Control	5,485,311	3,546,398	5,544,251	6,426,182	881,931	16%
-72	WIC Food Payments	18,097,955	12,519,815	24,659,861	20,200,000	(4,459,861)	-18%
-78	Cont Approp-EPA	0	0	0	0	0	
-79	Federal Stimulus Funds	137,133	0	0	0	0	
	TOTAL	**23,720,399**	**16,066,213**	**30,204,112**	**26,626,182**	**(3,577,930)**	**-12%**
	General Fund	0		0	0	0	
	Federal Funds	20,501,190	13,979,630	26,983,758	23,185,318	(3,798,440)	-14%
	Special Funds	3,219,209	2,086,583	3,220,354	3,440,864	220,510	7%
	TOTAL	**55,621,293**	**35,318,785**	**68,096,680**	**68,982,465**	**885,785**	**1%**
	General Fund	6,566,885	3,417,250	7,466,526	9,247,351	1,780,825	24%
	Federal Funds	45,076,643	29,144,287	56,266,517	54,874,563	(1,391,954)	-2%
	Special Funds	3,977,765	2,757,248	4,363,637	4,860,551	496,914	11%

North Dakota Department of Health
Tobacco Special Appropriation Line
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**7.00**	**0.00**	**6.00**	**4.75**	**(1.25)**	**-21%**
511	Salaries	477,405	354,391	612,216	510,394	(101,822)	-17%
513/514	Temporary, Overtime	556		0	0	0	
516	Benefits	169,659	152,203	265,572	238,222	(27,350)	-10%
	TOTAL	**647,620**	**506,594**	**877,788**	**748,616**	**(129,172)**	**-15%**
	General Fund	0		0	0	0	
	Federal Funds	647,620	507,450	877,788	748,616	(129,172)	-15%
	Special Funds	0		0	0	0	
OPERATING EXPENSES							
521	Travel	25,370	28,421	43,946	48,298	4,352	10%
531	IT - Software/Supp.	4,692	5,071	11,132	11,471	339	3%
532	Professional Supplies & Materials	17,998	22,321	29,677	30,581	904	3%
533	Food & Clothing	0	0	0	0	0	
534	Buildings/Vehicle Maintenance Supplies	0	0	0	0	0	
535	Miscellaneous Supplies	0	0	0	0	0	
536	Office Supplies	5,404	4,213	6,832	7,040	208	3%
541	Postage	5,867	2,811	5,800	6,037	237	4%
542	Printing	38,056	37,255	61,265	63,131	1,866	3%
551	IT Equip Under $5000	2,418	7,511	8,622	1,125	(7,497)	-87%
552	Other Equip Under $5000	0	4,666	4,666	0	(4,666)	
553	Office Equip Under $5000	22,732	907	907	0	(907)	
561	Utilities	0	0	0	0	0	
571	Insurance	0	0	0	0	0	
581	Lease/Rentals - Equipment	542	234	759	759	0	0%
582	Lease \Rentals-- Buildings./Land	24,834	18,095	24,427	24,710	283	1%
591	Repairs	100	48	100	103	3	3%
601	IT-Data Processing	19,124	8,534	14,562	9,928	(4,634)	-32%
602	IT-Telephone	8,383	6,218	10,339	10,339	0	0%
603	IT - Contractual Services	12,039	0	0	0	0	
611	Professional Development	9,766	15,272	27,270	28,100	830	3%
621	**Operating Fees & Services**	**499,757**	**183,052**	**223,962**	**230,781**	**6,819**	3%
623	**Professional Services**	**3,487,891**	**1,903,295**	**3,332,197**	**3,965,163**	632,966	19%
625	Medical, Dental, and Optical	0		0	0	0	
	TOTAL	**4,184,973**	**2,247,924**	**3,806,463**	**4,437,566**	**631,103**	**17%**
	General Fund	0		0	0	0	
	Federal Funds	1,219,576	672,432	906,109	1,696,702	790,593	87%
	Special Funds	2,965,397	1,575,492	2,900,354	2,740,864	(159,490)	-5%
CAPITAL ASSETS							
683	Other Capital Payments	0	0	0	0	0	
684	Extraordinary Repairs	0	0	0	0	0	
691	Equipment >$5000	0	0	0	0	0	
693	IT Equip >$5000	0	0	0	0	0	
	TOTAL	**0**	**0**	**0**	**0**	**0**	
	General Fund	0	0	0	0	0	
	Federal Funds	0	0	0	0	0	
	Special Funds	0	0	0	0	0	
GRANTS							
712	Grants - Non State	652,718	791,880	860,000	1,240,000	380,000	44%
722	Grants - In State	0		0	0	0	
	TOTAL	**652,718**	**791,880**	**860,000**	**1,240,000**	**380,000**	**44%**
	General Fund	0		0	0	0	
	Federal Funds	398,906	280,789	540,000	540,000	0	0%
	Special Funds	253,812	511,091	320,000	700,000	380,000	119%
SPECIAL LINES							
-71	Tobacco Prevention/Control	0	0	0	0	0	
-72	WIC Food Payments	0	0	0	0	0	
-78	Cont Approp-EPA	0	0	0	0	0	
-79	Federal Stimulus Funds	0	0	0	0	0	
	TOTAL	**0**	**0**	**0**	**0**	**0**	
	General Fund	0	0	0	0	0	
	Federal Funds	0	0	0	0	0	
	Special Funds	0	0	0	0	0	
	TOTAL	**5,485,311**	**3,546,398**	**5,544,251**	**6,426,182**	**881,931**	**16%**
	General Fund	0	0	0	0	0	
	Federal Funds	2,266,102	1,460,671	2,323,897	2,985,318	661,421	28%
	Special Funds	3,219,209	2,086,583	3,220,354	3,440,864	220,510	7%

North Dakota Department of Health
Community Health
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Cancer Prevention Division					
Legal- Attorney General	34,853	43,723	7,597	36,126	
Women's Way-Blue Cross Blue Shield	1,334,019	1,012,302		1,012,302	
Women's Way-Local Public Health Units	1,189,740	1,532,745	500,000	1,032,745	
Women's Way Recruitment Campaign / Patient Navigation	126,000	-			
Colorectal Cancer screening / diagnostic and related services	77,600	36,000	36,000		
Behavioral Risk Survey - Clearwater	669,500	675,000	154,500		520,500
Cancer Registry Contract-UND	98,000	98,000	98,000		
Comprehensive Cancer Control-Trainer Contracts		40,000		40,000	
Comprehensive Cancer Control-Graphic Support		4,000		4,000	
Chronic Disease Division					
Heart Disease & Stroke - federal grant ended	126,300	-			
Coord Chronic Disease - federal grant ended	992,506	-			
Diabetes, Heart Disease, Stroke, Obesity and School Health (DHDOSH)-Consultation		172,100		172,100	
DHDOSH-MediQHome Program / Hypertension Project		85,000		85,000	
Family Health Division					
DentaQuest Evaluation	100,000	60,000			60,000
DentaQuest Oral Health Coalition/Facilitation		80,000			80,000
Newborn Screening Consultation	51,160	51,160	51,160		
Family Planning-Clinical Consultation	34,000	30,000		30,000	
Family Planning-Medical Director	9,120	8,800		8,800	
Family Planning-Data Software Support	51,200	51,200		51,200	
Family Planning-Media	20,000	20,000		20,000	
Maternal & Child Health Block Grant (MCH)-Misc Professional Services and Consultation	153,600	60,000	25,800	34,200	
MCH Newborn Screening Medical Director	24,000	24,000	10,320	13,680	
CDC Oral Health Communication	38,000	30,000		30,000	
CDC Oral Health Program Evaluator	61,200	61,200		61,200	
CDC Oral Health Infection Control Presenter		3,500		3,500	
CDC Oral Health Basic Screening Survey		47,460		47,460	
School Health-Evaluation/Speakers	15,000	6,000		6,000	
Miscellaneous Professional Services	23,000	1,000		1,000	
Sudden Infant Death Syndrome Tribal Consultant		5,000			5,000
HRSA Oral Health Mobilization-Program Evaluator		61,600		61,600	
HRSA Oral Health Mobilization-Service Providers		108,449		108,449	
HRSA Workforce Activities-Program Evaluator		21,720		21,720	
Injury Prevention Division					
DOT Child Safety-Consultation	104,000	104,000		104,000	
Poison Control Hotline	155,000	189,000	149,000	40,000	
Childhood Falls Prevention - Train the Trainer	15,000	15,000	6,450	8,550	
Suicide Prevention-Speakers and Curriculum Development	50,000	50,000	50,000		
Suicide Prevention-Media Campaign	100,000	100,000	100,000		
Sexual Violence Prevention & Educ-Empowerment Evaluator	60,000	100,000		100,000	
Garrett Lee Smith Suicide-Training Simulations & Curriculum		325,000		325,000	
Garrett Lee Smith Suicide-Media Campaign		75,000		75,000	

North Dakota Department of Health
Community Health
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Nutrition and Physical Activity Division					
Public Health Block Grant (PHBG) Accreditation		10,000		10,000	
PHBG Chaplaincy		32,000		32,000	
PHBG Nat'l Diabetes Prevention consultant and training		38,000		38,000	
PHBG Special Initiatives		80,000		80,000	
PHBG Consultants Baby Friendly Hospital		100,000		100,000	
Speaker/Consultant	10,000	12,000		12,000	
WIC-Nutrition Education Service		21,000		21,000	
WIC-EBT Planning Services	510,260	-			
WIC-Miscellaneous Professional Services	12,400	12,400		12,400	
Diabetes - Evaluation/Consultant Services	105,000	140,000		140,000	
Obesity - Consultation Services		5,000		5,000	
WIC EBT Implementation Quality Assurance contractor		315,000		315,000	
WIC EBT Implementation service provider		578,160		578,160	
WIC EBT Project Management / Support		207,000		207,000	
WIC EBT MIS Upgrade		373,700		373,700	
Bush Foundation - Hunger Summit Consultant		25,000		25,000	
Children Special Health Services Division					
Maternal & Child Health Block Grant (MCH) Medical Consultant	36,000	36,000	15,480	20,520	
State Systems Development Initiative (SSDI)-MCH Data	30,000	10,000		10,000	
MCH CertiFACTS On-line service subscription	2,646	-			
MCH Graphic Support / Report & Resource development	35,000	24,000	10,320	13,680	
Total Professional Services	**$ 6,454,104**	**$ 7,407,219**	**$ 1,214,627**	**$ 5,527,092**	**$ 665,500**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Colorectal Cancer Database Maintenance		2,500	2,500		
Comp Cancer Website Maintenance	15,000	2,500		2,500	
WIC IT System Maintenance and Operations	204,340	200,000		200,000	
ND System EBT upgrade		250,000		250,000	
Maintenance of Autism Model	41,783	41,812	41,812		
Total IT Contractual Services	**$ 261,123**	**$ 496,812**	**$ 44,312**	**$ 452,500**	**$ -**

North Dakota Department of Health
Tobacco Special Appropriation Line
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
NDQUITS/QuitNet Vendor-National Jewish	1,613,477	1,665,000			1,665,000
NDQUITS Vendor UND	672,000	671,000			671,000
NDQUITS/QuitNet Vendor Promotion	631,936	1,184,471		1,000,678	183,793
NDQUITS/QuitNet Vendor Evaluation	120,000	140,000		100,000	40,000
State Employee Cessation - Promotion	10,000	8,000			8,000
Tobacco Consultants-Communications	80,000	100,000		80,000	20,000
Youth Tobacco Survey	30,000	20,000		10,000	10,000
Second Hand Smoke Survey	25,000	30,000			30,000
Adult Tobacco Survey	25,000	30,000		5,000	25,000
State Employee Cessation - NDPERS	80,000	80,000			80,000
City/County Cessation Services	8,000	8,000			8,000
Cessation Services-Dr. Johnson	10,000	2,500		2,500	
Legal-Tobacco & Misc	4,800	6,192		6,192	
Quality Improvement Project	21,984	5,000		5,000	
Behavioral Risk Factor Surveillance System Questions	-	15,000		15,000	
Total Professional Services	**$ 3,332,197**	**$ 3,965,163**	**$ -**	**$ 1,224,370**	**$ 2,740,793**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
		-			
		-			
		-			
		-			
		-			
Total IT Contractual Services	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

North Dakota Department of Health
Community Health
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Abstinence	-	113,000		113,000	
Catastrophic Relief Funds	75,000	75,000	75,000		
Comprehensive Cancer	141,600	78,000		78,000	
Colorectal Grants - Screening, Diagnostic & Related Services	685,200	685,200	685,200		
Contingency Family Violence	80,000	-			
DentaQuest	100,000	290,000			290,000
Diabetes, Heart Disease, Stroke, Obesity, School Health	-	357,500		357,500	
Domestic Violence	2,050,000	2,550,000	2,210,000		340,000
Donated Dental Services	50,000	50,000	50,000		
Family Planning	1,856,490	1,592,000		1,592,000	
Family Violence	1,381,133	1,398,385		1,398,385	
Fetal Alcohol Program-UND	388,458	388,458	388,458		
Garrett Lee Smith Suicide Prevention	-	851,722		851,722	
Grants to Encourage Arrest	938,000	-			
Mobile Dental Care	100,000	100,000	100,000		
Maternal and Child Health Block	2,878,249	2,872,173	436,885	2,435,288	
Oral Health Mobilization	-	292,000		292,000	
ral Health Workforce Activities	50,000	355,759		355,759	
reventive Health Block Grant	30,078	330,078		330,078	
Sexual Violence Prevention and Education	151,000	201,351		201,351	
Safe Havens	425,000	425,000	425,000		
School Health	135,740	111,180		111,180	
Sexual Assault Services	438,148	513,850		513,850	
STOP Violence	1,454,183	1,493,058		1,493,058	
Suicide Prevention	700,000	1,180,000	1,180,000		
WIC Electronic Benefits Transfer (EBT)	-	35,000		35,000	
WIC Peer Counseling	230,000	302,660		302,660	
Women, Infant & Children Program (WIC)	6,520,883	6,704,200		6,704,200	
Total Grants	**$ 20,859,162**	**$ 23,345,574**	**$ 5,550,543**	**$ 17,165,031**	**$ 630,000**

North Dakota Department of Health
Tobacco Special Appropriation Line
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Centers for Disease Control Tobacco Prevention	540,000	540,000		540,000	
Community Health Trust Fund Cessation Programs	320,000	700,000			700,000
Total Grants	**$ 860,000**	**$ 1,240,000**	**$ -**	**$ 540,000**	**$ 700,000**

North Dakota Department of Health
Community Health
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)	
Women's Way	3,188,775	2,895,385	(293,390)	
Comprehensive Cancer	761,968	689,601	(72,367)	
Cancer Management Leadership Coordination	106,604	80,080	(26,524)	
Behavioral Risk Factor Surveillance System (BRFSS)	844,234	362,917	(481,317)	
Cardiovascular Health Assistance Program	774,397	-	(774,397)	
Coordinated Chronic Disease	1,069,045	-	(1,069,045)	
Diabetes, Heart Disease, Stroke, Obesity and School Health (DHDOSH)	-	1,903,001	1,903,001	
Family Planning Services	2,295,133	2,095,295	(199,838)	
Maternal and Child Health Services Block Grant (MCH)	4,797,108	4,391,168	(405,940)	
Oral Disease Prevention Program	597,861	584,934	(12,927)	
Early Childhood Comprehensive Systems (ECCS)	62,722	-	(62,722)	
DHS New Parent Newsletter	20,000	7,500	(12,500)	
School Health	683,791	111,180	(572,611)	
Oral Health Workforce Activities	196,095	548,366	352,271	
Express Grant for SIDS	10,000	-	(10,000)	
Oral Health Mobilization	-	924,355	924,355	
Abstinence	-	117,600	117,600	
Family Violence & Prevention Services Grant	1,447,474	1,465,341	17,867	
Child Safety Program	295,716	294,989	(727)	
STOP Violence Against Women Formula Grants	1,596,480	1,648,194	51,714	
Sexual Violence Prevention and Education	176,921	348,218	171,297	
Consumer Product Safety	1,700	1,700	-	
Sexual Assault Service Grant Program	460,258	538,950	78,692	
Grants to Encourage Arrest	966,877	-	(966,877)	
Garrett Lee Smith Suicide	-	1,442,039	1,442,039	
Women, Infant and Children (WIC) - Supplemental Food	31,984,104	28,114,228	(3,869,876)	
WIC - Electronic Benefits Transfer (EBT) Planning	510,260	-	(510,260)	
WIC - Electronic Benefits Transfer (EBT) Implementation	-	1,745,160	1,745,160	
WIC - Management Information Systems Upgrade (MIS)	-	123,700	123,700	
WIC - Peer Counseling	238,784	302,660	63,876	
Preventive Health Block Grant	74,019	643,886	569,867	
Diabetes Prevention and Control (Chronic Disease)	579,537	-	(579,537)	
State Systems Development Initiative (SSDI)	202,757	202,536	(221)	
Unallocated Executive Compensation Package	-	306,262	306,262	
Tobacco Prevention (Chronic Disease)	1,994,564	2,926,329	931,765	*
Tobacco Cardiovascular Health Assistance Program	169,159	-	(169,159)	*
Tobacco Coordinated Chronic Disease	160,174	-	(160,174)	*
Tobacco Unallocated Executive Compensation Package	-	58,989	58,989	*
Total Federal Funds	**$ 56,266,517**	**$ 54,874,563**	**$ (1,391,954)**	

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)	
Women's Way (CHTF)	400,500	-	(400,500)	
BRFSS - Community Health Trust Fund (CHTF)	-	520,500	520,500	
Cribs for Kids (Ronald McDonald)	100,000	-	(100,000)	
DentaQuest	302,783	487,714	184,931	
Sudden Infant Death Syndrome (SIDS)	-	10,000	10,000	
Bush Foundation Community Innovation	-	25,000	25,000	
Domestic Violence Fund	340,000	340,000	-	
At Cost Metabolic Medical Food Orders (PKU)	-	28,060	28,060	
Unallocated Executive Compensation Package		8,413	8,413	
Tobacco (CHTF)	3,220,354	3,440,864	220,510	*
Total Special Funds	**$ 4,363,637**	**$ 4,860,551**	**$ 496,914**	

* These funds are in the Tobacco Prevention and Control Special Line Item

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Department of Health
Community Health Trust Fund
Status Statement

	2011-13 Acutal	2013-15 Projected	2015-17 Proposed
Beginning Balance	$0	$47,258	$337,042
Revenue:			
Transfers from the tobacco settlement trust*	4,024,012	4,275,638	4,000,000
Total Revenues	4,024,012	4,275,638	4,000,000
Expenditures:			
Dental Loan Program	($200,000)	($340,000)	($360,000)
Dental New Practice Grant		(25,000)	
Veterinarian Loan Repayment Program	(255,000)		
Tobacco Prevention and Control	(3,219,210)	(3,220,354)	(3,440,864)
Women's Way Program	(302,544)	(400,500)	
BRFSS			(520,500)
Total Expenditures	(3,976,754)	(3,985,854)	(4,321,364)
Ending Balance	$47,258	$337,042	$15,678

* $275,638 " hold back" payment was received in fiscal year 2014; In 2015-17 80% ($220,510) was budgeted for Tobacco Prevention and Control and 20% ($55,128) was budgeted for BRFSS

North Dakota Department of Health

2015 - 17 Executive Budget

History of DV\Rape Crisis and Suicide Grants

	Biennium				
	2007-09	2009-11	2011-13	2013-15	2015-17
Domestic Violence\Rape Crisis Centers - Grants	1,050,000	2,050,000	2,050,000	2,050,000	2,550,000
Total	1,050,000	2,050,000	2,050,000	2,050,000	2,550,000
Funding Source					
General Fund	710,000	1,710,000	1,710,000	1,710,000	2,210,000
Domestic Violence Prevention Fund	340,000	340,000	340,000	340,000	340,000
Total	1,050,000	2,050,000	2,050,000	2,050,000	2,550,000

	Biennium				
	2007-09	2009-11	2011-13	2013-15	2015-17
Suicide Grants	680,000	740,000	700,000	700,000	1,180,000
Total	680,000	740,000	700,000	700,000	1,180,000
Funding Source					
General Fund	-	250,000	700,000	700,000	1,180,000
Federal Fund	680,000	490,000			
Total	680,000	740,000	700,000	700,000	1,180,000

As Requested by Representative Pollert

TOTAL

2009 -2013 Sexual Assault/Domestic Violence Data

# of new victims served each year, ages 0-65+, NR - non-reporting

Years	2009	2010	2011	2012	2013
Programs					
Bismarck	1331	1451	1295	1152	1278
Bottineau	35	25	21	47	22
Devils Lake	88	83	102	90	94
Dickinson	166	187	192	215	266
Ellendale	54	58	55	66	49
Fargo	1264	1275	1210	1092	997
New Town	106	79	170	203	160
Spirit Lake	132	132	154	253	314
Grafton	70	54	88	73	71
Grand Forks	898	963	1016	1004	998
Jamestown	92	88	97	101	95
Washburn	146	113	96	93	87
Beulah	66	74	47	54	71
Minot	300	373	367	408	428
Lisbon	49	44	43	43	53
Stanley	29	34	41	56	63
Belcourt	36	6	79	NR	99
Valley City	285	319	301	296	303
Wahpeton	88	98	76	87	72
Williston	164	166	178	210	194
Totals	5399	5622	5628	5543	5714

2009 -2013 Sexual Assault Data per domestic violence/rape crisis agency
# of new victims served each year, ages 0-65+, NR - non-reporting

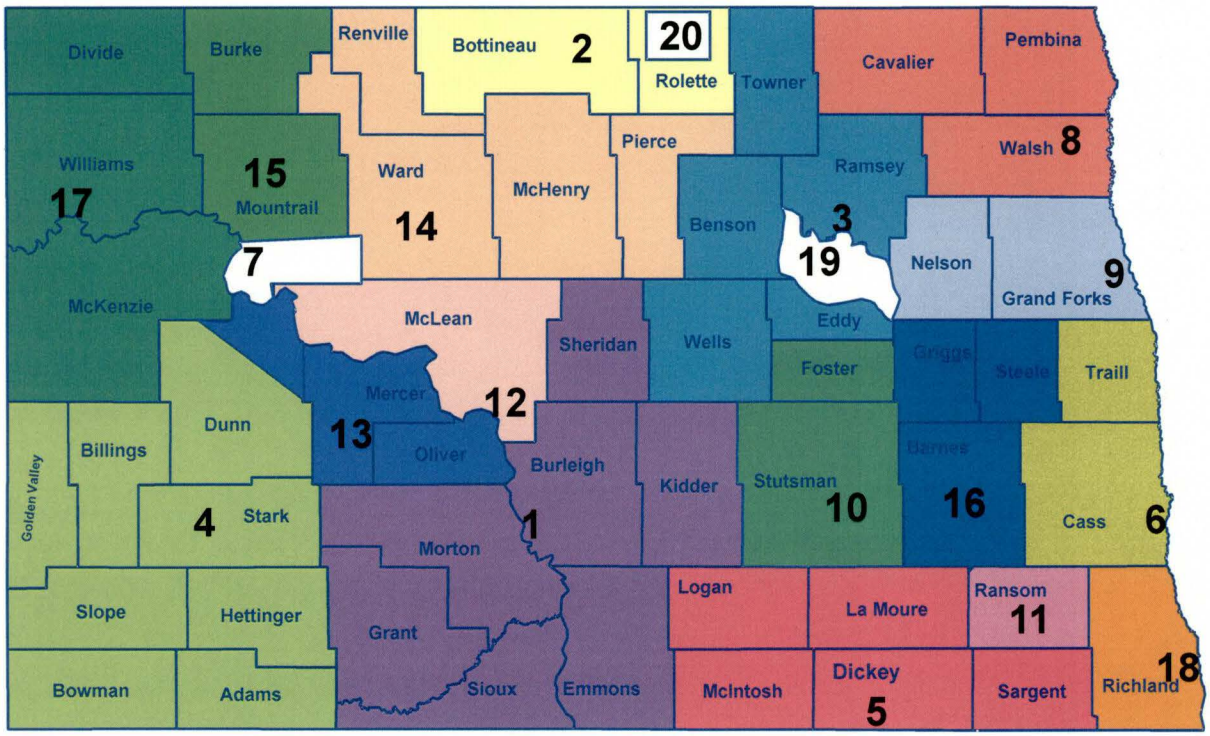
Years	2009	2010	2011	2012	2013
Programs					
Bismarck	153	166	132	126	115
Bottineau	6	2	2	19	2
Devils Lake	13	12	11	8	13
Dickinson	16	15	11	17	25
Ellendale	0	0	3	4	1
Fargo	367	422	376	371	314
New Town	NR	3	9	25	18
Spirit Lake	24	16	28	57	67
Grafton	3	2	6	4	4
Grand Forks	108	126	122	158	184
Jamestown	18	21	14	12	21
Washburn	13	19	13	10	9
Beulah	6	13	4	3	7
Minot	39	52	28	32	41
Lisbon	12	11	11	11	11
Stanley	4	5	2	7	6
Belcourt	NR	6	2	NR	13
Valley City	17	36	26	24	31
Wahpeton	25	23	21	21	23
Williston	6	8	7	10	8
Totals	830	958	828	919	913

2009 -2013 Domestic Violence Data per domestic violence/rape crisis agency

# of new victims (unduplicated for calendar year) served each year, ages 0-65+, NR - non-repor

Years	2009	2010	2011	2012	2013
Programs					
Bismarck	1178	1285	1163	1026	1163
Bottineau	29	23	19	28	20
Devils Lake	75	71	91	82	81
Dickinson	150	172	181	198	241
Ellendale	54	58	52	62	48
Fargo	897	853	834	721	683
New Town	106	76	161	178	142
Spirit Lake	108	116	126	196	247
Grafton	67	52	82	69	67
Grand Forks	790	837	894	846	814
Jamestown	74	67	83	89	74
Washburn	133	94	83	83	78
Beulah	60	61	43	51	64
Minot	261	321	339	376	387
Lisbon	37	33	32	32	42
Stanley	25	29	39	49	57
Belcourt	36	NR	77	NR	86
Valley City	268	283	275	272	272
Wahpeton	63	75	55	66	49
Williston	158	158	171	200	186
Totals	4569	4664	4800	4624	4801

North Dakota Domestic Violence Agencies



1. Abused Adult Resource Center, Bismarck*
2. Family Crisis Center, Bottineau
3. Safe Alternatives for Abused Families, Devils Lake
4. Domestic Violence & Rape Crisis Center, Dickinson*
5. Kedish House, Ellendale
6. Rape and Abuse Crisis Center, Fargo
7. Coalition Again Domestic Violence, New Town*
8. Domestic Violence & Abuse Center, Grafton*
9. Community Violence Intervention Center, Grand Forks*
10. Safe Shelter, Jamestown
11. Abuse Resource Network, Lisbon
12. McLean Family Resource Center, Washburn
13. Women's Action and Resource Center, Beulah*
14. Domestic Violence Crisis Center, Minot*
15. Domestic Violence Program of NW ND, Stanley
16. Abused Persons Outreach Center, Valley City
17. Family Crisis Shelter, Williston*
18. Three Rivers Crisis Center, Wahpeton
19. Spirit Lake Victim Assistance, Ft. Totten
20. Hearts of Hope Domestic Violence Shelter, Belcourt*

*** Shelters**

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House Bill 1004
House Appropriations Committee, Human Resources Division
Wednesday, January 21, 2015

Local Public Health Agencies Speaking

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Central Valley Health District
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Public Health
Prevent. Promote. Protect.
North Dakota SACCHO

Testimony

January 2015
House Bill 1004

Good Morning, Chairman Pollert and members of the House Appropriations Human Resources committee. My name is Robin Iszler and I am the Unit Administrator at Central Valley Health District. Central Valley Health District is the Local Public Health Agency for Stutsman and Logan Counties. Our main office is in Jamestown and we have offices in Logan County (Gackle and Napoleon). I am here in support of HB 1004. The **executive budget** recommends a $1 million increase to the current $4 million/biennium for state aid provided to local public health. A Department of Health survey revealed that there is a need to increase state aid to a total of $5.9 million in order to address Local Public Health Departments, costs associated with salaries, benefits, facilities, and operations. I support an increase of State Aid funds to local public health at 1.9 million which would provide a total of $5.9 million to local public health.

This funding would benefit my agency by supporting operations and enhancing delivery of services. Central Valley Health District is experiencing growth due to energy development in our area. In Jamestown, we have formed a health partnership group which is made up of organizations such as the Jamestown Regional Medical Center, Human Service Center, Schools, Law Enforcement, social services, clinics and others to discuss emerging issues and address the health and safety needs of the community. Some of the issues our community is facing include: homelessness, mental health concerns, safe driving, and access to health care. Central Valley Health is a key agency in our community for gathering partners to address emerging issues. For example, in July 2014 we worked with the local clinics to ensure that kids could receive required sport physicals prior to starting school events (due to provider shortage). We have worked with human services, hospital and clinics to provide medication management to those needing help to

take medications correctly, including those with mental health issues. We work with local businesses and schools to provide immunizations at worksites and schools making it convenient for workers and parents. We also provide worksite wellness activities (cholesterol checks and blood pressures on site at businesses). Our nurse of the day assists clients with access to health care by providing guidance and referrals to those with medical concerns helping to improve access to healthcare. In 2014 we provided over 5,060 nursing services to unduplicated users in Stutsman and Logan Counties. Our environmental health department provided over 1200 inspections. All of these efforts help keep our community healthy. Our agency, like many of the local health departments in North Dakota, receives the majority of funding from federal grants and local sources like county mil levy dollars/fees. In 2013 only 5% of our budget came from State Aid funding (copy of the budget and revenue sources for Central Valley Health attached).

Local Public Health agencies are part of the State Association City County Health Officials (SACCHO). Central Valley is a member of the ND SACCHO. The association has put together a paper on the current needs at the local public health level. I would like to provide you with a copy of that paper so you can see the needs of the local health departments across the State.

The executive budget also included funding for immunizations rate increases and infectious disease response/prevention. In the initial OAR request, Local Public Health agencies also requested funding to support immunization and infectious disease response/prevention activities at the local level. At this time I would also like to briefly touch on these issues and will start with the funding request for immunizations. While it is true that local public health can bill for the administration of immunizations, the amount we are reimbursed, does not cover cost to administer vaccines to children. In 2013 Central Valley did a cost study to show the true cost to

administer vaccines to children. We used a tool developed by the State of Arizona. We looked at every item and time it takes to provide an immunization to a child. From the cost of a cotton ball, and needle to the time it takes the nurse to provide the vaccination and the front desk staff to check in the client, make an appointment and enter data into the immunization registry. During that study this is what we learned. It cost Central Valley Health $25.95 to administer a non-flu vaccine. At the time, our reimbursement rate from Blue Cross Blue Shield was $24.94 and it was less for North Dakota Medicaid ($13.90). You might ask me why then do you continue to provide immunizations? My answer is, in some areas of our State, providing immunizations at a local health department is only option that a families have for access to immunizations. This is true in my area in Logan County (Gackle and Napoleon), the clinic does not provide childhood vaccinations. So the only option in Logan County is to travel out of town or come to Central Valley Health District. Our agency feels that providing immunizations is good public health practice as it increases access to services in underserved areas. This example is why we are requesting funding for immunizations at the local level.

Finally, I would like to briefly address the infectious disease response/prevention request. With the increase in population comes the risk for increases in infectious disease. Across North Dakota, several disease outbreaks have occurred like TB in Grand Forks and Fargo, Hepatitis C in Minot, Syphilis in the Southwest. Local Public Health departments play a critical role in protecting the public from disease outbreaks and requested an additional $1,016,688 to support local infectious disease prevention.

Thank you for the funding you have provided to Local Public Health Departments across North Dakota during the past and for continuing to support our efforts in the future. Thank you for your time and I would be happy to answer any questions you may have.

2015 North Dakota SACCHO Legislative Position Paper

The State Association of City & County Health Officials (SACCHO) is a joint powers entity composed of North Dakota's local public health units (LPHU). In preparation for the 2015 Legislative Session, this association has analyzed the Executive Budget recommendations and surveyed the individual health unit needs to establish priorities.

Department of Health Budget: Although the Health Department sought input concerning their budget and considered local health unit funding needs, not all of the SACCHO priorities were ultimately included in the executive budget recommendation. The SACCHO members will be seeking legislative support for the following:

- **Increase in LPHU state aid** – The executive budget recommends a $1 million increase to the current $4 million/biennium in state aid provided. A DoH survey revealed the need for an increase in state aid to a total of $5.9 million in order to address LPHU costs associated with salaries, benefits, facility, and operations. SACCHO members support the recommended increase and ask for the additional $900,000 needed.
- **Immunization Rate increase** – A major state health goal is the increase of the rate of childhood immunization. The executive budget recommends an increase of $576,853 for vaccine costs, but does not include the OAR of $1.5 million that would fund the costs of administering the immunizations at LPHU locations. SACCHO members support the enhanced funding for vaccines and ask for the necessary $1.5 million for vaccine administration.
- **Infectious Disease Response/Prevention** – A critical function of public health, $550,000 for this priority was included in the Executive Budget for catastrophic response, but the funding requested for prevention was not. SACCHO members support the response funding and ask for the appropriation of the additional $1,016,688 million for infectious disease prevention.
- **Food & Lodging Inspection** – The legislature's performance audit of environmental health called for enhanced inspections statewide. Although it is recommended the DoH receive funding for 5 additional FTE in this area, it is a fact that in many areas the inspections are conducted by a LPHU through an MOU. A DoH survey indicates that 6.4 FTE are needed by the LPHUs to meet the new inspection standards and the cost of those inspectors have no funding. SACCHO members support the additional DoH staffing, and ask that $417,238 be placed in the DoH budget to support the necessary LPHU staffing.
- **LPHU Regional Networks** – The legislative initiative to incentivize the regional delivery of local public health services is believed to have been effective in improving the efficiency of LPHU service delivery. Funding to continue the regional networks was not included in the executive budget recommendation. SACCHO members support
- $1 million in state funding for the continuation of existing LPHU regional networks.

Other Policy & Funding Priorities

- **Oil Impacted Local Public Health Units.** Local public health in western North Dakota has been impacted by oil activity. Legislative support to increase funding to prevent outbreak of disease is needed in the 19 counties served. There have been substantial increases in STD/HIV, chlamydia, and gonorrhea cases, immunizations for the growing population, environmental nuisance complaints, daycare, food and lodging, pool and body art inspections and septic permitting. SACCHO members support the dedication of funds to western ND to prevent disease outbreaks.
- **State Septic Code:** Identified conflicts and barriers with jurisdictional authority related to local ordinances and lack of state law has seriously limited the authority of the State and local public health units to enforce the state septic code. The statutory changes and enforcement funding was not prioritized in the Executive Budget. SACCHO members support the enactment of legislation to grant the Dept. of Health the authority to administer and enforce the state septic code and the two DoH staff positions ($385,243) necessary to provide enforcement.
- **Tobacco Tax Increase.** SACCHO members have been informed that an increase to North Dakota's tobacco taxes may be proposed. The research clearly demonstrates that such increases will reduce tobacco use, particularly by youth. It has also been suggested that a significant portion of the new revenue be dedicated to health initiatives – possibly some for local public health. SACCHO members support an increase to tobacco taxes and support the dedication of the new revenue to health initiatives.
- **E-Cigarette Regulation.** SACCHO members have been informed that legislation to regulate and likely tax e-cigarettes may be proposed. The ease of access to these products by youth is currently a huge risk to long-term health. SACCHO members support statewide regulation of e-cigarettes to reduce their use by youth.
- **Behavioral Health Services.** To assure access to mental health and addiction services for North Dakota, SACCHO members support legislation that will provide significant additional funding specifically to increase the number of mental health counselors and licensed addiction counselors in ND and to establish additional inpatient mental health, addiction treatment and detoxification facilities.

The SACCHO members and the individual local public health units individually support numerous other components and initiatives within the Department of Health budget, other agency budgets, and separate legislative initiatives. Those items identified above, however, are the critical elements necessary to maintain a strong and effective local public health system.

FISCAL IMPACTS ON LOCAL HEALTH UNITS OF INCREASED ANNUAL

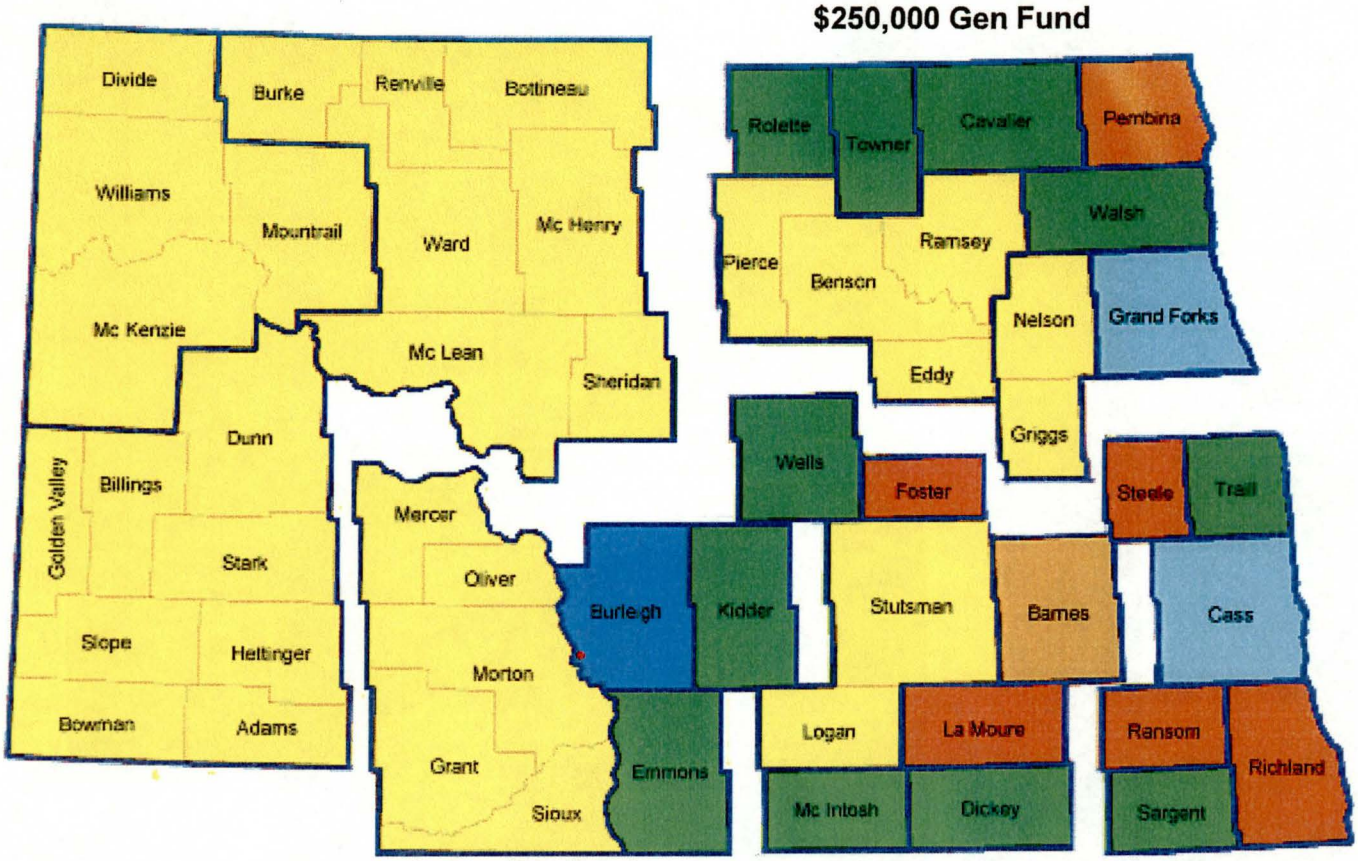
INSPECTION FREQUENCY BASED ON RISK CATEGORIZATION

Based on the recent State Auditor's recommendation of categorizing all food establishments based on several food safety risk factors and conducting frequency of those annual inspections based on risk, following is some information provided by eight local health units that have "Memorandums of Understanding" (MOU's) with the Department and how each will be impacted and the resulting increase in staffing needed to carry out these additional inspections:

Custer Health	0.4 FTE - $20,000
City of Bismarck	1.0 FTE - $57,300
Central Valley	1.0 FTE - $66,816 (45,654 + 21,162)
First District	1.75 FTE - $95,000
Southwest District	0.5 FTE – $21,972
Grand Forks Public Health	0.667 FTE - $54,490 (41,280 + 13,210)
Upper Missouri	0.333 FTE - $27,000
Lake Region District Health	0.4 FTE - $27,277
Fargo/Cass Public Health	0.75 FTE - $47,383 (37, 606 + 9,777)
Total FTE's	6.8 FTE's
TOTAL COST	$417,238

1/13/15

North Dakota Local Public Health Units and Regional Networks



Northeast Public Health Collaborative - $250,000 Gen Fund

Custer Regional Public Health Collaborative - $200,000 Gen Fund

Southeast Central Public Health Collaborative - $250,000 Gen Fund

Southeast Public Health Collaborative - $196,880 - Bush Foundation Funds

- CityCounty Health Department
- CityCounty Health District
- County Health Board
- Multi County Health District
- Single County Health Department
- Single County Health District

TOWNER COUNTY PUBLIC HEALTH DISTRICT

404 5TH Ave. Suite #3, north door
PO Box 705
Cando, ND 58324-0705

(701)968-4353

1/12/2014

	2015	2014
Expenses:		
	$233,266	$138,716
	Levy of 1.8 mils	Levy of 2.3 mils
	1mill= $23,437	1 mill= $21,477
	(amt. levied= $42,521.00)	(amt. levied= $49,397)
	Or 18% of budget	

Income:

STATE FUNDS

State Aid	$7,736 or 3% of budget	$7,734
Tobacco State Aid	$7,386 or 3%	$5,648
Community Health Tobacco	$40,506 or 17%	$40,828
Collaborative Grant	$5,000 or 2%	

FEDERAL FUNDS (pass through received from the ND Dept. of Health)

Maturnal Child Health (MCH B)	$3,725 or 1.7%(our match:$2749)	$2,939
West Nile	$600 or 0.3%	$600
Immunization	$1,000 or 0.4%	$760
Emergency Preparedness	$2,103	$2,519

HAN $10,055 OR 4%--reimburses the IVN or emergency video connectivity cost with DCN

SPF SIG $105,000—an estimated carryover amount due to restriction on activities used for—estimate 40% of budget

OTHER FUNDING SOURCES:

VACCINE BILLING INCOME $ 6,800 OR 3% $6,800

2015 Walsh County Health District Budget

Income	2014	2015	% of 2015 Budget	
Grants				
Cancer Coalition Grant	$ 5,000.00	$ 5,000.00		
MCH Grant	$ 7,033.00	$ 9,306.00		
Tobacco State Aid	$ 9,522.00	$ 14,279.00		
State Aid	$ 27,256.00	$ 27,256.00	8%	
Immunization Grant	$ 4,900.00	$ 4,781.00		
Immunization Billing Grant	$ 1,000.00	$ -		
Baby and Me Grant	$ 3,047.00	$ 1,500.00		
Tuberculosis Grant	$ 2,300.00	$ 1,900.00		
Tobacco Grant	$ 64,521.00	$ 70,080.94		
PHEP Grant	$ 2,500.00	$ 2,508.00		
West Nile Virus Grant	$ 325.00	$ 500.00		
City County Cessation Grant	$ 1,345.00	$ 500.00		
Network Grant	$ -	$ 2,500.00		
SPF SIG (Alcohol Prevention Grant)	-	$ 50,000.00		
WIC Grant	$ 92,700.00	$ 93,000.00		
Grant Total	**$ 221,449.00**	**$ 283,110.94**	45%	
Revenue				
Medicaid	$ 7,500.00	$ 10,500.00		
Medicare B	$ 10,000.00	$ 16,000.00		
Medicare D (Transact)	$ -	$ 3,800.00		
Office Fees	$ 53,000.00	$ 58,000.00		
Interest Money Market Savings	$ 1,000.00	$ 1,300.00		
Car Seats/Life Jackets	$ 1,000.00	$ 1,000.00		
Revenue Total	**$ 72,500.00**	**$ 90,600.00**	17%	
Mill Levy Request				
Mill Levy Request Total	**$ 171,959.15**	**$ 159,578.90**	30%	
Total Income Budget	**$ 465,908.15**	**$ 533,289.84**		
Other Accounts				
3 CDs	**$ 80,451.32**	**$82,710.95**		

UPPER MISSOURI DISTRICT HEALTH UNIT

	2013 Actual	2014 Budget	2014 Amended Budget	2014 Variance	2015 Budget	
Assigned to FP	20,710	21,000	17,860	-3,140	18,000	
Nonspendable Inventory	22,291	20,000	22,304	2,304	22,000	
Deferred Revenue Media Advertising	202,066	220,980	364,807		442,438	
Balance January 1 Unrestricted	**812,033**	**697,059**	**744,830**	47,771	**657,170**	
REVENUES:						
Mill Levy	380,105	505,313	520,549	15,236	505,313	
Other County Payments	32,487	33,100	35,723	2,623	35,723	
State Aid	380,047	365,765	396,622	30,857	417,728	
Federal Grants	362,256	371,367	565,059	193,692	571,524	Subs Abuse 194,751 in 14 & 15
Family Planning Fees	83,371	100,000	87,878	-12,122	83,600	Trending down
Donations	52,457	42,355	46,221	3,866	51,027	
Interest	2,007	2,054	1,965	-89	2,000	
Other Service Fees	1,824	1,644	1,508	-136	1,508	
Daycare	960	1,140	1,500	360	1,500	
Pool / Spa	3,625	3,125	6,650	3,525	6,650	
Restaurant	15,625	9,950	16,350	6,400	16,350	
Sewer Install Fees	9,975	7,450	9,700	2,250	9,700	
Sewer Lending Fees	150	0	0	0	0	
Sewer Sytem Fees	88,000	93,600	60,400	-33,200	60,400	Dropped off this year
Sewer Holding Tank	1,800	1,300	1,200	-100	1,200	
Immunization Fees	246,064	208,131	218,707	10,576	243,653	
Miscellaneous	2,977	3,310	5,910	2,600	2,617	
Statewide Media Deferred Adjustment	364,807	0	442,438	77,631	442,438	
Statewide Media Campaign	75,164	441,960	10,292	-431,668	8,302	
Total Revenues	**2,103,701**	**2,191,564**	**2,428,672**	**-127,699**	**2,461,233**	
EXPENDITURES:						
Salaries	1,013,218	1,133,145	1,062,427	-70,718	1,106,683	
Fringes	410,183	475,586	450,416	-25,170	473,378	
Contractual	56,155	29,071	239,721	210,650	249,823	Subs Abuse 194,751 in 14 & 15
Statewide Media Campaign	270,223	431,740	361,178	-70,562	434,137	Champlaincy train 10,916 in 14
Travel	40,729	51,159	46,843	-4,316	53,678	
Supplies	127,246	108,314	126,381	18,067	113,370	
Rent	10,785	10,787	8,567	-2,220	11,987	
Utilities	11,291	12,000	13,224	1,224	15,000	
Janitorial	13,455	13,000	15,376	2,376	15,000	
Depreciation	20,363	19,335	20,362	1,027	21,478	
Maintenance	11,453	11,500	14,849	3,349	9,000	
Interest	0	0	0	0	0	
Copies	4,341	5,050	5,475	425	5,345	
Postage	5,155	4,598	8,248	3,650	7,604	
Phone	16,392	17,355	16,621	-734	16,273	
Equipment		15,000	15,000	0	0	
Other Expenses	20,374	34,888	39,539	4,651	31,785	
Total Noncapital Expenditures	2,031,363	2,372,528	2,444,227	71,699	2,564,541	
Capital Expenditures	0	15,000	15,000	0	0	
Depreciation add back in	20,363	19,335	20,362	1,027	21,478	
Net Expenditures	**2,011,000**	**2,368,193**	**2,438,865**	**70,672**	**2,543,063**	
Assigned to FP	17,860	21,000	18,000		18,000	
Nonspendable Inventory	22,304	20,000	22,000		22,000	
Deferred Revenue Media Advertising	364,807	220,980	442,438		442,438	
Balance December 31 Unrestricted	744,830	520,430	657,170		575,340	**2 months = 351,488**
Change from prior year	-67,203	-176,629	-87,660		-81,830	

Balance not to exceed 75% of total annual expenditures other than for debt retirement and for appropriations financed from bond sources. (NDCC 57-15-27)

Levy amount requested for the budget year = $505,313

Executive Officer_____ Date_____

The levy amount requested is hereby certified to Williams County auditor to be prorated to all counties based on taxable valuations for the current year.

*2015 State Aid Breakdown:

State Com Tobacco (22) of 197,662

State Aid to LPH - 149,796

Tobacco State Aid to LPHU – 70,270

SOURCES OF REVENUE

January 1, 2013 - December 31, 2013

NAME OF AGENCY: City of Grand Forks Public Health Department

LOCAL			
Mill Levy/General Fund		$679,264	
General Fund		$20,000	
Other Local Funds		$0	
City			
County		$453,206	
School District			
Other* Mosquito Control Fee		$906,759	
Subtotal			$2,059,229
STATE			
State Aid		$168,585	
Personal Property Payback			
Homestead Credit			
Energy Impact			
Other*		$361,816	
ND Aging Svc. Grant	$0		
Health Care Co-Ord Grt	$16,933		
Community Nutrition Grant	$0		
Cancer Coaltion Grant	$4,050		
Breath ND-Tobacco Prevention	$26,658		
Health Alert Network	$0		
Community Health Grant	$299,288		
Viral Hepatitis	$3,571		
State Human Services	$5,500		
State EPI Services	$5,816		
Subtotal			$530,401
FEDERAL			
MCH		$50,375	
Family Planning			
VD-Communicable Disease		$3,825	
TB		$202,570	
Refugee		$0	
Early Prevention (EPSTD)		$65,189	
Other*		$505,046	
Tobacco Control	$0		
Occupational Health	$0		
Health Care Co-Ord Grt	$22,447		
Smoke Free Nutr. Dining	$0		
Women's Way	$77,182		
Immunization Inititiative Grt	$29,876		
Immunization Billing Grant	$10,766		
Bio-Terrorism Grant	$283,873		
ARAA Imm. Coal Mini Grt	$0		
Refugee Hlth Svc Grant	$11,449		
Refugee Preventive Health Ser	$20,263		
West Nile Virus	$9,750		
Ryan White Care Grant	$39,440		
Community Health Center	$0		
Subtotal			$827,005
THIRD PARTY			
Medicare		$14,338	
Medicaid		$84,723	
Other Insurance			
Veterans Administration		$6,030	
Other*			
Subtotal			$105,091
CONSUMER FEES			
Laboratory Fees (cholesterol screening)		$0	
Patient Fees		$ 98,236	
Other*		$17,888	
Wellness Program	$2,483		
County Wellness Program	$10,000		
Emp. Tobacco Cessation	$0		
Smoking Cessation	$0		
Food Svc-Cert. Classes	$5,280		
Child Seats	$125		
Honorariums	$0		
Subtotal			$116,124
OTHER REVENUE			
Interest		$0	
Private Grants		$0	
Robert Wood Johnson	$0		
Healthy Families Grant	$0		
Tri-Valley Opportunity Cnl	$0		
Immunization Coalition	$0		
Dakota Medical Nursing	$0		
March of Dimes Grant	$0		
Donations		$3,091	
Contract Service (correctional center fee)	$128,159	$128,159	
Other*		$43,078	
Health Center Planning	$42,711		
Juvenile Detention Center	$367		
Jury Duty Reimb	$0		
Subtotal			$174,328
GRAND TOTAL			$3,812,178

CVHD Revenue Summary – January 2015

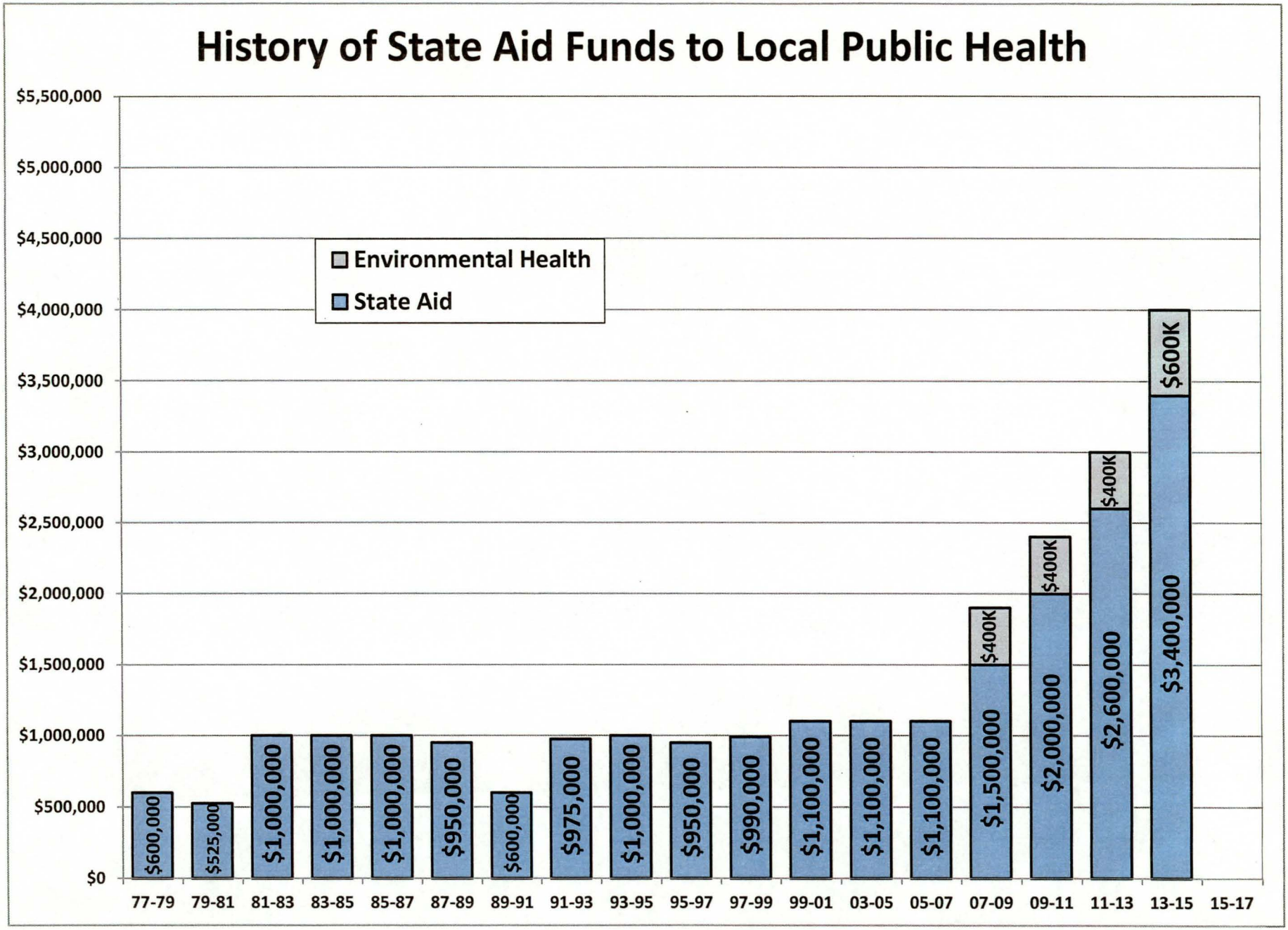
Including State and Federal Contracts – Fiscal Year (FY July 1 – June 30)

	Program	Federal/State (Inc/Dec since last FY)		Total Budget
1.	Suicide Prevention	$ 5,000		$ 5,000
2.	Title III	$ 52,000		$ 69,079
3.	MCH	$ 17,679		$ 115,851
4.	Water Supply*	$ 8,040		$ 10,720
5.	Water Pollution	$ 1,250		$ 1,667
6.	Women's Way	$ 26,999	($12,288)	$ 69,818
7.	SANE	$ 6,000	($1,530)	$ 27,768
8.	WIC	$ 92,000	($1,000)	$ 92,000
9.	Tobacco Measure 3	$ 208,773	($27,470)	$ 208,773
10.	Tobacco State Aid	$ 33,916	$16,932	$ 33,916
11.	State Aid*	$ 187,452		$ 187,452
12.	Tobacco Baby & Me*	$ 26,824	($4,927)	$ 21,897
13.	Immunizations	$ 9,641	($ 252)	$ 9,641
14.	SPF SIG*	$ 259,669		$ 259,669
15.	TB	$ 900		$ 900
16.	Hepatitis C	$ 0		$ 0
17.	HIV	$ 0		$ 0
18.	West Nile	$ 3,000		$ 3,000
19.	Ryan White	$ 13,000		$ 13,000
20.	PHEP - Regional	$ 191,988		$ 191,988
21.	PHEP - All-Hazards	$ 5,051		$ 5,051
22.	Family Planning	$ 56,772	($ 3,192)	$ 254,364
23.	Regional Network	$ 45,000		$ 45,000
24.	Prevention	$ 23,000		$ 23,000
25.	Million Hearts	$ 63,825		$ 63,825
26.	Gaining Ground	$ 5,563		$ 5,563
	Total Federal/State	$ 1,343,342		$ 1,718,942

Mill Levies & Local Funding:	2014		2015	
27. Logan County	$ 61,335	$ 84,836	$ 65,800	$ 77,981
28. Stutsman County	$ 383,756		$ 408,405	
City of Jamestown	$ 53,045		$ 54,637	
Jamestown Public Schools	$ 36,000		$ 37,000	
James Valley CTC	$ 61,501		$ 64,000	
		$ 945,812		$ 1,067,703
	Total	**$ 2,749,590**		**$ 2,864,626**

*Biennium or Two Year Contract.

FARGO CASS PUBLIC HEALTH		
2014 Budget Overview		
Revenue		
City of Fargo	$	3,218,938
Cass County		1,075,364
West Fargo		120,000
Federal Grants		1,445,333
State Grants		562,105
State Aid		588,322
Local Contracts/Grants		705,619
Medicaid		388,492
Self-pay		740,170
Environmental		438,206
Miscellaneous		44,916
TOTAL	$	9,327,465
Expenses		
Salary/benefits	$	8,065,958
Contract services		481,298
Operating expenses		780,209
TOTAL	$	9,327,465


History of State Aid Funds to Local Public Health
$5,500,000
$5,000,000
$4,500,000
$4,000,000
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
Environmental Health
State Aid
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HB1004
01.21.15
#2

Testimony: HB 1004
1/21/15
Ruth Bachmeier

Good Afternoon Chairman Pollert and Committee. My name is Ruth Bachmeier and I am the Director at Fargo Cass Public Health. I am here to offer support for HB 1004 and ask that you consider allocating additional funding to support the four established local public health regional networks across the state. Last legislative session you provided $700,000 in funding to assist local health departments in developing regional collaboratives which are modeled after the Regional Education Association collaborative. Through that funding, three regional networks were established. A fourth collaborative, the Southeast Collaborative, of which Fargo Cass Public Health is a part of, received funding through a Bush Foundation grant to begin the work of establishing a network three years ago so we did not utilize state funding.

The Southeast regional collaborative is made up of Traill, Steele, Cass, Ransom, Richland and Sargent counties. The disparity between our public health entities is great, ranging in population from 1,960 in Steele County to 162,829 in Cass. The total population of our collaborative is 198,779. The goals of the SE Collaborative are to strengthen local public health infrastructure, efficiently use limited funding and staff, and provide more equitable access to quality public health services for people in all counties of the Southeast Region of North Dakota.

Over the past three years, as a collaborative we have implemented electronic health records, increased our capacity to assure the delivery of comprehensive and essential environmental health services, created and implemented model environmental health ordinances throughout several of the participating counties, increased the collaborative readiness to apply for accreditation by completing community health assessments and completing a review and gap

analysis of accreditation standards and measures, and collaborated to maintain the provision of family planning services for the southeast counties. Our collaborative has learned the importance of ongoing quality improvement and the value of incorporating these concepts into all public health programming. The Southeast region meets on a monthly basis to review current programming and discus future opportunities for collaboration. Collaborating together on a regular and consistent basis has built a level of trust and respect among our health units that allows us provide improved Public Health services. Our proposed 2015 regional work plan focuses on four areas: environmental health, public health accreditation, branding and increasing awareness of regional public health services, and the provision of family planning services.

The South East North Dakota Public Health Collaborative has done good work through the funding provided by the Bush Foundation and we respectfully request that you consider restoring 1 million in funding to continue your support for regional public health networks throughout the state. It is our goal that in time the collaborative will become self sustaining, however at this time, additional external resources are needed to continue our work. This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

HB1004
01.21.15
#3

Testimony: HB 1004
1/21/15
Brittany Ness

Good afternoon Chairman Pollert and Committee. My name is Brittany Ness and I am the Administrator/Nurse at Steele County Public Health. Steele County has a population of 1,960 and I am the sole Steele County Public Health employee. I am here to tell you why I along with the other public health units in the South East North Dakota Public Health Collaborative support HB 1004 and ask you to consider restoring $1 million in state funding to support the four established public health regional networks.

The restoration of 1 million dollars to support the regional networks would provide $250,000 per network for the biennium. Collaborating as a regional network is not always the easiest thing, however I do believe that as the six counties in the southeast collaborative continue to work together, learn from each other, and develop effective strategies, we can, as a collaborative address many public health issues in an efficient and effective manner. The reality is that individually we do not all have the resources to meet the public health needs of our communities; working together increases our ability to assure healthy communities for all.

As a one person public health unit, it is impossible to be able to address the same public health issues as can a department like Fargo Cass Public Health, and I am hoping that with this funding we can continue to work together to help close the gaps that are occurring especially in the small health units like mine. For example- Environment Health. In the last couple years working as a regional network we were able to develop an environmental health gap analysis across the region. This showed us where the gaps are in environmental health and what we need to accomplish to close those gaps. In our monthly meetings we have also discussed any environmental health issues we may be having, and what questions have come up over the last month. We have really worked together to find

answers and get residents the help they are asking for. These were resources provided by the network that I as a single person health unit would never have been able to access otherwise. Now that we have found some of these gaps in our services provided we want to continue to work to close them, and without funding that may not be possible. Also, with the regional network money we were able to help purchase electronic health records (EHR) and begin implementing them into our local public health units. The money was used to help purchase the software as well as some of the tablets for the field and training that was needed. We were able to bring in a trainer to one site and help us with setting up our EHR, so we could find some uniformity as well as help answer questions that were coming up in each county. That training really helped us move forward with the implementation of our EHR as well as figure out who could be our expert in each area for when we had questions in the future. One of the most beneficial outcomes in working together as a regional network over the last couple years is working frequently with the other administrators in the region. We have not only focused on the projects we were working on, but also brought up other struggles that were occurring within our own public health units. This has really opened our eyes to the fact that we all have similar struggles, and coming up with a plan to how we should move forward is no doubt easier when you have the ideas of six administrators rather than one. It also opens up the door to sharing resources, and workloads. I fear that if this regional network funding is not restored our work as a regional network in the SE region will be forced to come to an end, and the gaps that we having been working hard to fill the last few years will continue to grow.

The South East North Dakota Public Health Collaborative supports HB 1004 and asks that you consider restoring funding to support regional public health networks.

This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

NDPMA

ND PETROLEUM MARKETERS ASSOCIATION

1025 N 3rd Street • PO Box 1956 • Bismarck, ND 58502
Telephone 701-223-3370 • www.ndpetroleum.org • Fax 701-223-5004

HB1004
021·15
#4

Testimony HB 1004

January 21, 2015– House Appropriations

Chairman Pollert and members of the Committee:

For the record, my name is Mike Rud. I'm the President of the North Dakota Petroleum Marketers Association. On behalf of our 400 association members, I'm here urging you to fully fund all the FTE requests of the ND State Environmental Health Department.

It's not often NDPMA members come to the legislature asking for funding for more state environmental oversight. So I would like to share with you a brief background on what brings me here today.

The first round of Federal UST Regulations was in 1988. Now over 25 years later, the EPA is finalizing an entirely new set of UST rules. We expect the issuance of these rules in the next couple of months. Initially, NDPMA estimated the annual compliance cost to be over $1.5 billion per year nationwide for UST owners. The Petroleum Marketers Association of America has been working diligently to lower the costs to marketers of the proposed regulations. While we have been very successful in this effort we still believe the best case scenario at this time are compliance costs of half a billion dollars per year for UST owners nationwide.

Federal EPA regulations of underground storage tanks are implemented by the NDDH. The state officials have primacy on this issue. We've learned over the years it's much better to deal with the state experts than the EPA. The EPA is geared more towards levying fines while NDDH officials are more concerned about marketers being in compliance.

Our members, the regulated parties, are going to have significant challenges in figuring out what

needs to be done as well as how it needs to be documented, to be in compliance with these new Federal UST regulations. The NDDH needs to have the resources, funding and personnel to conduct outreach, inspections and compliance education assistance so that our members will be in compliance. It is in North Dakota's best interests that the NDDH continue to serve that function.

NDPMA respectfully asks you to fully fund the FTE budget requests of the Environmental section of the NDDH.

Thank you for your time and consideration.

House Bill 1004
House Appropriations - Human Resources Division
Testimony
June Herman, American Heart Association

Good morning Chairman Pollert and members of the House Human Services Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to speak in support of your inclusion of several highly ranked Optional Appropriation Requests into your budget work-up.

Continuation of Work:

DOH Smoking Cessation Funding:

Anticipated cuts in federal tobacco cessation funds to the smoking cessation program within the DOH will have a significant impact to smoking cessation work. The program will receive between a 25-50% reduction in CDC funds for the FY16 grant year (April 2015-March 2016). During the current (FY15) year, the program received about $1.2 million. In FY16, the amount will be somewhere between $600,000-$900,000. State notification of how much will not be known until the last week of March.

The reduction is occurring due to CDC is redirecting funds away from states not showing significant drops in tobacco usage, and instead investing in those states who have lower use rates, and perceived needs for new strategic interventions to reduce use further..

This reduction is coming at a time when the DOH is building health system delivery of private and group counseling services throughout the state. As certified cessation counselors are established within health delivery systems and extended into communities, healthcare reimbursement plans will have structural elements upon which to reimburse for services. Over this past year, our North Dakota Medicaid program agreed to do such for basic Medicaid recipients.

Last year the Surgeon General announced that building smoking cessation capacity within comprehensive state tobacco prevention programs need stronger investments. Both the DOH and the Center have provided me with their requested funding authorization levels to your committee, and smoking cessation is already significantly underfunded – even before being reduced further through the upcoming CDC funding cuts.

	DoH	Center	Total budget DoH & Center	CDC Recommended Spending Level	Variance between budget and CDC recommended level
State & Community Interventions	$660,451	7,849,085	$8,509,536	$8,307,359	$202,177
Health Communications	$1,244,697	2,657,957	$3,902,654	$2,929,833	$972,821
Cessation	$3,754,682	2,961,888	$6,716,570	$7,862,385	($1,145,815)
Surveillance & Evaluation	$361,393	1,696,528	$2,057,921	$1,921,057	$136,863
Admin & Management	$345,970	806,340	$1,152,310	$964,279	$188,031

We appreciate discussions underway between the Center and the DoH on how to address the looming short-fall, and strongly recommend reaching CDC recommended funding levels. We recognize also the other efforts to drive new revenue to the Community Health Trust Fund. Your work to fully fund cessation efforts at the CDC level is strongly encouraged.

Highly Rated Optional Requests:

Cardiac Systems of Care: $601,400. Ranked #6 of all optional requests submitted by DOH. Funds broader emergency cardiac care system impact points, target educational efforts to improve the quality of care of patients, data tracking, public awareness.

The funds provide for support of a comprehensive cardiac system platform developing within the state and serving as a model to other states for improving time sensitive cardiac system of care initiatives which will save lives and improve outcomes

Statewide EMS Database System: $480,000. Ranked #12 of all OARs. $448,000 one-time cost; $32,000 ongoing costs for maintenance. The current system is outdated and lacks company support. Interconnectivity of technology components is essential, as are EMS patient care records to assist with system improvements.

Million Hearts: $2,039,573. Ranked #9 of 28 OARs. Public/Private/Healthcare initiatives to address two of the state's leading chronic disease risk factors – high blood pressure and smoking through standard treatment guidelines through community and health systems initiatives; increase health system capacity to provide private and group cessation counseling (Medicaid is adding reimbursement for such). A 5mm hG decrease in systolic blood pressure would result in 14% fewer deaths from stroke, 9% fewer deaths from heart disease.

The Million Hearts OAR was constructed around CDC recommended interventions to reduce heart disease. It was constructed based on the initial DoH work with other state agencies and health systems to develop smoking cessation counseling services. The relationships built through existing smoking cessation work compliment work related to high blood pressure control. Key elements: $800,000 – HBP; $500,000 – expanded smoking cessation; and $739,573 – over-arching support systems of team-based care, health communication, staffing.

High Blood Pressure is a significant health issue in North Dakota:

- Over 150,000 North Dakotans are being monitored or treated for high blood pressure (HBP). Only 75% have HBP under control and that's only the ones within the healthcare system!
- 72% of all ND stroke cases are identified with HBP.
- 81% of ND strokes are under age 85, with 1/3 of those strokes under age 65.
- Only 1% of those ND hypertension cases were being treated prior to stroke for HBP
- 69% of Americans who have a first heart attack have blood pressure over 140/90.
- HBP is NDPERS leading risk factor

With health costs accounting for about one-third of state budgets, ranging from financing Medicaid, to paying for state employees and other populations, such as prisoners, the MH OAR will start much needed work on a leading risk factor. I'm happy to respond to any questions you may have at this time.

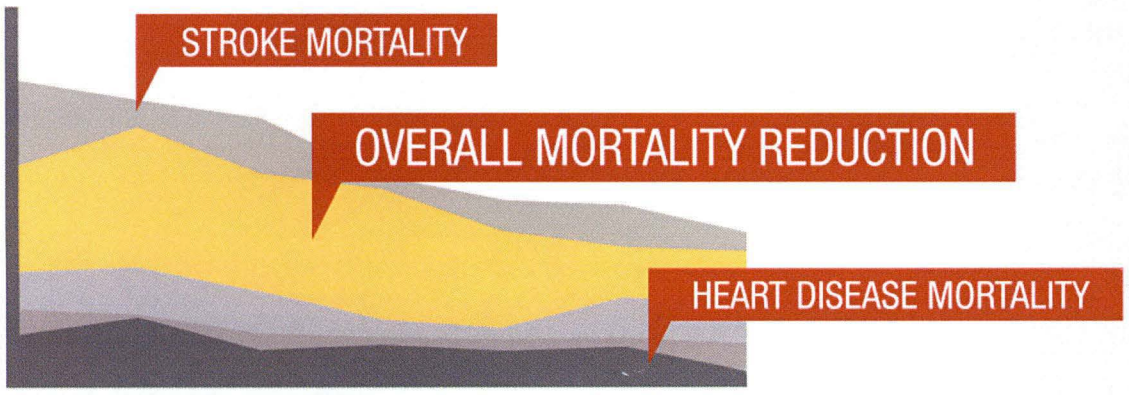
DROP
IN SYSTOLIC
blood pressure

5 mmHg

9% REDUCTION IN heart disease mortality

14% REDUCTION IN stroke mortality

WHAT DO THESE RESULTS MEAN?



7% overall REDUCTION IN mortality

Also, a 5mmHg reduction in systolic blood pressure would increase the prevalence of ideal blood pressure from 44.26% to 65.31%

HB 1004
01-21-15
#6

North Dakota
STOCKMEN'S ASSOCIATION

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North Dakota Stockmen's Association
Testimony to the House Appropriations Committee on HB 1004
Jan. 21, 2015

Good morning, Mr. Chairman and members of the Appropriations Committee. My name is Julie Ellingson and I represent the North Dakota Stockmen's Association.

I appear here in support of HB 1004 and, specifically, the Environmental and Rangeland Protection Fund appropriation, which supports the Stockmen's Association's Environmental Services Program. The Environmental Services Program is a statewide program that was launched in 2001 to help cattle producers minimize air and water quality impacts and comply with state and federal environmental regulations associated with feeding. The program does so by helping producers identify and implement cost-effective solutions that enhance the environment and their potential for profitability.

Since its debut and with the support of the Health Department, a 319 grant and the State Legislature, the Stockmen's Association's Environmental Services Program has been very effective. Our Environmental Services director has been invited onto 685 beef cattle operations – at least one in every county – to conduct a free, confidential assessment of the animal feeding operation and to determine how it fits with state and federal regulations. From those on-site assessments, the director has also developed approximately 150 Stockmen's Stewardship Support Program and Environmental Quality Incentive Program contracts for cost-share assistance to help producers install appropriate animal waste handling systems

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and other environmentally friendly best management practices.

Even more impressive is how the program has helped producers reduce the amount of pollutants, such as suspended solids, nitrogen, phosphorus and fecal coli-form, from entering waters of the state. Since 2001, the program has helped permit more than 100,000 head of cattle and reduce nitrogen and phosphorus runoff levels by an estimated 83 percent on those permitted livestock operations.

The Stockmen's Association enjoys a strong working relationship with the Health Department. Because of our daily contact and close affiliation with the state's beef producers, we are able to administer services and answer questions for folks who may not be inclined to contact a regulatory agency directly.

Cattle producers' livelihood and legacy depend on the way they care for their animals, the land they graze and the water they drink. Your support of this budget will help cattle producers be good stewards of their environment, which benefits this and future generations of North Dakotans.

We would also like to acknowledge our strong support of the Veterinary Loan Repayment program, which incentivizes large-animal veterinarians to practice in North Dakota. There continues to be vet shortages in parts of the state, and this program helps place the right kind of vets in the places they are needed.

For these reasons, we ask for your favorable consideration of these programs as you work through this budget.

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#7

Testimony in Support of Childhood Obesity Prevention
(The North Dakota Department of Health)
House Bill 1004
January 21, 2015

Chairman Pollert and members of the Human Resource Division of the House Appropriations Committee, I am Karen Ehrens from Bismarck and am here today as a private citizen, Registered Dietitian, public health professional and mother.

I wish to encourage you to consider the childhood obesity prevention coordinator item submitted as an optional budget request for the North Dakota Department of Health.

This legislative body has done a lot of work to set aside resources for the future of our state, and for that, I thank you. I encourage this committee and the rest of the House to consider that investing small amounts of money now to keep our children healthy will lead to reduced costs for individuals and families in the future, and will also take pressure off resources needed for our state's future.

Groups at the highest levels in our state have identified healthy kids, healthy weights as priorities. Healthy weights are identified in the Department of Health strategic plan, in the community assessments of local public health units, are called out in the Statewide Vision and Strategy for a Healthier North Dakota Strategic Plan and also in the State Health Improvement Plan. The Governor and the North Dakota Chamber recognized the need to "Encourage efforts to make North Dakota children the healthiest in the nation" in the *North Dakota 2020 and Beyond* report.

In some U.S. states where investments have been made and actions taken, rates of childhood obesity are starting to level off. But in our state this is **not** happening. From 2003 to 2013, childhood overweight and obesity in North Dakota increased by nearly one-third; **28.6 percent of children are overweight or obese** (grades 9-12, 2013). In adults, obesity rates are also rising. North Dakota is now ranked 16th in the nation, up from 25th in the nation, in its percentage of obese and overweight adult residents. Another concern: youth across the U.S. are experiencing substantially higher rates of Type 2 diabetes, previously called "adult onset diabetes." In 2005, 45 percent of newly diagnosed diabetes cases in children were Type 2, a dramatic increase from the 3 percent of cases in the 1990's.

As you have heard in earlier testimony, the primary goal of public health is the prevention of the risk factors and behaviors that cause death and disease. Poor diets and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer are closing in on tobacco as the top risk factors causing disease and death in our state.

Poor health costs us all money now, and will cost us much more in the future if we keep doing as we are now.

- Over the next 20 years, obesity could contribute to 79,617 new cases of type 2 diabetes; 190,379 new cases of coronary heart disease and stroke; 170,470 new cases of hypertension; 110,099 new cases of arthritis; and 26,762 new cases of obesity-related cancer in North Dakota alone.
- Diabetes cost North Dakotans $400 million in direct and indirect costs in 2007. (Direct costs include the cost of physicians and other professionals, hospital and nursing home services, the cost of medications, home health care, and other medical durables. Indirect costs include the lost productivity that results from illness and death.)

A Pediatric Obesity Prevention Coordinator would be like a football coach. Right now on our state team, we have a few players, but we are getting beaten. The coordinator could help develop plays, write a playbook, coordinate the team players, provide equipment, motivate the players, and recruit more players. A coordinator could connect what is happening in clinics to what is happening in communities, provide education to parents, help identify and obtain additional funding, help current players work together as a team – health professionals, parks and recreation, child care facilities and schools, faith-based organizations, public health, Extension offices, community coalitions, cities and counties.

People working together in our state is a proven way to address problems and win games. Keeping our children healthy is more than a game; it is the future of our state. I encourage this committee to take this one small step to invest resources toward a childhood obesity prevention coordinator to win the championship of a healthier North Dakota for the future of our children and our grandchildren.

I would be happy to take questions from the Committee.

Testimony
HB 1004
House Appropriations: Human Resources
January 21, 2015

Good afternoon Chairman Pollert and members of the House Appropriations Human Resources Committee. My name is Kathy Keiser, and I am the Executive Director of Ronald McDonald House Charities in Bismarck; our mission is "to improve the lives of children and their families". We own and operate the Ronald McDonald Care Mobile which delivers dental care to underserved children in the western half of North Dakota. I am here today to provide testimony in support of HB 1004 and the Health Department budget requesting $100,000 for dental supplies for the Care Mobile.

The Ronald McDonald Care Mobile serves low-income, underserved children age 0-21 who do not have a regular dentist or haven't seen a dentist in the past two years. Our priority service areas include schools with greater than 40 percent of their children enrolled in the free- and reduced-fee school lunch program, Head Start programs, reservation areas, and Community health centers without dental clinics. We provide basic dental services including diagnostic, preventive, restorative and surgical services. Children needing extensive treatment or specialty care are referred as needed to local dentists. Our annual budget is approximately $654,000/year and on-going funding is always a challenge. Any support will help us reach our goal of serving underserved children.

2014 was our third year of operation and we were fully booked. Preliminary year end data indicate we delivered services at 43 sites, treated 1,008 children, provided 2,166 appointments and 9,293 dental services for a total value of $477,896. Of the children treated, 47% were Native American, 42% were Caucasian, 5% were African American, 3% were Hispanic and 3% were other races. This data indicates that we are reaching our target population. We treat a high percentage of Native American children as they experience tooth decay at twice the rate of non-native children.

Preliminary data for 2014 indicates that of the children we serve, 69% are uninsured, 27% are Medicaid and 4% have private insurance. However, no child is denied care due to inability to pay. More than two-thirds of the children are in pre-school and elementary school. We are still awaiting turnaround of some of the claims we've filed in order to finalize these numbers for last year.

As we enter the Care Mobile's fourth year of operations, access to dental care continues to be a challenge for low-income and underserved populations in North Dakota. We are fully booked through 2015 and now accepting requests for 2016 service dates. We anticipate visiting a minimum of 40 sites, including three Native American Indian reservations.

We're working closely with the ND Department of Health, Oral Health Program, the ND Medicaid Program, the ND Oral Health Coalition and the ND Dental Association to enhance existing programs, as well as in the development of new programs to reach even more children, such as the HRSA School Based Sealant Program Grant that you've heard about this morning. This program is completely separate from the Care Mobile Program. While our dentist and program manager will oversee the program, we will contract with a part-time dental hygienist to schedule and facilitate the 10 sites that we'll visit in year one. The Hygienist will visit these sites prior to the Care Mobile visits – also helping to identify children with the greatest need. We will supply the necessary supplemental equipment and supplies out of our portion of the grant. This is an entirely separate prevention program.

Please support HB 1004 and help make dental care accessible to some of North Dakota's most vulnerable children in their own neighborhoods.

I would be happy to answer any questions you might have.

HB 1004
01-21-15
#9

CAWS NORTH DAKOTA
ending sexual and domestic violence

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Testimony on HB 1004
House Appropriations- Human Resources Section
January 21, 2015

Chairman Pollert and Members of the Committee:

My name is Janelle Moos and I am the Executive Director of CAWS North Dakota. Our Coalition is a membership based organization that consists of 21 domestic violence and rape crisis centers that provide services to victims of domestic violence, sexual assault, and stalking in all 53 counties and the reservations in North Dakota. I'm speaking this morning on their behalf in support of the $500,000 in state general funds for domestic violence that was included in the Governor's budget and to urge your favorable consideration of increasing that recommendation as you consider HB 1004.

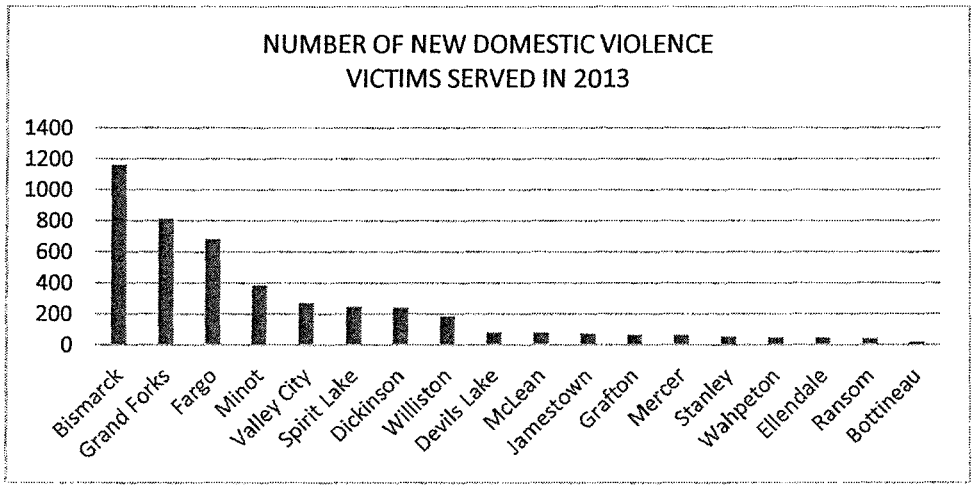
The number of victims served by our crisis centers continues to grow each year even in counties not as heavily impacted by oil and energy development. All of the 20 domestic violence/rape crisis centers have reported they are under-funded and short-staffed; a perfect storm of decreased federal funding and explosive population growth has stretched these programs to a breaking point. The increase in population has brought new challenges, including language barriers, human trafficking, and immigration issues to centers that are already strapped for time. The lack of local resources including housing and mental health services adds additional barriers to victims trying to escape the abuse. Due to increased caseloads, advocates can no longer travel to outlying communities to provide services. Rural areas are especially hard hit because those towns often lack the local resources larger cities possess that can provide victims with a safety net. It has become increasingly difficult to find, hire and retain advocates to support the growing caseload because of the ability to pay competitive wages.

In the past the average length of stay for victims in shelter was 30 days but over the last five years this scenario is rare. Most victims are staying in shelter for at least 90 days with some staying as long as 2 years. The lack of affordable housing, high rental prices, long waiting lists and lack of Section 8 housing vouchers has left shelters with no choice but to house victims longer and therefore having to make the difficult decision to turn away other victims because of lack of space.

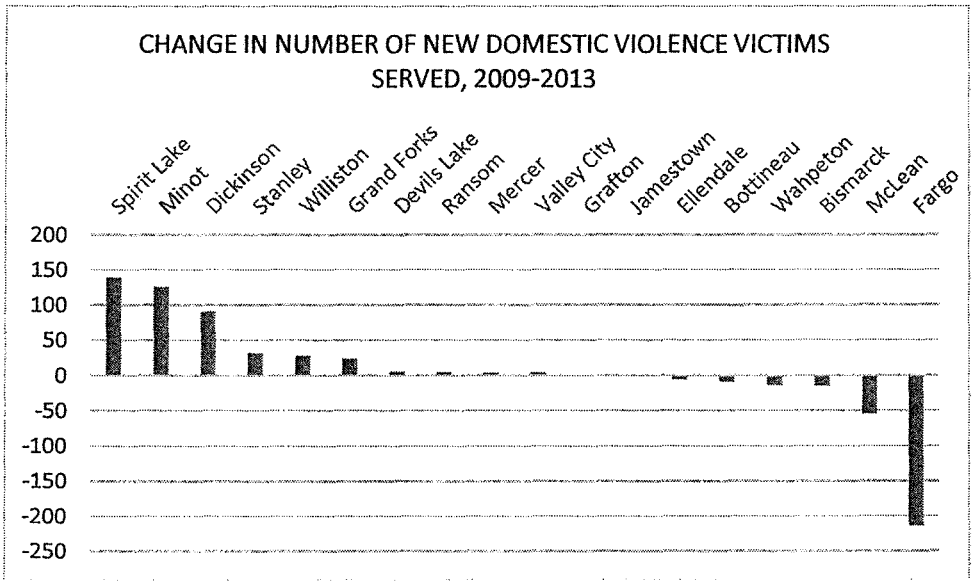
Other statistics that highlight the increase in need for services across the state include:

Of the 18 programs submitting data in 2009 and 2013, it is not surprising that the highest number of new victims in 2013 were served at the locations with the highest populations in the state: Bismarck (with 1,163 new victims served), Grand Forks (with 814 new victims), Fargo (with 683 new victims), and Minot (with 387 new victims). Other locations serving more than one hundred new victims in 2013 were Valley City (with 272 new victims), Spirit Lake (with 247 new victims), Dickinson (with 241

new victims), and Williston (with 186 new victims). These caseloads are shown in the following figure.

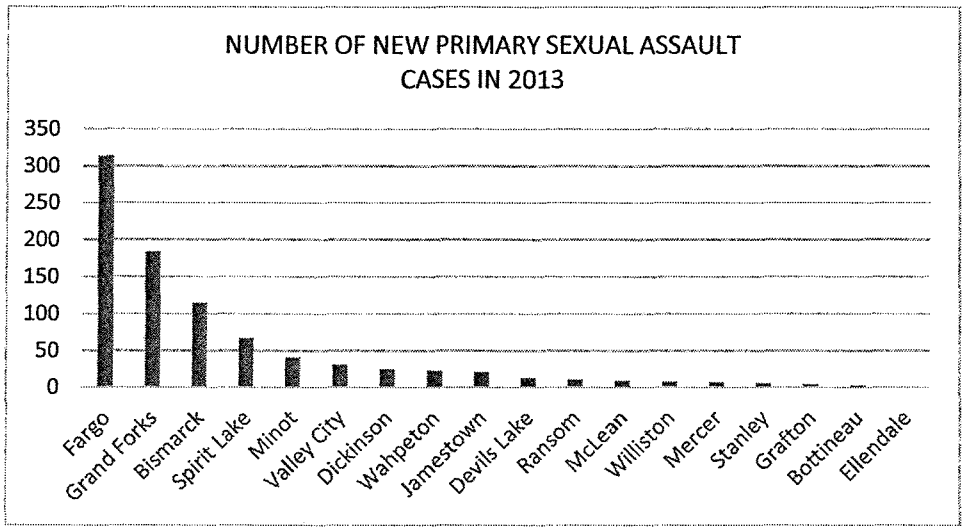


Of the 18 programs with data in 2009 and 2013, six showed increases of 10 or more domestic violence victims served between 2009 and 2013. These programs were Spirit Lake (+139), Minot (+126), Dickinson (+91), Stanley (+32), Williston (+28), and Grand Forks (+24).



You will note in the figure above that there are regional differences in changes to the number of new victims served. Specifically, increases in domestic violence victims occurred between 2009 and 2013 in the Bakken, with the exception of McLean County.

Of the 18 programs with data in 2009 and 2013, the highest number of new primary sexual assault cases and contacts were seen in Fargo, Grand Forks, and Bismarck. These caseloads are shown in the following two figures.



Last summer the ND Department of Health submitted an optional package request (OAR) for an additional $1.5 million for domestic violence; of that $1.5 million request, $500,000 was included in the Governor's budget. At that time, the request was submitted to support the following:

Provide grants to the 20 domestic violence/rape crisis centers to provide prevention and intervention services to victims of domestic violence and sexual assault in ND. Funds are currently distributed based on a tier system of services provided by the crisis centers. Tier 1 includes core services such as crisis lines, crisis response/follow-up, criminal justice advocacy, protection order assistance, emergency shelter, awareness and education, and data collection. Tier 2 encompasses stability services such as long term shelter, transitional housing, support group and therapy.

Funds are being requested to support the general operating costs for services offered under Tier 1 and partially under Tier 2. Services provided under Tier 1 and 2 that will be funded with this OAR request include: crisis line, crisis response/follow-up, criminal justice advocacy, protection order assistance, emergency shelter, awareness and education, data collection, long term shelter and transitional housing.

The additional $1.5 million in state general funds would be distributed as outlined below:

$1,000,000- add to Tier 1 ($500,000 each year) to support pay increases (equity) among current staff and new hires and additional operational costs for the core services offered by the 20

domestic violence/rape crisis centers. This funding would be distributed using the current formula.

$500,000- add to Tier 2 ($250,000 each year) to support long term shelter and transitional housing. This funding would be available to the programs that operate shelters (Belcourt, Dickinson, Beulah, Williston, Minot, Bismarck, Devils Lake, Grafton, Grand Forks, and New Town) and transitional housing units (Bismarck, Minot, Grand Forks). Fargo does not operate its own shelter or transitional housing but would be eligible for funds as they contract with the YWCA to provide those services.

Since then we've gathered data to further explain the need for additional funding statewide including the budget shortfalls and the expansion needs across the state. The needs are great- staff retention and recruitment (pay equity), need for additional staff, funding to support the core services offered by all the crisis centers and expansion to provide enhanced services in areas identified as underserved (elderly, campus, etc.). Please see the attached charts.

As you can see additional funding is needed to meet the growing needs of victims across the state therefore I urge you to look favorably upon the $500,000 included in the Health Department budget and consider an increase to assist the centers across the state.

Thank you.

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#10

Area of Need	Amount Needed for All Agencies
Shortfall Over the Next 12 Months	1,172,502
Expansion Needs	1,677,989
Capital Projects	47,671,384
TOTAL	50,521,875

Shortfall Over the Next 12 Months			
Agency Name		**Location**	**Shortfall Amount**
D estic Violence and Abuse Center		Grafton	75,000
Abused Persons Outreach Center		Valley City	18,500
Abuse Resource Network		Lisbon	4,500
Domestic Violence & Rape Crisis Center		Dickinson	50,000
Community Violence Intervention Center		Grand Forks	358,000
Hearts of Hope		Belcourt	50,000
Spirit Lake Victim Assistance		Ft. Totten	0
Safe Shelter		Jamestown	34,000
Women's Action and Resource Center		Beulah	26,600
Domestic Violence Crisis Center		Minot	242,902
Family Crisis Center		Bottineau	43,000
Three Rivers Crisis Center		Wahpeton	30,000
Safe Alternatives for Abused Families		Devils Lake	40,000
Abused Adult Resource Center		Bismarck	0
Kedish House		Ellendale	20,000
Rape and Abuse Crisis Center		Fargo	100,000
Coalition Against Violence		New Town	
McLean Family Resource Center		Washburn	20,000
Domestic Violence Program of NW ND		Stanley	60,000
Family Crisis Shelter		Williston	60,000
TOTAL			**1,172,502**

Expansion Needs

Agency Na	Location	Expansion Amount	Expansion Are
Domestic Violence & Abuse Center	Grafton	0	N/A
Abused Persons Outreach Center	Valley City	38,147	Campus Advocate and VW Advocate
Abuse Resource Network	Lisbon	5,000	Resource space for clients
Domestic Violence and Rape Crisis Center	Dickinson	0	N/A
Community Violence Intervention Center	Grand Forks	92,000	Additional office space, salary increases, Volunteer Coordinator
Hearts of Hope	Belcourt	0	N/A
Spirit Lake Victim Assistance	Ft. Totten	260,101	See attachment from them
Safe Shelter	Jamestown	74,336	Contract Therapist, PT Prevention Coord, PT Campus Adocate and Support Costs
Women's Action and Resource Center	Beulah	33,500	Advocate and salary increases
Domestic Violence Crisis Center	Minot	291,441	Shelter staff, salary increases, update office technology
Family Crisis Center	Bottineau	43,464	Salary increases, update office technology
Three Rivers Crisis Center	Wahpeton	0	N/A
Safe Alternatives for Abused Families	Devils Lake	150,000	Houseparents, shelter supervisor, visitation specialist, prevention and education services
Abused Adult Resource Center	Bismarck	272,500	Advocae, 2 residential adocates, and licensed counselor, attorney
Kedish House	Ellendale	0	
Rape and Abuse Crisis Center	Fargo	201,000	Elder abuse coordinator & advocate, trafficking advocate, offender treatment facilitators
Coalition Against Violence	New Town		
McLean Family Resource Center	Washburn	52,700	Outreach and advocate
Domestic Violence Program of NW ND	Stanley	45,000	Prevention specialist, salary increases
Family Crisis Shelter	Williston	118,800	Williston and Crosby advocate, and shelter coordinator
TOTAL		**1,677,989**	

HB1004
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#11

House Bill 1004

January 21, 2015

Chairman Pollert and Committee Members

My name is Dena Filler and I am the Executive Director of the Domestic Violence Crisis Center (DVCC) in Minot, North Dakota. Our center provides services to victims of domestic violence, sexual assault, stalking and human trafficking in Ward, McHenry, Pierce and Renville Counties. I am speaking this afternoon in support of House Bill 1004 for additional funding in the State Health Department Budget for domestic violence programs.

Minot began feeling the impact of the oil boom in 2009-2010. With the continued influx of oil related jobs and a rapidly expanding and diverse population, the need for DVCC services has never been greater. I have attached DVCC's statistics demonstrating the growth in services since 2006. The number of crisis calls is up by 299%, women sheltered has increased by 143%, children sheltered is up 114%, and the number of meals served at shelter has risen by 145%. As requests for services increase, the number of staff has only grown by two. Therefore, we are asking staff to do more work by increasing their job duties with no increase in starting wages.

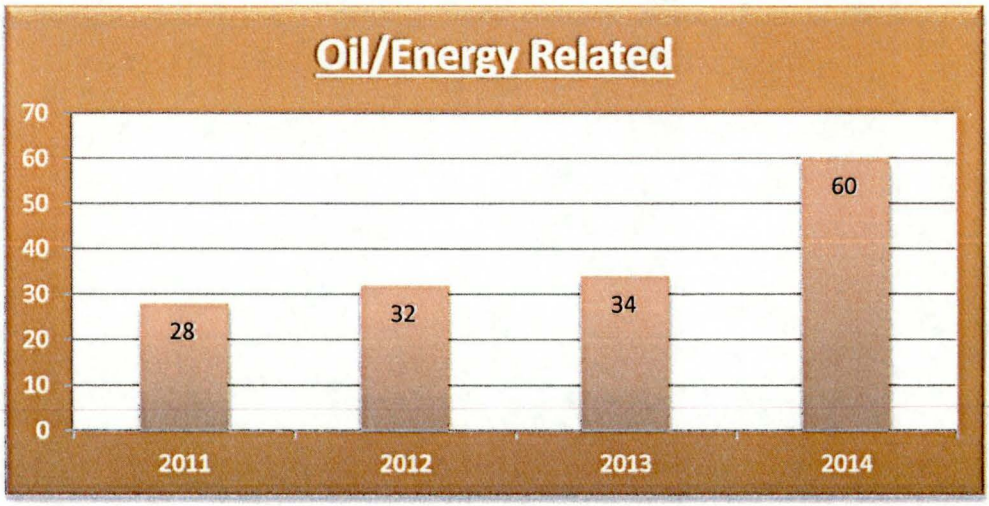
We struggle to hire and retain qualified staff. DVCC's starting salary for Residential Supervisor at our emergency shelter is $9.00 an hour. Interested individuals come in to pick up an application and find out what the starting wage is, and we don't hear from them again. Those individuals can apply and start at McDonalds at $14.00 an hour and work with less stress than working with victims fleeing from violence. Our degreed advocates' starting salary is $11.25 an hour. All our positions start at a lower rate of pay than can be received in other sectors (private or government). The cost of turn over is great; by the time we have someone trained they are gone or stay just a short time until they find something with better pay and benefits. I have attached a copy of DVCC positions and wage/salary schedule.

The staff working at DVCC is dedicated to the mission and the services being provided to victims and their families. Staff deserves a living wage so they can take care of their families without needing additional jobs and time away from home to make ends meet.

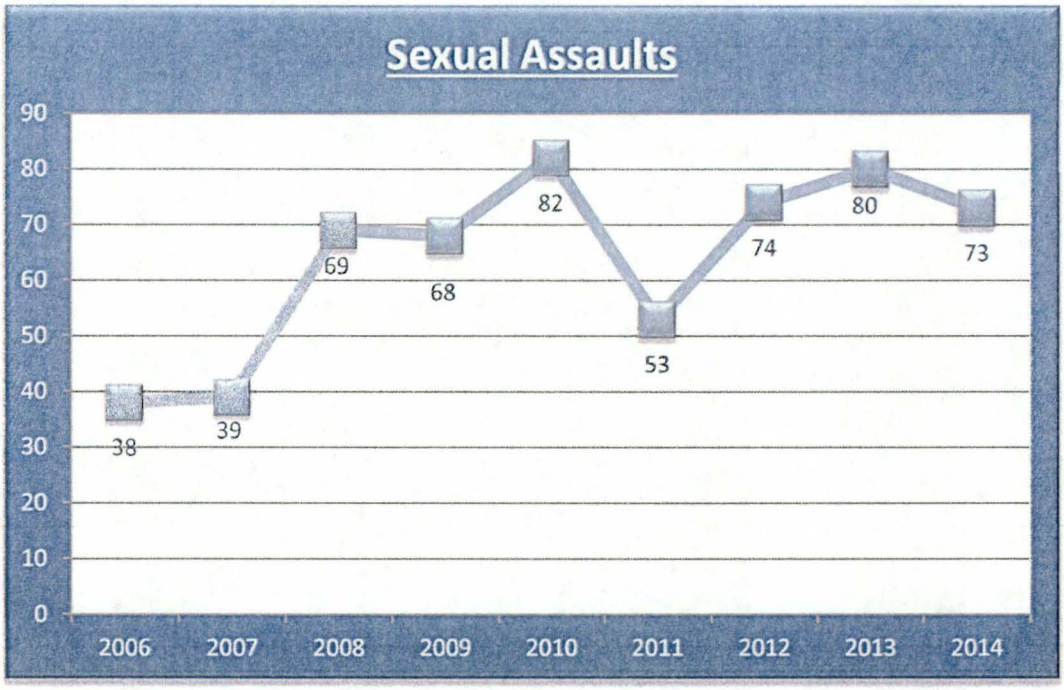
House Bill 1004 would increase funding to allow DVCC to turn our attention to hire additional staff to meet the challenge of the population growth, and to increase staff salaries in order to attract and retain quality staff. I urge a DO PASS on House Bill 1004.

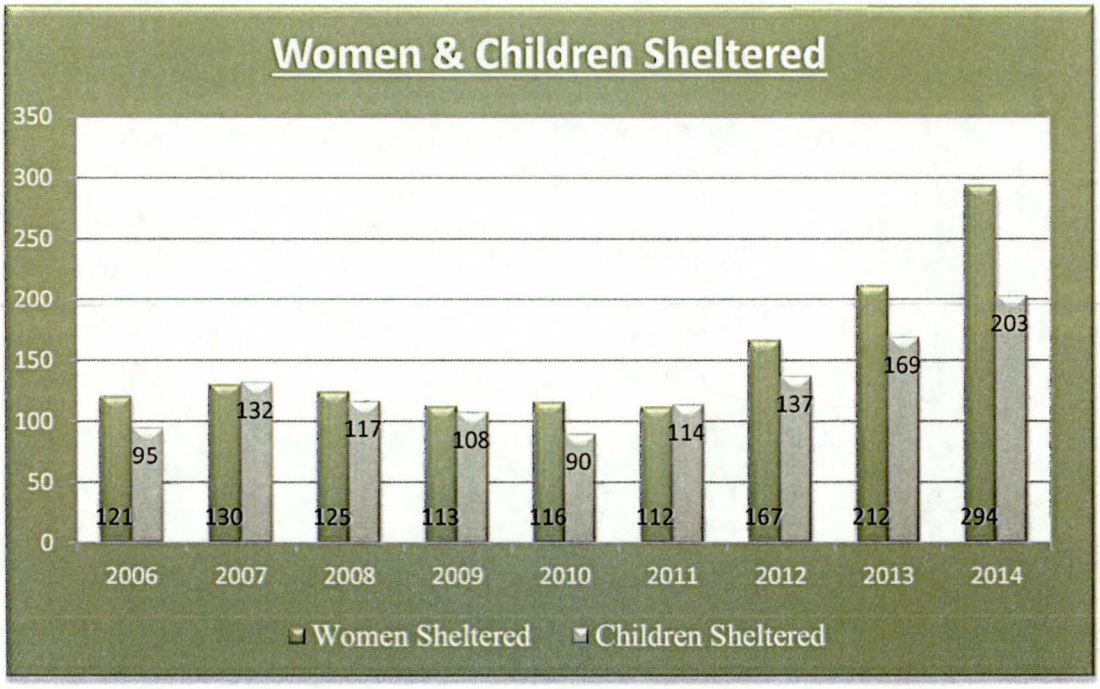
Domestic Violence Crisis Center - Minot, ND
2006-2014

Mid-Year	Client Contacts	Oil/Energy	Sexual Assaults	Women Sheltered	Children Sheltered	Meals Provided	Crisis Calls
2006	1223	Unknown	38	121	95	7622	351
2007	1134	Unknown	39	130	132	7731	367
2008	1518	Unknown	69	125	117	6876	569
2009	1519	Unknown	68	113	108	7464	553
2010	1986	Unknown	82	116	90	6793	978
2011	1865	28	53	112	114	6777	923
2012	2263	32	74	167	137	10244	1220
2013	2476	34	80	212	169	15908	1420
2014	2700	60	73	294	203	18656	1399
% Increase from 2006 to 2013	**121%**	**114%**	**92%**	**143%**	**114%**	**145%**	**299%**

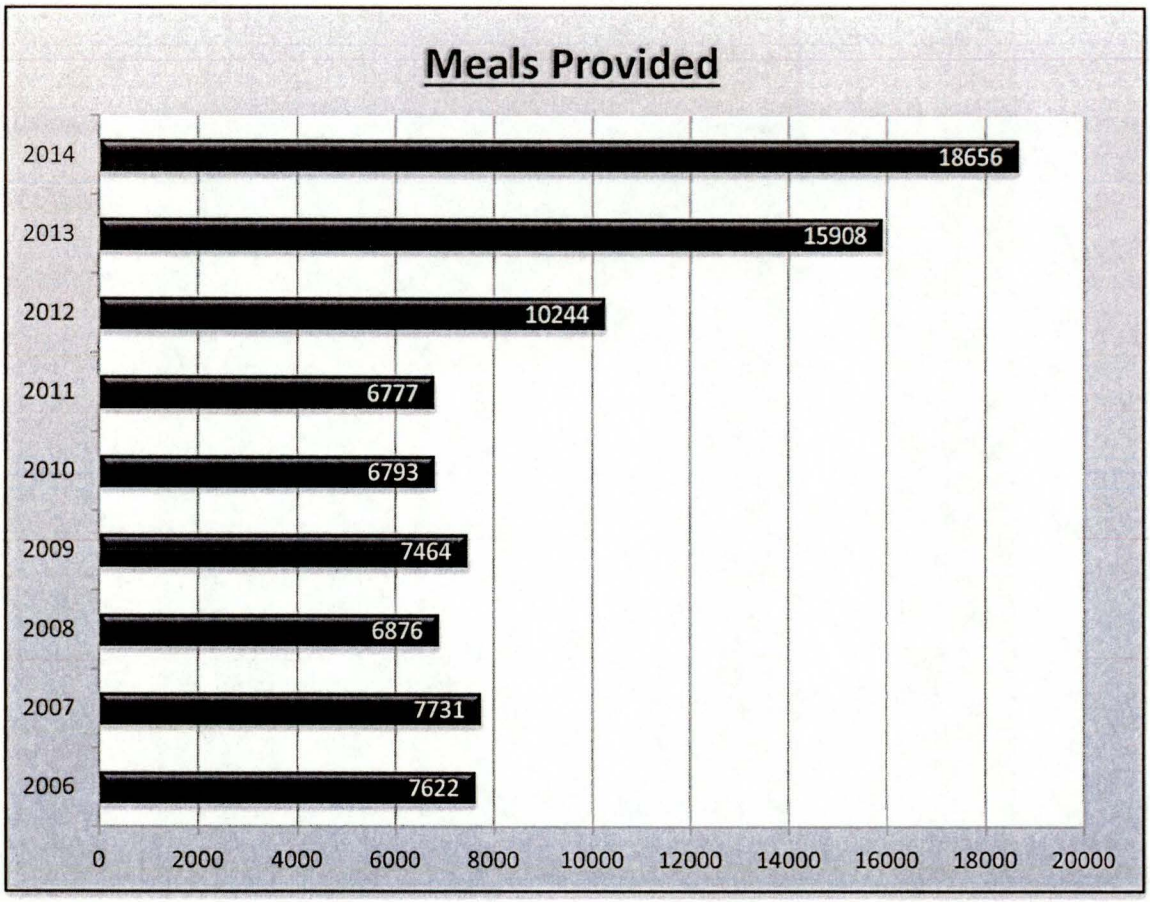


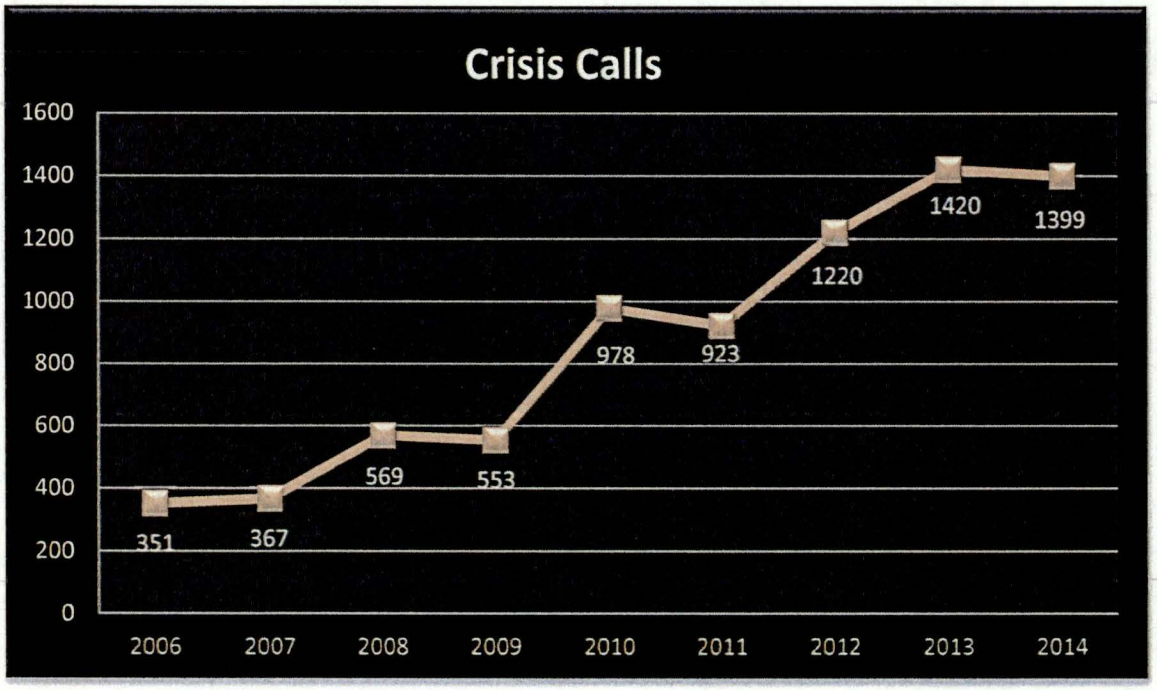
Domestic Violence Crisis Center - Minot, ND
2006-2014





Domestic Violence Crisis Center - Minot, ND
2006-2014





DOMESITIC VIOLENCE CRISIS CENTER
Wage/Salary Schedule

Position	Starting	
Residential Supervisor	9.00	
Office Assistant	9.75	(2013 renamed to Assistant Advocate)
Volunteer Coordinator	9.85	
Administrative Assistant	10.25	
Grants Coordinator	10.25	
Lead Residential Supervisor	10.50	
Direct Service Advocates	11.25	
Assistant Director	14.25	
Executive Director	20.85	

Board Approved 3-10-11

HB 1004
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#12

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Testimony
House Bill 1004
House Appropriations Committee – Human Resources Division
Wednesday, January 21 2015; 2 p.m.
North Dakota Emergency Medical Services Association

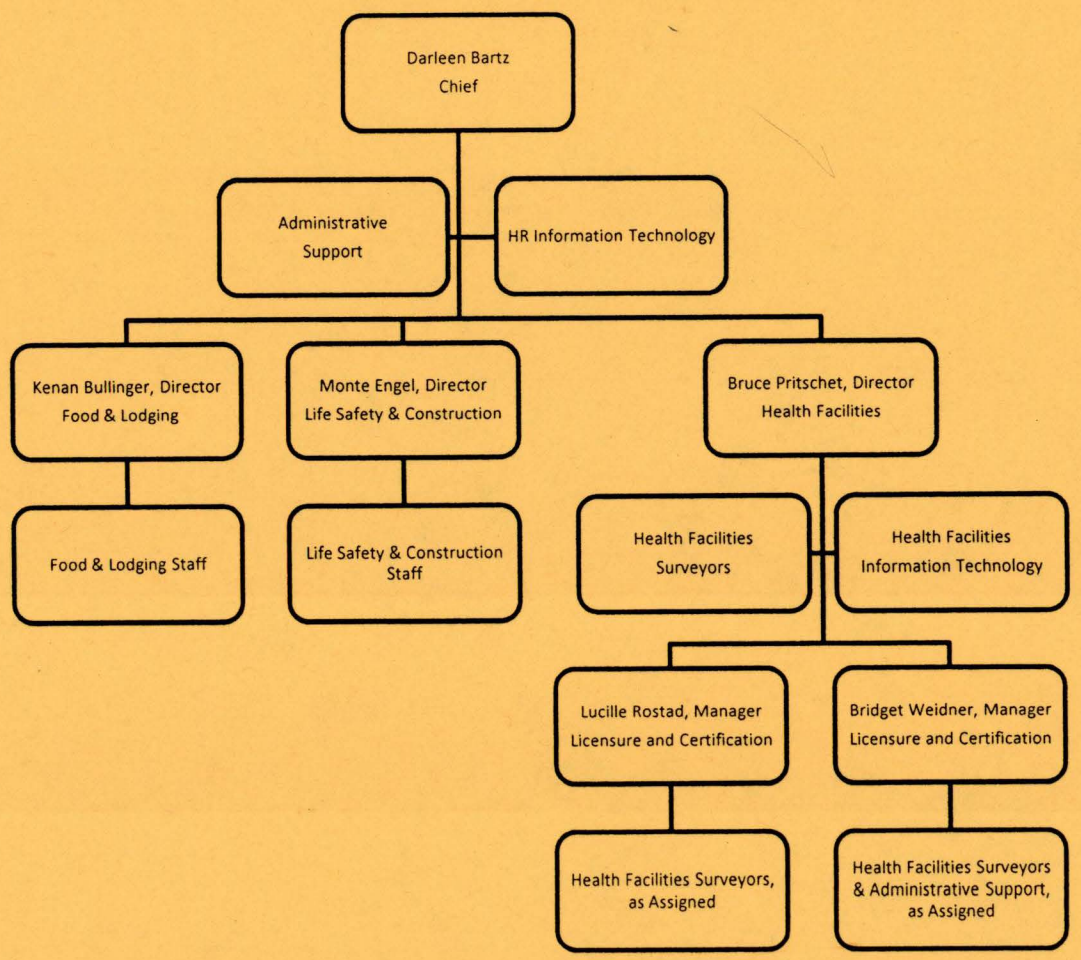
Good morning, Chairman Pollert and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's (NDEMSA) Advocacy Committee and a member of their Board of Directors representing the southeast region of our state. I am here today in support of HB 1004.

The Health Department's budget includes $8 million for grants to ambulance services to offset operational costs that are not recovered through the billing process. It should be noted that the $8 million will help our volunteer EMS responders but even at that level the Health Department would be unable to fund all of the likely grant applications; there were $16 million in grant requests in the last biennium.

Ambulance services across our state are facing strong challenges. Volunteer labor accounts for $31 million donated by our EMS providers to the health and safety of North Dakota. That volunteer labor pool is dwindling. Services struggle to recruit new volunteer members and to hire paid staff. One service in the oil impact region now spends 76% of their gross revenue on employee-related costs. In many areas call volumes are on the rise. However a rise in call volume doesn't always lead to more reimbursement. Many patients are uninsured or underinsured leaving rural ambulance services unable to collect on those bills. These three forces of increased labor costs, increased call-volumes, and decreasing reimbursement are stressing the system we have in place. The rural ambulances appreciate the continued focus on keeping them viable.

This concludes my testimony, I am happy to answer any questions you may have.

North Dakota Department of Health
Health Resources Section



HB 1004
01.22.15
#1

North Dakota Department of Health
Health Resources
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**48.50**	**48.50**	**48.50**	**53.50**	**5.00**	**10%**
511	Salaries	4,771,008	3,661,358	5,557,142	6,384,739	827,597	15%
513/514	Temporary, Overtime	52,089	37,273	190,193	60,000	(130,193)	-68%
516	Benefits	1,744,437	1,418,068	2,177,243	2,846,720	669,477	31%
	TOTAL	**6,567,534**	**5,116,699**	**7,924,578**	**9,291,459**	**1,366,881**	**17%**
	General Fund	1,788,281	1,294,370	2,214,577	3,004,300	789,723	36%
	Federal Funds	3,877,734	2,926,400	4,506,924	4,902,288	395,364	9%
	Special Funds	901,519	895,929	1,203,077	1,384,871	181,794	15%
OPERATING EXPENSES							
521	Travel	678,470	517,774	970,175	976,936	6,761	1%
531	IT - Software/Supp.	21,754	35,671	63,061	66,261	3,200	5%
532	Professional Supplies & Materials	4,564	1,802	11,825	13,185	1,360	12%
533	Food & Clothing	0	119	127	131	4	3%
534	Buildings/Vehicle Maintenance Supplies	3,608	0	935	964	29	3%
535	Miscellaneous Supplies	1,124	702	843	3,269	2,426	288%
536	Office Supplies	29,890	8,120	43,658	45,588	1,930	4%
541	Postage	22,200	16,005	46,222	51,678	5,456	12%
542	Printing	10,199	11,223	15,111	15,571	460	3%
551	IT Equip Under $5000	46,491	35,690	54,952	51,075	(3,877)	-7%
552	Other Equip Under $5000	0	0	0	0	0	
553	Office Equip Under $5000	31,901	5,001	21,050	30,200	9,150	43%
561	Utilities	0	0	0	0	0	
571	Insurance	0	0	0	0	0	
581	Lease/Rentals - Equipment	1,257	2,222	2,837	2,837	0	0%
582	Lease \Rentals-- Buildings./Land	109,726	89,355	125,757	129,152	3,395	3%
591	Repairs	1,339	0	3,447	3,552	105	3%
601	IT-Data Processing	165,157	72,188	136,825	132,307	(4,518)	-3%
602	IT-Telephone	62,599	42,766	70,218	75,718	5,500	8%
603	IT - Contractual Services	0	0	110,000	130,000	20,000	18%
611	Professional Development	41,161	51,429	66,587	71,114	4,527	7%
621	**Operating Fees & Services**	**216,412**	**10,298**	**111,142**	**17,770**	**(93,372)**	-84%
623	**Professional Services**	**22,929**	**14,047**	**33,872**	**61,500**	27,628	82%
625	Medical, Dental, and Optical	22	0	0	0	0	
	TOTAL	**1,470,803**	**914,412**	**1,888,644**	**1,878,808**	**(9,836)**	**-1%**
	General Fund	248,857	220,025	389,601	519,684	130,083	33%
	Federal Funds	937,262	541,449	1,173,748	999,065	(174,683)	-15%
	Special Funds	284,684	152,938	325,295	360,059	34,764	11%
CAPITAL ASSETS							
683	Other Capital Payments	0	0	0	0	0	
684	Extraordinary Repairs	0	0	0	0	0	
691	Equipment >$5000	10,567	0	25,000	10,000	(15,000)	-60%
693	IT Equip >$5000	0	5,790	0	0	0	
	TOTAL	**10,567**	**5,790**	**25,000**	**10,000**	**(15,000)**	**-60%**
	General Fund	0	0	0	0	0	
	Federal Funds	10,567	0	10,000	10,000	0	0%
	Special Funds	0	5,790	15,000	0	(15,000)	
GRANTS							
712	Grants - Non State	0		0	0	0	
722	Grants - In State	0		0	0	0	
	TOTAL	**0**	**0**	**0**	**0**	**0**	
	General Fund	0		0	0	0	
	Federal Funds	0		0	0	0	
	Special Funds	0		0	0	0	
SPECIAL LINES							
-71	Tobacco Prevention/Control	0		0	0	0	
-72	WIC Food Payments	0		0	0	0	
-78	Cont Approp-EPA	0		0	0	0	
-79	Federal Stimulus Funds	0		0	0	0	
	TOTAL	**0**	**0**	**0**	**0**	**0**	
	General Fund	0		0	0	0	
	Federal Funds	0		0	0	0	
	Special Funds	0		0	0	0	
	TOTAL	**8,048,904**	**6,036,901**	**9,838,222**	**11,180,267**	**1,342,045**	**14%**
	General Fund	2,037,138	1,514,395	2,604,178	3,523,984	919,806	35%
	Federal Funds	4,825,563	3,467,849	5,690,672	5,911,353	220,681	4%
	Special Funds	1,186,203	1,054,657	1,543,372	1,744,930	201,558	13%

North Dakota Department of Health
Health Resources
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Administrative Hearings	2,500	15,000		10,000	5,000
Legal Fees - Attorney General's Office	16,690	35,000	17,000	12,000	6,000
Contractual Assistance - IIDR Review by outside entity	1,000	2,000		2,000	
Professional Services - shredding, scanning, advertising	9,982	5,500	165	5,000	335
Southwestern District Health Unit - inspections	3,700	4,000	4,000		
Total Professional Services	**$ 33,872**	**$ 61,500**	**$ 21,165**	**$ 29,000**	**$ 11,335**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Licensing Management - Management Information System	110,000	-			
Licensing Management - maintenance fees		130,000	26,000		104,000
Total IT Contractual Services	**$ 110,000**	**$ 130,000**	**$ 26,000**	**$ -**	**$ 104,000**

North Dakota Department of Health
Health Resources
2015-17 Executive Budget

Equipment > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Copier	1	10,000	10,000	1,000	9,000	
			-			
Total Equipment > $5,000			**$ 10,000**	**$ 1,000**	**$ 9,000**	**$ -**

IT Equipment/Software > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
			-			
Total IT Equipment/Software > $5,000			**$ -**	**$ -**	**$ -**	**$ -**

North Dakota Department of Health
Health Resources
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Medicaid Title 19	2,183,637	2,230,195	46,558
Medicare Title 18	3,381,284	3,173,754	(207,530)
Clinical Laboratory Improvement Amendments Program	125,751	128,762	3,011
Unallocated Executive Compensation Package	-	378,642	378,642
			-
Total Federal Funds	**$ 5,690,672**	**$ 5,911,353**	**$ 220,681**

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Hospital Licensing Fees	158,173	183,580	25,407
Basic Care Fees	36,360	35,160	(1,200)
Nurse Aid Registry Fees	108,000	122,100	14,100
Health Care Trust Fund (Nurse Aid Registry)	167,725	85,127	(82,598)
Food & Lodging Licensure Fees	903,063	976,549	73,486
Construction & Plan Review Fees	170,051	342,414	172,363
			-
Total Special Funds	**$ 1,543,372**	**$ 1,744,930**	**$ 201,558**

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Department of Health 2015-17 Executive Budget
Food & Lodging - New FTE

Name of Federal Grant or Special Fund:	
Employee Classification Number:	
Employee Classification Title:	Env Health Practitioner II
Proposed Monthly Salary:	3,700

	FTE/Temp Salaries Budget 15-17
SALARIES AND WAGES	
FTE EMPLOYEES (Number)	**5.0**
Salaries	444,000
Temporary, Overtime	
Benefits	208,393
TOTAL	**652,393**
OPERATING EXPENSES	
Travel	100,000
IT - Software/Supp.	
Professional Supplies & Materials	1,000
Food & Clothing	
Buildings/Vehicle Maintenance Supplies	
Miscellaneous Supplies	2,400
Office Supplies	600
Postage	3,571
Printing	
IT Equip Under $5000	9,250
Other Equip Under $5000	
Office Equip Under $5000	5,000
Utilities	
Insurance	
Lease/Rentals - Equipment	
Lease \Rentals-- Buildings./Land	
Repairs	
IT-Data Processing	9,802
IT-Telephone	5,500
IT - Contractual Services	
Professional Development	2,500
Operating Fees & Services	
Professional Services	
Medical, Dental, and Optical Supplies	
TOTAL	**139,623**
CAPITAL ASSETS	
Extraordinary Repairs	
Equipment > $5000	
IT Equip > $5000	
TOTAL	**0**
GRANTS\SPECIAL LINE ITEMS	
Grants - Non State	
Grants - In State	
TOTAL	**0**
GRAND TOTAL	**792,016**
General Funds	**749,873**
Federal Funds	
Special Funds	42,143

CURRENT PROGRESS ON AUDIT RECOMMENDATIONS

DIVISION OF FOOD AND LODGING

JANUARY 26, 2015

Inadequate Inspection Process

A new, more comprehensive two page inspection form was drafted, printed and sent to our field staff for use within the last couple of months. This new inspection form was modeled after the Food and Drug Administration's inspection checklist as suggested in the audit. In addition to the new inspection form, we have also developed extensive inspector marking instructions which details the policies and procedures inspectors need to follow to insure it is noted when an establishment is in or out of compliance. The new information management system (IMS) recently approved for purchase will allow the division to keep better track of inspections due and also remind inspection staff to follow up on facilities with corrections mandated during inspections. It is difficult for us to completely rotate inspectors but we have discussed ways whereby certain work territories can be modified and covered by adjoining inspectors. Little progress has been made to track, monitor and approve all Division functions because of insufficient staffing at a supervisory level.

Inadequate Food Establishment Complaint Handling Process

The Food and Lodging Division initiated a new complaint handling system over a year ago. This active spreadsheet logs all complaints, assigns the appropriate inspector for follow up and also provides information on the results of the complaint investigation when regulatory or corrective action was taken. With the new IMS, we will be setting up a 24 hour consumer complaint link on our Department/ Division website. This new IMS will also allow for management review of complaint volume for each inspector and each establishment.

Inadequate Food Inspector Guidance

The Department has already initiated annual ethics and conflict of interest policies which are signed by every employee. New employee training materials have been gathered and in the near future be compiled in a comprehensive employee training manual for both in-office and in-field training.

Insufficient Data Management System for Food Establishments

Approval was granted by the 2013 Legislature to proceed with the purchase and development of a new information management system. Specifications for that new system were developed last summer and the proposals from interested vendors were received last fall. The purchase contract for the selected vendor is wrapping up at this time and we hope to have this new system operational by the summer of 2015. This new system will afford the Division the opportunity to address all operational improvements involving both licensing and inspections as recommended in the audit.

Inadequate Enforcement Process for Food Inspection Violations

The majority of the weaknesses identified in this audit recommendation will be built into the new IMS. This will allow the Division to track non-compliant establishments, have trigger dates for follow up inspections to verify compliance, and properly document when follow up inspections were conducted by the appropriate inspector. The new IMS will also allow us to post inspection results and enforcement actions on the Department's website.

Inadequate Licensing Process for Food Establishments

When formal policies and procedures are developed and the new IMS is operational, site plan reviews, operational inspections, licensing support documentation and information on denied or pending license applications can be more effectively tracked and documented. It is our hope to also enhance the Division's weblink to have more information available for license applicants. The new IMS will also allow us to generate reports on those establishments that failed to renew their license.

Insufficient Staffing Levels to Properly Operate a Food Inspection Program

This particular audit recommendation cannot be adequately addressed without additional FTE's as requested in the Department's Executive Budget request. We have completed the process to re-categorize all of our food establishments by risk. However, to inspect the medium and high risk food establishments at the frequency recommended in the audit has resulted in a need for additional inspectors. Having additional inspectors would also allow us to shuffle work territories and have one of our current field staff assist at a supervisory level to track, monitor and approve all Division functions.

Inadequate Memorandums of Understanding and Monitoring of Food Inspections Performed by Local Health Units

The Division Director has completed visits with all nine local health units over the last several months. We have established some new policies and procedures regarding the memorandums of understanding (MOU's) which will allow us to provide more oversight of the work performed by the local health units. Through these new MOU's, we will be able to more efficiently review the inspections and enforcement activities of each local health unit.

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#1

Carlson, Beth W.

From: Carlson, Beth W.
Sent: Wednesday, January 21, 2015 11:33 AM
To: Nelson, Jon O.
Cc: Nancy Kopp (nkopp@btinet.net) (nkopp@btinet.net); skeller@nd.gov; Amundson, Mary (UND) <mary.amundson@med.und.edu> (mary.amundson@med.und.edu)
Subject: Veterinary Loan Repayment Program

Representative Nelson,
Nancy Kopp asked me to contact you to share information about the North Dakota Veterinary Loan Repayment Program. Since 2008, 22 veterinarians have been selected to receive funds through this program. These veterinarians have been located in the following communities: Steele, New Salem, Cavalier, Hettinger, Ellendale, McClusky, Glen Ullin, Ashley, Beulah, Enderlin, Oakes, Cooperstown, Elgin, Beach, New Rockford, Watford City, and Fargo. Of these 22 recipients, 18 are still serving the area for which they applied, even though several have completed their term of service.

Several years ago, Dr. Neil Dyer of the NDSU Veterinary Diagnostic Laboratory contacted our office to ask if a veterinarian employed by the lab would qualify for the program. The lab was trying to recruit a pathologist and was facing difficulty in doing so due to their limited budget, outdated facilities, and the competitive nature of hiring pathologists. The State Board of Animal Health discussed Dr. Dyer's question and consulted with legal counsel who determined that the law (NDCC 43-29.1) did not prohibit this, but that due to the language of the law, such a veterinarian would clearly be at a disadvantage. Dr. Dyer was told that a veterinarian employed by the lab would be eligible to apply, but that they would have a lower priority than applicants from rural areas.

For background, applications for this program are reviewed by a subcommittee of the State Board of Animal Health, scored, and ranked based upon a scoresheet developed using the guidance of the law. The Board then recommends which applicants should receive funds to the State Health Council, who administers similar programs for human medical professionals. The Health Council also receives the applications and has the opportunity to review them, and they make the final decision on recipients.

In 2014, seven veterinarians submitted applications for the program. Funds were available to give four awards. The applicant's rankings and respective communities were as follows:

1. Burgard-Steele
2. Gilbertson-Bottineau
3. West-Hettinger
4. Nienhauser-Watford City
5. Webb-Fargo/NDSU
6. Axvig-Valley City
7. Horner-Dawson

After the applicants were notified, the applicant ranked #2 declined the award, as they no longer wished to remain in the community and/or provide food animal services. This meant that the award was then offered to the #5 ranked applicant. The application made the case that a pathologist at NDSU provides service to all areas of the state, and that a strong lab is critical for livestock health in ND.

I would add that the applicant ranked #7, while located in a rural community, provided services exclusively for horses, not food animals.

I hope that this answers your questions, but please feel free to contact me if you would like additional information.

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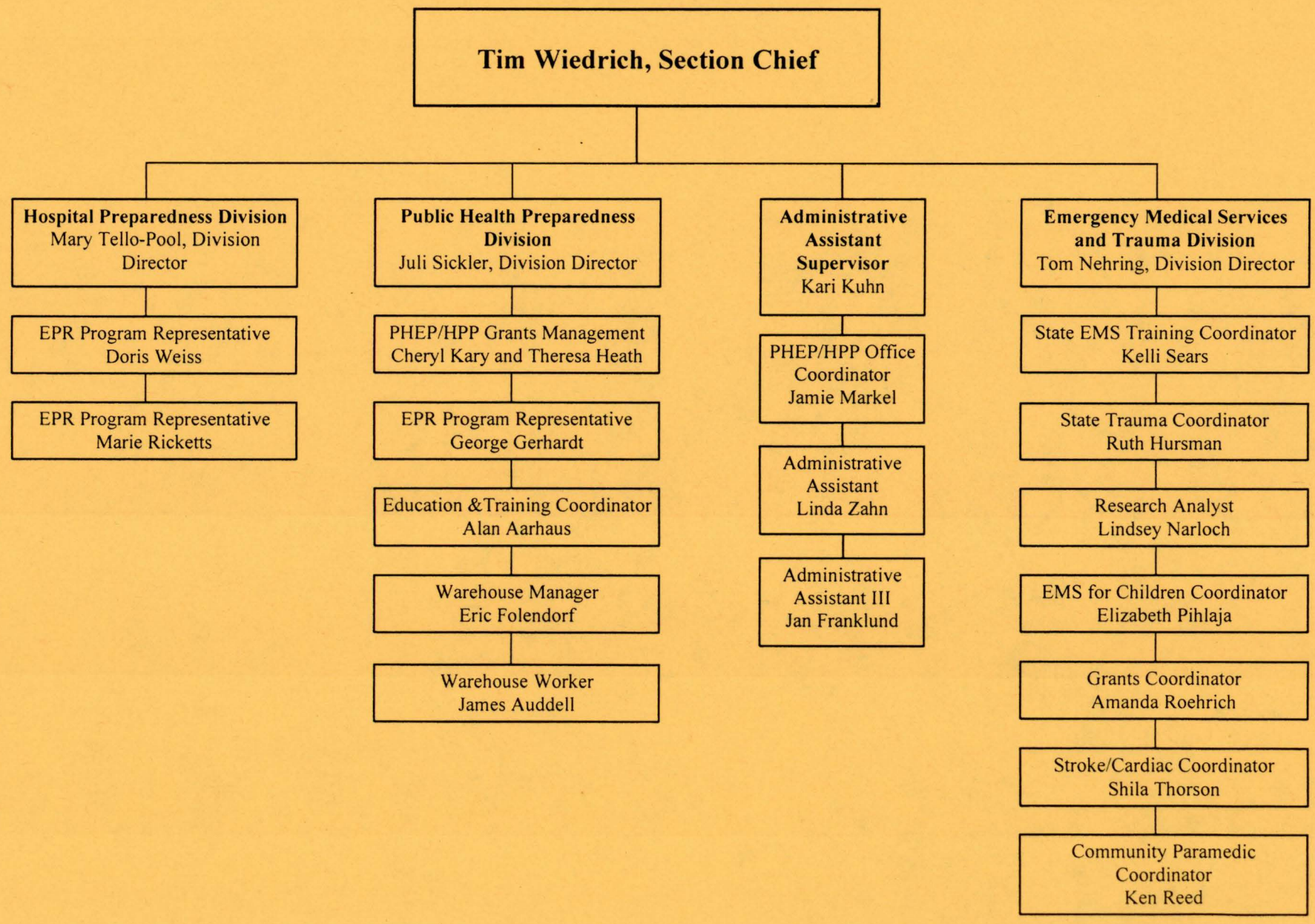
Emergency Preparedness and Response Section Organizational Chart

January 2015



North Dakota Department of Health
Emergency Preparedness and Response
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**14.00**	**0.00**	**15.00**	**15.00**	**0.00**	**0%**
511	Salaries	1,190,016	1,028,577	1,549,513	1,610,598	61,085	4%
513/514	Temporary, Overtime	479,372	331,968	547,854	740,760	192,906	35%
516	Benefits	576,320	509,783	851,193	914,112	62,919	7%
	TOTAL	**2,245,708**	**1,870,328**	**2,948,560**	**3,265,470**	**316,910**	**11%**
	General Fund	666,870	625,249	963,082	1,147,805	184,723	19%
	Federal Funds	1,578,838	1,245,079	1,985,478	2,091,638	106,160	5%
	Special Funds	0		0	26,027	26,027	100%
OPERATING EXPENSES							
521	Travel	174,243	174,287	262,974	256,972	(6,002)	-2%
531	IT - Software/Supp.	113,815	67,426	115,071	117,573	2,502	2%
532	Professional Supplies & Materials	42,490	20,898	22,304	22,983	679	3%
533	Food & Clothing	0	7,819	4,226	8,000	3,774	89%
534	Buildings/Vehicle Maintenance Supplies	127,474	53,871	76,226	35,255	(40,971)	-54%
535	Miscellaneous Supplies	9,681	10,457	11,219	11,486	267	2%
536	Office Supplies	25,804	13,067	21,332	25,426	4,094	19%
541	Postage	14,225	11,353	16,258	17,725	1,467	9%
542	Printing	31,049	8,313	27,090	28,153	1,063	4%
551	IT Equip Under $5000	187,545	34,060	46,000	44,925	(1,075)	-2%
552	Other Equip Under $5000	18,863	25,092	24,733	10,000	(14,733)	-60%
553	Office Equip Under $5000	16,392		0	0	0	
561	Utilities	35,019	25,895	39,460	44,000	4,540	12%
571	Insurance	15,031	14,434	15,750	20,000	4,250	27%
581	Lease/Rentals - Equipment	15,763	4,873	7,508	5,600	(1,908)	-25%
582	Lease \Rentals-- Buildings./Land	482,918	387,663	560,393	798,000	237,607	42%
591	Repairs	158,506	176,280	208,927	215,173	6,246	3%
601	IT-Data Processing	249,109	159,728	232,361	204,328	(28,033)	-12%
602	IT-Telephone	158,701	103,635	134,838	134,838	0	0%
603	IT - Contractual Services	364,353	124,571	187,600	120,000	(67,600)	-36%
611	Professional Development	20,090	19,840	22,082	23,159	1,077	5%
621	**Operating Fees & Services**	**41,903**	**37,527**	**89,558**	**53,568**	**(35,990)**	-40%
623	**Professional Services**	**165,846**	**245,315**	**1,112,600**	**1,426,507**	313,907	28%
625	Medical, Dental, and Optical	771,874	239,413	216,807	1,171,175	954,368	440%
	TOTAL	**3,240,694**	**1,965,817**	**3,455,317**	**4,794,846**	**1,339,529**	**39%**
	General Fund	439,920	452,399	1,531,435	2,402,325	870,890	57%
	Federal Funds	2,792,171	1,511,371	1,923,882	1,944,427	20,545	1%
	Special Funds	8,603	2,048	0	448,094	448,094	100%
CAPITAL ASSETS							
683	Other Capital Payments	0		0	0	0	
684	Extraordinary Repairs	0		0	0	0	
691	Equipment >$5000	163,293	199,957	420,000	921,000	501,000	119%
693	IT Equip >$5000	218,670		0	0	0	
	TOTAL	**381,963**	**199,957**	**420,000**	**921,000**	**501,000**	**119%**
	General Fund	0		0	30,000	30,000	100%
	Federal Funds	381,963	199,957	420,000	891,000	471,000	112%
	Special Funds	0		0	0	0	
GRANTS							
712	Grants - Non State	12,217,229	9,539,946	15,798,758	15,026,476	(772,282)	-5%
722	Grants - In State	0		41,500	41,500	0	0%
	TOTAL	**12,217,229**	**9,539,946**	**15,840,258**	**15,067,976**	**(772,282)**	**-5%**
	General Fund	4,323,774	3,253,140	6,525,824	8,196,324	1,670,500	26%
	Federal Funds	6,665,750	3,420,795	5,560,434	5,621,652	61,218	1%
	Special Funds	1,227,705	2,866,011	3,754,000	1,250,000	(2,504,000)	-67%
SPECIAL LINES							
-71	Tobacco Prevention/Control	0		0	0	0	
-72	WIC Food Payments	0		0	0	0	
-78	Cont Approp-EPA	0		0	0	0	
-79	Federal Stimulus Funds	0		0	0	0	
	TOTAL	**0**	**0**	**0**	**0**	**0**	
	General Fund	0		0	0	0	
	Federal Funds	0		0	0	0	
	Special Funds	0		0	0	0	
	TOTAL	**18,085,594**	**13,576,048**	**22,664,135**	**24,049,292**	**1,385,157**	**6%**
	General Fund	5,430,564	4,330,787	9,020,341	11,776,454	2,756,113	31%
	Federal Funds	11,418,722	6,377,202	9,889,794	10,548,717	658,923	7%
	Special Funds	1,236,308	2,868,059	3,754,000	1,724,121	(2,029,879)	-54%

North Dakota Department of Health
Emergency Preparedness and Response
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
BRE Consulting for Health Alert Network	12,000	12,000		12,000	
Telecommunication Consultant and related services	11,000	11,000		11,000	
Kreisers-Pharmaceutical Supply	3,200	3,200		3,200	
Legal	10,000	10,000	10,000		
4 Regional Coordinators for Ambulance Service	98,900	-	-		
Trauma Medical Director	175,000	175,000	175,000		
Trauma Site Visits	80,000	80,000	80,000		
Trauma Advance Life Support Training	60,000	60,000	60,000		
Trauma Development Course	75,000	75,000	75,000		
Trauma Registry	42,000	42,000	42,000		
Community Paramedic Training	160,000	160,000	160,000		
Stroke Registry/UND	124,000	124,000	124,000		
Stroke System - Education, Media, related services	261,500	226,000	226,000		
EMS Medical Director		5,333			5,333
UND Lucas Evaluation		225,000			225,000
EMS Association Lucas Training		217,974			217,974
		-			
Total Professional Services	**$ 1,112,600**	**$ 1,426,507**	**$ 952,000**	**$ 26,200**	**$ 448,307**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Program Reporting System	36,000	36,000		36,000	
City Watch - Emergency Communicatons Network/Avtex	25,000	25,000		25,000	
Emergency System for Advance Registration of Volunteer Health Professionals	81,600	-		-	
Clinical Data Management Trauma Maintenance	34,000	34,000	34,000		
EMS - Personnel and Service Registry	11,000	25,000	25,000		
		-			
Total IT Contractual Services	**$ 187,600**	**$ 120,000**	**$ 59,000**	**$ 61,000**	**$ -**

North Dakota Department of Health
Emergency Preparedness and Response
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Grants - LPHU	3,364,332	3,364,332		3,364,332	
Grants - Tribal Health Agencies	45,222	39,000		39,000	
Grants - City Readiness Initiative	339,200	339,200		339,200	
LPHU Connectivity - Health Alert Network	214,200	251,800		251,800	
Grants to Associations - Hospital Preparedness Program	1,597,480	1,627,320		1,627,320	
Rural EMS Assistance Grants	7,340,000	8,940,000	7,690,000		1,250,000
Emergency Medical Services - Agencies & Hospitals	2,504,000	-			-
Emergency Medical Services - Stroke Registry	376,324	376,324	376,324		-
Emergency Medical Services - Aphasia Projects	-	80,000	80,000		
Emergency Medical Services - Stroke Mini Grants	59,500	50,000	50,000		
		-	-		
Total Grants	**$ 15,840,258**	**$ 15,067,976**	**$ 8,196,324**	**$ 5,621,652**	**$ 1,250,000**

North Dakota Department of Health
Emergency Preparedness and Response
2015-17 Executive Budget

Equipment > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Emergency Response Health & Medical Tents	3	105,000	315,000		315,000	
Emergency Response Health & Medical Trailers (53')	10	7,600	76,000		76,000	
State Medical Cache Flatbed Trailer	1	8,000	8,000		8,000	
Crestron For Department Operations Center	1	12,000	12,000		12,000	
Monitors/Projectors for Department Operations Center	2	5,000	10,000		10,000	
Liftgates for Emergency Response Health & Medical Trailers	10	7,500	75,000		75,000	
Refrigerated/Heated Emergency Health & Medical Trailer w/liftgate	3	30,000	90,000		90,000	
Mobile Morgue Trailer- 18' 24 body capacity	3	60,000	180,000		180,000	
Human Remains sealing Station - 150 bodies	2	20,000	40,000		40,000	
143 KW Mobile Generator	1	85,000	85,000		85,000	
Used School Bus to convert to Wheelchair & Stretcher Bus	2	15,000	30,000	30,000	-	
			-			
Total Equipment > $5,000			**$ 921,000**	**$ 30,000**	**$ 891,000**	**$ -**

IT Equipment/Software > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
			-			
			-			
			-			
Total IT Equipment/Software > $5,000			**$ -**	**$ -**	**$ -**	**$ -**

North Dakota Department of Health
Emergency Preparedness and Response
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Public Health Emergency Preparedness	7,002,382	7,764,112	761,730
Hospital Preparedness Program	2,480,120	2,321,317	(158,803)
Emergency Medical Services for Children Grant	245,700	264,657	18,957
DOT Traffic Analyst	151,092	144,263	(6,829)
Rural Health Flexibility Program (FLEX)	10,500	8,000	(2,500)
Unallocated Executive Compensation Package		46,368	46,368
Total Federal Funds	**$ 9,889,794**	**$ 10,548,717**	**$ 658,923**

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Rural EMS Assistance Fund - Insurance Tax Distribution Fund	1,250,000	1,250,000	-
Helmsley Foundation Grant	2,504,000	474,121	(2,029,879)
			-
Total Special Funds	**$ 3,754,000**	**$ 1,724,121**	**$ (2,029,879)**

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North Dakota Department of Health Past Incidents involving medical shelters.

The North Dakota Department of Health has coordinated the health and medical response for numerous incidents in North Dakota. The Department Operations Center has responded to a total of 15 events in the current biennium including the Casselton train derailment, the chemical fire in Williston, and a potential breach of the Cavalier dam. The response activities experienced by the Department of Health has identified that we have inadequate resources to deal with the potential quantities of patients and vulnerable populations in North Dakota. To illustrate our concern we have provided detail regarding our response during three major events.

2009 – Flooding

- Affected Fargo, Valley City, Jamestown, Lisbon
- Potential Patients needing Evacuation - 1,925 patients (worst case scenario 4,000 patients and vulnerable adults)
- Medical Shelters – 500 beds over three locations

2011 - Flooding

- Flooding Statewide – Three major cities affected (Fargo, Bismarck, Minot)
- Potential Patients needing Evacuation – 1,731 patients (worst case scenario 5,000 patients and vulnerable adults)
- Medical Shelters – 450 beds over three locations

2014 – Natural Gas Pipeline Explosion

- Loss of heating systems at health and medical facilities in Grand Forks, Fargo and Wahpeton with no back up heating system in place. Emergency generators currently in place could not replace heat.
- Long term care facilities lose heat at a rate of 10 degrees per hour.
- Potential Patients needing Evacuation - 1,845 patients (worst case scenario 3,000 patients and vulnerable adults)

The national standard that is used in calculating medical shelter capacity is 1% to 3% of the population of the affected community. The planning scenario used by the Department of Health considers an event affecting the three largest cities in North Dakota that have a population of approximately 200,000 citizens. Because past experience has shown that in North Dakota residents are more likely to provide care for family and friends, we projected our capacity at 1.5% or 3,000 medical shelter beds.

North Dakota Department of Health

2015 - 17 Executive Budget

History of Emergency Medical Services Funding

	Biennium				
	2007-09	2009-11	2011-13	2013-15	2015-17
Grant Type					
Training Grants	1,240,000	1,240,000	940,000	940,000	940,000
Quick Response Units	125,000				
Staffing Grants	1,250,000	2,750,000	1,250,000		
Myocardial Infarction Response			600,000		
Rural EMS Assistance Grants			2,900,000	6,400,000	8,000,000
Total	2,615,000	3,990,000	5,690,000	7,340,000	8,940,000
Funding Source					
General Fund	940,000	940,000	4,440,000	6,090,000	7,690,000
Federal Funds	-	-	-		
Health Care Trust Fund	125,000				
Community Health Trust Fund	300,000	300,000	-		
Insurance Tax Distribution Fund	1,250,000	2,750,000	1,250,000	1,250,000	1,250,000
Total	2,615,000	3,990,000	5,690,000	7,340,000	8,940,000

As Requested by Representative Pollert

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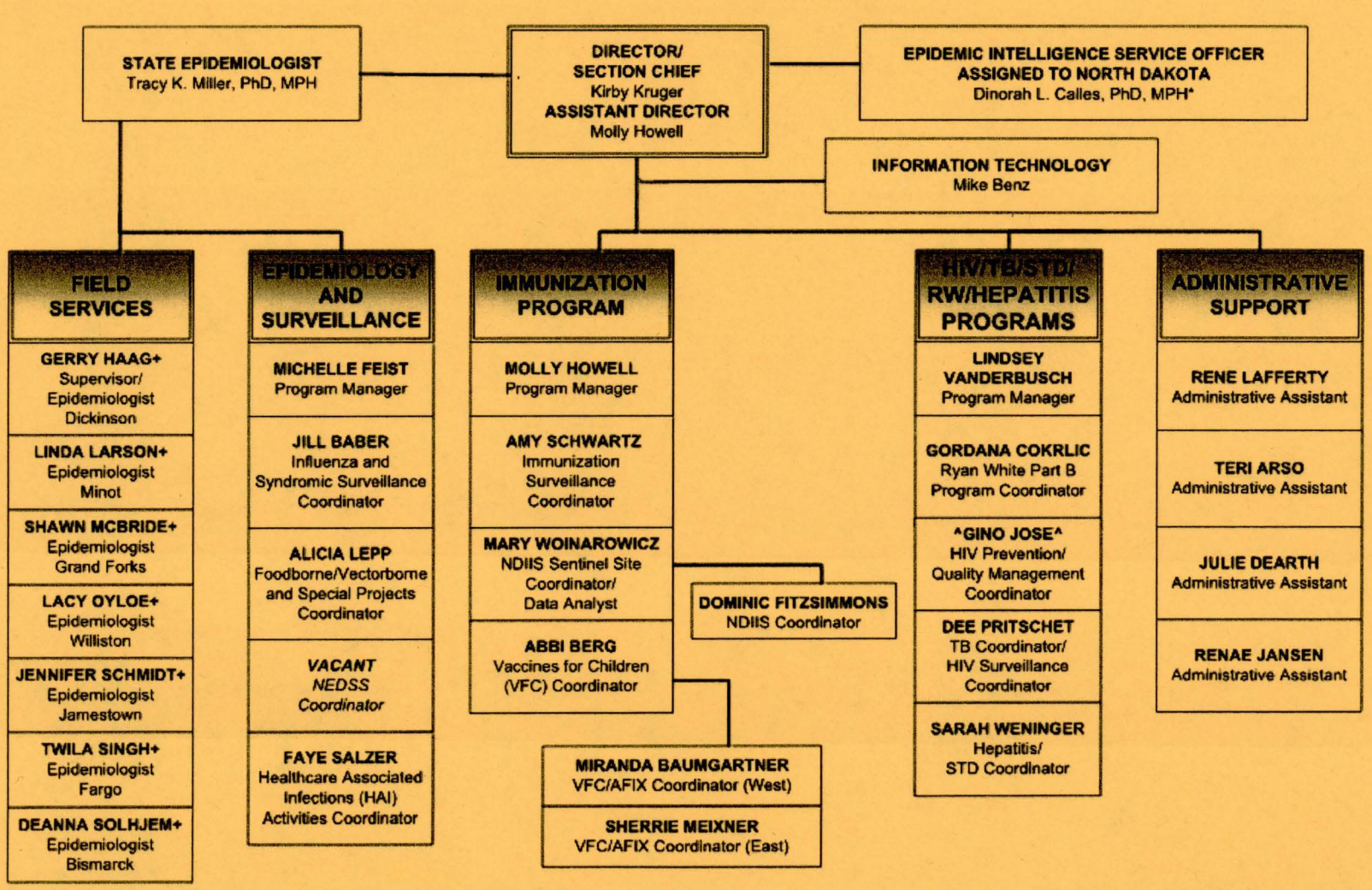
NORTH DAKOTA
DEPARTMENT of HEALTH
Disease Control



December, 2014

+ Field epidemiologists work in all program areas
^ Temporary position
* CDC employee

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

		2011-13 Actual Expenditures	Expend To Date Nov 2014	2013-15 Current Budget	2015-17 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES							
FTE EMPLOYEES (Number)		**31.00**	**31.50**	**31.50**	**31.50**	**0.00**	**0%**
511	Salaries	2,920,404	2,314,291	3,439,650	3,652,253	212,603	6%
513/514	Temporary, Overtime	278,762	216,295	613,248	311,534	(301,714)	-49%
516	Benefits	1,174,017	976,659	1,583,897	1,748,458	164,561	10%
	TOTAL	**4,373,183**	**3,507,245**	**5,636,795**	**5,712,245**	**75,450**	**1%**
	General Fund	1,243,367	1,052,644	1,449,491	1,902,863	453,372	31%
	Federal Funds	3,129,816	2,454,601	4,187,304	3,809,382	(377,922)	-9%
	Special Funds	0	0	0	0	0	
OPERATING EXPENSES							
521	Travel	180,894	156,676	231,237	244,148	12,911	6%
531	IT - Software/Supp.	24,056	14,078	40,832	47,260	6,428	16%
532	Professional Supplies & Materials	198,764	115,874	195,066	199,714	4,648	2%
533	Food & Clothing	19,633	3,169	2,928	3,017	89	3%
534	Buildings/Vehicle Maintenance Supplies	10,013	7,691	15,071	15,274	203	1%
535	Miscellaneous Supplies	3,228	114,559	147,049	151,252	4,203	3%
536	Office Supplies	22,093	13,724	48,521	49,998	1,477	3%
541	Postage	43,408	89,484	103,583	122,462	18,879	18%
542	Printing	114,247	35,356	164,709	169,467	4,758	3%
551	IT Equip Under $5000	29,483	10,212	25,575	44,750	19,175	75%
552	Other Equip Under $5000	9,201	0	0	0	0	
553	Office Equip Under $5000	16,372	2,286	2,556	0	(2,556)	
561	Utilities	68,119	51,673	71,128	74,030	2,902	4%
571	Insurance	0	0	0	0	0	
581	Lease/Rentals - Equipment	17,299	10,614	18,830	18,830	0	0%
582	Lease \Rentals-- Buildings./Land	64,722	52,538	41,484	41,484	0	0%
591	Repairs	42,803	33,751	49,388	49,341	(47)	0%
601	IT-Data Processing	86,033	135,924	173,927	219,503	45,576	26%
602	IT-Telephone	66,569	51,334	67,554	67,554	0	0%
603	IT - Contractual Services	864,957	445,179	999,910	2,306,356	1,306,446	131%
611	Professional Development	59,169	40,164	70,183	70,307	124	0%
621	**Operating Fees & Services**	**13,544**	**5,316**	**27,689**	**27,193**	**(496)**	-2%
623	**Professional Services**	**1,733,781**	**1,785,950**	**2,422,366**	**3,175,484**	753,118	31%
625	Medical, Dental, and Optical	3,375,633	3,957,883	5,182,272	6,135,823	953,551	18%
	TOTAL	**7,064,021**	**7,133,435**	**10,101,858**	**13,233,247**	**3,131,389**	**31%**
	General Fund	1,856,737	3,270,243	3,552,676	5,344,422	1,791,746	50%
	Federal Funds	5,168,072	3,811,758	6,549,182	7,888,825	1,339,643	20%
	Special Funds	39,212	51,434	0	0	0	
CAPITAL ASSETS							
683	Other Capital Payments	268,854	115,203	239,936	230,874	(9,062)	-4%
684	Extraordinary Repairs	0	24,301	24,301	19,820	(4,481)	-18%
691	Equipment >$5000	0	39,493	35,699	54,000	18,301	51%
693	IT Equip >$5000	0		0	0	0	
	TOTAL	**268,854**	**178,997**	**299,936**	**304,694**	**4,758**	**2%**
	General Fund	181,906	157,636	276,021	283,164	7,143	3%
	Federal Funds	86,948	21,361	23,915	21,530	(2,385)	-10%
	Special Funds	0	0	0	0	0	
GRANTS							
712	Grants - Non State	1,109,336	471,916	1,362,344	831,800	(530,544)	-39%
722	Grants - In State	6,125	2,100	4,200	4,200	0	0%
	TOTAL	**1,115,461**	**474,016**	**1,366,544**	**836,000**	**(530,544)**	**-39%**
	General Fund	0	0	0	0	0	
	Federal Funds	1,115,461	474,016	1,366,544	836,000	(530,544)	-39%
	Special Funds	0	0	0	0	0	
SPECIAL LINES							
-71	Tobacco Prevention/Control	0		0	0	0	
-72	WIC Food Payments	0		0	0	0	
-78	Cont Approp-EPA	0		0	0	0	
-79	Federal Stimulus Funds	459,698	130,683	130,683	0	(130,683)	
	TOTAL	**459,698**	**130,683**	**130,683**	**0**	**(130,683)**	
	General Fund	0		0	0	0	
	Federal Funds	459,698	130,683	130,683	0	(130,683)	
	Special Funds	0		0	0	0	
	TOTAL	**13,281,217**	**11,424,376**	**17,535,816**	**20,086,186**	**2,550,370**	**15%**
	General Fund	3,282,010	4,480,523	5,278,188	7,530,449	2,252,261	43%
	Federal Funds	9,959,995	6,892,419	12,257,628	12,555,737	298,109	2%
	Special Funds	39,212	51,434	0	0	0	

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

Professional Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Disease Control Division					
Legal Fees - Attorney General	30,279	43,000	25,000	18,000	
Immunization - Media Campaign / Project Management / State Conference	333,562	443,997		443,997	
State Viral Hepatitis - Media Campaign	20,000	20,000	20,000		
Hepatitis / Other Outbreaks - Case Management	-	88,000	88,000		
State Viral Hepatitis Professional Fee Contracts LPHU	32,000	32,000	32,000		
HIV Prevention - Patient Testing/Rapid Testing LPHU	318,000	200,000		200,000	
HIV Prevention - Media Campaign	70,000	27,000		27,000	
HIV Prevention - Service Providers	196,000	240,000		240,000	
Ryan White - Media Campaign	10,000	10,000		10,000	
Ryan White Family HealthCare	-	20,000		20,000	
Ryan White - LPHU/Case Management	477,000	520,000		520,000	
Epidemiology Lab Capacity - Media Campaigns	40,000	60,000		60,000	
BioSense Data Aggregator		40,000		40,000	
HPV Education Campaign	220,000	100,698		100,698	
Sexually Transmitted Disease - Medical Providers	7,000	-		-	
Tuberculosis - Educational Campaign		7,600		7,600	
Tuberculosis - LPHU Patient Testing	76,000	127,200		127,200	
Influenza Surveillance Sites - Clinics	11,000	30,000		30,000	
Catastrophic Fund - Case Management		350,000	350,000		
Forensic Examiner Division					
UND Pathology Department	480,000	640,000	640,000		
UND Pathology Department - vacation / overflow	20,000	40,000	40,000		
Sanford Health	41,525	49,945	49,945		
National Medical Services	31,000	68,000	68,000		
Misc Medical Fees	1,000	2,650	2,650		
Metro Area Ambulance	8,000	15,394	15,394		
Total Professional Services	**$ 2,422,366**	**$ 3,175,484**	**$ 1,330,989**	**$ 1,844,495**	**$ -**

Information Technology Contractual Services

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Consilience Maintainenace - Electronic Lab Reporting	330,000	255,436	75,436	180,000	
Blue Cross Blue Shield of North Dakota - Immunization Registry	669,910	1,871,820		1,871,820	
Blue Cross Blue Shield of North Dakota - School Module		179,100	179,100		
Total IT Contractual Services	**$ 999,910**	**$ 2,306,356**	**$ 254,536**	**$ 2,051,820**	**$ -**

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

Grant Line Item

Description	2013-15 Current Budget	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Immunization Program to LPHU	960,000	606,000		606,000	
Sexually Transmitted Diseases to LPHU	20,000	-			
Epidemiology and Laboratory Capacity to LPHU	177,578	160,000		160,000	
Epidemiology and Laboratory Capacity to NDSU	82,744	70,000		70,000	
Epidemiology and Laboratory Capacity Small Vector & West Nile Virus	46,202	-			
Epidemiology and Laboratory Capacity for Electronic Lab Reporting	80,000	-			
Total Grants	**$ 1,366,524**	**$ 836,000**	**$ -**	**$ 836,000**	**$ -**

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

Equipment > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Copier	1	10,000	10,000	10,000		
Digital X-ray machine	1	44,000	44,000	44,000		
Total Equipment > $5,000			**$ 54,000**	**$ 54,000**	**$ -**	**$ -**

IT Equipment/Software > $5,000

Description\Narrative	Quantity	Base Price	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
			-			
Total IT Equipment/Software > $5,000			**$ -**	**$ -**	**$ -**	**$ -**

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

Extraordinary Repairs

State Morgue

Description	2015-17 Executive Budget	2015-17 General Fund	2015-17 Federal Fund	2015-17 Special Fund
Repair damage to building from woodpeckers	19,820	19,820		
Total State Morgue	**$ 19,820**	**$ 19,820**	**$ -**	**$ -**

North Dakota Department of Health
Medical Services
2015-17 Executive Budget

Summary of Federal & Special Funds

Federal Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
Immunization Grants	4,396,502	4,182,555	(213,947)
Ryan White Grant	3,020,892	3,539,317	518,425
AIDS Prevention & Surveillance Grant	1,605,900	1,524,381	(81,519)
Epidemiology & Laboratory Capacity	1,318,490	1,330,810	12,320
Immunization Information Systems Sentinel Site Capacity Building Grant	250,000	604,069	354,069
Public Health Emergency Preparedness	569,996	414,397	(155,599)
Sexually Transmitted Disease (STD) Grant	295,380	267,946	(27,434)
Tuberculosis Grant	229,090	240,150	11,060
BioSense Grant	237,540	231,005	(6,535)
ARRA Immunization	130,683	-	(130,683)
Adult Viral Hepatitis Grant	115,200	113,034	(2,166)
Council of State & Territorial Epidemiologists Influenza	87,955	77,366	(10,589)
University of Minnesota Occupational Health Mini Grant	-	14,895	14,895
Unallocated Executive Compensation Package	-	15,812	15,812
Total Federal Funds	**$ 12,257,628**	**$ 12,555,737**	**$ 298,109**

Special Funds	2013-15 Current Budget	2015-17 Executive Budget	Inc / (Dec)
			-
Total Special Funds	**$ -**	**$ -**	**$ -**

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North Dakota Department of Health

2015 - 17 Executive Budget

History of Loan Repayment Applications Received vs Awarded

	Dentists	Physicians	Mid-Level Practitioners	Veterinarians
2010				
Applications	8	4	3	7
Awards	3	4	2	3
2011				
Applications	8	3	3	9
Awards	3	3	3	3
2012				
Applications	8	4	0	3
Awards	3	3		3
2013				
Applications	8	4	0	6
Awards	3	4		3
2014				
Applications	5 *	12	4	7
Awards	3	7	4	~~3~~ 4

* - One of the initial awardees declined the contract. Offered to the next dental applicant, who also declined the contract.

As Requested by Representative Nelson

Medical Personnel Loan Repayment Program

	2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	576,788		General Funds	698,800
Special Funds	0		Special Funds	0
Total	576,788		Total	698,800

	Participants			Prior Bien Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	Pmt Date	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
	CURRENT LOANS:											
		PHYSICIANS *:										
Valley City	Anderson, Misty, MD	FY11	#1	19,289	19,289	Mar-14						
Fargo	Lindley, Anna Marie, MD PhD		#2	22,500	22,500	Sep-13						
Linton	Mann, Alice, MD (Linton Aug 2011)		#3	22,500	22,500	Mar-14						
Mayville	Ostlie, Jane MD	FY 12	#1	22,500	22,500	Mar-14						
Williston	Keene, Roxanne, MD		#2	22,500	22,500	Mar-14						
Williston	Loo, Li Er, MD		#3	17,500	17,500	Mar-14						
	Open	FY 13	#1									
	Open		#2									
	USED IN FY 14		#3									
		MID LEVEL **:										
	Total Current Physicians		Subtotal	$171,789	$126,789		$0		$0		$0	
		CURRENT LOANS TOTAL					**$126,789**				**$0**	
		PHYSICIANS *:										
Fargo	Christopher DeCock	FY 14	#1		22,500	Mar-14	22,500	Jun-15				
Williston	David Keene		#2		22,500	Sep-13	22,500	Dec-14				
Dickinson	Heather Martin		#3		22,500	Sep-13	22,500	Jun-15				
Dickinson	Brook Nelson		#4		22,500	Sep-13	22,500	Jun-15				
Willistion	Seiwert, Ryan	FY 15	#1				22,500	Jun-15	22,500	Jun-16		
Hettinger	Ranum, Josh		#2				22,500	Apr-15	22,500	Apr-16		
Rugby	Kremer, Ashley		#3				22,500	Jun-15	22,500	Jun-16		
Dickinson	Ricks, Marc		#4				22,500	Apr-15	22,500	Apr-16		
Hettinger	Ranum, Carrie		#5				22,500	Apr-15	22,500	Apr-16		
Dickinson	Sheps, Daniel		#6				18,800	Apr-15	18,800	Apr-16		
Bismarck	Armstrong, Lacey		#7				22,500	Jun-15	22,500	Jun-16		
		MID LEVEL **:										
	none	FY 14	#1									
			#2									
			#3									
Hazen	Czywcznski, Heather	FY 15	#1				7,500	Apr-15	7,500	Apr-16		
Hazen	Volk, Robert		#2				5,000	Apr-15	5,000	Apr-16		
Minot, New Town, Garrison, Velva	Pease, Carla		#3				7,500	Apr-15	7,500	Apr-16		
Jamestown	Hoffman, Leah		#4				7,500	Apr-15	7,500	Apr-16		
			Subtotal		$90,000		$271,300		$181,300		$0	
		CURRENT LOANS TOTAL					**$361,300**				**$181,300**	

Medical Personnel Loan Repayment Program

	2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	576,788		General Funds	698,800
Special Funds	0		Special Funds	0
Total	576,788		Total	698,800

Participants		Prior Biennium Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	Pmt Date	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
PHYSICIANS *:										
FY 16	#1						22,500	Apr-16	22,500	Apr-17
	#2						22,500	Apr-16	22,500	Apr-17
	#3						22,500	Apr-16	22,500	Apr-17
	#4						22,500	Apr-16	22,500	Apr-17
	#5						22,500	Apr-16	22,500	Apr-17
	#6						22,500	Apr-16	22,500	Apr-17
FY 17	#1								22,500	Apr-17
	#2								22,500	Apr-17
	#3								22,500	Apr-17
	#4								22,500	Apr-17
	#5								22,500	Apr-17
	#6								22,500	Apr-17
MID LEVEL **:										
FY 16	#1						7,500	Apr-16	7,500	Apr-17
	#2						7,500	Apr-16	7,500	Apr-17
	#3						7,500	Apr-16	7,500	Apr-17
	#4						7,500	Apr-16	7,500	Apr-17
	#5						7,500	Apr-16	7,500	Apr-17
FY 17	#1								7,500	Apr-17
	#2								7,500	Apr-17
	#3								7,500	Apr-17
	#4								7,500	Apr-17
	#5								7,500	Apr-17
	Subtotal						$172,500		$345,000	
NEW LOANS TOTAL									$517,500	
	TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM					$488,089			$698,800	

(3)

Dental Loan Repayment Program

	2013-15 Legislative Appropriation	2015-17 Executive Budget
General Funds	180,000	240,000
Special Funds	340,000	360,000
Total	$520,000	$600,000

	Participants			Prior Bien Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	FY 2015	Pmt Date	2015-17 Executive Budget FY 2016	Pmt Date	FY 2017	Pmt Date
	CURRENT LOANS											
Jamestown	Orn, Dr. Carrie	FY 09	#2	60,000	20,000	Aug-12						
Valley City	Bulik, Dr. Brian	FY 10	#1	60,000	20,000	Jun-12						
Williston	Dornfield, Dr. Kamila		#2	40,000	20,000	Aug-12	20,000	Aug-14				
Wishek	Giese, Dr. Travis		#3	40,000	20,000	Jul-12	20,000	Jul-14				
Langdon/Walhalla	Shelby, Daniel (appr 06/2011)	FY11	#1	60,000	20,000	Jun-14						
	Not acted on in time		#2		0		0					
	Not acted on in time		#3		0		0					
			Sbtl	260,000	100,000		40,000		0		0	
	Current Loans Total						**140,000**				-	
Hazen	Priscila Jelsing, DDS (appr 06/2011)	FY12	#1	40,000	20,000	Jun-14	20,000	Jun-15				
Bowman	Jennifer Sarlsand, DDS (appr 06/2011)		#2	40,000	20,000	Jun-14	20,000	Jun-15				
	Open - Not Approved		#3		0		0		0		0	
Carrington	Benjamin Garr	FY13	#1		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
Williston	Jeremy Messer		#2		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
Cavalier	Sterling Stevens		#3		20,000	Jul-13	20,000	Jan-15	20,000	Jan-16	20,000	Jan-17
			Sbtl	$ 80,000	100,000		100,000		60,000		60,000	
							200,000				**120,000**	
Watford City	Lucas Allen	FY 14	#1		20,000	Jan-14	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Watford City	Narek Ovsepian		#2		20,000	Sep-13	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
New Rockford	Amy Holtan-Ellingson		#3		20,000	Mar-14	20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Watford City	Bennion, Julia	FY 15	#1				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Minot	Hensen, Jerik		#2				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
Fargo/Grand Forks	Trout, Carl		#3				20,000	Jun-15	20,000	Jun-16	20,000	Jun-17
			Subtotal		$60,000		$120,000		$120,000		$120,000	
	Current Loans Total						**$180,000**				**$240,000**	
		FY 16	#1						20,000	Jun-16	20,000	Jun-17
			#2						20,000	Jun-16	20,000	Jun-17
			#3						20,000	Jun-16	20,000	Jun-17
			#4						20,000	Jun-16	20,000	Jun-17
		FY 17	#1								20,000	Jun-17
			#2								20,000	Jun-17
			#3								20,000	Jun-17
			#4								20,000	Jun-17
			Subtotal						$80,000		$160,000	
	New Dental Loans Total										**$240,000**	
	TOTAL DENTAL LOAN PROGRAM						**$520,000**				**$600,000**	

Dental New Practice Grants

2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	0	General Funds	0
Special Funds	25,000	Special Funds	0
Total	$25,000	Total	$0

Participants				Prior Bien Payments	2013-15 Estimated Expenditures FY 2014	Pmt Date	FY 2015	Pmt Date	2015-17 Executive Budget FY 2014	Pmt Date	FY 2015	Pmt Date
CURRENT DENTAL NEW PRACTICE												
Matthew J. Volk - Larimore		#1	Volk	20,000	5,000	Apr-14						
2 New Dental Practice Grants		FY 13	Open									
		FY 13	Open									
Subtotal												
		CURRENT GRANTS TOTAL		$20,000			$5,000				$0	
PROPOSED DENTAL NEW PRACTICE												
2 New Dental Practice Grants/yr		FY14	#1									
		FY14	#2									
2 New Dental Practice Grants/yr	FY15	FY15	#1									
	FY15	FY15	#2									
Subtotal		Subtotal									$ -	
		PROPOSED GRANTS TOTAL			$0		$5,000		$0		$0	
Grand Total					TOTAL DENTAL NEW PRACTICE GRTS						$0	

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Nonprofit Dental Loan Repayment Program

2013-15 Legislative Appropriation	
General Funds	180,000
Federal Funds	0
Total	$180,000

2015-17 Executive Budget	
General Funds	180,000
Federal Funds	
Total	$180,000

Participants				2013-15 Estimated Expenditures				2015-17 Executive Budget			
	CURRENT LOANS			FY 2014	PmtDt	FY 2015	PmtDt	FY 2014	PmtDt	FY 2015	PmtDt
GF Valley Community Health Ctr	Jackie Nord	FY14	#1	0	0	27,077	Dec-14				
Fargo FHC	Courtney Rud		#2	0	0	30,000	Dec-14				
GF Valley Community Health Ctr	Christopher Eriksson		#3	0	0	30,000	Dec-14				
Fargo FHC	Samuel Sticka		#4	30,000	Jun-14	30,000	Jun-15				
	Open	FY15	#1								
				30,000		117,077					
Current Loans Total							$147,077				
	NEW LOANS										
		FY 16	#1					30,000	Jun-16	30,000	Jun-17
			#2					30,000	Jun-16	30,000	Jun-17
			#3					30,000	Jun-16	30,000	Jun-17
								90,000		90,000	
Total New Loans Total											$180,000

Dental Nonprofit Loan Repayment Prgm $60,000 for 2 years $30,000 per year (Allows 3 new dentists per biennium) 13- 15 Biennium - utilized SLRP funds to maximize the dollars and number of dentist that were assisted. Dental Nonprofit funding provided the match.

Veterinarian Loan Repayment Program

2013-15 Legislative Appropriation		2015-17 Executive Budget	
General Funds	485,000	General Funds	475,000
Special Funds		Special Funds	
Total	485,000	Total	475,000

Participants				Prior Bien	2013-15 Estimated Expenditures				2015-17 Executive Budget			
				Payments	FY 2014	Pmt Date	FY 2015	Pmt Date	FY 2016	Pmt Date	FY 2017	Pmt Date
		CURRENT LOANS:										
Beulah	Mary Green,DVM	FY 11	#1	55,000	25,000	Apr-14						
Sheridan Co	Nadine Tedford, DVM		#2	55,000	25,000	Apr-14						
Ransom Co	Charly Stansbery, DVM		#3	30,000	25,000	May-14	25,000	May-15				
Oakes	Collin W. Galbreath, DVM	FY 12	#1	30,000	25,000	Mar-14	25,000	Mar-15				
New Salem	Leslie Marie Henderson, DVM was New Salem now Elgin		#2	30,000	25,000	Mar-14	5,000	Mar-15				
Cooperstown	Kristen Klein, DVM		#3	30,000	25,000	Mar-14	25,000	Mar-15				
Ashley	Brian Watkins	FY 13	#1		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
Beach	Angela Hall, DVM		#2		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
New Rockford	Trisa Tedrow		#3		15,000	Aug-13	15,000	Feb-15	25,000	Feb-16	25,000	Feb-17
			Subtotal	$ 230,000	$ 195,000		$ 125,000		$ 75,000		$ 75,000	
		CURRENT LOANS TOTAL					**$ 320,000**				**$150,000**	
		CURRENT LOANS:										
Steele	Christina Burgard, Steele	FY 14	#1				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
NDSU	Brent Webb, NDSU		#2				15,000	Oct-14	15,000	Apr-16	25,000	Apr-17
Watford City	Seth Neinhueser, Watford City		#3				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
Hettinger	Lindy West, Hettinger		#4				15,000	Aug-14	15,000	Mar-16	25,000	Mar-17
	New Veteranian Loan Contract 2015	FY 15	#1						15,000	Aug-15	15,000	Feb-17
	New Veteranian Loan Contract 2015		#2						15,000	Aug 15	15,000	Feb-17
	New Veteranian Loan Contract 2015		#3						15,000	Aug 15	15,000	Feb-17
	New Veteranian Loan Contract 2015		#4						15,000	Aug 15	15,000	Feb-17
	Subtotal		Subtotal				$60,000		$120,000		$160,000	
		CURRENT LOANS TOTAL					**$60,000**				**$280,000**	
	NEW LOANS											
		FY 16	#1								15,000	Aug-16
			#2								15,000	Aug-16
			#3								15,000	Aug-16
		FY 17	#1									
			#2									
			#3									
			Subtotal								$ 45,000	
		NEW LOANS TOTAL									**$ 45,000**	
		TOTAL VETERINARIAN LOAN PROGRAM					**$380,000**				**$475,000**	

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CHAPTER 43-29.1
VETERINARIAN LOAN REPAYMENT PROGRAM

43-29.1-01. Loan repayment program - Veterinarians - Maximum amount of funds.

Each year the state health council, in consultation with the state board of animal health, shall select qualified applicants to participate in a loan repayment program, as provided for in this chapter. Each applicant must be a veterinarian and must agree to provide food animal veterinary medicine services to communities in this state. The selected applicants are eligible to receive up to eighty thousand dollars in loan repayment funds. The number of applicants that the council may select for participation in the loan repayment program is limited only by the moneys available to support the program, as provided for in this chapter.

43-29.1-02. Loan repayment program - Veterinarians - Powers of state health council.

The state health council may:

1. Determine the eligibility and qualifications of an applicant for loan repayment funds under this chapter;
2. Identify communities that are in need of a veterinarian and establish a priority ranking for participation in the program by the selected communities;
3. Create and distribute a loan repayment application;
4. Determine the amount of the loan repayment funds for which an applicant may be eligible under this chapter and, in making this determination, examine any outstanding education loans incurred by the applicant;
5. Establish conditions regarding the use of the loan repayment funds;
6. Enter a nonrenewable contract with the selected applicant and the selected community to provide to the applicant funds for the repayment of education loans in exchange for the applicant agreeing to actively practice in the selected community;
7. Receive and use funds appropriated for the program;
8. Enforce any contract under the program;
9. Cancel a contract for reasonable cause;
10. Participate in federal programs that support the repayment of education loans incurred by veterinarians and agree to the conditions of the federal programs;
11. Accept property from an entity; and
12. Cooperate with the state department of health to effectuate this chapter.

43-29.1-03. Veterinarian selection criteria - Eligibility for loan repayment.

1. In establishing the criteria regarding eligibility for loan repayment funds under this chapter, the state health council shall consider the applicant's:
   a. Training in food animal veterinary medicine, ability, willingness to engage in food animal veterinary medicine, and the extent to which such services are needed in a selected community;
   b. Commitment to serve in a community that is in need of a veterinarian;
   c. Compatibility with a selected community;
   d. Date of availability for service to the selected community; and
   e. Competence and professional conduct.
2. An applicant selected to receive loan repayment funds under this chapter must:
   a. Have graduated from an accredited college of veterinary medicine; and
   b. Be licensed to practice veterinary medicine in this state.
3. A selected applicant shall contract to provide full-time veterinary medicine services for two, three, or four years in one or more selected communities.

43-29.1-04. Community selection criteria.

1. In selecting a community with a defined need for the services of a veterinarian, the health council shall consider:
   a. The size of the community and give priority:
      (1) First to rural communities having a population under five thousand;

(2) Second to communities having a population between five thousand and ten thousand; and
(3) Third to communities having a population greater than ten thousand.

b. The number of veterinarians practicing in the community and the surrounding area.
c. The access by residents to veterinarians practicing in the community and the surrounding area.
d. The degree to which residents support the addition of a veterinarian within the community.

2. The state health council shall give priority for participation to a community that demonstrates a need for a veterinarian.
3. In evaluating communities for participation in this program, the state health council may consult with public and private entities and visit the communities.

43-29.1-05. Eligible loans.

The state health council may provide for loan repayment funds to a veterinarian who has received an education loan. The council may not provide funds for the repayment of a loan that is in default at the time of the application. The amount of the repayment must be related to the veterinarian's outstanding education loans.

43-29.1-06. Release from contract obligation.

1. The state health council shall release a veterinarian from the veterinarian's loan repayment contract without penalty if:
   a. The veterinarian has completed the service requirements of the contract;
   b. The veterinarian is unable to complete the service requirement of the contract because of a permanent physical disability;
   c. The veterinarian demonstrates to the state health council extreme hardship or shows other good cause justifying the release; or
   d. The veterinarian dies.
2. A decision by the state health council not to release a veterinarian from the veterinarian's loan repayment contract without penalty is reviewable by district court.

43-29.1-07. Loan repayment.

1. a. Upon completing six months of the first year of service, as required by the contract, the veterinarian is eligible to receive a loan payment in an amount up to fifteen thousand dollars.
   b. Upon completing a second year of service, as required by the contract, the veterinarian is eligible to receive a loan payment in an amount up to fifteen thousand dollars.
   c. Upon completing a third year of service, as required by the contract, the veterinarian is eligible to receive a loan payment in an amount up to twenty-five thousand dollars.
   d. Upon completing a fourth year of service, as required by the contract, the veterinarian is eligible to receive a loan payment in an amount up to twenty-five thousand dollars.
2. All payments under this section must be made on the veterinarian's behalf to the issuer of the student loan.
3. A veterinarian is not entitled to receive more than eighty thousand dollars under this section.
4. If an individual fails to complete an entire year of service, the amount repayable under this section for that year must be prorated.
5. If any moneys remain in the state veterinary loan repayment account after the health council has met all statutory and contractual obligations established under this chapter, the health council may use the moneys to increase the number of veterinarians participating in the loan repayment program.

43-29.1-08. Gifts, grants, and donations - Continuing appropriation.

1. The state health council may accept any conditional or unconditional gifts, grants, and donations for the purpose of providing moneys for the repayment of veterinarians' education loans. However, if an entity desires to provide moneys to the state health council for the location of a veterinarian in or at a specific site, the entity shall commit to provide the full amount required under this program for a period of four years.
2. The state health council may contract with a public or private entity and may expend any moneys available to the council to obtain matching funds for the purposes of this chapter.
3. All moneys received as gifts, grants, or donations under this section are appropriated on a continuing basis to the state health council for the purpose of increasing the number of veterinarians participating in the loan repayment program under this chapter.

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Department of Health – EPR – Ambulance Grants

Contract Signed	Contract Period		Contract Number	Subrecipient Name	Contract Amount
	Beginning	Ending			
09/25/13	7/1/13	6/30/14	13.237	Ashley Ambulance Service	28,700.00
09/09/13	7/1/13	6/30/14	13.238	Barnes County Ambulance	52,850.00
09/25/13	7/1/13	6/30/14	13.239	Billings County Ambulance Service	60,000.00
11/01/13	7/1/13	6/30/14	13.240	Bottineau Ambulance Service	31,325.00
11/07/13	7/1/13	6/30/14	13.241	Bowdon Ambulance Service District	70,000.00
11/07/13	7/1/13	6/30/14	13.242	Carrington Health Center	80,000.00
09/25/13	7/1/13	6/30/14	13.243	Casselton Volunteer Ambulance, Inc.	70,000.00
09/09/13	7/1/13	6/30/14	13.244	Cavalier Ambulance	78,907.00
09/25/13	7/1/13	6/30/14	13.245	Community Ambulance Service of Beach	30,000.00
09/09/13	7/1/13	6/30/14	13.246	Community Ambulance Service Inc, Minot,	1,312.00
11/27/13	7/1/13	6/30/14	13.247	Community Ambulance Service Inc. Rolla	29,500.00
09/09/13	7/1/13	6/30/14	13.248	Community Ambulance Service of New Roc	70,000.00
09/25/13	7/1/13	6/30/14	13.249	Cooperstown Ambulance Service	40,015.00
09/25/13	7/1/13	6/30/14	13.250	Dickinson Area Ambulance Service, Inc.	31,080.00
11/01/13	7/1/13	6/30/14	13.251	Divide County Ambulance District	35,625.00
09/25/13	7/1/13	6/30/14	13.252	Drayton Volunteer Ambulance Service, Inc.	63,364.00
09/09/13	7/1/13	6/30/14	13.253	Emmons County Advanced Life Support Ar	25,530.00
09/25/13	7/1/13	6/30/14	13.254	Fessenden Ambulance Service District	70,000.00
09/09/13	7/1/13	6/30/14	13.255	First Medic Ambulance of Ransom County	70,000.00
09/09/13	7/1/13	6/30/14	13.256	Flasher Ambulance	23,555.00
09/09/13	7/1/13	6/30/14	13.257	Gackle Ambulance Service	31,500.00
09/09/13	7/1/13	6/30/14	13.258	Garrison-Max Ambulance Dist	30,725.00
09/25/13	7/1/13	6/30/14	13.259	Glenburn Area Ambulance Service Inc.	30,000.00
09/25/13	7/1/13	6/30/14	13.260	Grenora Ambulance Service	40,650.00
09/25/13	7/1/13	6/30/14	13.261	Hankinson Ambulance Service	60,000.00
09/13/13	7/1/13	6/30/14	13.262	Jamestown Area Ambulance	8,562.00
11/07/13	7/1/13	6/30/14	13.263	Kenmare Ambulance Service	40,000.00
09/09/13	7/1/13	6/30/14	13.264	Kidder County Ambulance	70,000.00
09/25/13	7/1/13	6/30/14	13.265	Killdeer Area Ambulance Service	26,082.00
09/25/13	7/1/13	6/30/14	13.266	Kindred Area Ambulance Service	60,000.00
09/25/13	7/1/13	6/30/14	13.267	LaMoure County	60,000.00
09/09/13	7/1/13	6/30/14	13.268	Langdon Ambulance	9,576.00
09/25/13	7/1/13	6/30/14	13.269	Leeds Ambulance Service	58,828.00
09/09/13	7/1/13	6/30/14	13.270	Maddock Ambulance Service, Inc.	60,000.00
10/18/13	7/1/13	6/30/14	13.271	McHenry Ambulance Service	51,000.00
11/07/13	7/1/13	6/30/14	13.272	McKenzie County Ambulance Service	49,350.00
09/25/13	7/1/13	6/30/14	13.273	McVille Community Ambulance Service	37,464.00
09/09/13	7/1/13	6/30/14	13.274	Medina Ambulance Service	52,061.00
09/09/13	7/1/13	6/30/14	13.275	Mercer County Ambulance Service	16,800.00
09/09/13	7/1/13	6/30/14	13.276	Michigan Area Ambulance Service, Inc.	70,000.00
09/09/13	7/1/13	6/30/14	13.277	Mohall Ambulance Service	80,000.00
09/09/13	7/1/13	6/30/14	13.278	Mott Volunteer Ambulance Service	60,000.00
09/09/13	7/1/13	6/30/14	13.279	Munich Ambulance	7,500.00
09/25/13	7/1/13	6/30/14	13.280	Napoleon Ambulance Service	60,000.00
09/25/13	7/1/13	6/30/14	13.281	New England Ambulance Service Inc.	60,000.00
09/25/13	7/1/13	6/30/14	13.282	New Salem Ambulance Service	13,840.00
09/25/13	7/1/13	6/30/14	13.283	New Town Ambulance Service	7,500.00
09/09/13	7/1/13	6/30/14	13.284	Northwood Ambulance Service	52,944.00
09/09/13	7/1/13	6/30/14	13.285	Oliver County Ambulance Association	48,790.00
09/09/13	7/1/13	6/30/14	13.286	Page Ambulance Service	24,710.00
09/25/13	7/1/13	6/30/14	13.287	Pembina Ambulance Service, Inc.	60,080.00
11/01/03	7/1/13	6/30/14	13.288	Powers Lake Ambulance	14,000.00
09/09/13	7/1/13	6/30/14	13.289	Richardton Taylor Rural Ambulance District	41,550.00
09/09/13	7/1/13	6/30/14	13.290	Rolette Ambulance Service	77,382.00

Department of Health – EPR – Ambulance Grants

09/09/13	7/1/13	6/30/14	13.291	Rugby EMS	90,000.00
11/07/13	7/1/13	6/30/14	13.292	Sanford Hillsboro Ambulance Service	70,000.00
09/25/13	7/1/13	6/30/14	13.293	Sargent County Ambulance	33,334.00
09/09/13	7/1/13	6/30/14	13.294	Stanley Ambulance Service	12,500.00
11/18/13	7/1/13	6/30/14	13.295	Turtle Lake Ambulance Service	53,078.00
11/01/13	7/1/13	6/30/14	13.296	Valley Ambulance Service, Inc.	70,000.00
09/09/13	7/1/13	6/30/14	13.297	Velva Ambulance Service Inc.	70,000.00
09/25/13	7/1/13	6/30/14	13.298	Walhalla Ambulance Service	53,900.00
09/09/13	7/1/13	6/30/14	13.299	Washburn Volunteer Ambulance Service	57,732.00
09/25/13	7/1/13	6/30/14	13.300	West River Ambulance	60,000.00
09/09/13	7/1/13	6/30/14	13.301	West Traill Ambulance Service	28,000.00
09/25/13	7/1/13	6/30/14	13.302	Westhope Ambulance	17,375.00
09/09/13	7/1/13	6/30/14	13.303	Wilton Rural Ambulance District	70,000.00
09/09/13	7/1/13	6/30/14	13.304	Wing Ambulance Service, Inc.	29,540.00
09/25/13	7/1/13	6/30/14	13.305	Wishek Ambulance Service	51,884.00
10/15/14	7/1/14	6/30/15	13.967	Ashley Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.968	Barnes County Ambulance	54,000.00
10/24/14	7/1/14	6/30/15	13.969	Berthold Ambulance Service	25,000.00
10/15/14	7/1/14	6/30/15	13.970	Billings County Ambulance Service	72,000.00
10/15/14	7/1/14	6/30/15	13.971	Bottineau Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.972	Bowdon Ambulance Service District	45,000.00
10/24/14	7/1/14	6/30/15	13.973	Carrington Health Center	54,000.00
11/07/14	7/1/14	6/30/15	13.974	Casselton Volunteer Ambulance, Inc.	54,000.00
10/15/14	7/1/14	6/30/15	13.975	Cavalier Ambulance	63,000.00
11/19/14	7/1/14	6/30/15	13.976	Community Ambulance Service - Beach	54,000.00
10/24/14	7/1/14	6/30/15	13.977	Community Ambulance Service Inc, Minot,	8,000.00
11/19/14	7/1/14	6/30/15	13.978	Community Ambulance Service Inc. Rolla	28,600.00
10/15/14	7/1/14	6/30/15	13.979	Community Ambulance Service of New Roc	54,000.00
10/15/14	7/1/14	6/30/15	13.980	Dickinson Area Ambulance Service, Inc.	54,000.00
10/24/14	7/1/14	6/30/15	13.981	Divide County Ambulance District	45,000.00
10/15/14	7/1/14	6/30/15	13.982	Drayton Volunteer Ambulance Service, Inc.	54,000.00
10/15/14	7/1/14	6/30/15	13.983	Ellendale Community Ambulance	33,423.00
10/15/14	7/1/14	6/30/15	13.984	Emmons County Advanced Life Support Ar	34,442.00
10/15/14	7/1/14	6/30/15	13.985	Fessenden Ambulance Service District	63,000.00
10/15/14	7/1/14	6/30/15	13.986	First Medic Ambulance of Ransom County	39,739.00
10/15/14	7/1/14	6/30/15	13.987	Flasher Ambulance	54,000.00
10/15/14	7/1/14	6/30/15	13.988	Gackle Ambulance Service	29,669.00
11/07/14	7/1/14	6/30/15	13.989	Glenburn Area Ambulance Service Inc.	54,000.00
10/15/14	7/1/14	6/30/15	13.990	Grenora Ambulance Service	54,000.00
10/24/14	7/1/14	6/30/15	13.991	Hankinson Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.992	Jamestown Area Ambulance	12,217.00
10/15/14	7/1/14	6/30/15	13.993	Kidder County Ambulance	63,000.00
10/24/14	7/1/14	6/30/15	13.994	Killdeer Area Ambulance Service	60,067.00
10/15/14	7/1/14	6/30/15	13.995	Kindred Area Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.996	LaMoure County	54,000.00
10/15/14	7/1/14	6/30/15	13.997	Langdon Ambulance	20,578.00
10/15/14	7/1/14	6/30/15	13.998	Leeds Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.999	Maddock Ambulance Service, Inc.	54,000.00
10/24/14	7/1/14	6/30/15	13.1000	McHenry Ambulance Service	8,865.00
10/15/14	7/1/14	6/30/15	13.1001	McKenzie County Ambulance Service	45,000.00
10/24/14	7/1/14	6/30/15	13.1002	McVille Community Ambulance Service	51,000.00
10/15/14	7/1/14	6/30/15	13.1003	Medina Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.1004	Mercer County Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.1005	Michigan Area Ambulance Service, Inc.	72,000.00
10/15/14	7/1/14	6/30/15	13.1006	Mohall Ambulance Service	65,760.00
10/15/14	7/1/14	6/30/15	13.1007	Mott Volunteer Ambulance Service	45,000.00

Department of Health – EPR – Ambulance Grants

10/15/14	7/1/14	6/30/15	13.1008	Munich Ambulance	15,349.00
10/15/14	7/1/14	6/30/15	13.1009	Napoleon Ambulance Service	63,000.00
10/15/14	7/1/14	6/30/15	13.1010	New England Ambulance Service Inc.	54,000.00
10/15/14	7/1/14	6/30/15	13.1011	Northwood Deaconess Health Center	49,892.00
10/15/14	7/1/14	6/30/15	13.1012	Oliver County Ambulance Association	45,720.00
10/15/14	7/1/14	6/30/15	13.1013	Page Ambulance Service	34,080.00
11/28/14	7/1/14	6/30/15	13.1014	Parshall Ambulance Service	11,000.00
10/15/14	7/1/14	6/30/15	13.1015	Pembina Ambulance Service, Inc.	72,000.00
10/15/14	7/1/14	6/30/15	13.1016	Powers Lake Ambulance	24,000.00
11/19/14	7/1/14	6/30/15	13.1017	Richardton Taylor Rural Ambulance District	54,000.00
10/15/14	7/1/14	6/30/15	13.1018	Rolette Ambulance Service	63,000.00
10/15/14	7/1/14	6/30/15	13.1019	Rugby EMS	81,000.00
10/15/14	7/1/14	6/30/15	13.1020	Sanford Hillsboro Ambulance Service	54,000.00
10/15/14	7/1/14	6/30/15	13.1021	Sargent County Ambulance	39,778.00
10/15/14	7/1/14	6/30/15	13.1022	Southwest Healthcare Services	40,933.00
11/19/14	7/1/14	6/30/15	13.1023	Spirit Lake Tribe EMS	13,620.00
11/28/14	7/1/14	6/30/15	13.1024	Standing Rock Ambulance Service	15,000.00
10/24/14	7/1/14	6/30/15	13.1025	Stanley Ambulance Service	45,000.00
11/19/14	7/1/14	6/30/15	13.1026	Turtle Lake Ambulance Service	45,000.00
10/15/14	7/1/14	6/30/15	13.1027	Valley Ambulance Service, Inc.	54,000.00
10/24/14	7/1/14	6/30/15	13.1028	Velva Ambulance Service Inc.	54,000.00
10/15/14	7/1/14	6/30/15	13.1029	Walhalla Ambulance Service	50,400.00
10/15/14	7/1/14	6/30/15	13.1030	Washburn Volunteer Ambulance Service	31,438.00
10/15/14	7/1/14	6/30/15	13.1031	West River Ambulance	54,000.00
10/15/14	7/1/14	6/30/15	13.1032	Westhope Ambulance	54,000.00
10/15/14	7/1/14	6/30/15	13.1033	Wilton Rural Ambulance District	70,320.00
10/15/14	7/1/14	6/30/15	13.1034	Wing Ambulance Service, Inc.	21,100.00
10/15/14	7/1/14	6/30/15	13.1035	Wishek Ambulance Service	30,300.00
					6,396,290.00

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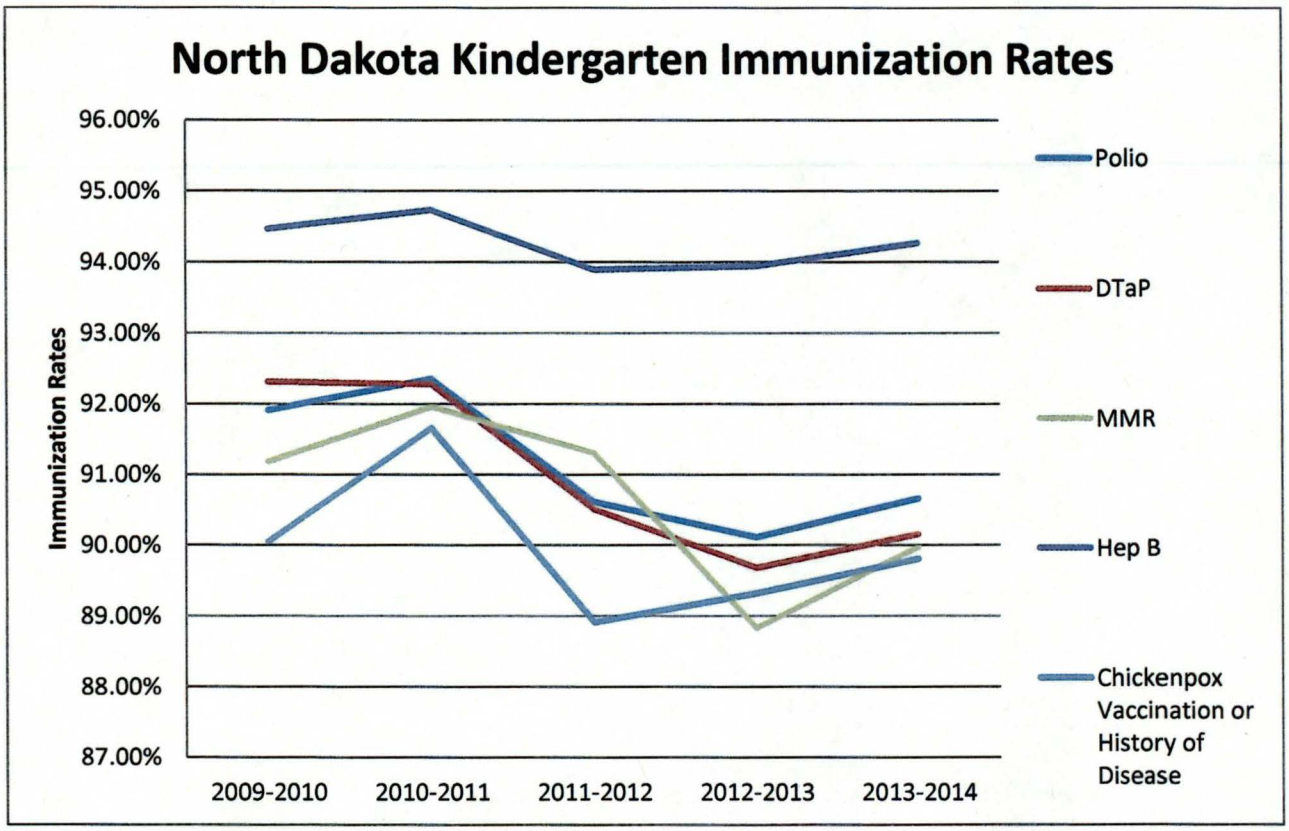

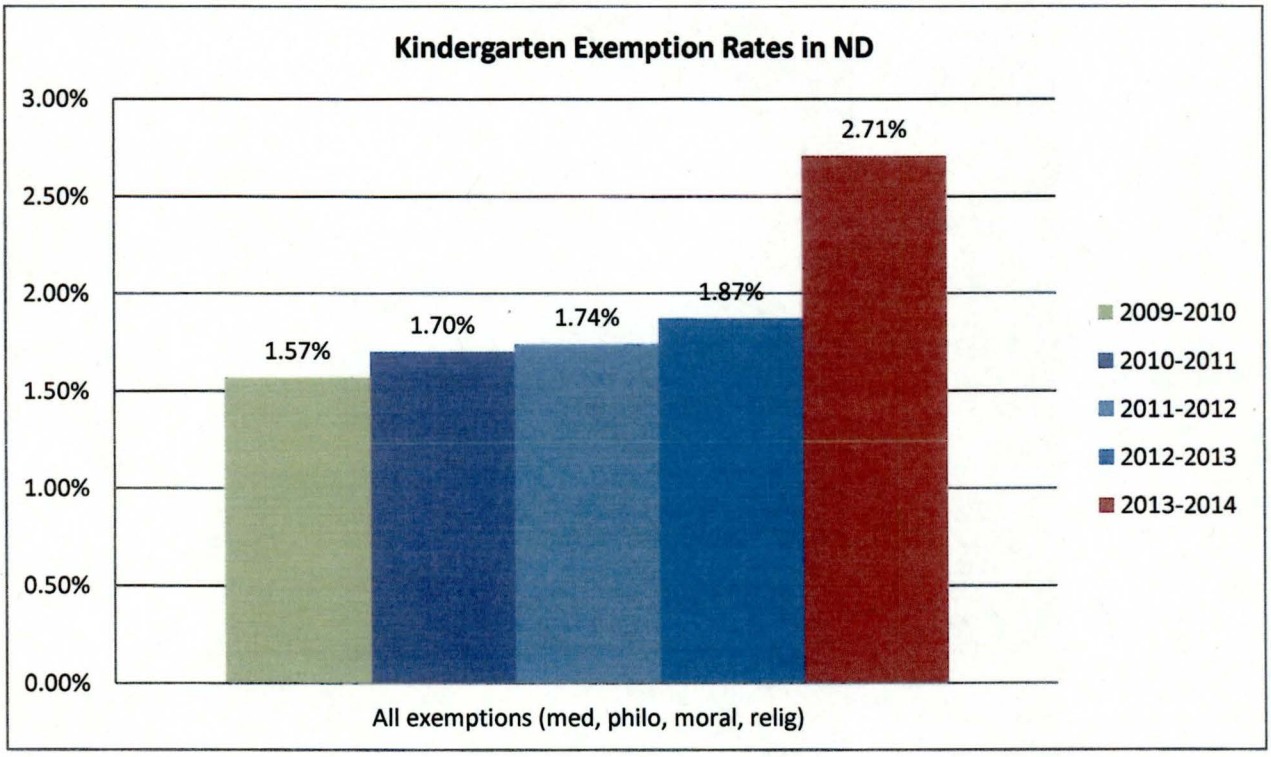

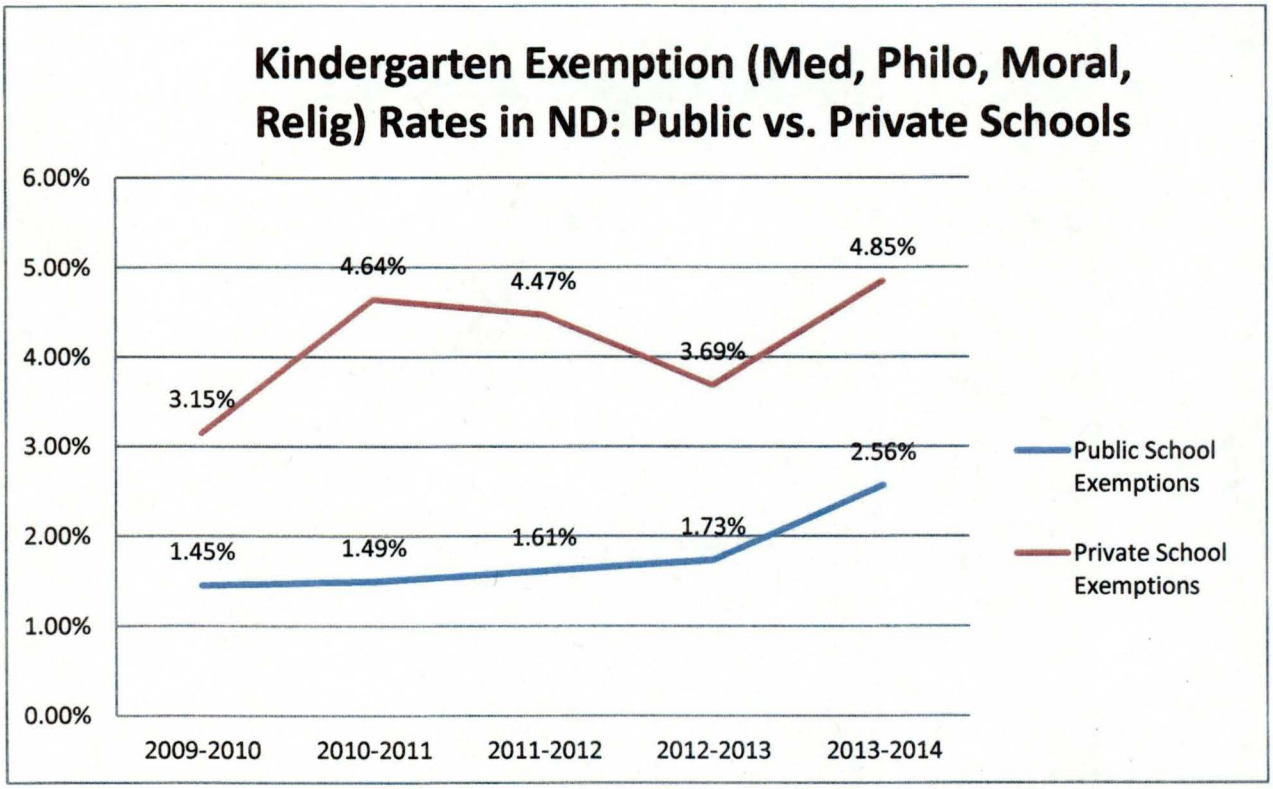
Kindergarten Exemption (Med, Philo, Moral, Relig) Rates in ND: Public vs. Private Schools
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
2009-2010
2010-2011
2011-2012
2012-2013
2013-2014
3.15%
4.64%
4.47%
3.69%
4.85%
1.45%
1.49%
1.61%
1.73%
2.56%
Public School Exemptions
Private School Exemptions

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Department of Health
2015-17 Executive Budget
Health Resources Section
Nursing Home Deficiencies

Average Number of Deficiencies Report

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only

Display Uncorrected Deficiencies Only: No

Survey Focus: Health

Year Type: Fiscal Year

Year: 2014

Quarter: Full Year

	Average # Deficiencies per Survey by Scope & Severity												
Region	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**Total**	**# of Surveys**
(I) Boston	0.04	0.02	1.10	0.32	0.07	0.13	0.01	0.00	0.01	0.00	0.00	1.69	2,856
(II) New York	0.05	0.01	0.81	0.26	0.04	0.03	0.00	0.00	0.01	0.01	0.02	1.23	4,082
(III) Philadelphia	0.07	0.05	1.75	0.61	0.11	0.07	0.00	0.00	0.00	0.00	0.00	2.67	4,293
(IV) Atlanta	0.02	0.02	1.03	0.24	0.09	0.04	0.00	0.00	0.05	0.02	0.00	1.52	8,083
(V) Chicago	0.02	0.08	1.08	0.31	0.13	0.07	0.00	0.00	0.01	0.00	0.00	1.72	13,339
(VI) Dallas	0.02	0.04	0.30	0.79	0.19	0.03	0.02	0.00	0.01	0.04	0.01	1.46	11,659
(VII) Kansas City	0.03	0.04	1.15	0.59	0.17	0.09	0.00	0.00	0.01	0.00	0.00	2.09	5,343
Colorado	0.05	0.01	1.98	1.11	0.39	0.19	0.00	0.00	0.00	0.00	0.00	3.74	523
Montana	0.19	0.20	2.65	1.96	0.30	0.12	0.01	0.00	0.07	0.04	0.00	5.53	138
North Dakota	0.20	0.08	3.19	0.98	0.07	0.38	0.00	0.00	0.01	0.00	0.00	4.92	119
South Dakota	0.09	0.14	2.27	1.89	0.31	0.35	0.01	0.04	0.01	0.02	0.00	5.14	141
Utah	0.00	0.07	2.18	2.38	0.06	0.15	0.08	0.00	0.04	0.02	0.00	4.98	217
Wyoming	0.10	0.00	2.99	1.49	0.30	0.17	0.00	0.00	0.04	0.10	0.00	5.19	80
(VIII) Denver	0.08	0.07	2.31	1.54	0.27	0.21	0.02	0.00	0.02	0.02	0.00	4.54	1,218
(IX) San Francisco	0.06	0.03	0.90	0.31	0.06	0.02	0.00	0.00	0.00	0.00	0.00	1.39	9,164
(X) Seattle	0.02	0.01	0.78	0.28	0.06	0.08	0.00	0.00	0.01	0.00	0.00	1.24	2,950
National Total	**0.03**	**0.04**	**0.95**	**0.45**	**0.12**	**0.06**	**0.00**	**0.00**	**0.01**	**0.01**	**0.00**	**1.69**	**62,987**

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North Dakota Department of Health
2015 – 2017 Executive Budget
Annual Number of Critical Violations in Food Establishments
Food and Lodging Division

Year 2011	1129 Critical Violations
Year 2012	1251 Critical Violations
Year 2013	1556 Critical Violations
Year 2014	1204 Critical Violations

North Dakota Department of Health
2015-2017 Executive Budget
Food and Lodging Division License Fees

Assisted Living Facility	$120
Bar/Tavern	$80
Bed & Breakfast Facility	$50
Beverages	$80
Child Care Facility	$50
Electrologist – Initial and Renewal	$50/$25
Electronic Hair Removal Technician - Initial and Renewal	$30/$25
Food Processing Plant	$60
Limited Restaurant	$110
Lodging Establishment with 1-3 rooms	$50
Lodging Establishment with 4-10 rooms	$70
Lodging Establishment with 11-20 rooms	$100
Lodging Establishment with 21-50 rooms	$120
Lodging Establishment with 51-100 rooms	$150
Lodging Establishment with 101-250 rooms	$225
Lodging Establishment with 251-500 rooms	$325
Lodging Establishment with 501-1000 rooms	$450
Lodging Establishment with 100+ rooms	$600
MHP/TP/CG owned by state/municipality/non-profit	$0
MHP/TP/CG with 3-10 lots	$90
MHP/TP/CG with 11-25 lots	$135
MHP/TP/CG with 26-50 lots	$175
MHP/TP/CG with 51-100 lots	$220
MHP/TP/CG with 101-150 lots	$270
MHP/TP/CG with 151-200 lots	$320
MHP/TP/CG with 201-250	$370
MHP/TP/CG with 250+ lots	$420
Mobile Food/Temporary Food	$110
Restaurant – Flat fee of $110 + $.50/seat	$210/max
Retail Food Store/Meat Market/Bakery (<2500 square feet)	$110
Retail Food Store/Meat Market/Bakery (2500-5000 square feet)	$120
Retail Food Store/Meat Market/Bakery (>5000 square feet)	$140
Maximum license fee for MK <2500 square feet	$150
Maximum license fee for MK 2500-5000 square feet	$210
Maximum license fee for MK >5000 square feet	$290
Salvaged Food	$100
School	$140
Tanning Facility with 1-5 beds – flat fee of $75 + $10/bed	
Tanning Facility with 5+ beds	$150
Tattoo & Body Art Establishment	$135
Vending Machine	$30

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ND Department of Health		
Hiring salaries by classification		
Classification	**Monthly Salary**	**Annual Salary***
Administrative Assistant I	$2,288	$27,456
Administrative Assistant II	$2,759	$33,108
Administrative Assistant III	$3,046	$36,552
Chemist I	$3,380	$40,560
Chemist II	$3,675	$44,100
Chemist III	$4,399	$52,788
Data Processing Coordinator II	$3,046	$36,552
Data Processing Coordinator III	$3,675	$44,100
Electronics Technician II	$3,046	$36,552
Environmental Engineer I	$3,380	$40,560
Environmental Engineer II	$4,399	$52,788
Environmental Sciences Administrator I	$5,361	$64,332
Environmental Scientist II	$3,675	$44,100
Environmental Scientist III	$4,399	$52,788
Epidemiologist II	$3,675	$44,100
Epidemiologist III	$4,016	$48,192
Health and Human Service Program Administrator I	$3,380	$40,560
Health and Human Service Program Administrator II	$3,675	$44,100
Health and Human Service Program Administrator III	$4,016	$48,192
Health and Human Service Program Administrator IV	$4,849	$58,188
Health and Human Service Program Administrator V	$5,361	$64,332
Health and Human Service Program Administrator VI	$5,690	$68,280
Health Care Facility Surveyor II	$3,675	$44,100
Health Care Facility Surveyor III	$4,016	$48,192
Laboratory Technician I	$1,927	$23,124
Laboratory Technician II	$2,104	$25,248
Laboratory Technician III	$2,507	$30,084
Laboratory Technician IV	$2,759	$33,108
Medical Laboratory Technician I	$2,759	$33,108
Medical Laboratory Technician II	$3,046	$36,552
Microbiologist I	$3,380	$40,560
Microbiologist II	$3,675	$44,100
Microbiologist III	$4,399	$52,788
Office Assistant I	$1,789	$21,468
Office Assistant II	$1,927	$23,124
Office Assistant III	$2,104	$25,248
Public Health Nurse Consultant I	$3,380	$40,560
Public Health Nurse Consultant II	$3,675	$44,100
* The ND Department of Health hires at the minimum for each classification due to compression issues within the department.		

Department of Health
2015 - 17 Executive Budget
Market Policy Point and Compensation Package Comparison

	2013-15 Appropriation	2015-17 Exec. Budget	Difference
Salary Equity Package			
Amount	-	1,559,659	1,559,659
General Fund	-	1,559,659	1,559,659
Federal Funds	-	-	-
Special Funds	-	-	-
Total	-	1,559,659	1,559,659
Market Policy Point Adjustment			
Amount	678,190	1,037,666	359,476
General Fund	366,223	609,362	243,139
Federal Funds	311,967	315,623	3,656
Special Funds	-	112,681	112,681
Total	678,190	1,037,666	359,476
Compensation Package			
Salary / Benefit Amount	2,560,722	4,866,599	2,305,877
General Fund	1,382,790	2,889,835	1,507,045
Federal Funds	1,177,932	1,484,498	306,566
Special Funds	-	492,266	492,266
Total	2,560,722	4,866,599	2,305,877

Compensation Package by Section	Amount	General Fund	Federal Funds	Special Funds	Total Funds
Administrative Support	547,795	543,476	4,319	-	547,795
Medical Services	397,332	381,520	15,812	-	397,332
Health Resources	716,885	338,243	378,642	-	716,885
Community Health	661,649	287,985	365,251	8,413	661,649
Environmental Health	2,343,129	1,185,171	674,106	483,852	2,343,129
Emergency Preparedness and Response	199,809	153,440	46,368	1	199,809
Total	4,866,599	2,889,835	1,484,498	492,266	4,866,599

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EMS and Fire Grant Round - Awarded November 13, 2013

POLITICAL SUB NAME	CITY	COUNTY	SHORT DESCRIPTION	Amount Awarded
AMIDON RURAL FIRE DISTRICT	AMIDON	SLOPE	TURNOUT GEAR	$7,000
BEACH COMMUNITY AMBULANCE SERVICE	BEACH	GOLDEN VALLEY	12-LEAD CARDIAC MONITORS	$24,000
BEACH COMMUNITY AMBULANCE SERVICE	BEACH	GOLDEN VALLEY	STAFFING-PARAMEDIC	$62,000
BEACH COMMUNITY AMBULANCE SERVICE	BEACH	GOLDEN VALLEY	MANUFACTURED HOME FOR CREW MEMBERS	$64,000
BEACH COMMUNITY AMBULANCE SERVICE	BEACH	GOLDEN VALLEY	NEW AMBULANCE	$100,000
BEULAH RURAL FIRE PROTECTION DISTRICT	BEULAH	MERCER	PPE REPLACEMENT	$20,340
BILLINGS CO. RURAL FIRE PROTECTION DIST.	BELFIELD	BILLINGS	TECHNICAL RESCUE PROJECT	$20,786
BILLINGS CO. RURAL FIRE PROTECTION DIST.	BELFIELD	BILLINGS	FIRE SUPPRESSION AND SAFETY PROJECT	$97,704
BILLINGS CO. RURAL FIRE PROTECTION DIST.	BELFIELD	BILLINGS	TACTICAL TANKER PROJECT, FAIRFIELD STATION	$200,000
BILLINGS COUNTY	MEDORA	BILLINGS	COT LOADER	$22,400
BILLINGS COUNTY	MEDORA	BILLINGS	STAFFING-PARAMEDIC	$56,000
BOTTINEAU COUNTY	BOTTINEAU	BOTTINEAU	QUICK RESPONSE VEHICLE	$25,000
BOWMAN COUNTY RURAL AMBULANCE DISTRICT	BOWMAN	BOWMAN	STAFFING	$75,000
BOWMAN COUNTY RURAL AMBULANCE DISTRICT	BOWMAN	BOWMAN	NEW AMBULANCE GARAGE	$320,000
BURLINGTON CITY FIRE DEPARTMENT	BURLINGTON	WARD	SCBA REPLACEMENT	$75,000
BURLINGTON RURAL FIRE DEPARTMENT	BURLINGTON	WARD	RESCUE TRUCK	$175,000
CITY OF BEACH	BEACH	GOLDEN VALLEY	2013 FORD F-150	$15,000
CITY OF BELFIELD	BELFIELD	STARK	COT LOADER	$22,400
CITY OF BELFIELD	BELFIELD	STARK	STAFFING-PARAMEDIC AND EMT	$96,000
CITY OF BELFIELD	BELFIELD	STARK	BUILDING ADDITION	$288,000
CITY OF BOWMAN	BOWMAN	BOWMAN	PROTECTION EQUIPMENT UPDATE	$65,140
CITY OF CROSBY	CROSBY	DIVIDE	PUMPER/TANKER TRUCK	$159,500
CITY OF DODGE	DODGE	DUNN	EMERGENCY NOTIFICATION SIREN	$9,438
CITY OF KENMARE	KENMARE	WARD	NEW AMBULANCE	$80,000

EMS and Fire Grant Round - Awarded November 13, 2013

POLITICAL SUB NAME	CITY	COUNTY	SHORT DESCRIPTION	Amount Awarded
CITY OF MEDORA	MEDORA	BILLINGS	NEW EMERGENCY SERVICES BUILDING	$250,000
CITY OF NEW TOWN	NEW TOWN	MOUNTRAIL	RESCUE TRUCK	$99,337
CITY OF STANLEY	STANLEY	MOUNTRAIL	NEW AMBULANCE	$200,000
CITY OF STANLEY	STANLEY	MOUNTRAIL	1/2 RESCUE TRUCK 15 EXTRICATION PPE AND BOOTS	$187,260
CITY OF TIOGA	TIOGA	WILLIAMS	BUILDING COMPLETION	$90,000
CITY OF TIOGA	TIOGA	WILLIAMS	NEW AMBULANCE	$180,000
CITY OF WATFORD CITY	WATFORD CITY	MCKENZIE	NEW AMBULANCE, THREE GLIDE SCOPE, ADDITIONAL EQUIPMENT, STAFFING, VESTS	$347,880
CITY OF WATFORD CITY	WATFORD CITY	MCKENZIE	LADDER TRUCK AND TURN OUT GEAR	$880,000
DES LACS FIRE DISTRICT	DES LACS	WARD	SCBA UPGRADE/PPE TURNOUT GEAR/FIRE EQUIPMENT	$40,080
DICKINSON RURAL FIRE DISTRICT	DICKINSON	STARK	NEW 1500 GALLON WATER 500 GALLON FOAM PUMPER TENDER	$500,000
DIVIDE COUNTY AMBULANCE SERVICE	CROSBY	DIVIDE	STAFFING	$105,120
EPPING RURAL FIRE DISTRICT	EPPING	WILLIAMS	TANKER PUMPER	$146,400
FORTUNA RURAL FIRE DISTRICT	FORTUNA	DIVIDE	EXTRICATION EQUIPMENT AND TRAINING	$20,000
GLADSTONE CONSOLIDATED FIRE DISTRICT	DICKINSON	STARK	CONSTRUCTION OF A FIRE HALL	$175,000
GRASSY BUTTE FIRE DISTRICT	GRASSY BUTTE	MCKENZIE	SAFETY GEAR	$14,080
GRENORA AMBULANCE DISTRICT	GRENORA	WILLIAMS	EQUIPMENT	$18,000
GRENORA AMBULANCE DISTRICT	GRENORA	WILLIAMS	PERSONNEL	$45,900
GRENORA AMBULANCE DISTRICT	GRENORA	WILLIAMS	4X4 AMBULANCE	$100,000
GRENORA FIRE DISTRICT	GRENORA	WILLIAMS	RESCUE TRUCK AND EQUIPMENT	$169,600
HALLIDAY RURAL FIRE DISTRICT	HALLIDAY	DUNN	FIRE AND AMBULANCE HALL	$415,700
HAZEN RURAL FIRE PROTECTION DISTRICT	HAZEN	MERCER	HEAVY RESCUE TRUCK	$75,000
KENMARE RURAL FIRE PROTECTION DISTRICT	KENMARE	WARD	FIRE SUITS	$4,113
KILLDEER AREA AMBULANCE DISTRICT	MANNING	DUNN	DEVELOPMENT AND SUSTAINABILITY	$398,600
LANSFORD FIRE DISTRICT	LANSFORD	BOTTINEAU	OILFIELD AND AUTO EXTRICATION TOOLS AND EQUIPMENT	$24,000

EMS and Fire Grant Round - Awarded November 13, 2013

POLITICAL SUB NAME	CITY	COUNTY	SHORT DESCRIPTION	Amount Awarded
LIGNITE FIRE DISTRICT	LIGNITE	BURKE	QUICK ATTACK UNIT	$132,400
MAXBASS RURAL FIRE DEPARTMENT	MAXBASS	BOTTINEAU	BUNKER GEAR REPLACEMENT & ADDITIONAL AIR PACKS	$22,500
MERCER COUNTY RURAL AMBULANCE DISTRICT	HAZEN	MERCER	NEW AMBULANCE	$138,400
MINOT RURAL FIRE DISTRICT	MINOT	WARD	NEW RESCUE TRUCK	$180,000
MOHALL RURAL FIRE DISTRICT	MOHALL	RENVILLE	EXTRICATION EQUIPMENT/TOOLS	$17,794
MOHALL RURAL FIRE DISTRICT	MOHALL	RENVILLE	2014 FORD F550 CAB AND CHASSIS	$29,716
NEW ENGLAND RURAL FIRE DISTRICT	NEW ENGLAND	SLOPE	WATER TANKER AND SKID UNIT	$60,000
NEW ENGLAND RURAL FIRE DISTRICT	NEW ENGLAND	SLOPE	NEW AMBULANCE	$150,000
NEW ENGLAND RURAL FIRE DISTRICT	NEW ENGLAND	SLOPE	EMERGENCY SERVICES BUILDING PROJECT	$207,000
NEW TOWN AMBULANCE	NEW TOWN	MOUNTRAIL	RENOVATION OF EXISTING AMBULANCE HALL	$583,496
NEW TOWN RURAL FIRE DISTRICT	NEW TOWN	MOUNTRAIL	RESCUE AND TANKER TRUCK	$356,663
NORTHWEST HOSPITAL TAX DISTRICT	CROSBY	DIVIDE	E EMERGENCY SYSTEM	$50,000
PARSHALL RURAL FIRE DISTRICT	PARSHALL	MOUNTRAIL	TURNOUT/SCBA	$124,000
PARSHALL RURAL FIRE DISTRICT	PARSHALL	MOUNTRAIL	NEW FIRE STATION	$200,000
PLAZA FIRE DISTRICT	PLAZA	MOUNTRAIL	NEW AMBULANCE	$100,000
PLAZA FIRE DISTRICT	PLAZA	MOUNTRAIL	BUILDING AN ADDITION	$162,500
PORTAL RURAL AMBULANCE DISTRICT	LIGNITE	BURKE	NEW AMBULANCE BUILDING	$203,520
POWERS LAKE RURAL AMBULANCE DISTRICT	POWERS LAKE	BURKE	AMBULANCE BUILDING COMPLETION	$130,000
POWERS LAKE RURAL FIRE DISTRICT	POWERS LAKE	BURKE	PERSONAL PROTECTION GEAR	$134,400
RAY AMBULANCE DISTRICT	RAY	WILLIAMS	BUILDING EXPANSION	$258,750
RAY FIRE DISTRICT	RAY	WILLIAMS	BUILDING EXPANSION	$258,750
RENVILLE COUNTY RURAL AMBULANCE DISTRICT	MOHALL	RENVILLE	NEW AMBULANCE	$31,935
RENVILLE COUNTY RURAL AMBULANCE DISTRICT	MOHALL	RENVILLE	STAFFING FOR MOHALL AMBULANCE	$41,845
RICHARDTON RURAL FIRE DISTRICT	RICHARDTON	STARK	REPLACE OUTDATED TURNOUT GEAR	$14,280

EMS and Fire Grant Round - Awarded November 13, 2013

POLITICAL SUB NAME	CITY	COUNTY	SHORT DESCRIPTION	Amount Awarded
RICHARDTON-TAYLOR RURAL AMBULANCE DISTRICT	RICHARDTON	STARK	AMBULANCE GARAGE	$242,645
SENTINEL RURAL FIRE PROTECTION DISTRICT	SENTINEL BUTTE	GOLDEN VALLEY	NEW TRUCK	$40,000
SHERWOOD RURAL FIRE DIST	SHERWOOD	RENVILLE	UPDATE AMBULANCE EQUIPMENT	$4,000
SOURIS RURAL FIRE DISTRICT	SOURIS	BOTTINEAU	SCBA UPDATE	$7,200
SOUTH HEART FIRE DISTRICT	SOUTH HEART	STARK	NEW FIRE VEHICLE	$35,000
STANLEY RURAL FIRE DISTRICT	PALERMO	MOUNTRAIL	1/2 RESCUE TRUCK AND 15 EXTRICATION PPE AND BOOTS	$176,880
STARK COUNTY	DICKINSON	STARK	STAFFING	$25,000
STARK COUNTY	DICKINSON	STARK	DICKINSON AMBULANCE STAFFING AND EQUIPMENT	$182,133
TOLLEY FIRE DEPARTMENT	TOLLEY	RENVILLE	BUNKER GEAR & FIRE SUITS	$12,000
TOLLEY FIRE DEPARTMENT	TOLLEY	RENVILLE	60 X 60 BUILDING	$50,000
TRENTON TOWNSHIP	TRENTON	WILLIAMS	NEW PUMPER TRUCK	$240,000
WEST DUNN RURAL FIRE DISTRICT	KILLDEER	DUNN	NEW TRUCK	$300,000
WESTHOPE RURAL FIRE DISTRICT	WESTHOPE	BOTTINEAU	NEW PICKUP TRUCK AND EXTRICATION EQUIPMENT	$60,000
WILDROSE FIRE DISTRICT	WILDROSE	WILLIAMS	NEW FIRE HALL	$325,000
WILLISTON RURAL FIRE DISTRICT	WILLISTON	WILLIAMS	WILDLAND-URBAN INTERFACE/PUMPER/RESCUE TRUCK	$360,000

	Emergency Medical Services and Hospitals
	Fire Districts
	Multi Agency Applications (both EMS and Fire)

Total Amount Awarded: **$12,213,585**

2014 EMS and Fire Grant Round - Awards

Awarded September 25, 2014

Emergency Medical Services
Fire Districts
Multi Agency Applications (both EMS and Fire)

POLITICAL SUB NAME	CITY	COUNTY	DESCRIPTION	Award is For	Award Amount
ALEXANDER RURAL FIRE DISTRICT	ALEXANDER	MCKENZIE	PUMPER TRUCK	Pumper Truck	$232,000
ARNEGARD RURAL FIRE DISTRICT	ARNEGARD	MCKENZIE	RAPID RESPONSE TRUCK	Rapid Response Truck	$100,000
BILLINGS CO. RURAL FIRE PROTECTION DIST.	BELFIELD	BILLINGS	REPEATER	Repeater	$13,000
BILLINGS CO. RURAL FIRE PROTECTION DIST.	BELFIELD	BILLINGS	MINI RESCUE TRUCK-CONTINUATION OF LAST YEAR'S TECH RESCUE PROJECT	Mini Rescue Truck, Tech Rescue Project	$116,000
BILLINGS COUNTY	MEDORA	BILLINGS	STAFFING-PARAMEDIC	Staffing	$60,000
BOWBELLS FIRE DISTRICT	BOWBELLS	BURKE	RESCUE/EXTRICATION VEHICLE AND EQUIPMENT	Rescue / Extrication Vehicle and Equipment	$150,000
BOWMAN COUNTY RURAL AMBULANCE DISTRICT	BOWMAN	BOWMAN	LIFE PACK 15	Life Pack 15	$19,800
BOWMAN COUNTY RURAL AMBULANCE DISTRICT	BOWMAN	BOWMAN	NEW AMBULANCE	Ambulance	$130,000
BURLINGTON CITY FIRE DEPARTMENT	BURLINGTON	WARD	BIG RIG EXTRICATION TRAINING	Cost of the Trainer	$17,052
CITY OF BELFIELD	BELFIELD	STARK	STAFFING-PARAMEDIC AND EMT	Staffing	$30,000
CITY OF BELFIELD	BELFIELD	STARK	BUILDING ADDITION	Building Addition	$100,000
CITY OF STANLEY	STANLEY	MOUNTRAIL	FIRE HALL RENOVATIONS	Fire Hall Renovation	$80,000
CITY OF TIOGA	TIOGA	WILLIAMS	PUMPER TRUCK, TURNOUT GEAR, THERMAL CAMERA	Pumper Truck, Turnout Gear, Thermal Camera	$289,356
CITY OF WATFORD CITY	WATFORD CITY	MCKENZIE	EQUIPMENT FOR THE NEW PLATFORM TRUCK AND GENERATOR	Truck Equipment and Generator	$90,500
CITY OF WATFORD CITY	WATFORD CITY	MCKENZIE	PERSONNEL HOUSING AND STAFFING	Personnel Housing and Staffing	$410,000
DIVIDE COUNTY AMBULANCE SERVICE	CROSBY	DIVIDE	ALS EQUIPMENT AND STAFFING	Staffing Only	$60,000
EPPING RURAL FIRE DISTRICT	EPPING	WILLIAMS	UPDATE GRASS TRUCK	Update Grass Truck	$96,000
GRASSY BUTTE FIRE DISTRICT	GRASSY BUTTE	MCKENZIE	6 WHEELER WITH A WATER TANK	6 Wheeler With Tanker	$20,000
GRENORA AMBULANCE DISTRICT	GRENORA	WILLIAMS	PERSONNEL	Staffing Only	$59,339

2014 EMS and Fire Grant Round - Awards

Awarded September 25, 2014

POLITICAL SUB NAME	CITY	COUNTY	DESCRIPTION	Award is For	Award Amount
KENMARE RURAL FIRE PROTECTION DISTRICT	KENMARE	WARD	WILDFIRE SUITS	Wildfire Suits	$10,000
KILLDEER AREA AMBULANCE DISTRICT	MANNING	DUNN	VEHICLE REPLACEMENT, RECRUITING, HIRING AND HOUSING STAFF, AND STRATEGIC PLANNING	Staffing Only	$120,000
LANSFORD FIRE DISTRICT	LANSFORD	BOTTINEAU	RESCUE EQUIPMENT	Rescue Equipment	$24,250
MAXBASS RURAL FIRE DEPARTMENT	MAXBASS	BOTTINEAU	BUNKER GEAR REPLACEMENT AND THERMAL IMAGER	Bunker Gear and Thermal Camera	$22,800
MCKENZIE COUNTY RURAL FIRE PROT. DIST.	WATFORD CITY	MCKENZIE	WATER TENDER AND CRASH RESCUE ENGINE	Rescue Pumper	$375,000
MOHALL RURAL FIRE DISTRICT	MOHALL	RENVILLE	4 SETS OF SCBA AND 4 ADDITIONAL CYLINDERS	4 Sets of SCBAs and 4 Additional Cylinders	$28,936
NEW ENGLAND RURAL FIRE DISTRICT	NEW ENGLAND	SLOPE	ONE FULL TIME PARAMEDIC FOR ONE YEAR	Staffing	$30,000
NEW TOWN AMBULANCE	NEW TOWN	MOUNTRAIL	2 NEW AMBULANCES	Ambulances	$200,000
NEW TOWN RURAL FIRE DISTRICT	NEW TOWN	MOUNTRAIL	HOSE, TESTER, NOZZLES, RADIO, AND HELMETS	Radios and Helmets	$21,521
PARSHALL RURAL FIRE DISTRICT	PARSHALL	MOUNTRAIL	AUTOMOTIVE EXTRICATION/ RESCUE TOOLS	Auto Extrication Tools	$36,000
PORTAL RURAL AMBULANCE DISTRICT	LIGNITE	BURKE	NEW AMBULANCE BUILDING	Ambulance Building	$200,000
PORTAL RURAL FIRE DISTRICT	PORTAL	BURKE	REPLACE CHASSIS ON QUICK RESPONSE BRUSH TRUCK	Chassis on Quick Response Brush Truck	$54,848
POWERS LAKE RURAL AMBULANCE DISTRICT	POWERS LAKE	BURKE	NEW AMBULANCE	Ambulance	$130,000
RAY AMBULANCE DISTRICT	RAY	WILLIAMS	NEW 4X4 AMBULANCE	4X4 Ambulance	$153,568
RAY FIRE DISTRICT	RAY	WILLIAMS	REPLACE PUMPER TRUCK	Pumper Truck	$250,000
RENVILLE COUNTY RURAL AMBULANCE DISTRICT	MOHALL	RENVILLE	STAFFING FOR THE MOHALL AMBULANCE SERVICE	Staffing Only	$14,000
RICHARDTON-TAYLOR RURAL AMBULANCE DISTRICT	RICHARDTON	STARK	AMBULANCE BUILDING PROJECT	Ambulance Building Project	$250,000
SHERWOOD RURAL FIRE DIST	SHERWOOD	RENVILLE	AUTO EXTRICATION TOOLS	Auto Extrication Tools	$17,235
SIOUX YELLOWSTONE FIRE DISTRICT	CARTWRIGHT	MCKENZIE	FIRE EQUIPMENT AND INFRASTRUCTURE	Excludes Parking Lot	$27,500
STANLEY RURAL AMBULANCE SERVICE DISTRICT	STANLEY	MOUNTRAIL	BUILDING EXPANSION AND RENOVATION	Building Expansion and Renovation	$300,000
STARK COUNTY	DICKINSON	STARK	DICKINSON AMBULANCE STAFFING AND EQUIPMENT	Staffing Only	$120,000

2014 EMS and Fire Grant Round - Awards

Awarded September 25, 2014

POLITICAL SUB NAME	CITY	COUNTY	DESCRIPTION	Award is For	Award Amount
TRENTON FIRE DISTRICT	TRENTON	WILLIAMS	REPLACEMENT OF A 1976 DODGE	First Response Vehicle	$147,710
WEST DUNN RURAL FIRE DISTRICT	KILLDEER	DUNN	GRASS RIG REPLACEMENT OR ADDITION	Grass Rig	$80,000
WILDROSE FIRE DISTRICT	WILDROSE	WILLIAMS	FIRE HALL AND PUMP UNIT FOR A NEW PICKUP	Fire Hall and Pump Unit	$100,000
43 Recommended Awards					**$4,786,415**

2014 EMS and Fire Grant Round - Awards

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#1

TESTIMONY TO THE
INTERIM HEALTH SERVICES COMMITTEE
Prepared April 24, 2014 by
Terry Traynor, NDACo Assistant Director
North Dakota Association of Counties

REGARDING COUNTY CORONER COSTS

Madam Chair and members of the Interim Health Services Committee – our Association was asked to provide information about the county coroner system and its costs to county property tax payers. We are very pleased to provide you the results of our efforts to respond to this request.

I would like to begin by mentioning that the state/county relationship regarding coroner/medical examiner services (and costs) was changed with the creation of the office of the State Forensic Examiner in 1995 and modified somewhat again in 2009 with the repeal of Chapter 11-19 and the overhaul of Chapter 11-19.1.

Prior to the creation of the forensic examiner's office, the counties were largely responsible for death investigations from start to finish. The increasing costs of contract autopsies began to stress county budgets. The Legislature wanted to improve the system while taking away the perceived disincentive to requesting necessary autopsies, by shifting that part of the cost to the State. It was felt however that there needed to be a balance, and the cost of the local coroners, and the cost of transporting bodies for autopsy, when necessary, should remain with the county. Additionally, the forensic examiner was given greater authority over the qualifications of those appointed as county coroners.

To better describe the county coroner system, the counties were surveyed about their current coroner arrangement and their costs. The results of the survey have been compiled into the attached tables.

To summarize Table 1, 27 counties contract with 22 different medical professionals for coroner services – 24 of which are medical doctors and 3 are registered nurses. Cass County is unique in contracting with the city Health

Department for a medical doctor to serve as coroner, while also directly employing two coroner's assistants.

Medical Doctor	23
Registered Nurse	3
UND Med.School	1
Funeral Director	11
Assigned-Sheriff	13
Assigned-EM/911	1
Police Chief	1
Total	53

The sheriffs in thirteen counties have been assigned the duties of coroner. In one county those duties are assigned to the 911 coordinator/emergency manager, and in another it is a city police chief that has been given that responsibility. The remaining eleven (generally small) counties contract with a funeral director – often on a per case basis. One county (Nelson) reports that the funeral director volunteers to serve as coroner, but is contracted to transport bodies for autopsy if necessary.

We have contrasted the county information with census estimates and county data from the most recent State Forensic Examiner's Report posted on the web.

While the small numbers make any analysis a bit suspect, based on population, the coroners with medical training (on average) appear to refer to, and consult with, the State Forensic Examiner less than non-medically trained coroners.

		Referrals		Consultations	
Coroner	Population	Number	% of Pop.	Number	% of Pop.
Funeral Director (11)	52,649	48	0.09%	16	0.03%
Law Enforcement (15)	75,571	57	0.08%	54	0.07%
Medical (26) *	595,173	276	0.05%	125	0.02%

* Analysis excludes Grand Forks County

Counties collectively spent $622,000 of property tax revenue in CY2013 for coroner services, and they have budgeted $723,000 for CY2014. The detail of the financial information is contained in Table 2. This illustrates that statewide about 78% of county costs are related to coroner fees and about 18% is for body transport. The detail expenditure data shows that Grand Forks County is somewhat unique in that they fund autopsy costs as well.

It is our hope that this information is responsive to the Committee's request.

County Expenditures and State Autopsies

Table 1

	2013 Estimated Population	County Coroner	Contract Coroner also in:	State Forensic Examiner's CY2012 Report by County	
				Referrals [1]	Consultations [2]
a.	b.	c.	d.	f.	g
Adams	2,360	Medical Doctor		1	1
Barnes	11,190	Medical Doctor		8	6
Benson	6,877	Medical Doctor	Ramsey	3	1
Billings	874	Medical Doctor	Stark	2	
Bottineau	6,736	Funeral Director		2	2
Bowman	3,214	Funeral Director		2	2
Burke	2,306	Assigned-Sheriff		1	8
Burleigh	88,457	Medical Doctor	Morton	55	9
Cass	162,829	Medical Doctor [3]		58	19
Cavalier	3,896	Medical Doctor		1	3
Dickey	5,248	Funeral Director		4	
Divide	2,314	Assigned-Sheriff		2	
Dunn	4,162	Registered Nurse		3	3
Eddy	2,404	Funeral Director		4	2
Emmons	3,486	Funeral Director		2	1
Foster	3,366	Medical Doctor		1	
Golden Valley	1,823	Funeral Director		3	
Grand Forks	69,179	Medical Doctor			
Grant	2,377	Medical Doctor		2	1
Griggs	2,296	Funeral Director			
Hettinger	2,660	Assigned-Sheriff		2	
Kidder	2,428	Police Chief		1	
LaMoure	4,166	Assigned-Sheriff		2	
Logan	1,946	Assigned-Sheriff			
McHenry	5,922	Medical Doctor	Wells	1	
McIntosh	2,754	Assigned-Sheriff		1	
McKenzie	9,314	Funeral Director		18	3
McLean	9,517	Funeral Director		9	5
Mercer	8,592	Medical Doctor	Oliver	4	1
Morton	28,990	Medical Doctor	Burleigh	11	2
Mountrail	9,376	Assigned-Sheriff		19	13
Nelson	3,095	Funeral Director		1	
Oliver	1,874	Medical Doctor	Mercer	1	1
Pembina	7,181	Medical Doctor		3	1
Pierce	4,451	Medical Doctor		2	7
Ramsey	11,554	Medical Doctor	Benson	13	2
Ransom	5,516	Funeral Director		3	1
Renville	2,608	Medical Doctor		1	
Richland	16,339	Assigned-Sheriff		4	4
Rolette	14,582	Assigned-Sheriff		12	15
Sargent	3,890	Registered Nurse		1	
Sheridan	1,304	Assigned-Sheriff		1	
Sioux	4,430	Assigned-Sheriff		8	
Slope	761	Assigned-Sheriff		2	
Stark	28,212	Medical Doctor	Billings	10	9
Steele	1,960	Assigned-EM/911		1	1
Stutsman	21,120	Medical Doctor		13	11
Towner	2,317	Registered Nurse		1	
Traill	8,245	Assigned-Sheriff		1	13
Walsh	11,104	Medical Doctor		2	2
Ward	67,990	UND Med.School		40	27
Wells	4,206	Medical Doctor	McHenry	1	1
Williams	29,595	Medical Doctor		38	18
				381	195

Notes: 1. **Referrals** consist of cases referred to the forensic examiner by county coroners for an examination or autopsy.

2. **Consultations** consist of discussing the circumstances surrounding a death with the county coroners and advising them about handling the case locally.

3. Cass County contracts with Fargo/Cass Public Health for the coroner, but also employs two coroner assistants

County Expenditures & Budgets for Coroner Services - Detail

Table 2

	CY2013 [1] County Expenditures					CY2014 [1] County Budgets				
	Coroner Salary Fringe/Operating/ Travel/Rent/etc.	Body Transport Fees for Autopsy	Autopsy Fees if not performed by the State ME	Supplies Other costs if any	Total Coroner/ME Spending	Coroner Salary Fringe/Operating/ Travel/Rent/etc.	Body Transport Fees for Autopsy	Autopsy Fees if not performed by the State ME	Supplies Other costs if any	Total Coroner/ME Spending
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.
[illegible]ms	$ 743				$ 743	$ 2,500				$ 2,500
Barnes	$ 2,000				$ 2,000	$ 2,700				$ 2,700
Benson	$ 200				$ 200	$ 200				$ 200
Billings	*$ 500*				*$ 500*	*$ 500*				*$ 500*
Bottineau	$ 2,500				$ 2,500	$ 2,000				$ 2,000
Bowman	$ 3,000				$ 3,000	$ 3,000				$ 3,000
Burke	$ 720			$ 507	$ 1,227	$ 720			$ 750	$ 1,470
Burleigh	$ 54,750	$ 13,801		$ 1,085	$ 69,636	$ 54,750	$ 15,000		$ 3,500	$ 73,250
Cass	$ 111,700	$ 15,000	$ 2,000		$ 128,700	$ 169,856	$ 20,000			$ 189,856
Cavalier	*$ 2,000*				*$ 2,000*	*$ 2,000*				*$ 2,000*
Dickey	$ 800	$ 4,100			$ 4,900	$ 800	$ 4,100			$ 4,900
Divide	$ 1,090				$ 1,090	$ 2,000				$ 2,000
Dunn	$ 3,086				$ 3,086	$ 3,600			$ 2,500	$ 6,100
Eddy	*$ 1,500*				*$ 1,500*	*$ 1,500*				*$ 1,500*
Emmons	$ 1,500				$ 1,500	$ 1,500				$ 1,500
Foster	*$ 1,000*				*$ 1,000*	*$ 1,000*				*$ 1,000*
Golden Valley	$ 6,100	$ 1,000			$ 7,100	$ 5,713	$ 1,650			$ 7,363
Grand Forks	$ 117,636	$ 8,400	$ 10,609		$ 136,645	$ 132,000	$ 8,400	$ 11,000		$ 151,400
Grant					$ -	$ 75				$ 75
Griggs	$ 2,000			$ 1,200	$ 3,200	$ 1,043				$ 1,043
Hettinger	*$ 1,000*				*$ 1,000*	*$ 1,000*				*$ 1,000*
Kidder	$ 500				$ 500	$ 300				$ 300
LaMoure	*$ 1,000*				*$ 1,000*	*$ 1,000*				*$ 1,000*
Logan	*$ 250*				*$ 250*	*$ 250*				*$ 250*
McHenry	$ 1,900	$ 1,495		$ 200	$ 3,595	$ 1,900	$ 1,495		$ 200	$ 3,595
McIntosh	$ 240	$ 260			$ 500	$ 240	$ 260			$ 500
McKenzie	$ 32,259			$ 564	$ 32,823	$ 40,000			$ 700	$ 40,700
McLean		$ 2,000		$ 600	$ 2,600		$ 2,000		$ 600	$ 2,600
[illegible]cer	*$ 2,500*				*$ 2,500*	*$ 2,500*				*$ 2,500*
[illegible]n	$ 27,400	$ 7,100			$ 34,500	$ 27,400	$ 5,200			$ 32,600
[illegible]trail	$ 4,848	$ 5,391			$ 10,239	$ 4,848	$ 5,152			$ 10,000
Nelson					$ -		$ 500			$ 500
Oliver	$ 2,200				$ 2,200	$ 2,200				$ 2,200
Pembina	*$ 2,000*				*$ 2,000*	*$ 2,000*				*$ 2,000*
Pierce	$ 1,000				$ 1,000	$ 1,000				$ 1,000
Ramsey		$ 535			$ 535		$ 2,300			$ 2,300
Ransom	$ 300				$ 300	$ 200	$ 240			$ 440
Renville	$ 2,000				$ 2,000	$ 2,000				$ 2,000
Richland				$ 5,500	$ 5,500				$ 5,300	$ 5,300
Rolette	$ 1,200	$ 3,800			$ 5,000	$ 1,200	$ 3,800			$ 5,000
Sargent	$ 1,400	$ 660			$ 2,060	$ 1,400	$ 660			$ 2,060
Sheridan	$ 930				$ 930	$ 450				$ 450
Sioux	$ 500				$ 500	$ 500				$ 500
Slope	$ 500				$ 500	$ 500				$ 500
Stark	$ 10,000				$ 10,000	$ 10,000				$ 10,000
Steele	$ 2,520				$ 2,520	$ 2,640				$ 2,640
Stutsman	$ 20,000				$ 20,000	$ 20,000				$ 20,000
Towner	$ 1,000				$ 1,000	$ 1,000				$ 1,000
Traill	$ 7,300				$ 7,300	$ 7,301				$ 7,301
Walsh	$ 800	$ 1,440			$ 2,240	$ 1,000	$ 1,500			$ 2,500
Ward	$ 30,000	$ 35,000			$ 65,000	$ 30,000	$ 35,000			$ 65,000
Wells	$ 3,496	$ 1,000		$ 2,000	$ 6,496	$ 3,496	$ 1,000		$ 2,000	$ 6,496
Williams	$ 13,158	$ 12,126			$ 25,284	$ 17,550	$ 16,620			$ 34,170
Total	$ 485,026	$ 113,108	$ 12,609	$ 11,656	$ 622,399	$ 571,332	$ 124,877	$ 11,000	$ 15,550	$ 722,759
% of Total	77.9%	18.2%	2.0%	1.9%		79.0%	17.3%	1.5%	2.2%	

Notes: 1. Missing financial data estimated with amounts from neighboring counties of similar size and similar coroner arrangement - estimated data is italicized.

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Department of Health
2015-17 Executive Budget
North Dakota Residents 2013 Suicide Deaths

Age Group	Number	2010 ND Population	Rate Per 100,000
Under 10	0	84,671	0.0
10-24	38	146,220	26.0
25-34	27	90,485	29.8
35-44	24	75,262	31.9
45-54	20	96,657	20.7
55-64	19	81,819	23.2
65+	10	97,477	10.3
Total	138	672,591	20.5

15-19	13	47,474	27.4
20-50	84	271,083	31.0

Gender	Number	2010 ND Population	
Male	111	343,695	32.3
Female	27	328,896	8.2
Total	138	672,591	20.5

Race	Number	2010 ND Population	
White	111	605,449	18.3
American Indian	21	36,591	57.4
Other Races	6	44,018	13.6
Total	138	672,591	20.5

Veteran Status	Number*	Veteran population 2010	
Yes - Have been in U.S. Armed Forces	22	54,782	40.2
No - Have never been in U.S. Armed Forces	116		
Total	138		

* - Age 18 and under

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Department of Health
2015 – 17 Executive Budget
Community Health Section
Follow-up Information on the Dental Sealant and Fluoride Varnish Program

The oral health team has prepared the following response to the House Appropriations Human Resources Division Committee's questions on the school-based sealant and fluoride varnish program:

1. Student participation: Please see the attached spreadsheet for the participation rate of each school for the 2012-2013 school year (data for the current school year of 2014-2015 will not be available until August 2015). Please note: Kim Mertz incorrectly stated that an opt-out consent was used for the school-based sealant and fluoride varnish program. A parental/guardian consent *is required* to participate in the program. The Oral Health Basic Screening Survey for Third Grade Children utilizes an opt-out consent.

2. School Participation:
   - 2012-2013 school year – data not available
   - 2013-2014 school year – 100 percent participation: 2/2 schools
   - 2014-2015 school year – 100 percent participation: 19/19 schools (Please note: during the hearing, Kim Mertz reported that 17 schools are currently being served. Two additional schools are participating since the hearing.)

3. Cost of Program per Child: Cost for the program during the 2012-2013 school year is estimated at $85 per child (this includes staff salaries, travel and supplies/equipment). Costs for upcoming school years are expected to slightly less, as the portable dental equipment has already been purchased. It is estimated that approximately 1,500 decayed teeth were adverted as a result of the 2012-2013 ND School-based Dental Sealant and Fluoride Varnish Program.

2012-2013 ND School-based Sealant/Fluoride Varnish Program Student Partication Rates

School Name	Children Receiving Services	Total Number of Children K1-6 in School	Participation Rate
Alexander	53	70	75.7%
Anamoose	56	101	55.4%
Barnes Co North-North Central	65	65	100.0%
Barnes Co North- Wimbledon	29	71	40.8%
Bowbells	19	26	73.1%
Burke Central	42	88	47.7%
Cannonball	87	113	77.0%
Elgin/New Leipzig	33	60	55.0%
Emerado	45	102	44.1%
Fairmount	19	62	30.6%
Fairview Colony	19	50	38.0%
Fessenden-Bowdon	36	80	45.0%
Gackle-Streeter	20	42	47.6%
Goodrich	13	13	100.0%
Grenora	87	90	96.7%
Halliday	20	21	95.2%
Halliday Twin Buttes	26	29	89.7%
Hatton	31	87	35.6%
Hazelton-Moffit	27	46	58.7%
Hebron	34	103	33.0%
Kidder County-Steele	93	175	53.1%
Kidder County- Tappen	33	34	97.1%
LaMoure	49	164	29.9%
Leeds	56	56	100.0%
Mary Stark	79	200	39.5%
McClusky	20	38	52.6%
Medina	35	61	57.4%
Mt. Pleasant	49	130	37.7%
Myhre	101	300	33.7%
Napoleon	61	100	61.0%
Newburg-United	19	60	31.7%
Oberon	28	49	57.1%
Parshall	60	138	43.5%
Pleasant Valley-Hurdsfield	5	7	71.4%
Powers Lake	56	68	82.4%
Rollette	42	73	57.5%
Roosevelt	17	126	13.5%
Round Prairie	20	90	22.2%
St. John	88	168	52.4%
St. Thomas	11	29	37.9%
Strasburg	36	56	64.3%
TGU Granville	40	75	53.3%
TGU Towner	49	179	27.4%
Warwick	76	200	38.0%
Willow Bank Colony	19	50	38.0%
Wing	29	57	50.9%
Wolford	19	27	70.4%
Zeeland	15	23	65.2%
Total	1966	4052	48.5%

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Department of Health
2015-17 Executive Budget
2013-2015 Women's Way Screening Expenditures Through 12-31-2014

Funding Source	13-15 Appropriation	Screenings completed and reimbursed or pending reimbursement as of 12/31/14	Remaining Balance
Federal Funds	$3,188,775	$1,841,269	$1,347,506
Special Funds	$400,500	$158,449	$242,051
Total	$3,589,275	$1,999,718	$1,589,557

- Screened 2906 women or 63 percent of screening goal (4590)
    - SFY 14 screening goal=2550
    - SFY 15 screening goal=2040
      4590 (screening goal for 13-15 biennium)
    - 335 of the women screened were American Indian or 56 percent of screening goal (597)
- 155 women age 40-49 received state-paid mammograms (CDC only allows 25 percent of screening dollars to serve non-priority population (age 40-49) women
    - This number varies by each calendar year but we usually average about 200.
- Following services are still intended to be provided:
    - Patient navigation, care coordination and/or case management
    - State-paid mammograms for women age 40-49
    - Diagnostic fees
    - Screening fees
    - Third party administrator fees
    - Outreach (community), In-reach (providers) and communication efforts
    - Evaluation and data entry

Contractors supported with this appropriation:

- Local coordinating units
- BlueCross BlueShield of North Dakota (third party administrator reimburses actual providers)

Department of Health
2015 - 17 Executive Budget
Colorectal Cancer Screening Initiative Budget vs. Expenditures

Other Expenses Associated with administration of the Initiative	BUDGET - Amount for Non- contractual items	Reimbursed to Date 7-1-2013 Through 12-31-2014
Department Administrative Expenses		
.20 FTE x 7 months SFY 14		11,765
.25 FTE x 12 months SFY 15		8,659
DoH FTE Travel Expenses		433
ITD – Data Processing		276
Meeting One Expenses		582
Other Associated Expenses Total	**$35,500**	**$21,715**
Contracts Associated with Administration of the Initiative	**BUDGET _ Contracted Amounts**	**Reimbursed to Date 7-1-2013 Through 12-31-2014**
On-line Database Contractor	2,000	1,295
Communications Contractor	5,000	2,738
Grantee Oversight Contractor	$35,100	20,247
Contractual Total	**$42,100**	**$24,280**
Administration Total	**$77,600**	**$45,995**
Expenses Associated with Screening Colonoscopy Costs	**BUDGET - Contracted Amount as of 12-31-2014**	**Procedures Completed and Reimbursed or Pending Reimbursement as of 12-31-2014**
Altru Health Foundation	115,500	25,200
First Care Health Center	31,500	12,600
Heart of America Medical Center	21,000	21,000
McKenzie County Healthcare Systems Inc.	63,000	4,200
Sanford Medical Center Fargo	189,000	39,900
Trinity Health Foundation	105,000	18,900
Total	**$525,000**	**$121,800**
Expenses Associated with Follow-up Colonoscopy Costs	**BUDGET - Contracted Amount as of 12-31-2014**	**Procedures Completed and Reimbursed or Pending Reimbursement as of 12-31-2014**
Altru Health Foundation	27,000	1,800
First Care Health Center	14,400	0
Heart of America Medical Center	36,000	5,400
Sanford Medical Center Fargo	21,600	3,600
To Be Contracted	61,200	
Total	**$160,200**	**$10,800**
Total for Screening and Follow-up Colonoscopies	**$685,000**	**$132,600**
Overall Totals	**$762,800**	**$178,595**

Colorectal Cancer Screening Initiative Update as of 12-31-2014 (Abbreviation Key: **S** = Screening Colonoscopy and **F**= Follow-up Colonoscopy)

Health-Care Facility	Current Grantee Goals	Current Number Enrolled For Screening & or Follow-up	Current Number of Procedures Completed and Reimbursed	Inquired but not eligible for the Initiative & referred to Medicaid Expansion (updated 1-15-15)	Biennial Award (Screening and Follow-up)	Total Amount Expended for Screening and or Follow-up	% of Budget spent for Screening and or Follow-up	Cumulative Grantee In Kind To-Date
Altru Health System – Grand Forks, ND	(S)=55 (F) =15	14	(S)=12 (F)= 1	15 referred	(S)= $115,500 (F)= $27,000 $142,500	(S)=$25,200 (F)=$1,800 **$27,000.00**	S=21.82% F=6.67% Total=18.95%	$5,868.90 & $328,000
First Care health Center Park River, ND	(S)=15 (F)=8	11	(S)=6	9 referred	(S)=$31,500 (F)=$14,400 $45,900	(S)=$12,600 (F)= $0 **$12,600**	S=40% F=0% Total=27.45%	$4,358.16
Heart of America Medical Center – Rugby, ND	(S)=10 (F)=20	13	(S)=10 (F)=3	2 referred	(S)=$21,000 (F)=$36,000 $57,000	(S)=$21,000 (F)= $5,400 **$26,400**	S=100% F=15% Total=46.32%	$30,844.11
McKenzie County Healthcare System Inc., Watford City, ND	(S)=30	2	(S)=2	did not report	(S)=$63,000	(S)=**$4,200**	Total S=6.67%	$608.12
Sanford Health – Fargo, ND	(S)=90 (F)=12	64	(S)=19 (F)=2	21 referred	(S)=$189,000 (F)= $21,600 $210,600	(S)=$39,900 (F)= $3,600 **$43,500**	S=21.11% F=16.67% Total-20.66%	$49,467.89
Trinity Health – Minot, ND	(S)=50	19	(S)=9	8 referred	(S)=$105,000	(S)=**$18,900**	Total S=18%	$13,915.40
Totals	**(S)=250** **(F)=55**	**123 (S&F)**	**(S)=59** **(F)=6** **65**	**55 inquiries referred to Medicaid Expansion**	**(S)=$525,000** **(F)=$99,000** **$624,000**	**(S)=$121,800** **(F)= $10,800** **$132,600**	**Combined % of Funds Expended = 21.22%**	**$105,062.58 (Procedures & indirect) $328,000 (Outreach)**

Department of Health
2015 - 17 Executive Budget
Behavioral Risk Factor Surveillance System (BRFSS)

Description	Budget	Expended through 12/31/2014	Remaining Balance
Salary / Benefits	165,886	125,406	40,480
Operating Costs	12,493	9,395	3,098
Professional Fees - Clearwater	415,130	227,125	188,005
Total	593,509	361,926	231,583

Amount Appropriated - Federal Funds Schedule	844,234
Federal Budget from above	(593,509)
Difference is a reduction in funding	250,725

Department of Health
2015-17 Executive Budget
Behavioral Risk Factor Surveillance System (BRFSS)

In the last two years ND BRFSS has done 8,000 surveys, of which 3,000 was an oversample for the Upper Missouri and Southwestern regions. In 2015, there is no oversample due to funding constraints; we are aiming to complete 5000 surveys (3,000 land line and 2,000 cell phone completed surveys).

We use Clearwater Research as our data collection contractor. For 2015, our contract for 5,000 completed surveys will cost $228, 860. The cost per completed survey is for landline $44.23 and for cellphone it is $53.09. The services covered in the cost per survey include the actual calls including incompletes and ineligible calls, compiling the data and submitting it to the CDC and to NDDoH on a timely manner.

2015 ND BRFSS Questionnaire (a copy will be attached with this document) has a total of 120 questions divided into 3 sections:

Core Section: The portion of the questionnaire that is included each year and must be asked by all states providing data that could be compared across states. Topics covered in the core include, health status and health-related quality of life, health access, hypertension awareness, cholesterol awareness, chronic health conditions (heart disease and stroke, diabetes, cancer, arthritis, asthma, COPD, depression, etc.), alcohol use, physical inactivity, diet, hypertension, and seat belt use.

2015 Core section has 89 questions

Optional Module: Sets of standardized questions on various topics that each state may select and include in its questionnaire. In 2015, ND has three Optional modules with 18 questions as shown below:

Cognitive Decline (6 questions) in partnership with the Alzheimer's Association

Industry and Occupation (2 questions)

Anxiety and Depression (10 questions)

State-added Questions: States are encouraged to gather data on additional topics related to their specific health priorities through the use of extra questions they choose to add to their questionnaire. We have 13 state added questions.

Residence (1 question)

Occupation (3 questions)

Indian Health (4 questions)

Health Insurance (1 question)

Social Context (3 questions)

Out of state residence (1 question)

General calling rules are established by CDC, and that ND adheres to, include:

1. All cell phone numbers must be hand-dialed.

2. Interviewers should be trained specifically for the BRFSS and retrained each year.

3. If possible, calls made to non-English-speaking households and assigned the interim disposition code of 5330 (household language barrier) should be attempted again with an interviewer who is fluent in the household language (e.g., Spanish).

4. The maximum number of attempts (15 for landline telephone and 8 for cell phone) may be exceeded if formal appointments are made with potential respondents.

5. Calling attempts should allow for a minimum of 6 rings and up to 10 rings if not answered or diverted to answering devices.

6. The maximum number of attempts may be set by the states. CDC recommendations for the minimum number of attempts are 15 for landlines and 8 for cell phones.

7. All numbers must be assigned a final disposition. Data should not be submitted with interim dispositions.

In a typical sample of numbers, there are both listed and unlisted numbers. In North Dakota,

49.72 % of listed numbers are not eligible to be interviewed for various reasons, for example they may end up being fax/modem classification. 96.45% of unlisted numbers end up being not eligible.

Of the unlisted numbers, only 5.6 % of the calls are picked up, while of the listed numbers, 35.77% pick up; and that does not necessarily result in a complete survey.

A sample report of last month's calling report (Dec 2014) might help shed more light: There were 4,280 phone numbers dialed with 365 surveys completed and 20 surveys partially completed.

Disposition	Description	Frequency Landline	Frequency Cell Phone
1100	Complete	259	106
1200	Partial Complete	12	8
2111	Household level refusal (LL only)	33	0
2112	Known respondent refusal	34	11
2120	Break off/termination within the QST	35	7
2210	Respondent never available	26	4
2220	Household answering device (LL only)	20	0
2320	Respondent physically or mentally unable to complete interview	15	1
2330	Language barrier, selected respondent	2	0
3100	Unknown if housing unit	277	313
3130	No answer	137	14
3140	Answering device, unknown if residence or respondent eligible	118	218

3150	Telecommunication barrier	6	1
3200	Household, not known if respondent eligible	42	0
3322	Physical or mental impairment (HH level)	11	0
3330	Language barrier (HH level)	2	3
3700	On never call list	0	0
4100	Out of sample	3	2
4200	Fax/data/modem	97	0
4300	Nonworking number/disconnected	854	1149
4400	Special technological circumstances	130	182
4430	Call forwarding/pager	0	0
4450	Cell phone (LL only)	6	0
4460	Landline (cell phone only)	0	6
4470	Cell phone respondent with LL	0	0
4500	Non-residence	84	30
4510	Group home	6	1
4700	Household, no eligible respondent	1	14
4900	Miscellaneous, non-eligible	0	0
TOTAL		**2210**	**2070**

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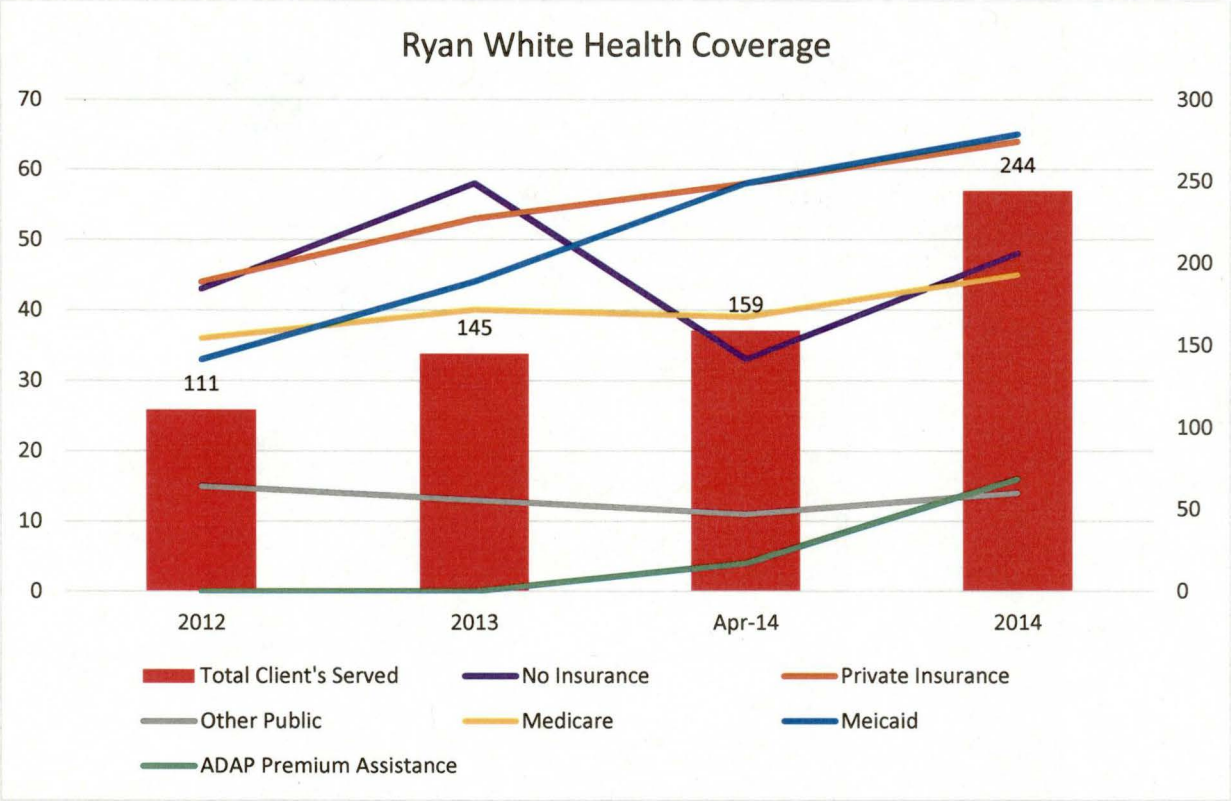
Department of Health
2015 – 17 Executive Budget
Program Eligibility & Impact of Medicaid Expansion

Program	Eligibility Criteria	Impact of Medicaid Expansion
WIC	185% of Federal Poverty Level	Minimal impact based on population
Family ~~Health~~ Planning	Less than 100% of Federal Poverty Level are not billed -*no insurance - copay may be charged* 101% - 250% of Federal Poverty Level - scheduled discounts apply All other clients -billed based on assessed income	93% of those served are potentially eligible for Medicaid Expansion. 2014 data is pending. Increase of those eligible for Medicaid Expansion would contribute to local program revenue.
Children Special Health Services (CSHS)	**Income Eligibility:** 185% of Federal Poverty Level **Medical Eligibility :** Must have a condition on the list of more than 100 eligible medical conditions under the CSHS Specialty Care Program (e.g., cleft lip/palate, hearing loss, asthma, etc.) **General Eligibility:** ND resident, Birth to 21 yrs of age	No noticeable impact since it would only impact those who are 19 and 20 years of age. 54 Clients are in that age bracket and 2 were qualified for Medicaid Expansion
Colorectal Cancer Screening	**Income Eligibility:** 139% up to 200% of Federal Poverty Level **Other eligibility:** • Age 50 thru 64 • ND Resident • No insurance or insurance does not cover screening or cannot afford deductible or copays • Not enrolled or eligible for Medicaid, Medicaid Expansion, Medicare Part B • Is 65 or older & not eligible for Medicare, or cannot afford Medicare Part B	55 clients out of 250 are now eligible for Medicaid Expansion as of 12/31/2014
Women's Way	**Income Eligibility:** 139% up to 200% of Federal Poverty Level **Other eligibility:** • Age 40 thru 64 • ND Resident • No insurance or insurance does not cover screening or cannot afford deductible or copays • Not enrolled or eligible for Medicaid, Medicaid Expansion, Medicare Part B Is 65 or older & not eligible for Medicare, or cannot afford Medicare Part B	514 clients of 2596 are now eligible for Medicaid Expansion as of 12/31/2014. Patient Navigation and Care Coordination will still be provided to these clients.

Department of Health
2015 – 17 Executive Budget
Program Eligibility & Impact of Medicaid Expansion

Tobacco Cessation Programs • ND Quits • City-County Cessation Program • NDPERS Cessation Program • Baby & Me	• Anyone is eligible - OTC medications provided only to those where insurance does not cover • Any city or county employee within the service area of the LPHU who applied for the grant funding • Any state employee or dependent 18+ yrs of age enrolled in NDPERS • Any pregnant women currently using tobacco or who was daily tobacco user 3 months prior to becoming pregnant	No significant impact on the programs
Vaccines for Children	18 Yrs and younger - American Indian/Alaskan Native, Medicaid-eligible, uninsured, or underinsured *Note: only available at Federally Qualified Health Centers, Rural Health Centers, or Local Public Health Units*	Medicaid Expansion does not impact this population
Vaccine Federal 317 Program	Uninsured children seen at private clinics, uninsured / underinsured adults, hepatitis B birth dose for insured children at birthing hospitals	Federal funding is reduced since insurance and Medicaid Expansion covers vaccines at first dollar
Ryan White – Part B Services	**Income Eligibility:** up to 300% of Federal Poverty Level **Other eligibility:** • ND Resident • State issued ID produced within 60 days of enrollment • Proof of HIV infection	See Attached Chart

Department of Health
2015 – 17 Executive Budget
Impact of Medicaid Expansion on Ryan White Client Health Coverage



Total Client's served represents the total number of people who received any service from the RW program within the year. Individuals may have multiple types of coverage and may be represented more than once in the tabulation of type of insurance.

The time period for April 2014 is 01/01/2014-04/01/2014 to show how open enrollment and Medicaid expansion reduced the number of uninsured individuals very rapidly from the end of 2013.

We continue to increase the number of clients enrolled in Medicaid and in private insurance plans during enrollment periods.

ADAP stands for the AIDS Drug Assistance Program which is funded through Ryan White Part B. This program provides funds to purchase medications or health insurance premiums with plans to cover prescription drugs for people eligible for RW services.

Other Public insurance is comprised of individuals with employer based health insurance that otherwise cannot afford the patient responsibility portion. This premium payment is paid on the client's behalf through a program administered by the Department of Human Services.

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Medical Examiner's Office

		2011-13 Actual Expend	Current Budget 13-15	Request 15-17	Request + (-) Difference	% Inc + Dec -	Forensic Examiner Infrastructure	Total OMB Changes 15-17	Executive Budget 15-17
SALARIES AND WAGES									
FTE EMPLOYEES (Number)		**3.00**	**3.00**	**3.00**					**3.00**
511	Salaries	565,689	615,102	616,416	1,314	0%			616,416
513/514	Temporary, Overtime	73,263	66,000	68,640	2,640	4%			68,640
516	Benefits	162,407	178,861	214,089	35,228	20%			214,089
	TOTAL	**801,359**	**859,963**	**899,145**	**39,182**	**5%**			**899,145**
	General Fund	801,359	859,963	899,145	39,182	5%			899,145
	Federal Funds								
	Other Funds								
OPERATING EXPENSES									
521	Travel	7,890	13,219	13,219					13,219
531	IT - Software/Supp.	217	1,016	2,447	1,431	141%			2,447
532	Professional Supplies & Materials	2,465	833	858	25	3%			858
533	Food & Clothing								
534	Buildings/Vehicle Maintenance Supplies	6,729	6,710	6,914	204	3%			6,914
535	Miscellaneous Supplies								
536	Office Supplies	5,661	4,572	4,711	139	3%			4,711
541	Postage	6,334	5,554	5,781	227	4%			5,781
542	Printing	138	164	169	5	3%			169
551	IT Equip Under $5000	806	196	6,400	6,204	3165%			6,400
552	Other Equip Under $5000	9,201							
553	Office Equip Under $5000		935		(935)				
561	Utilities	63,090	65,487	68,159	2,672	4%			68,159
571	Insurance								
581	Lease/Rentals - Equipment	2,654	2,224	2,224					2,224
582	Lease \Rentals-- Buildings./Land								
591	Repairs	42,075	47,301	48,741	1,440	3%			48,741
601	IT-Data Processing	5,181	5,782	6,302	520	9%	20,000	20,000	26,302
602	IT-Telephone	8,188	9,480	9,480					9,480
603	IT - Contractual Services								
611	Professional Development	2,613	2,205	2,272	67	3%			2,272
621	**Operating Fees & Services**	**514**	**564**	**582**	**18**	3%			**582**
623	**Professional Services**	**208,769**	**581,525**	**655,989**	74,464	13%	**160,000**	**160,000**	**815,989**
625	Medical, Dental, and Optical	52,473	50,813	50,813					50,813
	TOTAL	**424,998**	**798,580**	**885,061**	**86,481**	**11%**	**180,000**	**180,000**	**1,065,061**
	General Fund	424,998	798,580	885,061	86,481	11%	180,000	180,000	1,065,061
	Federal Funds								
	Other Funds								
CAPITAL ASSETS									
683	Other Capital Payments	168,886	145,463	147,115	1,652	1%			147,115
684	Extraordinary Repairs		24,301	19,820	(4,481)	-18%			19,820
691	Equipment >$5000		30,632	10,000	(20,632)	-67%	44,000	44,000	54,000
693	IT Equip >$5000								
	TOTAL	**168,886**	**200,396**	**176,935**	**(23,461)**	**-12%**	**44,000**	**44,000**	**220,935**
	General Fund	168,886	200,396	176,935	(23,461)	-12%	44,000	44,000	220,935
	Federal Funds								
	Other Funds								
GRANTS									
712	Grants - Non State								
722	Grants - In State								
	TOTAL								
	General Fund								
	Federal Funds								
	Other Funds								
SPECIAL LINE ITEMS									
	TOTAL								
	General Fund								
	Federal Funds								
	Other Funds								
COST CENTER TOTAL									
	TOTAL	**1,395,243**	**1,858,939**	**1,961,141**	**102,202**		**224,000**	**224,000**	**2,185,141**
	General Fund	1,395,243	1,858,939	1,961,141	102,202	5%	224,000	224,000	2,185,141
	Federal Funds								
	Other Funds								

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2015-17 TRAVEL ESTIMATE

Account	Description	Guideline Amount	Amount to be Budgeted 15-17	Amount from 2013-2015	Difference
521015	In-State - Lodging	*See OMB Policy*	18,784	16,880	1,904
521020	In-State - Meals	*See OMB Policy*	12,110	10,050	2,060
521025	In-State - Other (Taxi, Shuttle) Transportation	*$30 each way*	120	150	(30)
521030	In-State - Mileage (*when allowed at IRS rate*)	*$0.56 per mile**	31,281	24,887	6,394
521045	Motor Pool	*$0.49 per mile***	37,730	35,520	2,210
521060	Non-State Employee Travel	*Specific to circumstance****	2,000	6,000	(4,000)
521065	Miscellaneous Expense (Parking)	*$25 per occurrence*	1,100	1,900	(800)
521070	Out-of-State - Air Transportation (incl. Luggage)	*$720 per trip*****	68,400	65,500	2,900
521075	Out-of-State - Lodging	*$150 per night*****	36,900	39,000	(2,100)
521080	Out-of-State - Meals	*$71 per day*****	28,968	26,100	2,868
521085	Out-of-State - Other (Taxi, Shuttle) Transportation	*$35 each way*****	6,755	5,250	1,505
	Grand Total		**244,148**	**231,237**	**12,911**

Division Medical Services

* The current IRS rate is $0.575 per mile. Jamestown field epidemiologist and Healthcare Associated Infections coordinator do not have access to state fleet vehicles. Additional travel is required due to increased site visits based on federal Epidemiology and Laboratory Capacity grant. The amount of the increase is $3,019 for 2015-2017 biennium for Epidemiology and Laboratory Capacity.

** The budgeted motor pool rate for 2013 - 2015 biennium was $0.47 per mile. Increased travel need is a result of change in increased Immunization site visits and new Sentinel Site Capacity grant. The amount of the increase is $5,988 for Sentinel Site Capacity for the 2015-2017 biennium. These are new requirements by the federal awarding agency.

*** Non-state employee travel decreased due to one-time training for case managers and federal funding restrictions.

**** Out-of-state expenses had a net overall increase due to:
The Prevention and Public Health Fund (PPHF) 2014 Interoperability federal grant travel and the Pandemic Influenza conference for the federal Immunization program. This is offset by decreases in travel for the federal HPV and PPHF 2012 Immunization grant. The PPHF 2014 Interoperability grant travel is increased by $6,396 and $1,874 for the Pandemic Influenza conference. There was a decrease of $2,093 in the PPHF 2012 Immunization and a decrease of $720 for the HPV program from the 2013-2015 biennium to the 2015-2017 biennium. The net increase is $5,457.

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942
2015-17 Ongoing Funding Changes								
Base payroll changes		$110,666	($170,444)	($59,778)				$0
Salary increase - Performance		1,739,645	1,189,989	2,929,634				0
Salary increase - Market equity		609,362	428,304	1,037,666				0
Retirement contribution increase		181,000	123,811	304,811				0
Health insurance increase		969,189	662,965	1,632,154				0
Salary increase - Targeted equity		1,559,659		1,559,659				0
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522				0
Cost to continue programs		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)				0
Increases funding for vaccines, including a school interface module		576,853		576,853				0
Adds funding for a catastrophic infectious disease outbreak fund		550,000		550,000				0
Adds funding for autopsy contract with UND		640,000		640,000				0
Increases funding for suicide prevention grants		500,000		500,000				0
Increases funding for the dental loan repayment program		60,000		60,000				0
Increases funding for the medical loan repayment program		122,012		122,012				0
Adds funding for behavioral health professional loan repayment program		495,000		495,000				0
Increases funding for local public health grants		1,000,000		1,000,000				0
Increases funding for rural EMS grants		1,600,000		1,600,000				0
Adds funding for domestic violence and rape crisis grants		500,000		500,000				0
Adjusts funding for Women's Way program		500,000	(400,500)	99,500				0
Adds funding for mobile dental services grant		100,000		100,000				0
Adds funding for EPA lawsuit		500,000		500,000				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for operating expenses related to food and lodging FTE		97,480	42,143	139,623				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II	1.00		129,893	129,893				0
Adds funding for chemistry lab chemist II	1.00	129,854		129,854				0
Adds funding for municipal facilities data processing coordinator II	1.00	111,657		111,657				0
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist admin. I	1.00	178,279		178,279				0
Adds funding for waste management temporary salaries		3,850		3,850				0

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Adds funding for water quality temporary salaries		40,700		40,700				0
Adds funding for additional salaries for emergency and spill response		104,544		104,544				0
Adds funding for operating expense and grants related to Env. Div. FTE		2,136,551	1,981,202	4,117,753				0
Removes funding for regional public health network grants		(700,000)		(700,000)				0
Removes funding for contingent family violence grant		(80,000)		(80,000)				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114	0.00	$0	$0	$0
One-time funding items								
Adds funding for a school immunization interface module		$179,100		$179,100				$0
Adds funding from federal funds for WIC food payments system upgrade			$1,712,110	1,712,110				0
Adds funding for costs related to environmental impact		303,400	536,600	840,000				0
Adds funding for medical cache		989,000		989,000				0
Adds funding to modify vital records system to allow electronic review		20,000		20,000				0
Adds funding for digital x-ray equipment for forensic examiner		44,000		44,000				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210	0.00	$0	$0	$0
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324	0.00	$0	$0	$0
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266	354.00	$44,921,508	$139,303,434	$184,224,942

Other Sections in House Bill No. 1004

	Executive Budget Recommendation	House Version
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	
Loan repayment program changes	Section 4 amends North Dakota Century Code 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.	
Veterinary loan repayment program		A section is added to require veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice.

HB1004
2-17-15
#1

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942
2015-17 Ongoing Funding Changes								
Base payroll changes (Pollert)		$110,666	($170,444)	($59,778)		$110,666	($170,444)	($59,778)
Salary increase - Performance (Pollert)		1,739,645	1,189,989	2,929,634		1,252,358	884,530	2,136,888
Salary increase - Market equity		609,362	428,304	1,037,666				0
Retirement contribution increase (Holman)		181,000	123,811	304,811		181,000	123,811	304,811
Health insurance increase (Pollert)		969,189	662,965	1,632,154		921,693	662,965	1,584,658
Salary increase - Targeted equity		1,559,659		1,559,659				0
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522				0
Cost to continue programs		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)				0
Increases funding for vaccines, including a school interface module		576,853		576,853				0
Adds funding for a catastrophic infectious disease outbreak fund		550,000		550,000				0
Adds funding for autopsy contract with UND (Nelson)		640,000		640,000		480,000		480,000
Increases funding for suicide prevention grants (Silbernagel)		500,000		500,000		150,000		150,000
Increases funding for the dental loan repayment program		60,000		60,000				0
Increases funding for the medical loan repayment program (Silbernagel)		122,012		122,012		122,012		122,012
Adds funding for behavioral health professional loan repayment program		495,000		495,000				0
Increases funding for local public health grants (Nelson)		1,000,000		1,000,000		250,000		250,000
Increases funding for rural EMS grants (Silbernagel)		1,600,000		1,600,000		500,000		500,000
Adds funding for domestic violence and rape crisis grants (Nelson)		500,000		500,000		200,000		200,000
Adjusts funding for Women's Way program		500,000	(400,500)	99,500				0
Adds funding for mobile dental services grant (Silbernagel)		100,000		100,000		100,000		100,000
Adds funding for EPA lawsuit (Kreidt)		500,000		500,000		500,000		500,000
Adds funding for food and lodging environ. health practitioner II (Kreidt)	1.00	130,479		130,479	1.00	130,479		130,479
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0
Adds funding for op. exp. related to food and lodging FTE (Nelson)		97,480	42,143	139,623		19,496	8,428	27,924
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893
Adds funding for chemistry lab chemist II (Nelson)	1.00	129,854		129,854	1.00	129,854		129,854
Adds funding for municipal facilities data processing coordinator II	1.00	111,657		111,657				0
Adds funding for municipal facilities environmental engineer II (Nelson)	1.00	150,728		150,728	1.00	150,728		150,728
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0
Adds funding for waste management environmental scientist II (Nelson)	1.00	129,893		129,893	1.00	129,893		129,893
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0
Adds funding for water quality environmental scientist admin. I (Nelson)	1.00	178,279		178,279	1.00	178,279		178,279
Adds funding for waste management temporary salaries		3,850		3,850				0
Adds funding for water quality temporary salaries		40,700		40,700				0
Adds funding for additional salaries for emergency and spill response		104,544		104,544				0

Adds funding for op. exp. and grants related to Env. Div. FTE (Nelson)		2,136,551	1,981,202	4,117,753		143,246	110,331	253,577
Reduces funding for bond payments (Pollert)				0		(1,045)	(3,703)	(4,748)
Adjusts cost to continue Community Health grants (Silbernagel)				0		(128,928)	1,695,340	1,566,412
Increases funding for Em. Preparedness equipment > $5,000 (Pollert)				0			471,000	471,000
Increases Womens Way funding to total $414,000 from CHT (Nelson)				0			13,500	13,500
Reduces funding for operating expenses agency wide (Kreidt)				0		(300,000)		(300,000)
Removes funding for regional public health network grants (Silbernagel)		(700,000)		(700,000)		(700,000)		(700,000)
Removes funding for contingent family violence grant (Kreidt)		(80,000)		(80,000)		(80,000)		(80,000)
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Other change				0				0
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114	8.00	$4,439,731	$4,185,437	$8,625,168
One-time funding items								
Adds funding for a school immunization interface module		$179,100		$179,100				$0
Adds funding from federal funds for WIC system upgrade (Kreidt)			$1,712,110	1,712,110			1,712,110	1,712,110
Adds funding for costs related to environmental impact (Nelson)		303,400	536,600	840,000		292,000	488,000	780,000
Adds funding for medical cache		989,000		989,000				0
Adds funding to modify vital records system to allow electronic review		20,000		20,000				0
Adds funding for digital x-ray equipment for forensic examiner		44,000		44,000				0
Other one-time funding item				0				0
Other one-time funding item				0				0
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210	0.00	$292,000	$2,200,110	$2,492,110
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324	8.00	$4,731,731	$6,385,547	$11,117,278
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266	362.00	$49,653,239	$145,688,981	$195,342,220

Other Sections in House Bill No. 1004

	Executive Budget Recommendation	House Version
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program. (Kreidt)
Loan repayment program changes	Section 4 amends North Dakota Century Code 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.	
Veterinary loan repayment program		A section is added to require veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice. (Nelson)

HB 1004
2-18-15
#2

15.8112.01002
Title.

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
Division Committee

Fiscal No. 1

February 17, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, remove "43-28.1-01 of the North Dakota Century Code,"

Page 1, line 3, replace "relating to dental loan repayment program" with "43-29.1-03 of the North Dakota Century Code, relating to selection criteria for the veterinarian loan repayment program"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,230,702	$50,152,210
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, replace lines 10 through 16 with:

"Environmental equipment	0	780,000
Total all funds	$1,245,000	$780,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$292,000"

Page 2, line 22, replace "act" with "Act includes"

Page 2, line 24, remove the second "protection fund"

Page 2, remove lines 27 through 31

Page 3, replace lines 1 through 5 with:

"**SECTION 4. AMENDMENT.** Section 43-29.1-03 of the North Dakota Century Code is amended and reenacted as follows:

43-29.1-03. Veterinarian selection criteria - Eligibility for loan repayment.

1. In establishing the criteria regarding eligibility for loan repayment funds under this chapter, the state health council shall consider the applicant's:

   a. Training in food animal veterinary medicine, ability, willingness to engage in food animal veterinary medicine, and the extent to which such services are needed in a selected community;

   b. Commitment to serve in a community that is in need of a veterinarian;

   c. Compatibility with a selected community;

d. Date of availability for service to the selected community; and

e. Competence and professional conduct.

2. An applicant selected to receive loan repayment funds under this chapter ~~must~~:

a. ~~Have~~Must have graduated from an accredited college of veterinary medicine; ~~and~~

b. ~~Be~~Must be licensed to practice veterinary medicine in this state; and

c. Must be employed full-time in the private practice of veterinary medicine.

3. A selected applicant shall contract to provide full-time veterinary medicine services for two, three, or four years in one or more selected communities."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Accrued leave payments	2,223,289	(2,223,289)	
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
General fund	$44,921,508	$5,230,702	$50,152,210
FTE	354.00	7.00	361.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adds Funding for Base Payroll Changes[1]	Adds Funding for Salary and Benefit Increases[2]	Adjusts Funding for Bond Payments, Extraordinary Repairs, and Equipment[3]	Adjusts Funding for Cost-to-Continue Programs[4]	Adjusts Funding for Cardiac Care System[5]	Increases Funding for Vaccines[6]
Salaries and wages	$2,351,671	$3,665,900				
Operating expenses				(245,963)	448,307	576,853
Capital assets			484,522			
Grants				352,349	(2,504,000)	
Tobacco prevention	(188,160)	46,521		1,011,103		
WIC food payments				(4,459,861)		
Accrued leave payments	(2,223,289)					
Total all funds	($59,778)	$3,712,421	$484,522	($3,342,372)	($2,055,693)	$576,853
Less estimated income	(170,444)	1,547,495	821,785	(3,847,541)	(2,055,906)	0
General fund	$110,666	$2,164,926	($337,263)	$505,169	$213	$576,853
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Autopsy Contract[7]	Increases Funding for Suicide Prevention Grants[8]	Increases Funding for Medical Loan Repayment Program[9]	Increases Funding for Local Public Health Units[10]	Increases Funding for Rural EMS Grants[11]	Increases Funding for Domestic Violence and Rape Crisis Grants[12]
Salaries and wages						
Operating expenses	480,000					
Capital assets						
Grants		150,000	122,012	250,000	500,000	200,000
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
Less estimated income	0	0	0	0	0	0
General fund	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Mobile Dental Services Grant[13]	Adds Funding for EPA Lawsuit[14]	Adds Funding for Food & Lodging Inspector[15]	Adds Funding for Environmental Health Positions[16]	Increases Funding for Women's Way[17]	Decreases Funding for Operating Expenses[18]
Salaries and wages			$130,479	$848,579		
Operating expenses		500,000	27,924	197,582	13,500	(300,000)
Capital assets						
Grants	100,000					
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$100,000	$500,000	$158,403	$1,046,161	$13,500	($300,000)
Less estimated income	0	0	8,428	500,010	13,500	0
General fund	$100,000	$500,000	$149,975	$546,151	$0	($300,000)
FTE	0.00	0.00	1.00	6.00	0.00	0.00

	Removes Funding for Regional Public Health Network Grants[19]	Removes Funding for Contingent Family Violence Grant[20]	Adds One-Time Funding for WIC System Upgrade[21]	Adds Funding for Equipment[22]	Total House Changes
Salaries and wages			$110,000		$7,106,629
Operating expenses			1,602,110		3,300,313
Capital assets				780,000	1,264,522
Grants	(700,000)	(80,000)			(1,609,639)
Tobacco prevention					869,464
WIC food payments					(4,459,861)
Accrued leave payments					(2,223,289)
Total all funds	($700,000)	($80,000)	$1,712,110	$780,000	$4,248,139
Less estimated income	0	0	1,712,110	488,000	(982,563)
General fund	($700,000)	($80,000)	$0	$292,000	$5,230,702
FTE	0.00	0.00	0.00	0.00	7.00

[1] Funding is added for cost-to-continue 2013-15 biennium salary increases and retirement contribution increases.

[2] The following funding is added for 2015-17 biennium performance salary adjustments of 2 to 4 percent per year and increases in monthly health insurance premiums:

	General Fund	Other Funds	Total
Salary increase - Performance	$1,247,551	$884,530	$2,132,081
Health insurance increase	917,375	662,965	1,580,340
Total	$2,164,926	$1,547,495	$3,712,421

[3] Funding is adjusted for base budget changes related to bond payments, extraordinary repairs, and equipment.

[4] Funding is adjusted for base budget changes relating to the cost to continue programs, including operating expenses, grants, tobacco prevention, and WIC food payments.

[5] Funding is adjusted for the cardiac care system.

[6] Funding for the universal vaccine program is increased by $576,853 to provide a total of $3,076,853 from the general fund.

[7] Funding is added to contract with the University of North Dakota School of Medicine and Health Sciences to provide a total of $480,000 from the general fund to perform autopsies in the eastern part of the state, the same as the 2013-15 biennium appropriation.

[8] Funding for suicide prevention grants is increased by $150,000 to provide a total of $830,000 from the general fund.

[9] Funding for the medical loan repayment program is increased by $122,012 to provide a total of $698,800 from the general fund.

[10] Funding for grants to local public health units is increased by $250,000 to provide a total of $4,250,000 from the general fund.

[11] Funding is increased by $500,000 from the general fund for rural emergency medical services grants to provide a total of $7.84 million, of which $1.25 million is from the insurance tax distribution fund.

[12] Funding is increased by $200,000 from the general fund for domestic violence and rape crisis grants to provide a total of $2,250,000, of which $1,910,000 is from the general fund and $340,000 is from special funds.

[13] Funding of $100,000 from the general fund is added for a mobile dental services grant.

[14] Funding of $500,000 from the general fund is added for costs related to the Environmental Protection Agency lawsuit.

[15] Funding is added for 1 FTE food and lodging inspector, including salaries and wages and operating expenses.

[16] Funding is added for 6 FTE positions in air quality (3 FTE positions), municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (1 FTE position) to meet increased demands in oil-impacted areas, including salaries and wages and operating expenses.

[17] Funding for Women's Way is increased by $13,500 to provide a total of $414,000 from the community health trust fund.

[18] Funding for operating expenses is reduced agency wide by $300,000 from the general fund.

[19] Funding for regional public health network grants provided during the 2013-15 biennium is removed.

[20] Funding for a contingent family violence grant provided during the 2013-15 biennium is removed.

[21] One-time funding from federal funds is added for WIC food payments system replacement, including salaries and wages and operating expenses.

[22] One-time funding is added for equipment related to the 3 new air quality FTE positions and for laboratory equipment.

This amendment also:

- Corrects typographical errors in the section related to the environmental and rangeland protection fund.
- Removes a section included in the executive recommendation to amend North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for the loan repayment program.
- Adds a section to require veterinarians that are accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

HB 1003
2-18-15
#1

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version				House Changes to Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942	0.00	$0	$0	$0
2015-17 Ongoing Funding Changes												
Base payroll changes (Pollert)		$110,666	($170,444)	($59,778)		$110,666	($170,444)	($59,778)				$0
Salary increase - Performance (Pollert)		1,739,645	1,189,989	2,929,634		1,247,551	884,530	2,132,081		(492,094)	(305,459)	(797,553)
Salary increase - Market equity		609,362	428,304	1,037,666				0		(609,362)	(428,304)	(1,037,666)
Retirement contribution increase (Holman)		181,000	123,811	304,811				0		(181,000)	(123,811)	(304,811)
Health insurance increase (Pollert)		969,189	662,965	1,632,154		917,375	662,965	1,580,340		(51,814)		(51,814)
Salary increase - Targeted equity		1,559,659		1,559,659				0		(1,559,659)		(1,559,659)
Netted adjustment for bonds, extraordinary repairs, and equip. (Bellew)		(337,263)	821,785	484,522		(337,263)	821,785	484,522				0
Cost to continue programs (Kreidt)		505,169	(3,847,541)	(3,342,372)		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system (Bellew)		213	(2,055,906)	(2,055,693)		213	(2,055,906)	(2,055,693)				0
Increases funding for vaccines (Pollert)		576,853		576,853		576,853		576,853				0
Adds funding for a catastrophic infectious disease outbreak fund		550,000		550,000				0		(550,000)		(550,000)
Adds funding for autopsy contract with UND (Nelson)		640,000		640,000		480,000		480,000		(160,000)		(160,000)
Increases funding for suicide prevention grants (Silbernagel)		500,000		500,000		150,000		150,000		(350,000)		(350,000)
Increases funding for the dental loan repayment program		60,000		60,000				0		(60,000)		(60,000)
Increases funding for the medical loan repayment program (Silbernagel)		122,012		122,012		122,012		122,012				0
Adds funding for behavioral health professional loan repayment program		495,000		495,000				0		(495,000)		(495,000)
Increases funding for local public health grants (Nelson)		1,000,000		1,000,000		250,000		250,000		(750,000)		(750,000)
Increases funding for rural EMS grants (Silbernagel)		1,600,000		1,600,000		500,000		500,000		(1,100,000)		(1,100,000)
Adds funding for domestic violence and rape crisis grants (Nelson)		500,000		500,000		200,000		200,000		(300,000)		(300,000)
Adjusts funding for Women's Way program		500,000	(400,500)	99,500				0		(500,000)	400,500	(99,500)
Adds funding for mobile dental services grant (Silbernagel)		100,000		100,000		100,000		100,000				0
Adds funding for EPA lawsuit (Kreidt)		500,000		500,000		500,000		500,000				0
Adds funding for food and lodging environ. health practitioner II (Kreidt)	1.00	130,479		130,479	1.00	130,479		130,479				0
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0	(1.00)	(130,479)		(130,479)
Adds funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0	(1.00)	(130,479)		(130,479)
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0	(1.00)	(130,478)		(130,478)
Adds funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0	(1.00)	(130,478)		(130,478)
Adds funding for op. exp. related to food and lodging FTE (Nelson)		97,480	42,143	139,623		19,496	8,428	27,924		(77,984)	(33,715)	(111,699)
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893				0
Adds funding for air quality environmental scientist II (Nelson)	1.00		129,893	129,893	1.00		129,893	129,893				0
Adds funding for chemistry lab chemist II (Nelson)	1.00	129,854		129,854				0	(1.00)	(129,854)		(129,854)
Adds funding for municipal facilities data processing coordinator II	1.00	111,657		111,657				0	(1.00)	(111,657)		(111,657)
Adds funding for municipal facilities environmental engineer II (Nelson)	1.00	150,728		150,728	1.00	150,728		150,728				0
Adds funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0	(1.00)	(150,728)		(150,728)
Adds funding for waste management environmental scientist II (Nelson)	1.00	129,893		129,893	1.00	129,893		129,893				0
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Adds funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Adds funding for water quality environmental scientist II position	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Adds funding for water quality environmental scientist admin. I (Nelson)	1.00	178,279		178,279	1.00	178,279		178,279				0
Adds funding for waste management temporary salaries		3,850		3,850				0		(3,850)		(3,850)

Adds funding for water quality temporary salaries		40,700		40,700				0		(40,700)		(40,700)
Adds funding for additional salaries for emergency and spill response		104,544		104,544				0		(104,544)		(104,544)
Adds funding for op. exp. and grants related to Env. Div. FTE (Nelson)		2,136,551	1,981,202	4,117,753		87,251	110,331	197,582		(2,049,300)	(1,870,871)	(3,920,171)
Reduces funding for bond payments (Pollert)				0				0				0
Adjusts cost to continue Community Health grants (Silbernagel)				0				0				0
Increases funding for Em. Preparedness equipment > $5,000 (Pollert)				0				0				0
Increases Womens Way funding to total $414,000 from CHT (Nelson)				0			13,500	13,500			13,500	13,500
Reduces funding for operating expenses agency wide (Kreidt)				0		(300,000)		(300,000)		(300,000)		(300,000)
Removes funding for regional public health network grants (Silbernagel)		(700,000)		(700,000)		(700,000)		(700,000)				0
Removes funding for contingent family violence grant (Kreidt)		(80,000)		(80,000)		(80,000)		(80,000)				0
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114	7.00	$4,938,702	($3,182,673)	$1,756,029	(12.00)	($11,298,925)	($2,348,160)	($13,647,085)
One-time funding items												
Adds funding for a school immunization interface module		$179,100		$179,100				$0		($179,100)		($179,100)
Adds funding from federal funds for WIC system upgrade (Kreidt)			$1,712,110	1,712,110			1,712,110	1,712,110			0	0
Adds funding for costs related to environmental impact (Nelson)		303,400	536,600	840,000		292,000	488,000	780,000		(11,400)	(48,600)	(60,000)
Adds funding for medical cache		989,000		989,000				0		(989,000)		(989,000)
Adds funding to modify vital records system to allow electronic review		20,000		20,000				0		(20,000)		(20,000)
Adds funding for digital x-ray equipment for forensic examiner		44,000		44,000				0		(44,000)		(44,000)
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210	0.00	$292,000	$2,200,110	$2,492,110	0.00	($1,243,500)	($48,600)	($1,292,100)
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324	7.00	$5,230,702	($982,563)	$4,248,139	(12.00)	($12,542,425)	($2,396,760)	($14,939,185)
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266	361.00	$50,152,210	$138,320,871	$188,473,081	(12.00)	($12,542,425)	($2,396,760)	($14,939,185)

Other Sections in House Bill No. 1004

	Executive Budget Recommendation	House Version
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program. (Kreidt)
Loan repayment program changes	Section 4 amends North Dakota Century Code 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.	
Veterinary loan repayment program		A section is added to require veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice. (Nelson)

Attachment #1
HB 1004 2/19/15

HB 2-20-15 1 of 5

15.8112.01002
Title.02000

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
Division Committee

Fiscal No. 1

February 17, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, remove "43-28.1-01 of the North Dakota Century Code,"

Page 1, line 3, replace "relating to dental loan repayment program" with "43-29.1-03 of the North Dakota Century Code, relating to selection criteria for the veterinarian loan repayment program"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,230,702	$50,152,210
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, replace lines 10 through 16 with:

"Environmental equipment	0	780,000
Total all funds	$1,245,000	$780,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$292,000"

Page 2, line 22, replace "act" with "Act includes"

Page 2, line 24, remove the second "protection fund"

Page 2, remove lines 27 through 31

Page 3, replace lines 1 through 5 with:

"**SECTION 4. AMENDMENT.** Section 43-29.1-03 of the North Dakota Century Code is amended and reenacted as follows:

43-29.1-03. Veterinarian selection criteria - Eligibility for loan repayment.

1. In establishing the criteria regarding eligibility for loan repayment funds under this chapter, the state health council shall consider the applicant's:

   a. Training in food animal veterinary medicine, ability, willingness to engage in food animal veterinary medicine, and the extent to which such services are needed in a selected community;

   b. Commitment to serve in a community that is in need of a veterinarian;

   c. Compatibility with a selected community;

d. Date of availability for service to the selected community; and

e. Competence and professional conduct.

2. An applicant selected to receive loan repayment funds under this chapter ~~must~~:

a. ~~Have~~Must have graduated from an accredited college of veterinary medicine; ~~and~~

b. ~~Be~~Must be licensed to practice veterinary medicine in this state; and

c. Must be employed full-time in the private practice of veterinary medicine.

3. A selected applicant shall contract to provide full-time veterinary medicine services for two, three, or four years in one or more selected communities."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$54,757,510	$7,106,629	$61,864,139
Operating expenses	37,305,014	3,300,313	40,605,327
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,609,639)	55,901,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Accrued leave payments	2,223,289	(2,223,289)	
Total all funds	$184,224,942	$4,248,139	$188,473,081
Less estimated income	139,303,434	(982,563)	138,320,871
General fund	$44,921,508	$5,230,702	$50,152,210
FTE	354.00	7.00	361.00

Department No. 301 - State Department of Health - Detail of House Changes

	Adds Funding for Base Payroll Changes[1]	Adds Funding for Salary and Benefit Increases[2]	Adjusts Funding for Bond Payments, Extraordinary Repairs, and Equipment[3]	Adjusts Funding for Cost-to-Continue Programs[4]	Adjusts Funding for Cardiac Care System[5]	Increases Funding for Vaccines[6]
Salaries and wages	$2,351,671	$3,665,900				
Operating expenses				(245,963)	448,307	576,853
Capital assets			484,522			
Grants				352,349	(2,504,000)	
Tobacco prevention	(188,160)	46,521		1,011,103		
WIC food payments				(4,459,861)		
Accrued leave payments	(2,223,289)					
Total all funds	($59,778)	$3,712,421	$484,522	($3,342,372)	($2,055,693)	$576,853
Less estimated income	(170,444)	1,547,495	821,785	(3,847,541)	(2,055,906)	0
General fund	$110,666	$2,164,926	($337,263)	$505,169	$213	$576,853
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Autopsy Contract[7]	Increases Funding for Suicide Prevention Grants[8]	Increases Funding for Medical Loan Repayment Program[9]	Increases Funding for Local Public Health Units[10]	Increases Funding for Rural EMS Grants[11]	Increases Funding for Domestic Violence and Rape Crisis Grants[12]
Salaries and wages						
Operating expenses	480,000					
Capital assets						
Grants		150,000	122,012	250,000	500,000	200,000
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
Less estimated income	0	0	0	0	0	0
General fund	$480,000	$150,000	$122,012	$250,000	$500,000	$200,000
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Mobile Dental Services Grant[13]	Adds Funding for EPA Lawsuit[14]	Adds Funding for Food & Lodging Inspector[15]	Adds Funding for Environmental Health Positions[16]	Increases Funding for Women's Way[17]	Decreases Funding for Operating Expenses[18]
Salaries and wages			$130,479	$848,579		
Operating expenses		500,000	27,924	197,582	13,500	(300,000)
Capital assets						
Grants	100,000					
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	$100,000	$500,000	$158,403	$1,046,161	$13,500	($300,000)
Less estimated income	0	0	8,428	500,010	13,500	0
General fund	$100,000	$500,000	$149,975	$546,151	$0	($300,000)
FTE	0.00	0.00	1.00	6.00	0.00	0.00

	Removes Funding for Regional Public Health Network Grants[19]	Removes Funding for Contingent Family Violence Grant[20]	Adds One-Time Funding for WIC System Upgrade[21]	Adds Funding for Equipment[22]	Total House Changes
Salaries and wages			$110,000		$7,106,629
Operating expenses			1,602,110		3,300,313
Capital assets				780,000	1,264,522
Grants	(700,000)	(80,000)			(1,609,639)
Tobacco prevention					869,464
WIC food payments					(4,459,861)
Accrued leave payments					(2,223,289)
Total all funds	($700,000)	($80,000)	$1,712,110	$780,000	$4,248,139
Less estimated income	0	0	1,712,110	488,000	(982,563)
General fund	($700,000)	($80,000)	$0	$292,000	$5,230,702
FTE	0.00	0.00	0.00	0.00	7.00

[1] Funding is added for cost-to-continue 2013-15 biennium salary increases and retirement contribution increases.

[2] The following funding is added for 2015-17 biennium performance salary adjustments of 2 to 4 percent per year and increases in monthly health insurance premiums:

	General Fund	Other Funds	Total
Salary increase - Performance	$1,247,551	$884,530	$2,132,081
Health insurance increase	917,375	662,965	1,580,340
Total	$2,164,926	$1,547,495	$3,712,421

[3] Funding is adjusted for base budget changes related to bond payments, extraordinary repairs, and equipment.

[4] Funding is adjusted for base budget changes relating to the cost to continue programs, including operating expenses, grants, tobacco prevention, and WIC food payments.

[5] Funding is adjusted for the cardiac care system.

[6] Funding for the universal vaccine program is increased by $576,853 to provide a total of $3,076,853 from the general fund.

[7] Funding is added to contract with the University of North Dakota School of Medicine and Health Sciences to provide a total of $480,000 from the general fund to perform autopsies in the eastern part of the state, the same as the 2013-15 biennium appropriation.

[8] Funding for suicide prevention grants is increased by $150,000 to provide a total of $830,000 from the general fund.

[9] Funding for the medical loan repayment program is increased by $122,012 to provide a total of $698,800 from the general fund.

[10] Funding for grants to local public health units is increased by $250,000 to provide a total of $4,250,000 from the general fund.

[11] Funding is increased by $500,000 from the general fund for rural emergency medical services grants to provide a total of $7.84 million, of which $1.25 million is from the insurance tax distribution fund.

[12] Funding is increased by $200,000 from the general fund for domestic violence and rape crisis grants to provide a total of $2,250,000, of which $1,910,000 is from the general fund and $340,000 is from special funds.

[13] Funding of $100,000 from the general fund is added for a mobile dental services grant.

[14] Funding of $500,000 from the general fund is added for costs related to the Environmental Protection Agency lawsuit.

[15] Funding is added for 1 FTE food and lodging inspector, including salaries and wages and operating expenses.

[16] Funding is added for 6 FTE positions in air quality (3 FTE positions), municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (1 FTE position) to meet increased demands in oil-impacted areas, including salaries and wages and operating expenses.

[17] Funding for Women's Way is increased by $13,500 to provide a total of $414,000 from the community health trust fund.

[18] Funding for operating expenses is reduced agency wide by $300,000 from the general fund.

[19] Funding for regional public health network grants provided during the 2013-15 biennium is removed.

[20] Funding for a contingent family violence grant provided during the 2013-15 biennium is removed.

[21] One-time funding from federal funds is added for WIC food payments system replacement, including salaries and wages and operating expenses.

[22] One-time funding is added for equipment related to the 3 new air quality FTE positions and for laboratory equipment.

This amendment also:

- Corrects typographical errors in the section related to the environmental and rangeland protection fund.
- Removes a section included in the executive recommendation to amend North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for the loan repayment program.
- Adds a section to require veterinarians that are accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

HB 1004
3-9-15
#1

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version				House Changes to Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2015-17 Biennium Base Level	354.00	$44,921,508	$139,303,434	$184,224,942	354.00	$44,921,508	$139,303,434	$184,224,942	0.00	$0	$0	$0
2015-17 Ongoing Funding Changes												
Base payroll changes		$110,666	($170,444)	($59,778)		$110,666	($170,444)	($59,778)				$0
Salary increase - Performance		1,739,645	1,189,989	2,929,634		1,247,551	884,530	2,132,081		(492,094)	(305,459)	(797,553)
Salary increase - Market equity		609,362	428,304	1,037,666				0		(609,362)	(428,304)	(1,037,666)
Retirement contribution increase		181,000	123,811	304,811				0		(181,000)	(123,811)	(304,811)
Health insurance increase		969,189	662,965	1,632,154		917,375	662,965	1,580,340		(51,814)		(51,814)
Salary increase - Targeted equity		1,559,659		1,559,659				0		(1,559,659)		(1,559,659)
Netted adjustment for bonds, extraordinary repairs, and equipment		(337,263)	821,785	484,522		(337,263)	821,785	484,522				0
Cost-to-continue programs		505,169	(3,847,541)	(3,342,372)		505,169	(3,847,541)	(3,342,372)				0
Adjust funding for cardiac care system		213	(2,055,906)	(2,055,693)		213	(2,055,906)	(2,055,693)				0
Increase funding for vaccines		576,853		576,853		576,853		576,853				0
Add funding for a catastrophic infectious disease outbreak fund		550,000		550,000				0		(550,000)		(550,000)
Add funding for autopsy contract with UND		640,000		640,000		480,000		480,000		(160,000)		(160,000)
Increase funding for suicide prevention grants		500,000		500,000		150,000		150,000		(350,000)		(350,000)
Increase funding for the dental loan repayment program		60,000		60,000				0		(60,000)		(60,000)
Increase funding for the medical loan repayment program		122,012		122,012		122,012		122,012				0
Add funding for behavioral health professional loan repayment program		495,000		495,000				0		(495,000)		(495,000)
Increase funding for local public health grants		1,000,000		1,000,000		250,000		250,000		(750,000)		(750,000)
Increase funding for rural EMS grants		1,600,000		1,600,000		500,000		500,000		(1,100,000)		(1,100,000)
Add funding for domestic violence and rape crisis grants		500,000		500,000		200,000		200,000		(300,000)		(300,000)
Adjust funding for Women's Way program		500,000	(400,500)	99,500				0		(500,000)	400,500	(99,500)
Add funding for mobile dental services grant		100,000		100,000		100,000		100,000				0
Add funding for EPA lawsuit		500,000		500,000		500,000		500,000				0
Add funding for food and lodging environmental health practitioner II	1.00	130,479		130,479	1.00	130,479		130,479				0
Add funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0	(1.00)	(130,479)		(130,479)
Add funding for food and lodging environmental health practitioner II	1.00	130,479		130,479				0	(1.00)	(130,479)		(130,479)
Add funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0	(1.00)	(130,478)		(130,478)
Add funding for food and lodging environmental health practitioner II	1.00	130,478		130,478				0	(1.00)	(130,478)		(130,478)
Add funding for operating expense related to food and lodging FTE		97,480	42,143	139,623		19,496	8,428	27,924		(77,984)	(33,715)	(111,699)
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for air quality environmental scientist II	1.00		129,893	129,893	1.00		129,893	129,893				0
Add funding for chemistry lab chemist II	1.00	129,854		129,854				0	(1.00)	(129,854)		(129,854)
Add funding for municipal facilities data processing coordinator II	1.00	111,657		111,657				0	(1.00)	(111,657)		(111,657)
Add funding for municipal facilities environmental engineer II	1.00	150,728		150,728	1.00	150,728		150,728				0
Add funding for municipal facilities environmental engineer II	1.00	150,728		150,728				0	(1.00)	(150,728)		(150,728)
Add funding for waste management environmental scientist II	1.00	129,893		129,893	1.00	129,893		129,893				0
Add funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Add funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Add funding for waste management environmental scientist II	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Add funding for water quality environmental scientist II position	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Add funding for water quality environmental scientist II position	1.00	129,893		129,893				0	(1.00)	(129,893)		(129,893)
Add funding for water quality environmental scientist admin. I	1.00	178,279		178,279	1.00	178,279		178,279				0
Add funding for waste management temporary salaries		3,850		3,850				0		(3,850)		(3,850)

Add funding for water quality temporary salaries		40,700		40,700				0		(40,700)		(40,700)
Add funding for additional salaries for emergency and spill response		104,544		104,544				0		(104,544)		(104,544)
Add funding for op. exp. and grants related to Env. Div. FTE		2,136,551	1,981,202	4,117,753		87,251	110,331	197,582		(2,049,300)	(1,870,871)	(3,920,171)
Increase Womens Way funding to provide a total of $414,000 from the community health trust fund				0			13,500	13,500			13,500	13,500
Reduce funding for operating expenses agency wide				0		(300,000)		(300,000)		(300,000)		(300,000)
Remove funding for regional public health network grants		(700,000)		(700,000)		(700,000)		(700,000)				0
Remove funding for contingent family violence grant		(80,000)		(80,000)		(80,000)		(80,000)				0
Total ongoing funding changes	19.00	$16,237,627	($834,513)	$15,403,114	7.00	$4,938,702	($3,182,673)	$1,756,029	(12.00)	($11,298,925)	($2,348,160)	($13,647,085)
One-time funding items												
School immunization interface module		$179,100		$179,100				$0		($179,100)		($179,100)
Federal funds for WIC system upgrade			$1,712,110	1,712,110			1,712,110	1,712,110			0	0
Costs related to environmental impact		303,400	536,600	840,000		292,000	488,000	780,000		(11,400)	(48,600)	(60,000)
Medical cache		989,000		989,000				0		(989,000)		(989,000)
Modify vital records system to allow electronic review		20,000		20,000				0		(20,000)		(20,000)
Digital x-ray equipment for forensic examiner		44,000		44,000				0		(44,000)		(44,000)
Total one-time funding changes	0.00	$1,535,500	$2,248,710	$3,784,210	0.00	$292,000	$2,200,110	$2,492,110	0.00	($1,243,500)	($48,600)	($1,292,100)
Total Changes to Base Level Funding	19.00	$17,773,127	$1,414,197	$19,187,324	7.00	$5,230,702	($982,563)	$4,248,139	(12.00)	($12,542,425)	($2,396,760)	($14,939,185)
2015-17 Total Funding	373.00	$62,694,635	$140,717,631	$203,412,266	361.00	$50,152,210	$138,320,871	$188,473,081	(12.00)	($12,542,425)	($2,396,760)	($14,939,185)

Other Sections in House Bill No. 1004

	Executive Budget Recommendation	House Version
Environment and rangeland protection fund	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.	Section 3 authorizes the department to spend $250,000 from the environment and rangeland protection fund for the ground water testing programs. Of this amount, $50,000 is for a grant to the North Dakota Stockmen's Association for the environmental services program.
Loan repayment program changes	Section 4 amends North Dakota Century Code Section 43-28.1-01 to remove the limit on dentists eligible for loan repayment and provide the Health Council select, subject to the availability of funds, any number of dentists to participate in the loan repayment program.	
Veterinary loan repayment program		A section is added to require veterinarians that are accepted into the veterinarian loan repayment program be in private practice or employed by a veterinary practice.

HB 1004
3-9-15
#2

Testimony
House Bill 1004
Senate Appropriations Committee
Monday, March 9, 2015; 8:30 a.m.
North Dakota Department of Health

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Dr. Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Bill 1004. I will be giving you a brief overview of the department and the status of public health in North Dakota. Following my testimony, our Deputy State Health Officer, Arvy Smith, will give an overview of the executive budget request that is the subject of this bill.

Mission

Our mission is "to protect and enhance the health and safety of all North Dakotans and the environment in which we live." The budget request in House Bill 1004 moves us forward in meeting our mission.

Department Overview

While most people know in general that public health is important, they are not always sure what public health is or how it affects their lives. In fact, the efforts of public health professionals touch the lives of every North Dakotan every day:

- Our **Environmental Health** section monitors the quality of North Dakota's air and water, ensuring that our environment provides us with a healthy basis for our lives.
- Our **Health Resources** section ensures that health facilities are safely and adequately serving residents and patients, and that food and lodging establishments meet all necessary safety requirements.
- Our **State Forensic Examiner** performs autopsies that provide families with information on their loved ones and give us valuable information for population studies.
- Our division of **Disease Control** monitors infectious diseases, responds to outbreaks, educates the public, and manages state vaccination data. From hepatitis C to Ebola to tuberculosis, disease control detectives work hard to identify and contain disease outbreaks. Their efforts to educate the public and track down sources of illness help to protect us all.

- Our **Community Health** section manages programs that help North Dakotans quit smoking; receive breast, cervical and colorectal cancer screening; improve diet and exercise habits for management of chronic disease and improved quality of life; manage diabetes; care for children with special needs; maintain nutrition levels during pregnancy and the first years of a child's life; care for health needs of children; and reduce instances of suicide and domestic violence.
- Our **Emergency Preparedness and Response** section ensures that our public health system is prepared and able to respond to emergencies, such as Ebola, floods, fires or tornados; that hospitals and health care facilities are prepared for emergencies; and that our ambulance services are meeting the needs of citizens and provide the best quality of care possible.

Department Goals

The department of health's strategic plan is guided by our overall mission. In order to accomplish our overall mission, we focus on the following major goals:

- Improve the health status of the people of North Dakota
- Improve access to and delivery of quality health care and wellness services
- Preserve and improve the quality of the environment
- Promote a state of emergency readiness and response

Some of our goals are considered cross-cutting goals, meaning they impact the department as a whole. These goals are:

- Enhancing our capability to manage emerging activities, such as oil impact and flooding;
- Achieving strategic outcomes using all available resources; and
- Strengthening and sustaining stakeholder engagement and collaboration through the Healthy North Dakota Program.

Each of our goals is supported by a list of objectives and outcome performance measures that help us assess our progress toward our goals. In our submitted budget document, we report how we are performing on each objective.

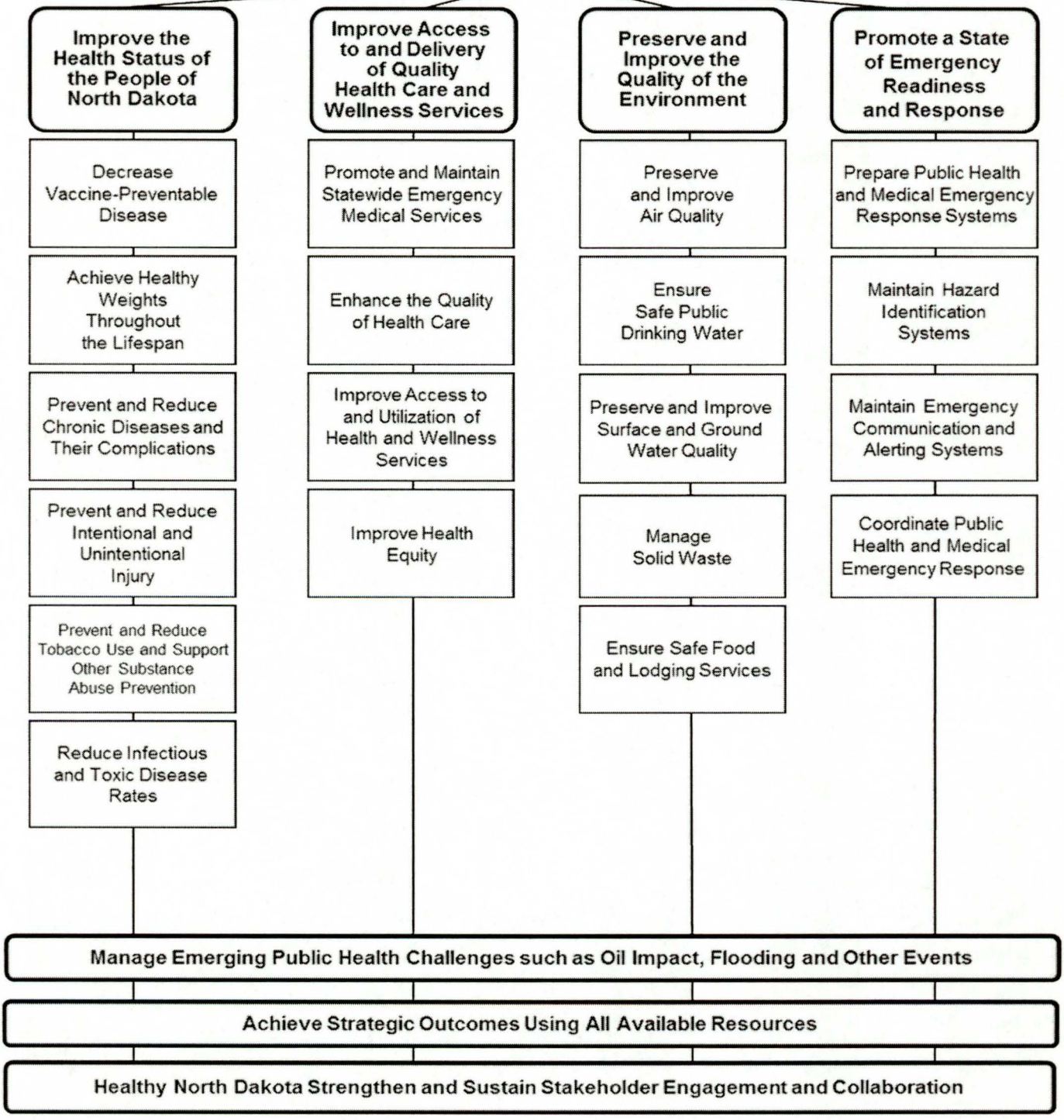
Following on the next page is the department's strategic plan, which details our goals and objectives.

NORTH DAKOTA
DEPARTMENT of HEALTH

Strategic Plan: 2014–2015

CENTRAL CHALLENGE:
Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live

April 4, 2014



Recent Public Health Activity

As state health officer, I'm proud of North Dakota's public health professionals at both the state and local levels who work hard every day to safeguard the health of all North Dakotans. Here are a few examples you may have heard about over the past two years.

- In the summer of 2013, an outbreak of hepatitis C was discovered in an elderly population in a long term care facility in Minot. An outbreak in this population is highly unusual. Once the outbreak was identified, our Department Operations Center and our incident command system were activated to manage the investigation. With assistance from the Centers for Disease Control and Prevention, our disease control detectives worked to try to identify the source of the outbreak, to stop transmission, and to identify all those who might be affected in order that they could receive appropriate treatment. We determined that the outbreak was not confined to one facility, and we continue to identify more cases associated with the outbreak. We worked with the affected facilities to review infection control practices in order to prevent further transmission of the disease. The fifty-second case of hepatitis C was recently identified and the investigation is ongoing. Though we may never know exactly how the disease was spread, we were able to narrow the likely causes of transmission and prevent further transmission at the initial long term care facility.
- TENORM is technologically enhanced naturally occurring radioactive material, and it is a byproduct of oil production. TENORM comes to the surface during drilling operations and is concentrated in filter socks and oil production equipment. The current limit for TENORM disposal in the state is 5 picocuries per gram, and anything higher than that cannot be disposed of here and must be hauled out of state. Five picocuries per gram is about the equivalent of background radiation. Unscrupulous operators dumped filter socks illegally instead of disposing of them properly. The addition of filter sock containment bins on oil sites has decreased the amount of illegal dumping, but the issue of TENORM disposal remained. The department determined that safe TENORM disposal levels had never been determined from a scientific point of view. We contracted with Argonne National Laboratories to conduct a study on TENORM specific to North Dakota. Argonne's report was recently released, and indicated that the state could safely dispose of TENORM of up to 50 picocuries per gram under certain conditions. The department is recommending that level in a rule change that was the subject of public hearings in January. The comment period closed in early March. Our transparency about this process and our reliance on sound science has earned us support from several major

newspapers across the state. Other states are now looking to North Dakota as a leader in this area.

- A syphilis outbreak in south central North Dakota was identified in 2014. We worked with the South Dakota Department of Health, local public health units, Indian Health Services and the Standing Rock Sioux tribe to coordinate testing, contact tracing and treatment of those affected by the outbreak. The strength of these partnerships has led to a sharp decrease in the levels of transmission of this disease.
- Tuberculosis (TB) continues to affect the Grand Forks community, and several other cases have been identified around the state, including one in New Town that was identified in January. The department supports the efforts of local public health units to test for TB and provide the education, treatment and support necessary to control this disease and prevent further transmission. Public education and consistent messages among state and local public health, private providers, and school officials ensured that parents and community members had access to important information they needed. Early identification of this outbreak and a thorough response helped to contain any further spread of the disease, and ensured proper treatment for those already infected.
- We have taken advantage of several opportunities to exercise our emergency preparedness and response plans and services. One instance involved the relocation of residents of the Baptist home in Bismarck. The other involved the recent opening of the new St. Joseph's hospital in Dickinson. Both moves allowed us to activate our response protocols and assist local public health as if the moves were emergency evacuations. Those opportunities allow us to better prepare for actual incidents that might require evacuation.
- There has been an increase in spills of oil, production fluid and other substances that have the potential to impact public health. In response to public concern, we now list all spills on our website. We adopted a policy of sending out news releases for spills over a certain size or those that affected the waters of the state. We also provide updates to the media regarding cleanup efforts. We continue cleanup efforts on the large Tioga spill that was caused by a leaking pipeline, the Blacktail Creek salt water spill, and other sites around the state. The number of spills and their complexity has provided a challenge to the environmental health section, but the addition of new staff positions will help alleviate the workload and ensure that all spills and their clean up receive the proper attention from our department.

Highlighted Accomplishments – Over the last biennium, The North Dakota Department of Health:

- Received accreditation as HealthLead TM for workplace wellness
- Enrolled 4,100 people in NDQuits in FY 2014, which is 260 more people than were enrolled the previous year
- Screened 2,400 women for breast and/or cervical cancer through the Women's Way program
- Provided funding to 20 domestic violence/rape crisis agencies for intervention, shelter and other services in 2013 to 900 victims of sexual assault along with 4,800 new victims of domestic violence and 4,250 children impacted by domestic violence
- Provided suicide prevention funding of $850,000 to schools, tribes, and social service and medical agencies
- Provided 5,200 dental sealant applications and 1,800 fluoride varnishes to students at about 50 schools to protect against tooth decay
- Distributed nearly 600 cribs and provided education on safe infant sleeping practices to reduce injury and death
- Achieved an adolescent vaccination rate for Tdap of 95 percent and meningococcal vaccination rate of nearly 94 percent
- Investigated three major infectious disease outbreaks, including hepatitis C (52 cases to date), syphilis (42 cases to date), and tuberculosis (17 cases in 2014-15)
- Activated and staffed the Department Operations Center for 15 incidents and provided medical support for six community events
- Reduced response time and increased emergency capacity by placing equipment and supplies in eight response trailers around the state
- Distributed $6.2 million in grants and CPR devices to ambulance services and hospitals
- Received the Lieutenant Governor's 2014 Gold Level Award for worksite wellness
- Maintained high compliance rates above national levels for all environmental health regulatory programs while responding to increased needs and 166 citizen complaints relating to environmental quality
- Reviewed and/or investigated approximately 2,806 oil or wastewater spill reports during 2014
- Placed 29 health professionals in shortage areas around the state through the medical and dental loan repayment program, a significant increase from the 18 positions that were supported in the last biennium

- Monitored individuals for Ebola symptoms, hosted educational video sessions for a variety of statewide partners, and prepared for possible Ebola diagnosis within the state

Public Health Future Concerns

Any public health department must prepare for the future, and we are no different. Here are a few issues we think will continue to impact the health department into the future.

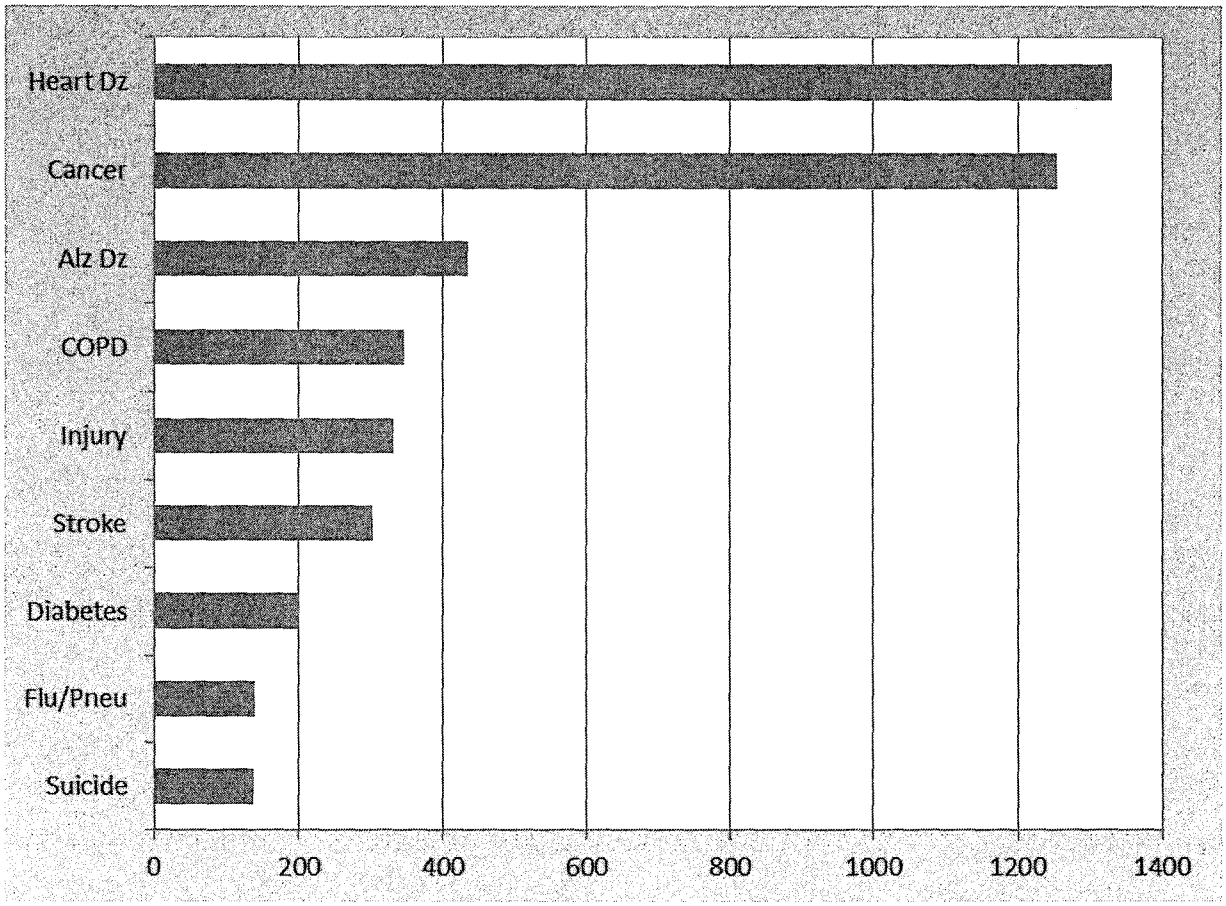
- Energy development in the western part of the state continues to challenge our Food and Lodging Division, which has seen a dramatic increase in licensing for food and housing establishments, including mobile food vendors. A recent audit pointed out issues with inspection reporting and made many useful recommendations, which we are implementing. One new improvement will be a database for inspections that will be accessible on our website.
- The Division of Emergency Medical Services and Trauma licenses and assists ambulance services across the state. These services have been struggling with a shortage of volunteers, which has resulted in the dissolution of at least one ambulance service. This is a serious issue in a rural state, and the DEMST is constantly looking for ways to sustain and improve these vital services. The Department of Health has played a vital role in coordination of the EMS system across the state, including providing grants and training to help sustain services at the local level.
- The rates of infectious diseases, particularly sexually-transmitted diseases, have risen across the state, reflecting a national trend. Providing services to populations in the western part of the state that tend to be more transient has been a challenge in the infectious disease, as well as other program areas.
- Our department relies in large part upon the federal government to provide funding for important public health programs. This funding can fluctuate in unpredictable ways, which makes some of our programs vulnerable. This is likely to continue to cause challenges for the department. Changes in federal programs, such as the implementation of the Affordable Care Act (ACA), also present challenges as we assess the impacts to existing programs and determine how to address future initiatives. Uncertainty over the future of the ACA causes further concerns for vulnerable populations in North Dakota.

Overview of Health Statistics

In order to address public health concerns, we need to know the status of health across the state. Specifically, public health is interested in the impact that events such as disease, accidental injury, and suicide might have on our population.

As a whole population, the six most common causes of death in North Dakota are heart disease, cancer, Alzheimer's disease, chronic obstructive pulmonary disease, injury and stroke.

Number of Deaths, by Leading Causes of Death
North Dakota, 2013



Communities are comprised of individuals across the age spectrum. The chart on this page shows the leading causes of death in North Dakota by age. This information is important in developing appropriate health-related strategies for policymakers, clinicians and public health professionals to improve the health and wellness of all North Dakota citizens.

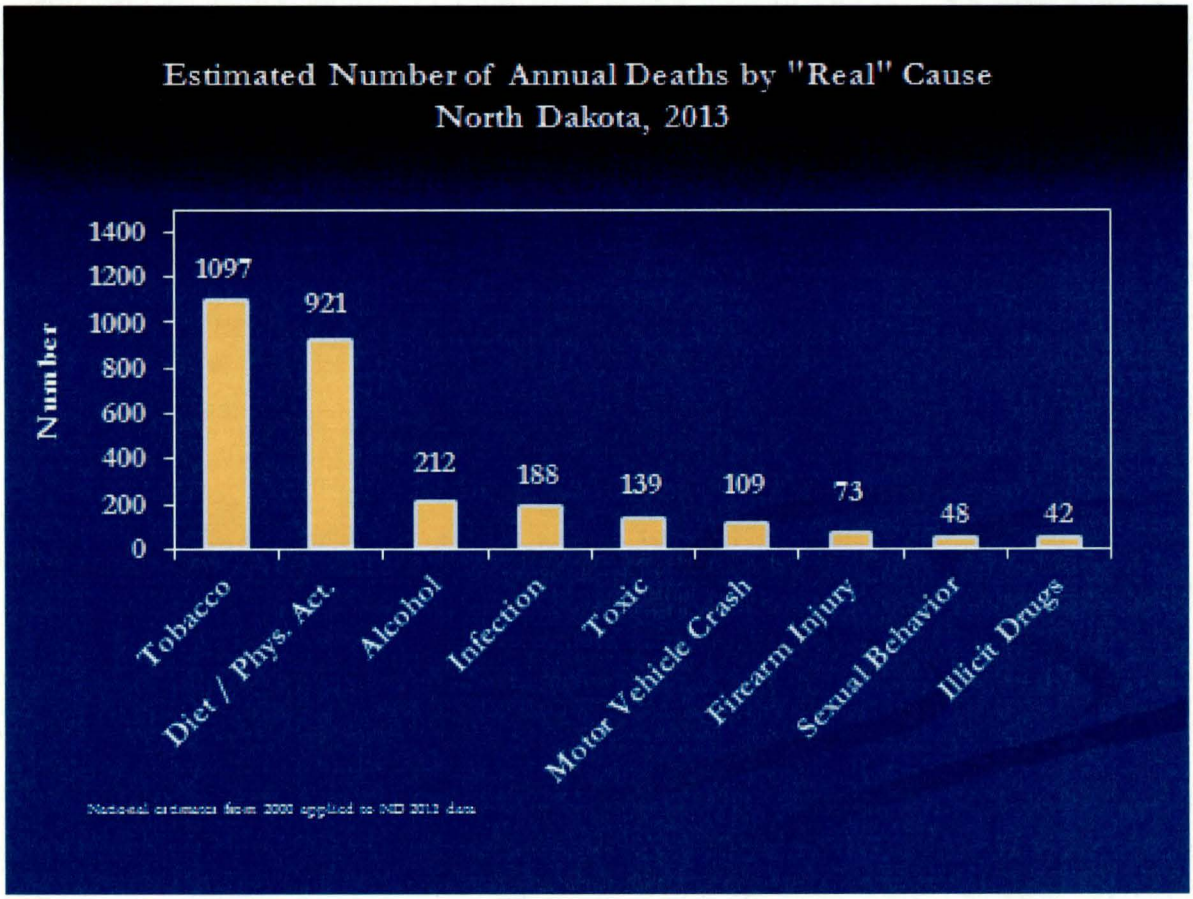
Unintentional injury accounts for the greatest number of deaths to people between the ages of 1 and 44. Suicide is the number two cause of death between the ages of 15 and 34. The diseases listed on the first graph, heart disease and cancer, don't become common killers until the middle of life, raising to the number one and two slots at 45 years and older.

LEADING CAUSES OF DEATH BY AGE

NORTH DAKOTA, 2012-2013

<1	Age 1 to 4	Age 5 to 9	Age 10 to 14	Age 15 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65 +
PRE-MATURITY 24	UNINT. INJURY 9	UNINT. INJURY 2	UNINT. INJURY 3	UNINT. INJURY 73	UNINT. INJURY 80	UNINT. INJURY 83	CANCER 156	HEART 252	HEART 2245
ANOMALY 21	ANOMALY 3	CANCER 1	HOMICIDE 2	SUICIDE 59	SUICIDE 45	SUICIDE 42	HEART 124	CANCER 430	CANCER 1841
SIDS 13	CANCER 1	ANOMALY 1	ANOMALY 1	CANCER 7	HEART 24	HEART 35	UNINT. INJURY 93	COPD 53	ALZHEIMER'S 856
PREG COMP 13			SUICIDE 1	HOMICIDE 6	CANCER 10	CANCER 35	CIRRHOSIS 53	UNINT. INJURY 70	STROKE 593
RESP NB 11				HEART 2	CIRRHOSIS 4	CIRRHOSIS 23	SUICIDE 45	CIRRHOSIS 53	COPD 591
UNINT. INJURY 6				DIABETES 2	STROKE 2	DIABETES 14	DIABETES 27	DIABETES 41	DIABETES 300

Public Health's primary mission is the prevention of the risk factors and behaviors that cause death and disease in North Dakota across the entire age spectrum of the whole population. The next graph shows the underlying risk factors that lead to disease in North Dakota. As you can see, tobacco remains the number one risk factor associated with various cancers and cardiovascular disease, followed closely by poor diet and lack of physical activity, which are associated with diabetes, heart disease, stroke and some cancer.



Governor Dalrymple emphasized in his state of the state address that none of our responsibilities as a state is more important than caring for our people, particularly our seniors, our veterans and our most vulnerable citizens. He also indicated his strong financial support for nursing homes and other service providers. I would like to briefly discuss how the Department of Health supports some of those strategic goals.

In the broad field of health care, the two primary systems are the system of public health and the system of clinical health. Clinical health professionals are primarily trained to diagnose and treat individuals with disease, and in clinical settings, are valuable partners with public health to encourage health and wellness behaviors of individual patients and families. Public health professionals work at the prevention end of the spectrum by influencing behavior that leads to disease. Both systems are important and can benefit from additional collaboration and partnership. The health department encourages that collaboration and those partnerships as a means of enlisting clinical health professionals for support in the fight against development of disease and other health problems.

On the public health side, one of our major strategies to change risky behaviors is to focus on comprehensive wellness at worksites and schools, with schools being viewed as a specialized workplace. Comprehensive worksite wellness has been shown to decrease health care costs by 26 percent, decrease workers' compensation expenses by 32 percent, decrease absenteeism by 26 percent and decrease presenteeism. Presenteeism is when workers or students are present, but due to illness or a medical condition, are not able to be truly attentive and productive. For every dollar invested in comprehensive worksite wellness, there is a $5.81 return for the workplace.

If we can change risky behaviors in worksites and schools in North Dakota, we will impact a significant portion of our population. Consistent messages for parents at their workplaces and for students in schools will reinforce and encourage healthy behaviors in our society. Healthy students are in a better position to learn, which will positively impact their lives, including their ability to find adequate employment in the workforce.

Health is much broader than just the physical absence of disease. It also includes the emotional, social, spiritual and economic well-being of individuals and families. We have an incredibly bright economic future in this state. We must provide the necessary infrastructure to adequately support the well-being

of families and communities as they are challenged and blessed with economic development.

Conclusion

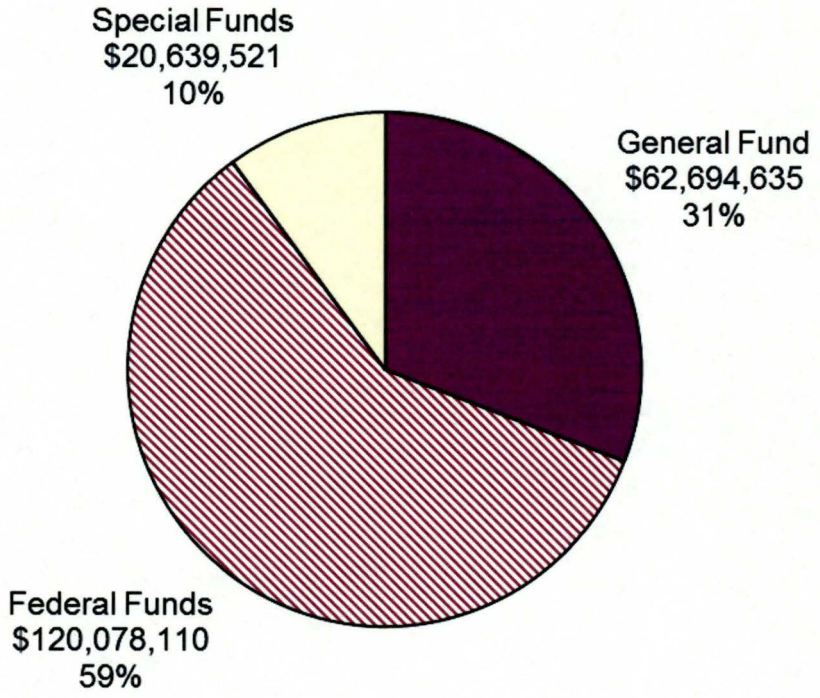
I wanted to take the opportunity to thank you for providing funding and recognizing the importance of our work in public health. With the uncertainty of federal funding, we have come to rely more on the state to take care of its own, the people of the state. The support of Governor Dalrymple and the Legislative Assembly has allowed us to continue our work towards better health for all North Dakotans.

I'd like to ask Arvy Smith to continue with information about the budget of the Department of Health. Several other members of the department's staff also are here to respond to any questions you might have.

Budget Overview

Chairman Holmberg and members of the committee I am Arvy Smith, Deputy State Health Officer for the Department of Health. The total budget for the North Dakota Department of Health recommended by the governor for the 2015-17 biennium is $203,412,266.

Total 2015-17 Budget by Funding Source



Total $203,412,266

The recommended general fund budget is $62,694,635 (31%) of the executive budget. That is equivalent to $42 per capita per year. Federal funds are recommended at $120,078,110 (59%), and special funds at $20,639,521 (10%).

A comparison by funding source and FTE of the department's 2013-15 appropriation, the 2015-17 base budget request (which is the legislative appropriation adjusted for one-time expenses, economic stimulus funding, the salary equity adjustment and other items), and the 2015-17 executive recommendation as presented in the original House Bill 1004 is as follows:

	2013-15 Legislative Appropriation	2015-17 Base Budget Request	HB 1004 2015-17 Executive Rec	Inc/(Dec) Exec Rec to Leg Approp
General	46,001,508	45,556,803	62,694,635	16,693,127
Federal	120,309,143	116,763,623	120,078,110	(231,033)
Special	19,259,291	18,507,317	20,639,521	1,380,230
Total	185,569,942	180,827,743	203,412,266	17,842,324
FTEs	**354.00**	**354.00**	**373.00**	**19.00**

There are several changes to general funding which will be discussed in detail later. The federal funding decrease represents a net of increases and decreases in federal grants, most notably a $4.5 million reduction to the Women, Infants and Children food payments. The special fund increase reflects an increase in the use of fees to pay for expenses in the environmental health section, offset by a decrease in use of special funding in the emergency preparedness and response section for the cardiac system of care funded by the Helmsley Foundation. FTE increases are related to oil impact and to an increase in the number of food and lodging inspections required. Additional detail will be provided regarding budget changes later in my testimony.

The department pursues its goals and objectives through six departmental sections – Community Health, Emergency Preparedness and Response, Health Resources, Medical Services, Environmental Health and Administrative Support. Each section is comprised of several divisions that house the individual programs that carry out the work of the section. A copy of our organizational chart can be found at Appendix A. Prepared comments describing all of the sections, divisions and programs are available upon request.

The Community Health and the Environmental Health sections make up 63 percent of our total budget. The Environmental Health section employs almost half of our employees. Our administrative overhead is only 3.32 percent of our total budget.

A comparison of our overhead rates for the last several biennia is as follows:

2007-09	2009-11	2011-13	2013-15	2015-17
2.63%	2.78%	3.57%	3.33%	3.32%

Our overhead costs to administer around 100 different programs have remained low. These rates have held steady over the last several biennia.

Department goals are also pursued through a network of 28 local public health units and many other local entities that provide a varying array of public health services. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, Women, Infant and Children (WIC) sites and natural resource entities. Grants and contracts amounting to $79.5 million, or 39 percent, of our budget are passed through to the local public health units and other local entities to provide public health services. Approximately $20.9 million goes to local public health units, and $25.1 million goes to other local entities. The remaining $33.5 million goes to state agencies, medical providers, tribal units and various other entities.

Budget By Line Item

The executive budget for the Department of Health by line item is as follows:

	2013-15 Legislative Appropriation	HB 1004 2015-17 Executive Rec	Percent of Budget
Salaries and Wages	56,980,799	67,315,887	33.1%
Operating Expenses	38,395,014	46,841,297	23.0%
Capital Assets	2,224,288	3,622,810	1.8%
Grants	57,610,729	59,006,090	29.0%
Tobacco Prevention & Control	5,544,251	6,426,182	3.2%
WIC Food Payments	24,659,861	20,200,000	9.9%
Federal Stimulus Funds	155,000	0	0.0%
Total	185,569,942	203,412,266	100%

Salaries and Wages

Salaries and wages make up $67,315,887, or 33 percent, of our budget. The majority of the increase to the salaries line item is the recommended salary package, the amount necessary to continue the second year of the 2013-15 biennium increases and the new FTE related to oil impact and food and lodging inspections.

Salary levels have been a major issue for the Department of Health. In some areas our turnover rate is over 20 percent and we continue to face recruitment and retention issues for certain positions, particularly while North Dakota's economy is so strong. Department of Health salaries have not been equitable with other state agency salaries for similar jobs in comparable classifications. In addition, many of our classifications – including environmental engineers,

epidemiologists, chemists and human service program administrators – are paid significantly less than their counterparts in other states and in the private sector.

The new employee classification system as a result of the Hay Study caused severe salary compression issues. Although we have made some progress in this area, we are still experiencing compression issues. The governor included $5,904,265 with $3,499,197 from the general fund in our budget to address compression, allow performance increases and pay for health insurance premium increases. In addition, the department received $1,559,659 for equity adjustment for targeted high turnover, hard-to-fill positions. The equity adjustment and the market policy point adjustment were removed from our budget in the House.

Operating Expenses

Our operating budget of $46,841,297 makes up 23 percent of our budget. The increase in the operating budget is a result of travel and other operating expenses related to new FTEs, the new environmental health management information system and other increases in contracts.

Capital Assets

Capital assets of $3,622,810 make up only 2 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, and equipment costing more than $5,000, make up a majority of this line item. The increase is related to several large pieces of laboratory equipment for oil impact activities and digital x-ray equipment for the morgue.

Grants

Grants, which are provided to many local entities across the state, are at $59,006,090 and make up 29 percent of our budget. The majority of grants are in the Community Health, Emergency Preparedness and Response, and Environmental Health Sections. At a departmental level, the grants line item is up slightly, but this is the net result of several increases and decreases that will be explained later in the testimony.

Special Line Items

There are three special line items included in the executive recommendation. Tobacco Prevention and Control is at $6,426,182, or 3 percent of our budget. This is up by 16 percent due to increased tobacco settlement funding available and a previously projected increase in federal funding. Note that subsequent to

budget submission, we have learned that this federal grant will likely decrease by approximately $250,000 per year over the next several years.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $20,200,000, or 10 percent of our budget. This is an 18 percent decrease, reflecting the current usage of the program. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item, which was for federal economic stimulus funds, is eliminated due to final expenditure of that funding source on the immunization interoperability project.

2015-17 Budget

The 2015-17 executive budget provides additional funding to address public health needs in our state and meet our mission to protect and enhance the health and safety of North Dakotans.

Environmental Health Oil Impact $6,997,130 (14 FTE)

Significant increases in workloads have resulted from the increased energy development in the western part of the state. Many of the caseloads for inspection, permitting, monitoring, complaint investigation and enforcement activities to minimize the environmental impact and protect the public from environmental hazards have skyrocketed. Some examples include 1) air quality industrial construction permits have increased from an average of 20 per year to more than 80 per year; 2) oil well permit registrations have risen from approximately 2,000 to more than 11,000; 3) Safe Drinking Water Act violations have risen from 73 a year to 310 in oil-impacted counties; 4) the number of water and wastewater projects submitted for review/approval have increased from 179 in 2010 to 384 in 2014; and 5) industrial/oilfield special waste has increased from 10,000 tons in 2001 to an estimated 2,100,000 tons in 2014. There are many more examples. At the close of my testimony we will present you with additional details on the environmental activity in the western part of the state.

To address these needs, the governor's budget provides funding and FTE for the environmental health section as follows:

14 FTE	$2,039,377
Associated operating expenses	$456,934
Legal Fees	$270,000
EH Management Information System	$3,340,819
Equipment	$840,000
Grants	$50,000
Total	$6,997,130 ($3,997,650 general)

We are able to access just under $3 million in federal and special funding (from radiation fees) to assist in paying for some of this expense. The one-time general fund portion of this is $303,400.

House Adjustments

The House provided funding for six of the 14 FTEs and their associated operating expenses. They also removed $50,000 in grants for spill cleanup where there is no responsible party, $270,000 for oil impact legal costs and $3,400,819 for the management information system.

Immunizations $755,953

In order to continue to provide free vaccines for children at the local public health units, we need an additional $576,853. The current $2.5 million included in the base budget is not sufficient to pay for the vaccine in the current biennium. We have asked for $470,900 in the deficiency bill (SB 2023) to be able to pay for the costs in the current biennium. The increase is due to the increasing cost of vaccines and new immunization recommendations. An additional $179,100 is included for a school module in the North Dakota Immunization Information System (NDIIS) to improve compliance with school immunization requirements and simplify processes for parents, schools and providers. Currently, about 10 percent of children entering kindergarten are not up-to-date for required immunizations. This system will save many hours of entering and tracking vaccinations in a separate system. The one-time general fund portion of this request is $179,100.

House Adjustments

The House funded the $576,853 for vaccines at local public health units but did not include funding for the immunization school module.

Infectious Disease $550,000

During the current biennium, the Division of Disease Control has been responsible for identifying, responding to and managing three large infectious disease outbreaks, including a large tuberculosis outbreak in Grand Forks County, a hepatitis C outbreak in Ward County, and a syphilis outbreak in Sioux County. In addition, they are now participating in activities to prepare the state to respond to an Ebola case should one occur in the state, and to monitor individuals coming into the country from Ebola infected countries. Some of the burden of these activities falls on local public health units. Due to budget constraints, we are able to provide only limited support to local entities. This funding establishes a $500,000 catastrophic fund to respond to infectious diseases wherever they occur in the state. An additional $50,000 is included for centralized tuberculosis medication distribution.

House Adjustments

The House did not include funding for either the catastrophic fund or the tuberculosis medication distribution.

Medical Examiner Services $224,000

From 2004 to 2012, the number of autopsies performed by the Medical Examiner's Office has steadily increased. Accreditation standards indicate that one forensic examiner should perform only 225 to 250 autopsies per year. To address this, the governor recommends $640,000 to contract with University of North Dakota Medical School to perform all autopsies for selected counties on the eastern part of the state, which total approximately 160 per year. $480,000 has been included in the base budget and an additional $160,000 was added by the governor. An additional $44,000 is provided for equipment to replace the original portable X-Ray machine. Also, $20,000 is provided to modify the Electronic Vital Event Registration System (EVERS) to receive and review death records electronically. The one-time general fund portion of this request is $64,000.

House Adjustments

The House did not provide funding for any part of this request, keeping the UND Medical School contract at the current level of $480,000. UND Medical School conducted 231 autopsies during 2014; 48 of those were from Grand Forks County, which were already being conducted by UND Medical School through another arrangement with Grand Forks County, prior to the contract with the Department of Health.

Food and Lodging Staffing $792,016 (5 FTE)

Additional staff are being requested to address not only the increased regulatory work associated with oil activity, but also to address recommendations of a recent programmatic audit conducted by the State Auditor's Office. Approximately 250 new food and lodging establishments have been licensed and inspected in the last two years, most from oil impacted counties. Pre-operational inspections on new establishments are more time consuming than routine inspections. Enforcement action on unlicensed and non-compliant licensed facilities has steadily increased over the last couple of years as well. The audit recommended that the division comply with Food and Drug Administration (FDA) guidelines regarding staffing levels and implementing a risk-based inspection system. According to the FDA standard, low risk food operations should be inspected once per year while the highest risk operations should be inspected four times per year. This results in an additional 1,600 more inspections per year. Also, according to FDA, one full time employee should perform between 280 and 320 inspections per year. Currently each full time employee conducts over 500 inspections each year.

House Adjustments

The House funded one of the five recommended FTEs and the associated operating expenses. The department will not be able to comply with the audit recommendations at this level.

Suicide Prevention $500,000

Funding for suicide prevention is increased $500,000 to fortify efforts for youth and underserved populations. Funding will be used to increase suicide prevention education and training across the state to professionals who provide services to the 10 to 24 year old population, develop and distribute new media materials, increase suicide prevention in medical facilities, and provide better referral resources to physicians.

House Adjustments

The House funded $150,000 of the requested increase.

Loan Repayment Programs $712,500

Additional funding is provided to expand the current loan repayment programs and to establish a new behavioral health loan repayment program. Funding will add two physicians each year, one midlevel practitioner each year, one dentist and five behavioral health professionals each year, which will include one psychologist and four professionals who are social workers, addiction

counselors, professional counselors, psychology nurse practitioners, registered nurses or licensed practical nurses working in the behavioral health field. The need for these providers is demonstrated through the Health Professional Shortage Area federal designation. Ninety-two percent of the state is designated as a Primary Care Health Professional Shortage Area while 94 percent is designated as a mental health shortage area and 33 percent is designated as an oral health shortage area. Loan repayment is an incentive that has proven to be effective in recruiting health care providers to serve in rural and underserved areas of the state. Of 23 physicians who have completed their program obligation, 19, or 83 percent, remained at the same practice site one year following completion of the loan repayment program and all have remained in North Dakota.

House Adjustments

The House did not provide funding of $555,000 for the behavioral health loan repayment program or funding for an additional dentist, but did provide funding for the additional physicians and midlevel practitioners. The House passed HB 1396, which repealed the physician and midlevel practitioner laws and created one new, standardized health care professional loan repayment program, which includes the behavioral health practitioners. By spreading the loan repayments out over five years rather than two, the funding provided in the House version of HB 1004 can accommodate the professional loan repayments allowed under HB 1396. We are concerned whether this will be adequate incentive for physicians who will now receive $150,000 when including the community match or $30,000 per year for five years instead of $90,000 or $45,000 per year for two years. Also, the language in HB 1396 reduces the amount for midlevel practitioners from $30,000 over two years to $22,000 or $4,400 per year with community match over five years.

HB 1004 had also included language standardizing the dental loan repayment program laws to be consistent with the medical loan repayment program to allow awards to as many practitioners per year as funding supports instead of the current limit of three per year. The House removed this language in HB 1004. However, the language is included in SB 2205.

State Medical Cache $989,000

The state medical cache, currently valued at $11.4 million, contains public health and medical supplies, equipment and pharmaceuticals that are used for

emergency response by local and state public health and private medical responders. Those responders include public health units, hospitals, clinics, long term care facilities, laboratories, emergency medical services providers and others. Additional needs have been identified as a result of actual responses to emergencies, drills and exercises, and planning efforts. The state medical cache currently has sufficient public health and medical supplies and durable medical equipment to care for 1,500 patients for one week. Due to events such as the 2009, 2010 and 2011 flooding, the natural gas pipeline explosion that affected many of the medical facilities on the eastern side of the state, train derailments and warehouse fires in 2014, we recognized that capacities needed to be increased to care for at least 3,000 people per week. Additional items that are needed include disposable medical supplies such as bandaging, linens, oxygen, laceration trays, catheters, intravenous starter sets, defibrillator pads, alcohol swabs, glucose strips, syringes, lifts, stretchers and wheelchairs. Hospitals do not have sufficient quantities of supplies and equipment to meet this need and delivery from the federal government would typically not be available for 72 hours. The funding allows for $959,000 in health and medical shelter supplies and $30,000 for conversion of two additional school busses into stretcher/wheelchair coaches for patient transfer. The entire amount is a one-time general fund expense.

House Adjustments
The House did not fund this request.

Salary Equity $1,559,659
Continued oilfield, municipal and industrial development has resulted in the need for environmental professionals in the private sector, creating job opportunities for trained environmental staff such as those in the Environmental Health Section of the department. As a result, the section is losing employees with five to ten years of experience, resulting in increased staff workloads related to recruiting, hiring and training new employees. We are experiencing turnover rates of over 20 percent in some areas. In addition, although there has been some improvement, compression still exists as a result of implementing the Hay classification system. As directed by Office of Management and Budget, the salary equity package will be targeted at hard-to-fill professions and will not be given across the board.

House Adjustments
The House did not fund this request.

Local Public Health State Aid $1,000,000

An additional $1,000,000 is provided to local public health units for a total of $5,000,000 to support their injury prevention strategies and response to environmental health needs across the state. Public health threats may include food borne outbreaks, water supply contamination or natural disasters such as floods and tornados. Local public health unit budgets continue to be tight due to decreasing, hold-even or only slightly increasing federal pass-through funding from the state, which makes it difficult for LPHUs to fund inflation and other rising costs.

House Adjustments

The House funded $250,000 of this request.

Emergency Medical Services Assistance Fund $1,600,000

Funding for emergency medical services grants is increased from $6,400,000 to $8,000,000. Rural ambulance services are experiencing a shrinking volunteer workforce, increasing populations, increases in medical severity of patients, increases in uncompensated care, and increases in the cost of equipment. Since there is no mandate for EMS in the state, there is no one entity charged with the financial support of ambulance services. Most ambulance services do not generate enough revenue to cover expenses. The grants are used to offset operating expenses such as staffing, on-call pay, supplies and other operational expenses.

House Adjustments

The House funded $500,000 of this request.

Domestic Violence/Rape Crisis $500,000

An additional $500,000 is recommended for grants to the 20 domestic violence/rape crisis centers to provide prevention and intervention services to victims of domestic violence and sexual assault. Current funding is at $2,050,000. There has been an increase in the numbers of incidents and victims that are being reported in the past two years by crisis centers in Williston, Dickinson, Minot, Stanley and Beulah. However, agencies across the state are also feeling the impact of the increased populations and affordable housing shortages. Lack of local resources is also an issue. Victims seeking services have more complex needs than in the past. Advocates provide the initial crisis response to victims seeking assistance at the centers, which includes counseling, filing protection orders, making arrangements to get victims back to another state, assisting with immigrant status, short-time emergency shelter,

referrals for treatment of mental health needs, substance abuse and trauma care. When victims are able to take the next steps to survivorship, advocates assist victims seeking affordable housing and jobs or educational opportunities. The additional funding would help agencies hire additional advocates, offer competitive wages and pay for increasing shelter costs.

House Adjustments

The House funded $200,000 of this request.

Women's Way Services $500,000

In the current biennium, $400,500 from the Community Health Trust Fund (CHTF) was used to support the Women's Way program. Due to a federal funding reduction to the Behavioral Risk Factor Surveillance System (BRFSS) program, we used CHTF funding of $520,500 for BRFSS and requested general funding of $500,000 in the optional package for Women's Way. The Governor approved the general fund request of $500,000 for Women's Way.

House Adjustments

The House removed the $500,000 Women's Way funding from the general fund and added $414,000 back from the CHTF, leaving the CHTF with a projected ending balance of -$398,322. If the fund is not made whole, we will need to prioritize our spending from the CHTF and reduce some programs accordingly.

Other House Adjustments

In addition to the adjustments mentioned earlier, the House reduced our operating budget by $300,000 from the general fund. Also, a funding switch approved in the executive budget of $91,999 from the general fund to special funding was inadvertently missed when the House adopted the cost to continue changes. Together these two items underfund our budget by almost $400,000.

The House also added a section to existing North Dakota Century Code requiring veterinarians accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

Federal Funding Issues

As indicated earlier, almost 60 percent of the Department of Health budget comes from the federal government in the form of approximately 80 federal grants. The status of our federal funding is often uncertain. With that uncertainty, we prepared our budget by assuming that federal grant amounts

will hold even, unless we were certain otherwise. Since we first testified in the House, we have been notified that we may be receiving almost $3 million in federal funding for Ebola and other disease health care system preparedness, to monitor cases and improve infection control assessment and lab capacity. This funding is currently not in HB 1004. We will need spending authority, but will not know until later which line items will require that authority. We recognize that as we proceed through the next biennium, we will have to make adjustments to our budget, operations and possibly staffing as the federal funding picture becomes clearer.

Budget Summary

Attachment B provides a schedule that summarizes the House changes by the line item to the executive recommendation contained in the original HB 1004.

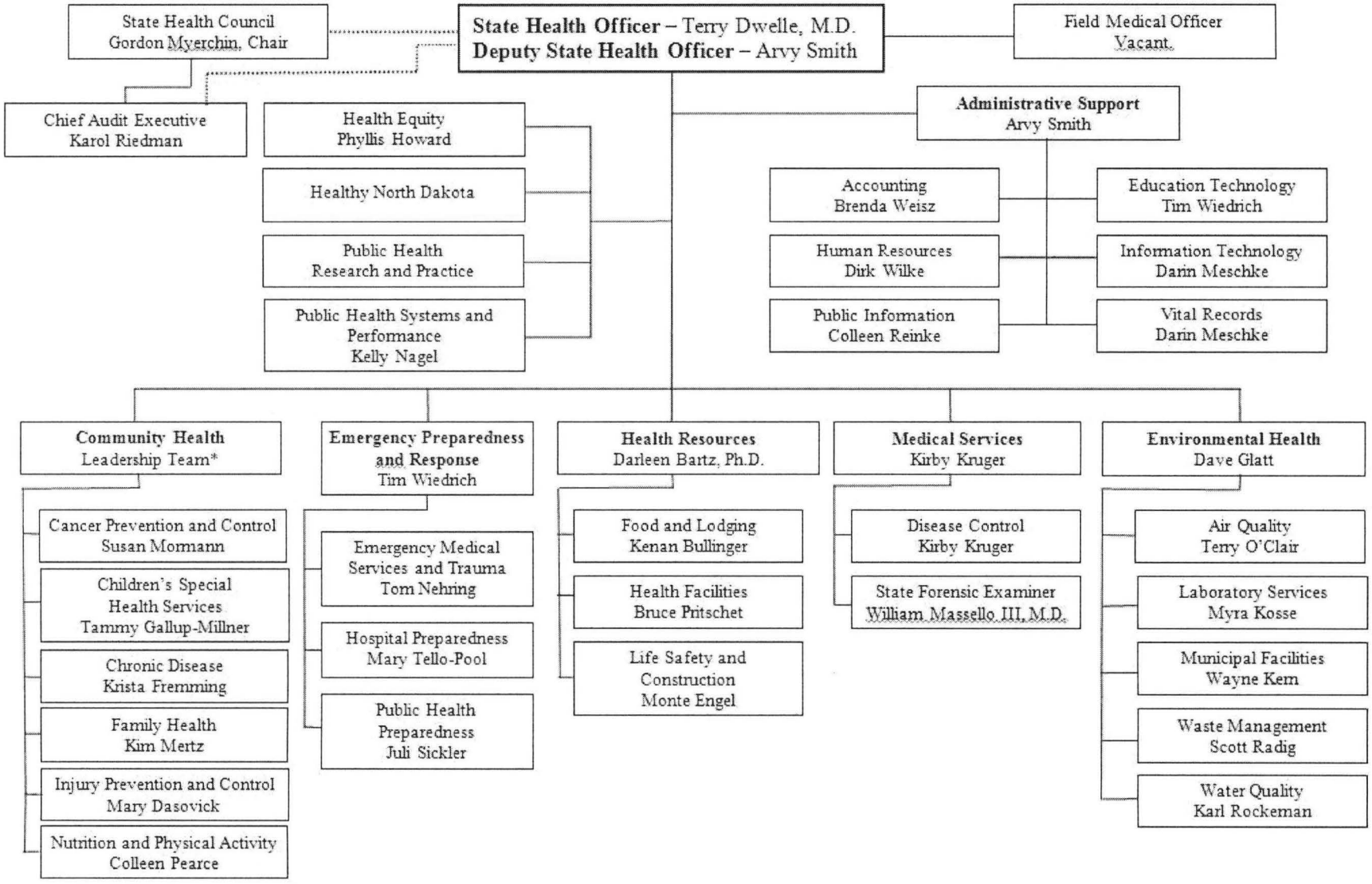
Conclusion

The executive budget for the Department of Health addresses many important community public health needs. It provides much needed funding to deal with impacts of energy development in the west, and provides much needed medical resources in the form of professional loan repayments, and state medical cache and emergency medical services grants. By providing additional resources to the local public health units, the executive budget allows us to systematically work together to meet our public health goals.

Chairman Holmberg, members of the Committee, this concludes the department's testimony on House Bill 1004. Terry O'Clair, Director of the Air Quality Division of the Environmental Health Section, will now present a report regarding the environmental impacts in the western part of the state. After that our staff and I are available to respond to any questions you may have.

NORTH DAKOTA
DEPARTMENT of HEALTH

Organizational Chart
January 2015



*The six division directors share responsibility for management of the Community Health Section.

Appendix A

Appendix B

North Dakota Department of Health
House Bill 1004
House Changes to Executive Recommendation

	Executive Rec.	House Changes	House Version
Salaries and Wages	67,315,887	(5,451,748)	61,864,139
Operating Expenses	46,841,297	(6,235,970)	40,605,327
Capital Assets	3,622,810	(134,000)	3,488,810
Grants	59,006,090	(3,105,000)	55,901,090
Tobacco Prevention & Control	6,426,182	(12,467)	6,413,715
WIC Food Payments	20,200,000	-	20,200,000
Total All Funds	203,412,266	(14,939,185)	188,473,081
Less Estimated Income	140,717,631	(2,396,760)	138,320,871
Total General Fund	62,694,635	(12,542,425)	50,152,210
		-	
Full-time equivalent positions	373.00	(12.00)	361.00

HB 1004
3-9-15

#3

Testimony
House Bill 1004
Senate Appropriations Committee
Monday, March 9, 2015; 8:30 a.m.
North Dakota Department of Health

Thank you, Arvy. Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Terry O'Clair, and I am the Director of the Air Quality Division. I am here today to speak on behalf of the Environmental Health Section which consists of five Divisions within the State Health Department that are responsible for safe guarding North Dakota's air, land and water resources. The Environmental Section has witnessed considerable workload increases due to oilfield activities, and we have provided you a document entitled "Oilfield Impacts and the North Dakota Department of Health Environmental Health Section," which summarizes some of those impacts.

I would like to take a few minutes of your time this morning to highlight some of the workload increases identified in that document. In the Air program, construction permits have increased from 20 per year to over 100 per year. Each of those permits requires considerable review by our staff to insure the new source will comply with standards. Oil well registrations have grown from 2,000 in 2005 to more than 11,000 currently, and that number is expected to top 15,000 by the end of this year.

Dr. Dwelle spoke briefly about TENORM, a radioactive material that is a byproduct of oil production. I am sure many of you have read about the radioactive filter socks that were deposited in ditches and an abandoned gas station in the northern part of the state. To address this issue, the Department funded a study by Argonne National Laboratories to identify levels of TENORM that could be safely handled in North Dakota. Rules that will require transporters of such material to be licensed and comply with reporting requirements to insure proper disposal have been drafted and are expected to be finalized by this summer. Insuring compliance will increase the work load of both the Waste Management Division as well as the Radioactive Materials Program in the Air Division. In addition to the TENORM issue, the amount of oilfield special waste has increased from 10,000 tons in 2001 to 2.1 million tons currently.

Our Laboratory Services Division has experienced dramatic increases in the number of samples analyzed. The Municipal Facilities Division has witnessed a significant increase in the number of public water systems that require inspections and reporting assessments. The growing number of systems has also resulted in more violations, increasing from 150 in 2008 to nearly 500 in 2014. The number of plans and specifications that must be reviewed for such systems has more than doubled in the past five years.

The Water Quality Division has witnessed a five-fold increase in the number of spills in the past seven years. This increase requires many more Division responses to spills and requires much more oversight work to ensure these spills are properly cleaned up. The Blacktail Creek incident that occurred recently is expected to take many years of cleanup efforts.

The Environmental Sections enforcement case load has also grown dramatically in recent years and it is expected that enforcement activity will continue to rise.

Another challenge the Environmental Section faces is dealing with all the new rules that EPA has promulgated and continues to propose. The new rules are extremely complex and require considerable effort on the part of our staff to enforce. We have always prided ourselves in having knowledgeable and experienced staff who are responsive to the public and can assist industry, large and small, to understand the federal requirements by providing experienced interpretation to ensure that proper steps were being taken, and to ensure compliance. That ability to provide professional interpretation of federal laws is changing for a number of reasons.

First, the heavy workload and the effort it takes to address all the concerns has spread staff thin, making it difficult to fully address all the questions we receive. Secondly is the severe turnover we are experiencing. The Air Division alone has lost one third of our staff since the beginning of the current biennium. Although I believe the new staff has tremendous potential, we have lost and are losing many years of experience and training. We rely on experienced staff to address all the complex questions and concerns that arose. Now that work effort must be redirected to staff with limited experience, which requires much more time and places a burden on the section to issue permits and licenses in a timely manner.

I ask the Senate Committee to look closely at the equity package that was included in the Governor's budget, but was removed by the House, that targeted

areas of high turnover and hard to fill positions. The staff we lose indicates that they enjoy their work in the Environmental Section, but simply had to accept far better pay offers from other agencies and industry. Although the equity adjustments we are seeking will not match outside salary offers, I do believe it will reduce turnover to a manageable level and allow us to retain the much needed experience we are currently losing. I would also ask that the committee closely consider the FTE needs calling for 14 additional positions as outlined in the final two pages of the report.

Thank you for your attention and consideration. I am available, along with Arvy and the other Division Directors, to respond to any questions you may have.

HB 1004
3-9-15
#3A

Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

January 2015

Environmental Health Section
North Dakota Department of Health
918 East Divide Avenue
Bismarck, North Dakota

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Oilfield Impacts and the North Dakota Department of Health Environmental Health Section

I. Background

The Environmental Health Section of the North Dakota Department of Health (NDDoH) is responsible for safeguarding North Dakota's air, land and water resources. The section, which has 164 employees, works closely with local, state and federal entities to address public and environmental health concerns and implement protection policies and programs. The section has a Chief's Office and five divisions: Air Quality, Laboratory Services, Municipal Facilities, Waste Management and Water Quality.

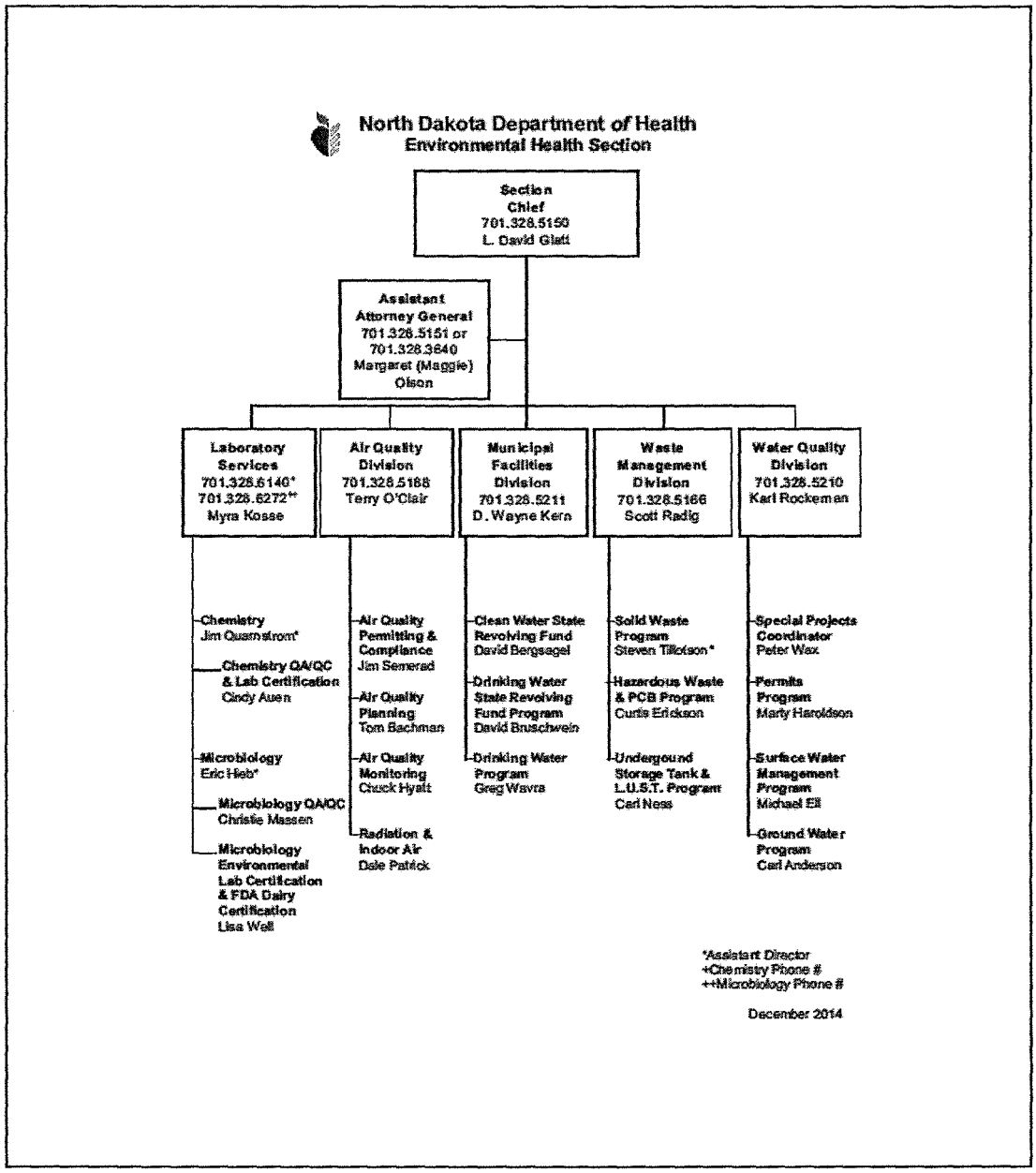

Figure 1. Environmental Health Section Organizational Chart

3A.4

A. Division of Air Quality

The Division of Air Quality consists of two major programs with 33 full-time positions and one half-time position. There are 20.5 environmental scientist positions, one environmental sciences administrator, and six environmental engineers which all require the minimum of a four-year degree. In addition, there are four electronic technicians who have two-year technical degrees and two administrative support staff.

Air Pollution Control Program

This program promotes clean air activities and initiates enforcement actions to correct air pollution problems. Program staff responsibilities include implementing the Clean Air Act, evaluating permit applications, conducting computer modeling of potential impacts to air quality, issuing permits that restrict emission levels to ensure standards are met and operating an ambient air quality monitoring network.

Radiation Control and Indoor Air Quality Program

This program performs two major functions: (1) regulating the development and use of ionizing and non-ionizing radiation sources to protect North Dakotans and the environment, and (2) evaluating and mitigating asbestos, radon, lead and other indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

Field activities supporting the programs include inspecting facilities to ensure compliance, enforcing laws, investigating air pollution complaints and operating a statewide ambient air quality monitoring network.

B. Division of Laboratory Services

The Division of Laboratory Services has two principal support programs. There are 35 full-time employees. Twenty-six are professional microbiologists or chemist positions requiring the minimum of a four-year degree, and nine are support staff, including four medical laboratory technicians and two chemistry laboratory technicians who have two-year degrees.

Chemistry

The chemistry laboratory provides analytical chemistry data to environmental protection, public health, agricultural and petroleum regulatory programs in the state. The laboratory also maintains a certification program for North Dakota laboratories that provide environmental testing services. The department's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern.

Microbiology

The microbiology laboratory (i.e., the public health laboratory) performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology. The laboratory is responsible for providing rapid, accurate detection and identifying organisms that may threaten public health.

C. Division of Municipal Facilities

The Division of Municipal Facilities administers three programs. There are 29 full-time employees. Fifteen are environmental scientists, and 11 are environmental engineers requiring the minimum of a four-year degree. There is one grants/contract officer position, which also requires a four-year degree, and two administrative support personnel.

Public Water Supply Supervision (PWSS)

This program works with the public water systems (PWS) in North Dakota (currently 657) to ensure drinking water meets all standards established by the Safe Drinking Water Act (SDWA). This is accomplished by monitoring drinking water quality and providing technical assistance. Currently, 96.5 percent of community water systems are meeting all applicable health-based standards under the SDWA – one of the highest compliance rates in the region and country (EPA goal for 2014 is 90 percent nationwide).

Training and certification is provided for operators of water treatment and distribution facilities and wastewater collection and treatment plants. There are about 1,041 certified operators in the state. A total of 93 percent of public water systems are meeting operator certification requirements for water treatment (no EPA goal). There are 73 percent of community water systems meeting operator certification requirements for water distribution (no EPA goal).

Staff administer the fluoridation program and provide technical assistance to private systems. A total of 75 communities add fluoride to their drinking water. Of the population served by these communities, 95 percent (about 623,500) receive optimally fluoridated drinking water (no EPA goal).

Drinking Water State Revolving Loan Fund (DWSRF)

This program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the SDWA. Since program inception (1997) through December 31, 2014, loans totaling about $414 million have been approved. Staff members also review drinking water projects to ensure compliance with state design criteria before construction and provide technical assistance.

Clean Water State Revolving Loan Fund (CWSRF)

This program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Since program inception (1990) through December 31, 2014, loans totaling about $562 million have been approved. Staff members also review wastewater projects to ensure compliance with state design criteria before construction and provide technical assistance.

Field activities supporting the above programs include: (1) inspecting about 606 public water and wastewater systems to ensure compliance with all public health standards, (2) inspecting State Revolving Loan Fund construction projects to ensure they meet state and federal requirements, and (3) investigating complaints.

D. Division of Waste Management

The Division of Waste Management works to safeguard public health through four programs. There are 23 full-time positions and one part-time position, consisting of 14 environmental scientists, five environmental engineers, one environmental sciences administrator, the division director (all of which require the minimum of a four-year degree), and three administrative support staff.

3A.6

Hazardous Waste Program
This program regulates 760 facilities that generate, store, treat, dispose or transport hazardous waste. The program also coordinates assessments and cleanups at Brownfield sites (properties underdeveloped due to actual/perceived contamination) and performs inspections at sites known or suspected to have equipment containing polychlorinated biphenyls (PCBs).

Solid Waste Program
This program regulates the collection, transportation, storage and disposal of nonhazardous solid waste. Resource recovery, waste reduction and recycling are promoted. The program helps individuals, businesses and communities provide efficient, environmentally acceptable waste management systems. There are 428 facilities under this program and about 800 permitted waste transport companies.

Underground Storage Tank Program
This program regulates petroleum and hazardous substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners and provides for state inspection and enforcement. The program works with retailers and manufacturers to ensure specifications and standards for petroleum and antifreeze are met. There are 988 facilities currently regulated under this program. In addition, the UST Program supervises the cleanup of any leaking underground storage tank facility and other petroleum product releases.

Abandoned Motor Vehicle Program
The Abandoned Motor Vehicle Program focuses on assisting political subdivisions in the cleanup of abandoned motor vehicles and scrap metal.

Field work includes compliance assistance, sampling, training, site inspections and complaint investigations.

E. Division of Water Quality
The Division of Water Quality protects water quality through four programs. There are 34 full-time positions and one part-time position, consisting of 27 environmental scientists, three environmental sciences administrators, four environmental engineers (all of which require the minimum of a four-year degree) and one administrative assistant.

North Dakota Pollutant Discharge Elimination System (NDPDES) Permit Program
This program issues the federally required National Pollutant Discharge Elimination System (NPDES) permits for discharge of pollutants to surface waters. This may include pollutants carried by stormwater, in addition to direct discharge of wastewater. Many industries and municipalities require these permits. This program also issues permits to septic tank pumpers regulating the collection and proper disposal of domestic wastewater. The permits may be individual permits issued to one facility or general permits where multiple facilities are covered under one permit.

Nonpoint Source Pollution Management Program
This program expended approximately $4.4 million in Section 319 funding (federal fiscal year 2014) to support 51 locally sponsored projects. These projects included 25 watershed projects, 14 education/demonstration projects, four support projects and eight assessment projects. The projects used

3A.7

the funding to cost-share agricultural projects, conduct education events, deliver technical assistance to agricultural producers, design manure management systems and evaluate water quality trends or conditions. Nearly 45 percent of the Section 319 expenditures within the local project areas were used to support various best management practices (BMPs). More than 70 percent of these BMP expenditures were used to install practices that improve livestock grazing and manure management.

Surface Water Quality Monitoring and Assessment Program

Beginning in January 2013, the NDDoH, working in cooperation with the U.S. Geological Survey (USGS) North Dakota Water Science Center and the North Dakota State Water Commission, began implementation of a revised ambient water quality monitoring network for rivers and streams. This revised monitoring network consists of 81 sites located on 48 rivers and streams in the state. Lake water quality monitoring from 2011-2013 was conducted on Lake Sakakawea and Devils Lake, the state's two largest lakes. Working cooperatively with the North Dakota Game and Fish Department (NDGF) and the U.S. Army Corps of Engineers, the NDDoH conducted dissolved oxygen/temperature profile monitoring on Lake Sakakawea monthly from July through October in 2011, 2012 and 2013.

In 2012 and 2013, the NDDoH conducted sampling for the National Lake Assessment (NLA), and in 2013 the NDDoH also began sampling as part of the National Rivers and Streams Assessment (NRSA). For the NLA project, 50 randomly selected lakes and reservoirs were sampled. In addition, 25 sites were sampled in 2013 for the NRSA, and another 25 sites were sampled in 2014 for a total sample size of 50 sites. As is the case with the NLS, the NRSA uses a random sample site design to provide estimates of the ecological condition and aquatic life use of the nation's rivers and streams and to identify key stressors affecting impaired waters.

Ground Water Protection Program

This program includes the (1) Wellhead and Source Water Protection Programs to define the susceptibility of public water systems to contaminant sources, (2) Underground Injection Control (UIC) Program which helps prevent contamination of drinking water by injection wells, and (3) Ambient Ground Water Monitoring Program which assesses the quality of ground water resources with regard to agricultural and oilfield-related chemical contamination. In addition, trained personnel provide immediate response to emergency spills and continued investigation/enforcement if necessary to fully address environmental impacts. Program staff also fulfills open records requests typically received as part of property transactions or as Freedom of Information Act requests from the general public.

Field activities include inspecting wastewater treatment facilities and septic tank pumpers, and compliance audits/sampling to ensure permit requirements are met; inspecting construction and industrial site stormwater controls; meetings with local/state entities to assess nonpoint source project goals; ambient monitoring of lakes and rivers; evaluating domestic water sources for potential contaminant sources; annual collection/analysis of samples from vulnerable aquifers; overseeing remediation of spills with potential to reach water sources; and responding to complaints.

F. Section Chief's Office

Division activities are coordinated by the Section Chief's Office, which has 8.75 full-time employees (FTEs) and an attorney assigned by the Office of Attorney General. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data management activities, emergency response efforts, enforcement of environmental regulations and funding requests.

3A.8

II. Impacts of Oilfield Growth

A. Division of Air Quality

Expanded activity in the oilfield has increased the workload in the division due to the number of licensing/permitting and inspection activities. The number of air quality industrial construction permits issued has increased from a historical average of approximately 20 per year to more than 90 per year (see Figure 2). Compounding the increase in the sheer number of permits is the fact that new federal regulations have increased the complexity of these permits. In addition to permits for industrial facilities, all producing oil wells are required to go through a permit/registration process with the division. Well permit registrations have risen from 3,000 to more than 8,000 (Figure 3) and are expected to increase with continued oilfield development. Similar increases have been seen in the number of crude oil storage tanks, compressor stations and gas plants.

Larger industrial developments, coupled with increasing regulatory requirements and the capacity of the environment to assimilate new emission sources, have resulted in the need for more complex and technical permits and treatment technologies, requiring significant staff expertise and resources.

Figure 2. Air Quality Industrial Construction Permits

3A.9

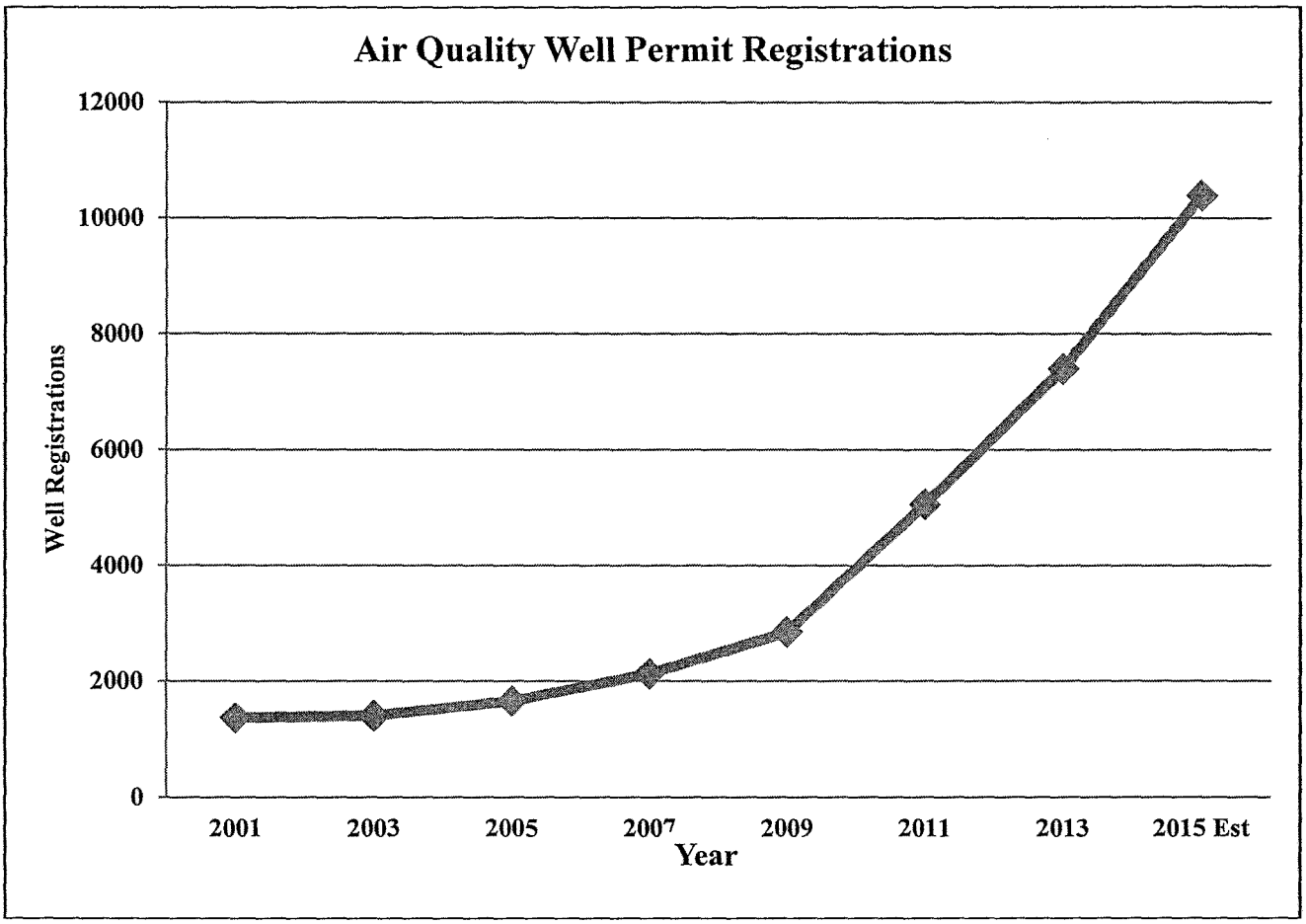

Figure 3. Air Quality Well Permit Registrations

Many companies in the oilfield use instrumentation technologies containing radioactive material, and there has been a large increase in the number of companies actively using such materials. Several operators have been identified as improperly using these materials, potentially placing members of the public at risk. North Dakota serves as an Agreement State in cooperation with the U.S. Nuclear Regulatory Commission (NRC). Through that agreement, the NRC has notified the department of a number of allegations regarding improper handling of radioactive materials.

Oilfield-related radioactive materials license applications (and inspection activity) have risen from 149 in 2011 to 215 in 2014 (see Figure 4). Licensing requirements adopted by the NRC have become more complex due to increased control tracking.

The NDDoH has drafted TENORM (Technologically Enhanced, Naturally Occurring Radioactive Materials) rules, which may become effective late summer of 2015 and could result in increased workload. In addition, increased workload demands have been placed upon the division as a result of the licensure of all TENORM radioactive waste transporters and the increase in the number of facilities that treat TENORM.

3A.10

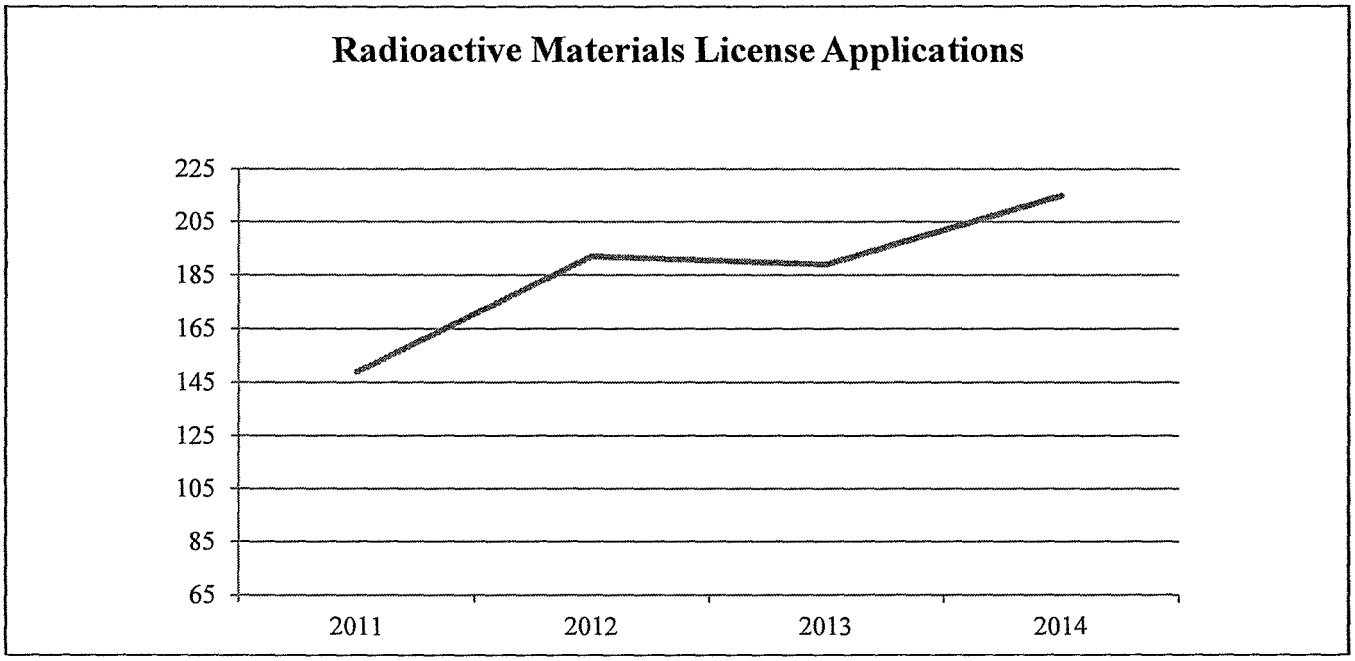

Figure 4. Radioactive Materials License Applications

Additional direct and indirect impacts on the division include:

- Expansion of the Tesoro Refinery, plus permitting work for proposed diesel refineries.
- Extensive effort on Bakken Pool Permitting and Compliance Guidance Document for oil wells.
- Increased telephone and email inquiries pertaining to air pollution control requirements.
- Increased oil- and gas-related complaints and inquiries from public.
- Operating of a new Williston monitoring site to measure air quality.
  Inspections and study of radiation from frack sand and drilling mud.
- Increased permitting activity, along with increased particulate control inspections of more rock, sand and gravel plants (three times higher than in the past), due to greater demand for these materials in the oilfield.
- Road dust has become a significant source of air pollution.
- New Environmental Protection Agency regulations directed at energy development.
- Expansion of the Tioga Gas Plant

B. Division of Laboratory Services

Microbiology

Testing volumes from 2007-2014 were evaluated from oil-impacted communities in the western half of North Dakota. Communities included principal private (clinics and hospitals) and public health entities in the Dickinson, Williston, Watford City, Minot, Bismarck, Hettinger, Mott and New England areas.

The total testing volume from these communities showed a steady increase over the period 2007-2013. There was a slight decrease (approximately 1 percent) in 2014. An increase in public health sector testing in 2014 offset the decrease in clinic and hospital testing.

3A.11

Private health sector testing conducted at the state public health laboratory for 2007-2013 data shows a continual rise. The 2014 data shows a decline in private health sector sample numbers. The decline in private sector samples resulted from the recent consolidation of the Catholic Health Initiative (CHI) health care network. Many of the samples from these associated CHI facilities are now being sent to a large commercial laboratory with which CHI has a contract. Figure 5 shows the trend in private testing.

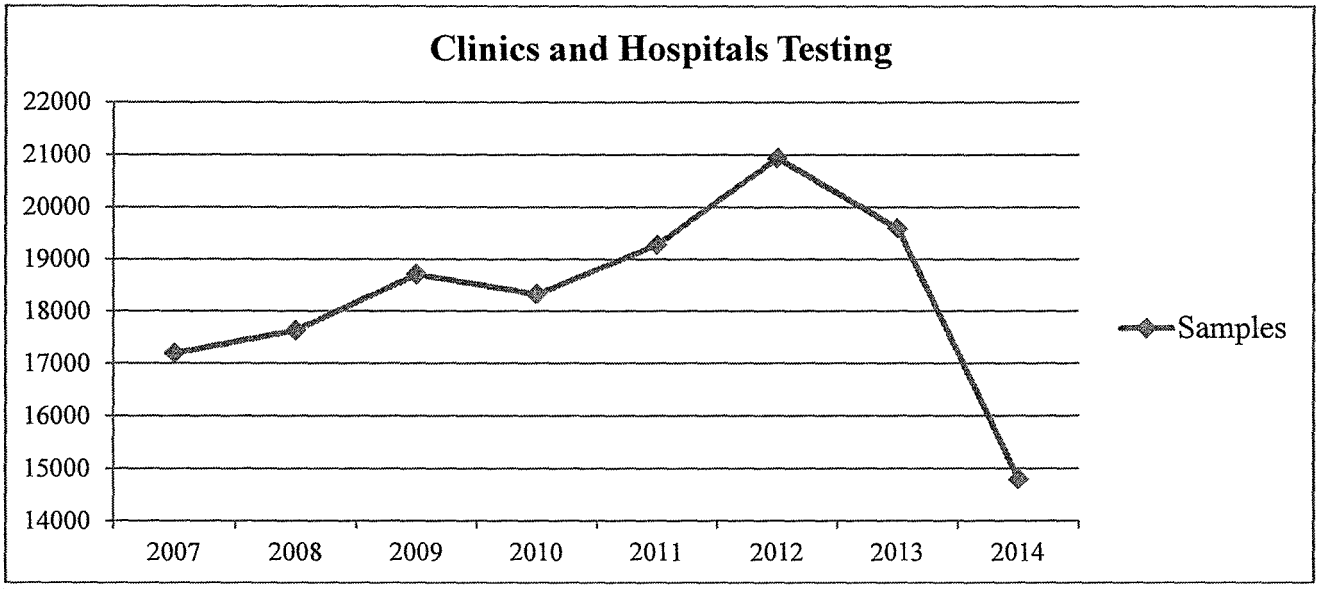

Figure 5. Clinics and Hospitals Testing - Oil-impacted Communities

Public health sector testing conducted at the state laboratory increased significantly in 2014. This increase is resulting in part from an increase in public health testing, but the primary increase is seen in submissions from correctional facilities (state and local). Figure 6 shows the trend in public testing.

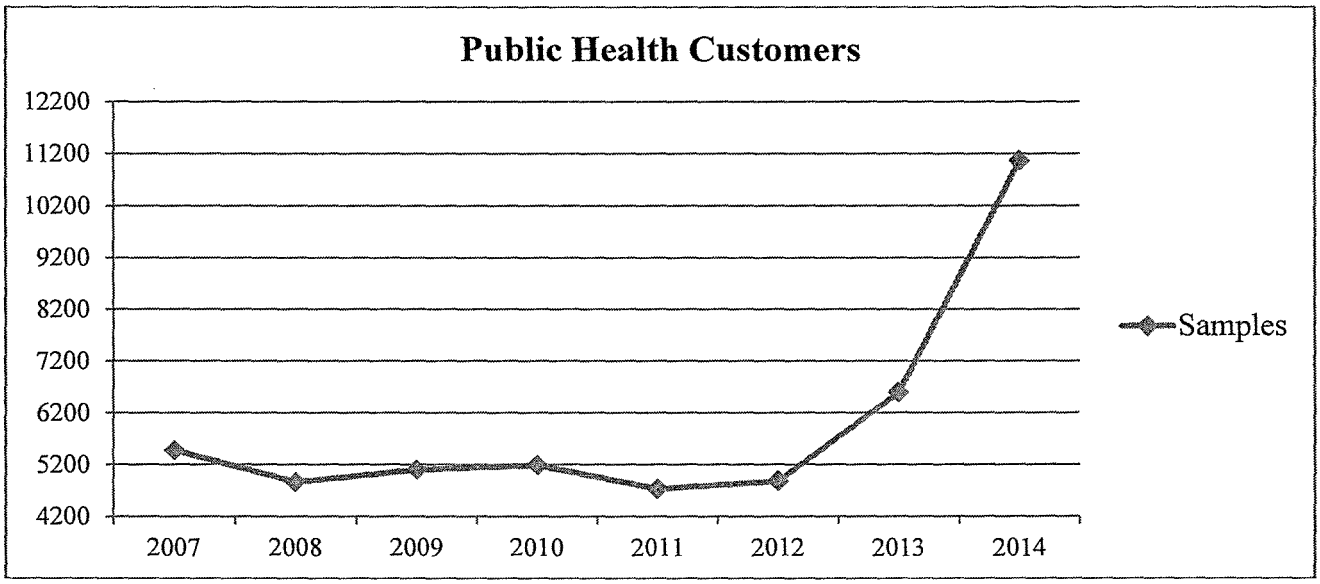

Figure 6. Public Health Customers Testing - Oil-impacted Communities

3A.12

Chemistry

Since the beginning of 2012, 918 samples for 44,617 analytes have been collected by Environmental Health Section personnel, other agencies or private entities, and new public drinking water systems associated with temporary housing in the oilfield. Another 35 associated quality control samples for 674 analytes were analyzed for a grand total of 953 oilfield-related samples and 45,291 analytes. These numbers represent an increase in successive years.

Tests requests for most of these samples are for complete mineral chemistry; benzene, toluene, ethylbenzene and xylene (BTEX); gasoline range organics (GROs); diesel range organics (DROs); and semi volatile organic compounds (SVOCs). Projecting the sample load out at the current rate through the end of 2014 would result in totals of 971 samples for 46,455 analytes. The annual break outs are depicted in Figures 7 and 8.

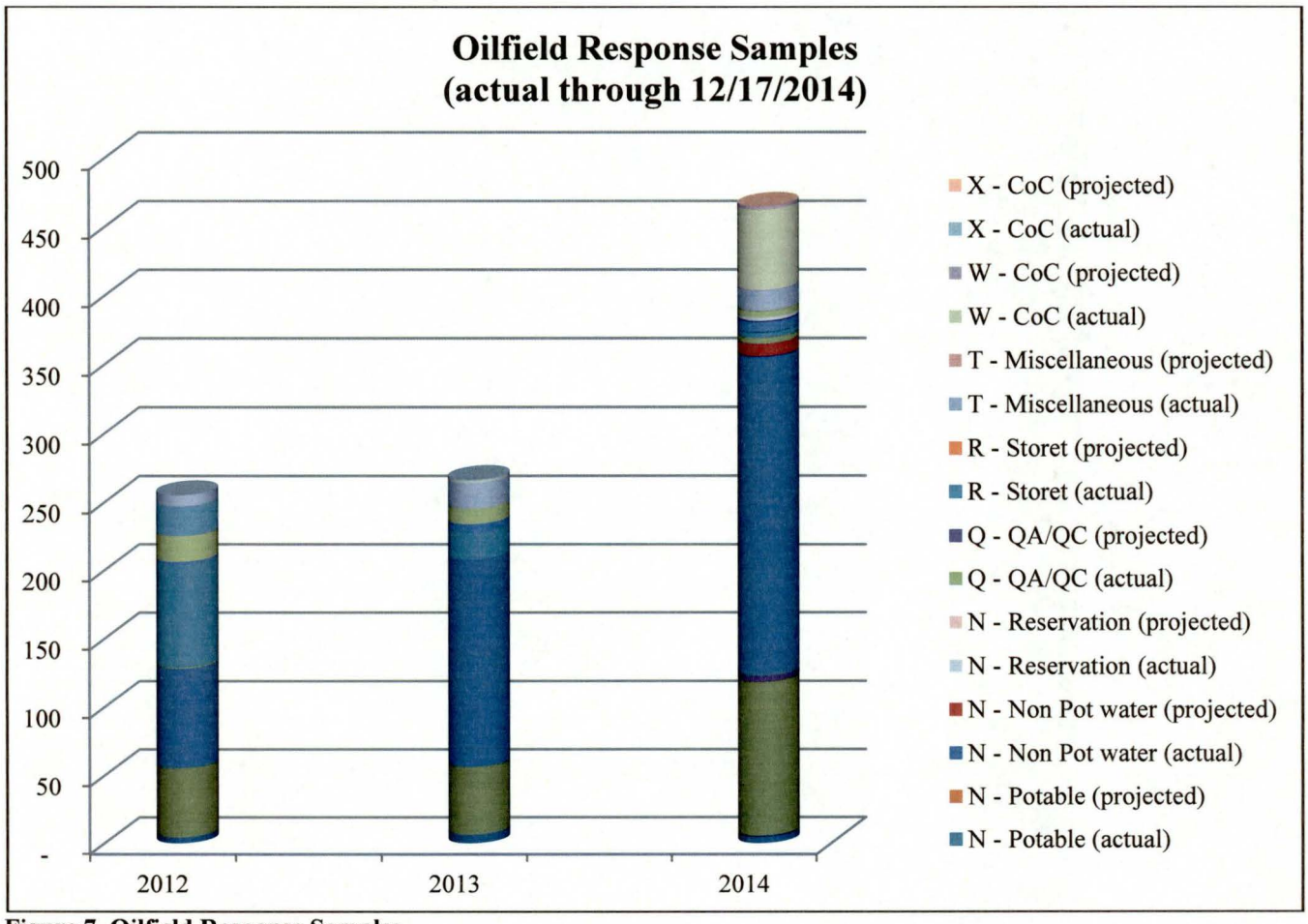

Figure 7. Oilfield Response Samples

The letters and abbreviations in the legend refer to how samples are identified when entered into the laboratory's database. X-CoC and W-CoC = chain of custody samples; T-Misc = special case samples; R-Storet = water quality samples; Q-QA/QC = quality assurance/quality control samples; N-Non Pot = nonpotable water samples; N-Potable = potable water samples; and D-Discharge = wastewater discharge samples.

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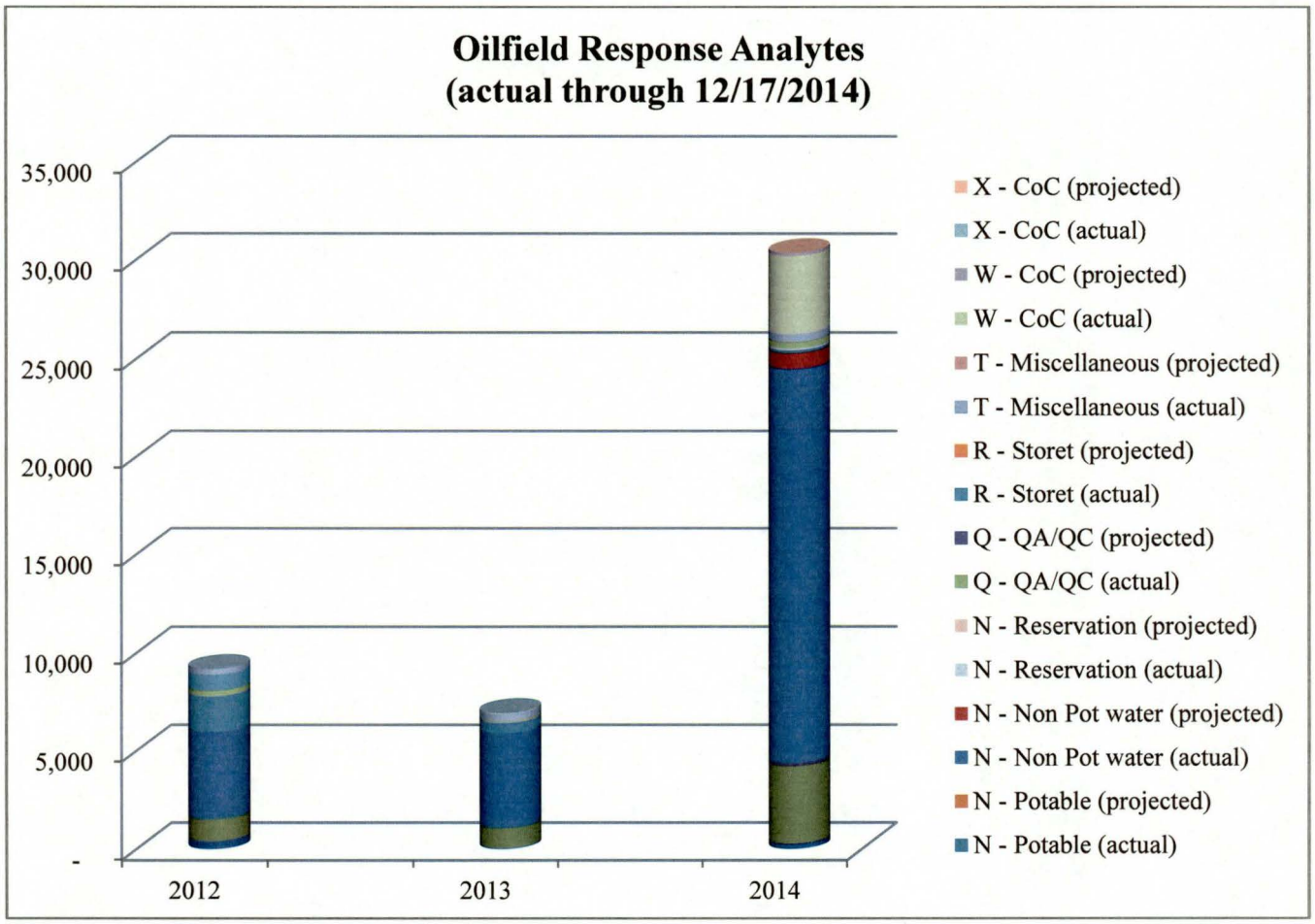

Figure 8. Oilfield Response Analytes
The letters and abbreviations in the legend refer to how samples are identified when entered into the laboratory's database. X-CoC and W-CoC = chain of custody samples; T-Misc = special case samples; R-Storet = water quality samples; Q-QA/QC = quality assurance/quality control samples; N-Non Pot = nonpotable water samples; N-Potable = potable water samples; and D-Discharge = wastewater discharge samples.

3A.14

C. Division of Municipal Facilities

An ever-expanding challenge is keeping pace with new drinking water and wastewater facilities in oil-impacted areas. Figure 9 shows the total number of PWS significantly increased since 2010; 94 percent (of the increase) is in oil-impacted counties.

Figure 10 shows the total number of SDWA violations increased since 2010. About 67 percent of this increase is due to new PWS in oil-impacted counties. Implementation of new and revised rules further impacts workload and compliance rates, both compounded by the increasing number of PWS.

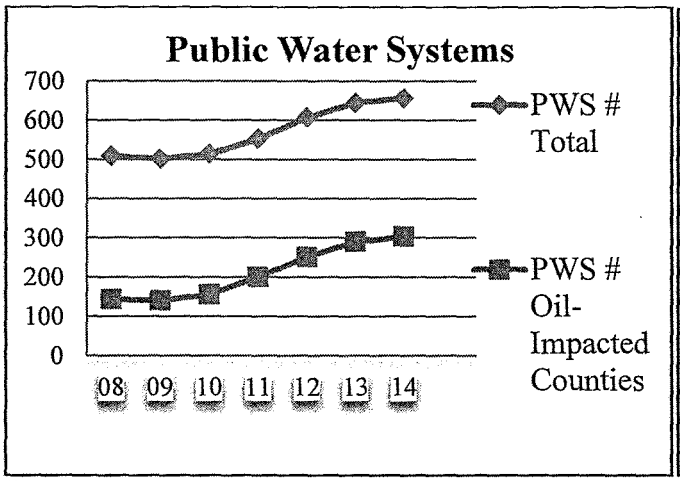

Figure 9. Public Water Systems

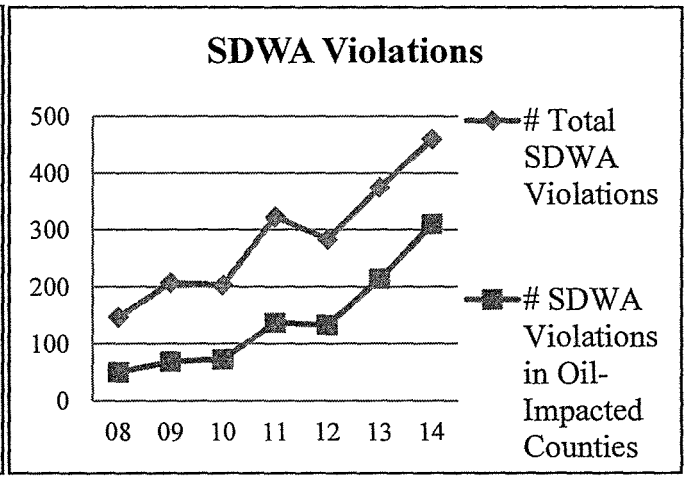

Figure 10. SDWA Violations

Figure 11 shows public health unit inspections of non-community PWS have decreased in oil-impacted counties, while division inspections have increased. (To date, public health units serving non-oil-impacted areas have kept pace with their assigned inspections.) As oil activity expands, it is anticipated the health units may not be able to complete these inspections, adding to division workload.

3A.15

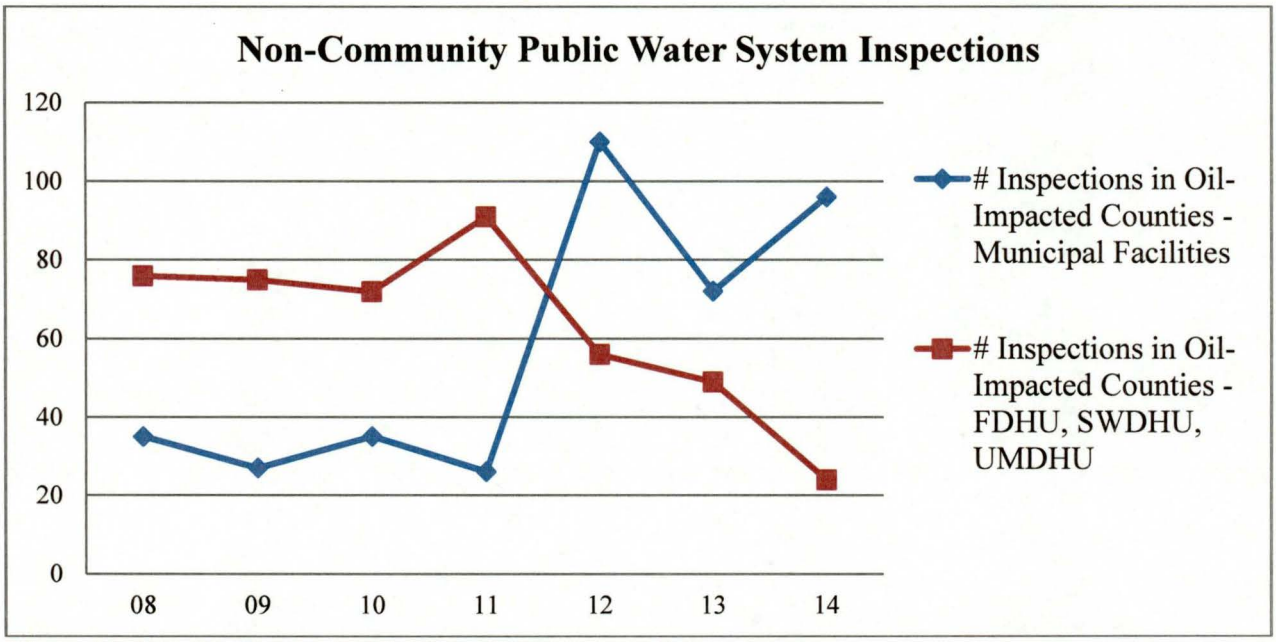

Figure 11. Non-Community Public Water System Inspections
FDHU = First District Health Unit (Minot); SWDHU = Southwestern District Health Unit (Dickinson); and UMDHU = Upper Missouri District Health Unit (Williston)

Under state law (NDCC 23-26), all persons operating water and wastewater systems, with some exceptions, must be certified by the department. Figure 12 shows decreased numbers of water distribution operators being certified due to two principal factors: (1) operator turnover (certified operators leaving for higher paying jobs in the oilfield); and (2) new systems that do not have a certified operator. Additional new systems have increased the workload of the division's operator certification and training program. In oil-impacted counties, the primary need has been for water distribution operators because most new systems obtain drinking water from other regulated sources (no treatment required) and either haul wastewater to another permitted system or provide on-site wastewater disposal. Compliance with operator certification requirements for water treatment and wastewater collection/treatment also may decrease if more systems choose to develop/treat their own drinking water sources or treat/discharge wastewater.

Figure 13 shows a large increase in plans and specifications submittals/approvals since 2010, largely due to projects in the oilfield. Project submittals decreased in 2014, but remained high and required extended review time. Many were submitted by out-of-state engineering firms (98 to date) unfamiliar with North Dakota requirements, resulting in extended review time. Many had mechanical wastewater treatment plants and/or large on-site disposal systems which require additional time for review and approval. On-site disposal systems have not historically been used or addressed by the division. Finally, many involved as-built situations which require more time to resolve design and construction issues. Considerable time also is spent: (1) evaluating and addressing noncompliant or failing wastewater systems, many of which were built and expanded without local or state approval and which have undergone numerous ownership or management changes; and (2) developing new design standards and policies to address issues primarily related to projects in the oilfield.

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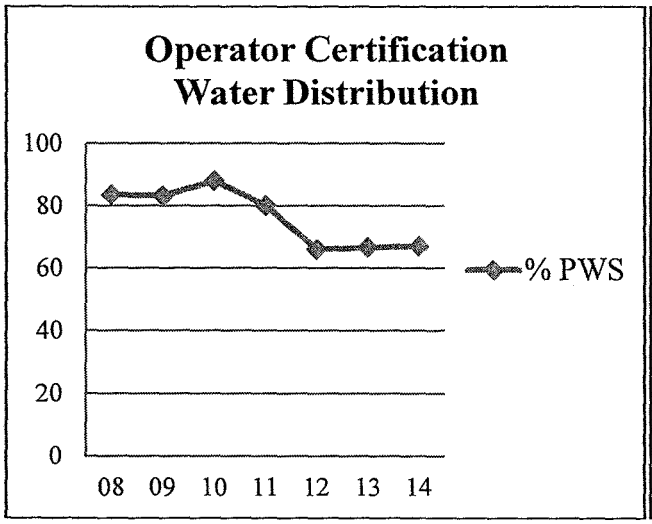

Figure 12. PWS Meeting Operator Certification Requirements (Water Distribution)

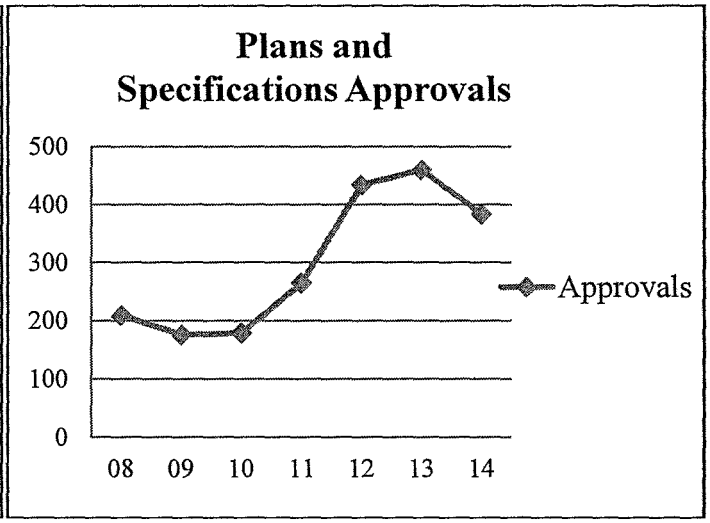

Figure 13. Plans and Specifications Approvals - Water and Wastewater Projects

Figure 14 shows the number of projects/dollar value on the CWSRF and DWSRF lists increased significantly since 2010. For 2015, the preliminary dollar value of projects is $724 million for the DWSRF and $484 million for the CWSRF. This will result in a large number of SRF projects to implement, increasing workload on top of attempting to keep pace with more technical reviews for non-SRF and oilfield projects.

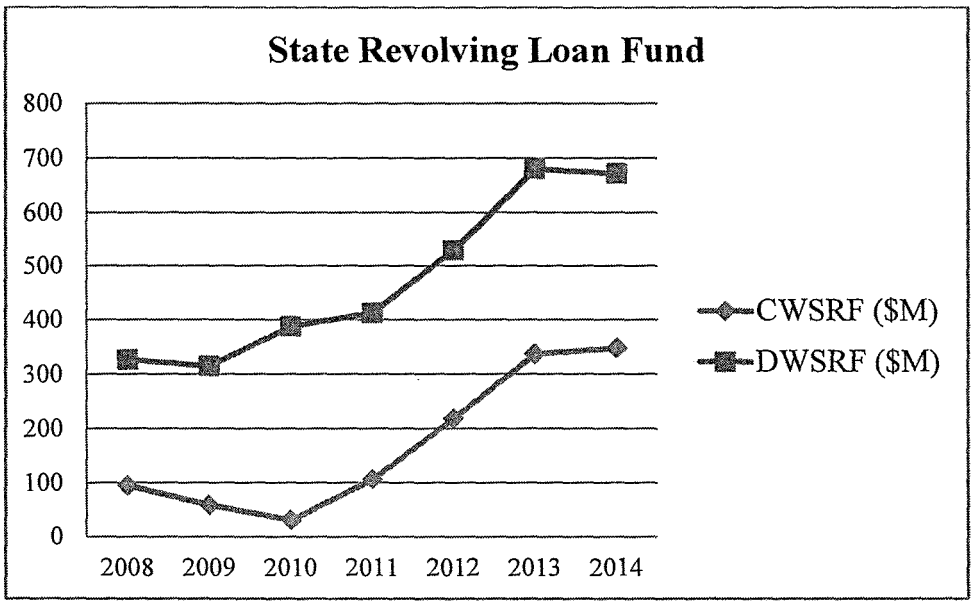

Figure 14. State Revolving Loan Fund - Total Project Amount from Intended Use Plans

Additional workload impacts to those shown in the above tables include: educating systems on SDWA requirements, implementing/enforcing the requirements, and compliance/technical assistance in addressing SDWA violations; responding to complaints; answering calls and emails about proposals for new/expanded housing facilities; addressing vendor/engineer inquiries; and attending visits and presentations on alternative wastewater treatment systems and project proposals.

3A.17

D. Division of Waste Management

Oilfield activity has significantly increased the workload, from facilities directly operated by oilfield-related businesses and from peripheral businesses supporting the increasing general population. There are more oilfield service companies generating large quantities of hazardous waste and other support businesses, such as tank manufacturers generating more hazardous waste. New gas stations and truck stops are being built or expanded. Both municipal landfills and oilfield special waste landfills are dealing with new types and greatly increased volumes of waste. Figures 15 through19 show the increase in hazardous waste large quantity generators (LQGs), municipal solid waste (MSW) and special waste landfills, tons of oilfield special waste, new or expanded underground storage tank (UST) facilities, and new waste transporter permits. The division also has three staff members on the Environmental Health Section spill response team, which requires considerable field work and office followup. Figure 21 on page 20 of this report shows spill response numbers.

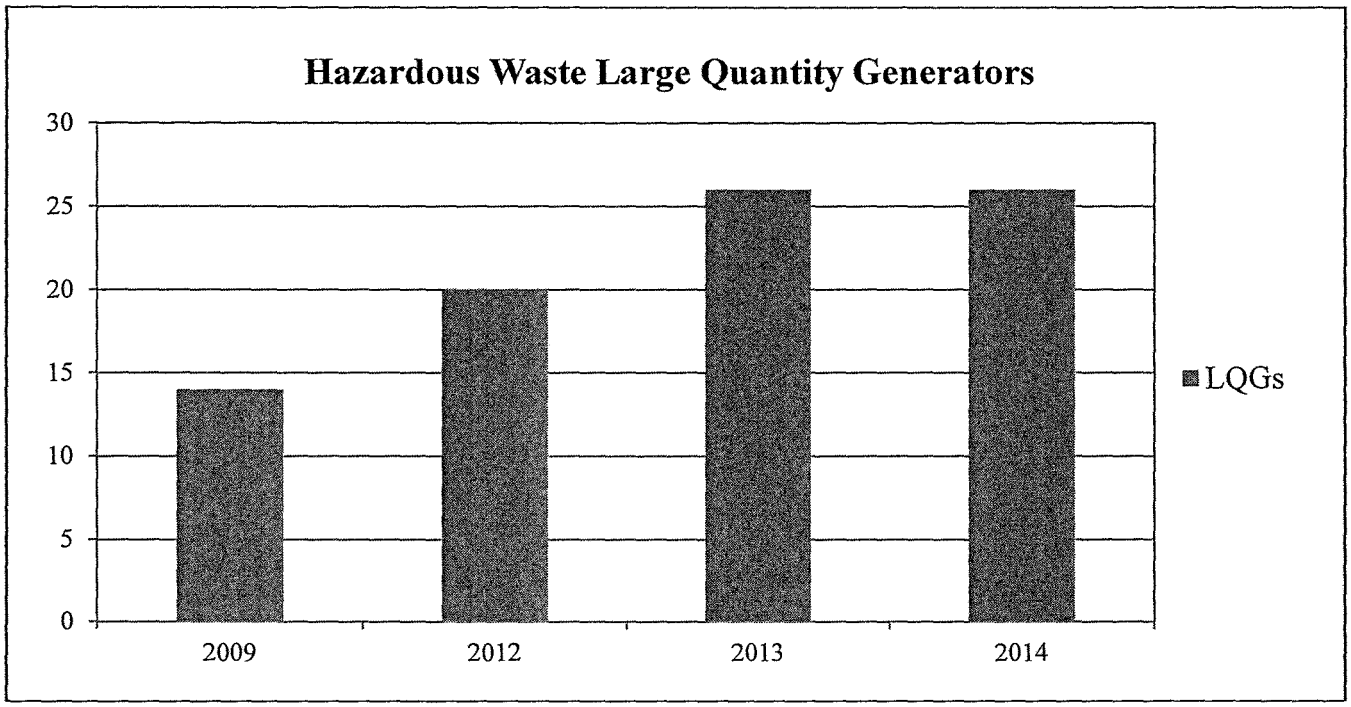

Figure 15. Hazardous Waste Large Quantity Generators

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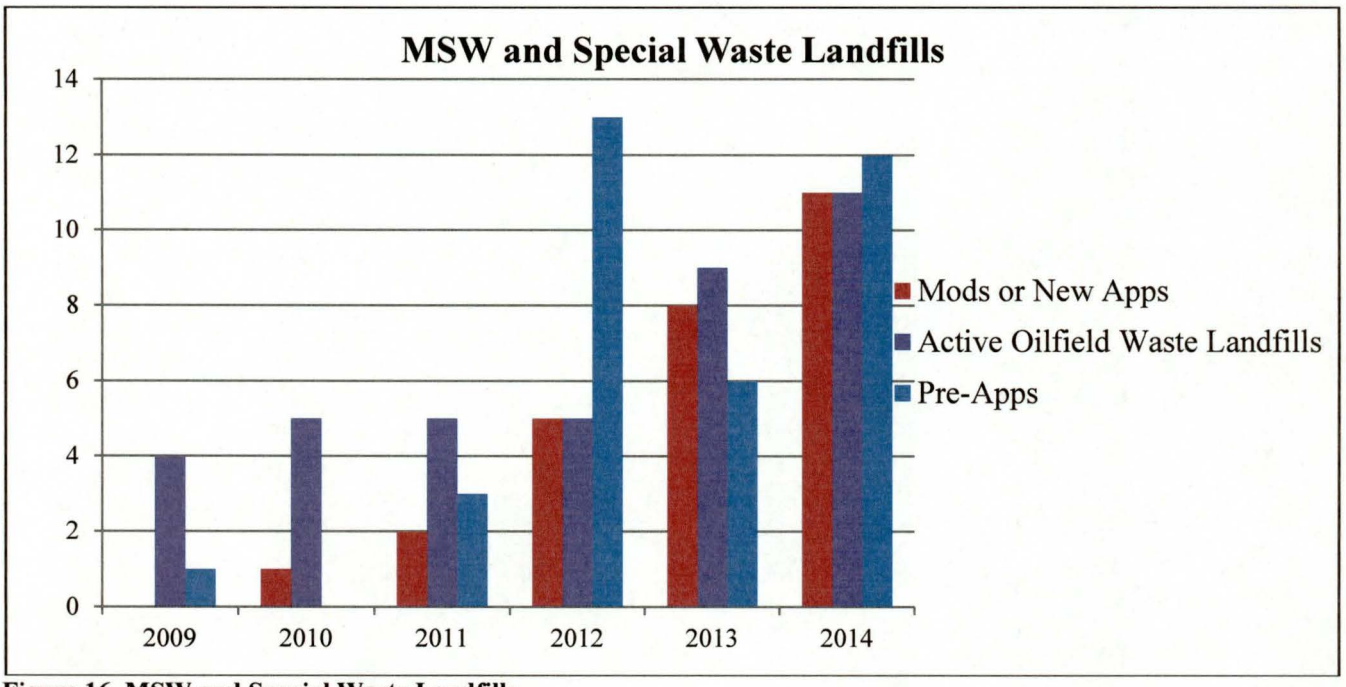

Figure 16. MSW and Special Waste Landfills

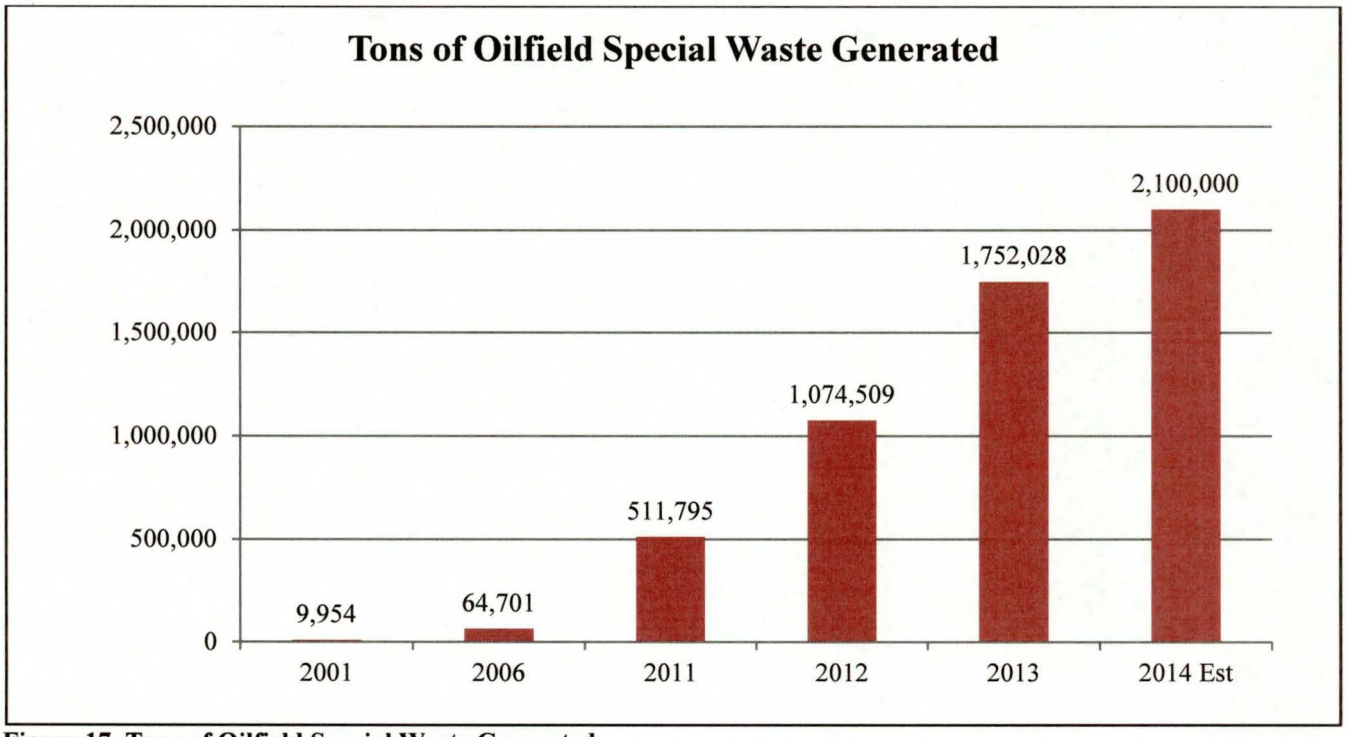

Figure 17. Tons of Oilfield Special Waste Generated

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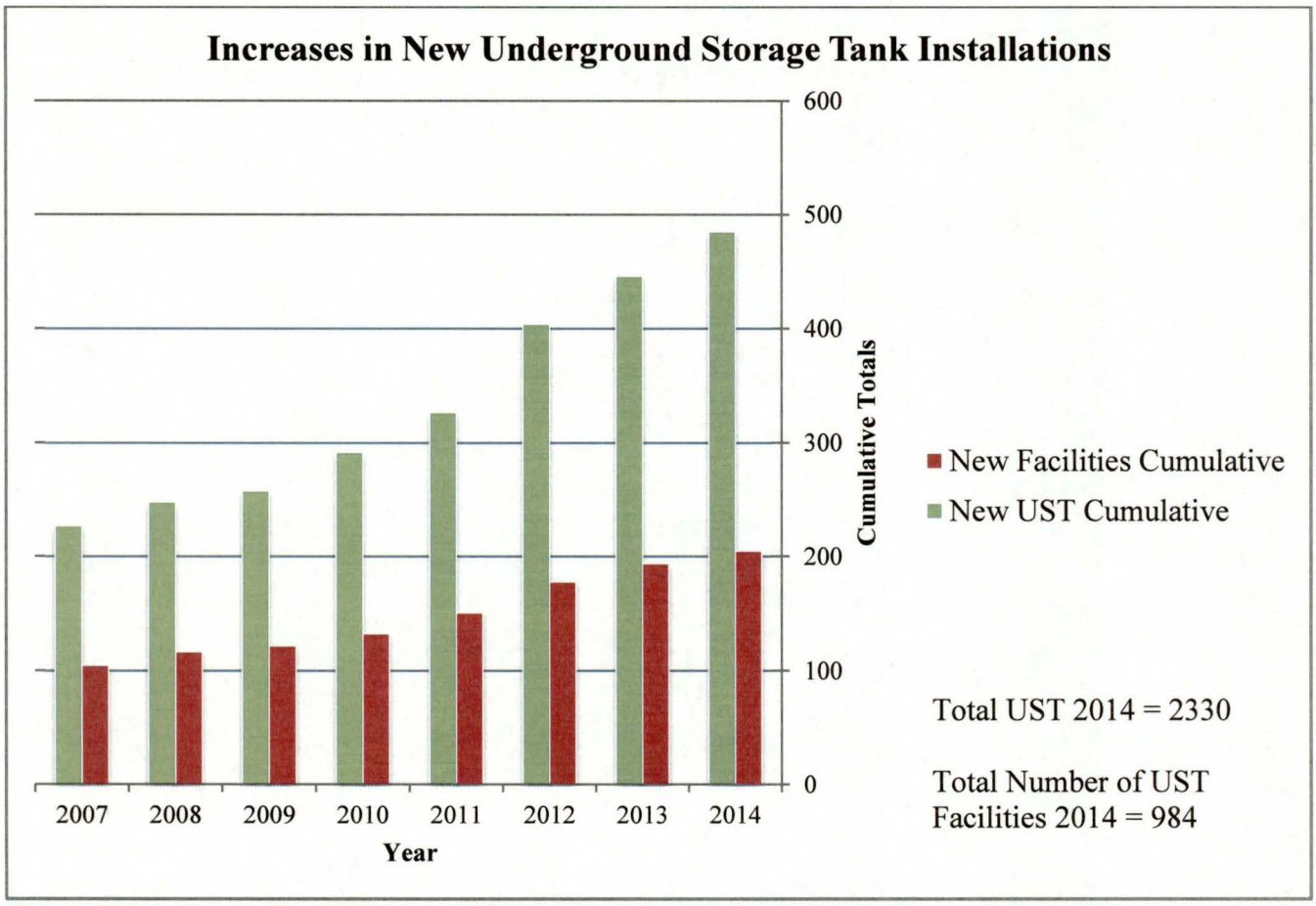

Figure 18. Increases in New Underground Storage Tank Installations

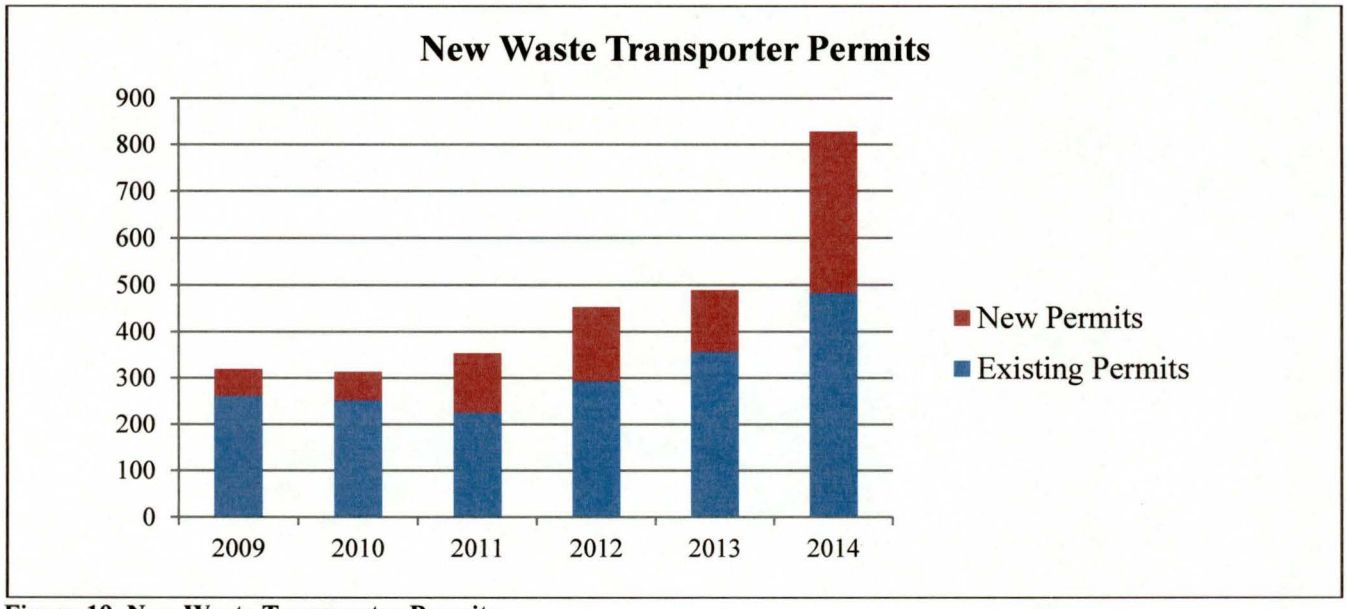

Figure 19. New Waste Transporter Permits

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The significant increase in the number of pre-applications and applications for new or expanding landfills, both municipal solid waste and oilfield special waste, has greatly increased the workload of the Solid Waste Program. These applications are very detailed, highly technical documents, usually more than a thousand pages in length, that require expertise in soils, hydrogeology, plant science and engineering to review. North Dakota solid waste rules have a 120-day limit in which the department is required to complete the review. However, that has been increasingly difficult to achieve due to the volume of applications and inquiries received. At the same time, there is an increased need for inspections at the existing facilities and site visits to the new facility locations, which also takes significant staff time. This has resulted in a backlog for inspections and permits for other regulated solid waste facilities around the state. All of the programs in the Division of Waste Management have been affected by oilfield activities, but the Solid Waste Program has been affected the most.

An entirely new issue has arisen regarding the generation and proper management of Technologically Enhanced Naturally Occurring Radioactive Material (TENORM). TENORM is low-level radioactive waste that is generated primarily in oilfield exploration and production activities. It includes materials such as filter socks, tank bottom sludge and pipe scale. Responding to illegal dumping and improper management incidents has taken considerable staff time, as TENORM is a major concern of the public. The Division of Waste Management is overseeing rejected waste loads at landfills and the cleanup of illegal dump sites, although the number of incidents has decreased since implementation of requirements for TENORM waste containers on all well sites. The division is working with Argonne National Laboratory to study the risks to oilfield workers and the general public. New administrative rules regarding the proper handling, recordkeeping, reporting and disposal of TENORM have been developed and are in the public comment period. The recordkeeping and reporting requirements will take considerable additional staff time to oversee, as every oil well and salt water disposal well is a TENORM generation site. Existing special waste or large volume industrial waste landfills that want to accept TENORM waste under the new rules will have to apply for a permit modification, which may include changes to the waste acceptance plan, plan of operations and the landfill design.

E. Division of Water Quality

With increased oilfield activities in the northwestern part of the state, the division has been actively involved in many related issues. This division is primarily responsible for responding to oil spills with the potential to impact waters of the state and following up on appropriate remediation. Figures 20 and 21 illustrate the large increase in number of spills reported and response by staff. Of the spills that have been reported since 7/1/2013, there are currently 127 awaiting the initial inspection and 171 others that need additional on-site followup. Spills with the greatest potential to adversely impact the environment are evaluated as soon as possible. As the number of oil and gas facilities increase, the number of spills is expected to increase as well.

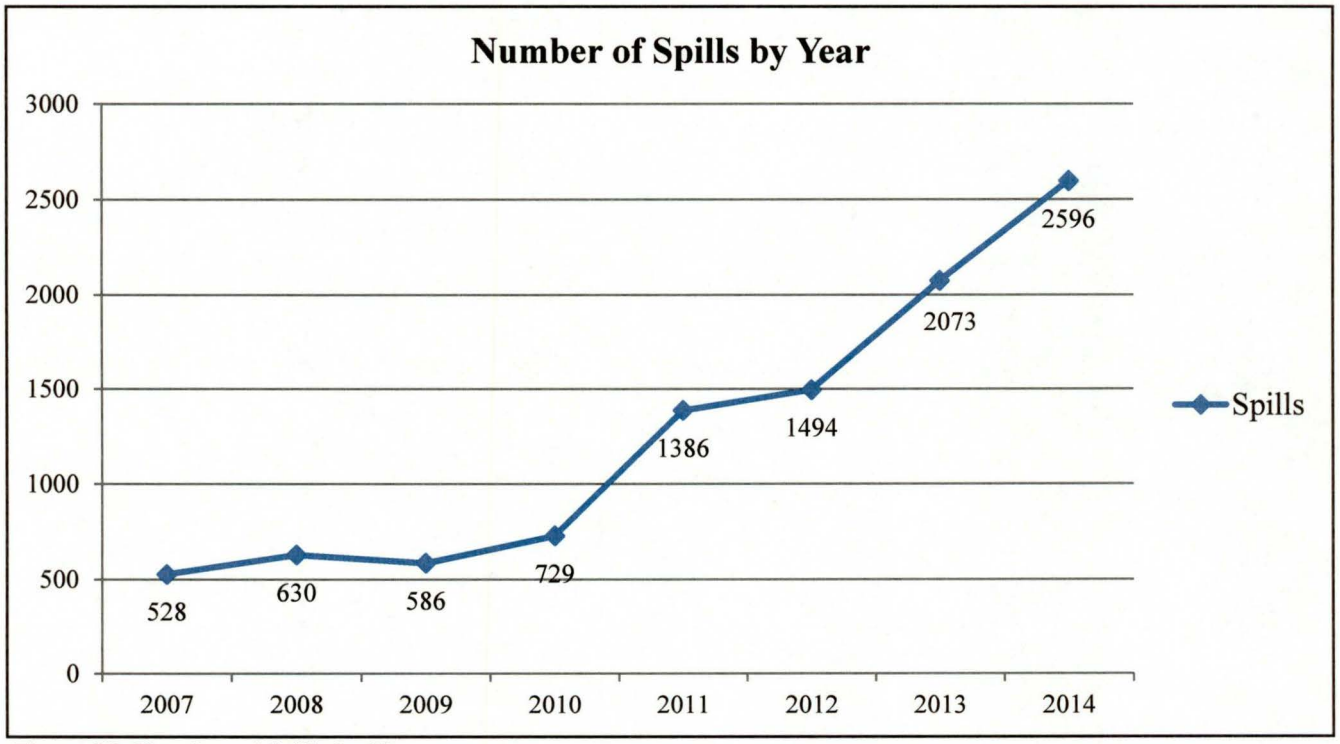

Figure 20. Number of Spills by Year

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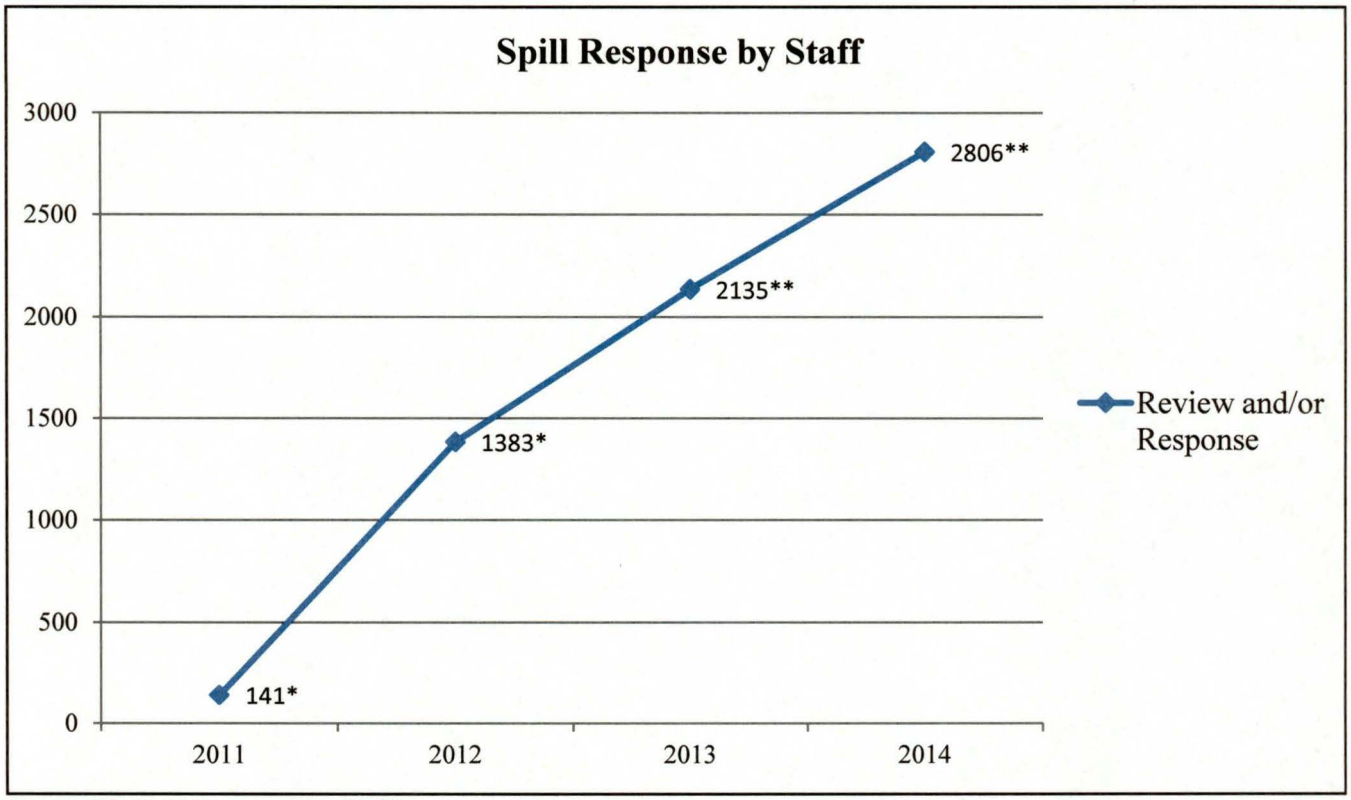

Figure 21. Spill Response by Staff

* 2011 and 2012 figures have been recalculated because the algorithm used to determine "response" has changed. "Response" now includes the review of an incident to determine whether a follow-up is necessary. In previous versions of this graph, "response" was limited to telephone conversations and site inspections after the incident had occurred.

**The spill response team continues to work through a backlog of spills, which is why the numbers for 2013 and 2014 in Figure 21 are larger than the corresponding figures in Figure 20.

NDPDES Program

Figure 22 shows there has been a significant increase in the number of permits issued. All of the following, except for septic system servicers, are federally required permits.

- Construction stormwater
- Septic system servicers
- Dewatering and hydrostatic testing (including pipelines and tanks)
- Industrial stormwater
- Wastewater general permits (typically small domestic wastewater treatment facilities)
- Wastewater individual permits (typically major municipalities and industries)

The increase in permits has resulted in additional inspections of septic tank servicers, stormwater controls, and crew camp and hauled wastewater treatment facilities. In addition, the growth in the production of oil and natural gas has resulted in increased interest in facilities to utilize these products. Preliminary work has been done on permits for the following new facilities: two ammonia fertilizer plants, one diesel refinery and three natural gas-fired power plants. The permits for these facilities can be complex and require more staff time than most typical permits, and the interest in petrochemical manufacturing is expected to grow.

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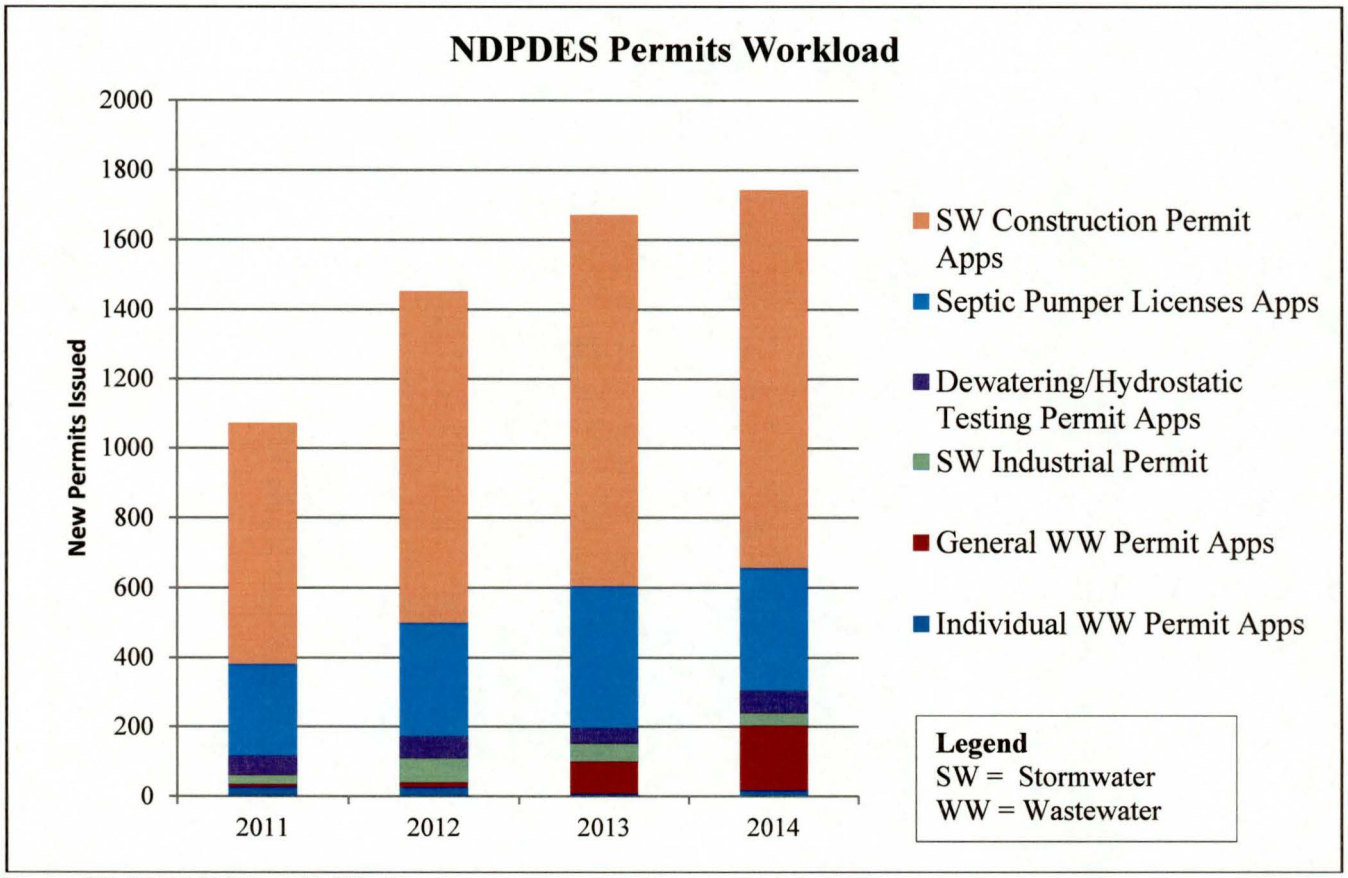

Figure 22. NDPDES Permits Workload

Ground Water Protection Program

To address the increased number of spills, one of the staff has become the team leader for the oilfield response team. This full-time effort means the program is short one full-time position. Existing staff assumed other duties of this position, which are extensive. In addition, two other existing staff members provide part-time support services to the oilfield response team, which also takes time away from their normal work duties.

The program reviews and comments on water appropriation applications received by the State Water Commission. The oil boom has significantly increased the applications for review (Figure 23), primarily related to industrial uses of groundwater. Approximately 120 water appropriation permit reviews were completed in 2014, and it is estimated that 125 reviews will be completed in 2015.

The number of public water systems in the oilfield has significantly increased, and each system requires the completion of a Wellhead Protection Area report. This report includes the delineation of the protection area, completion of a contaminant source inventory and a susceptibility analysis (Figure 23). In the last year, 62 reports have been prepared, including two reports for new community water systems. It is estimated that 70 reports will be prepared in 2015.

Figure 23 also shows significant impact on the UIC Program. The number of potential UIC sites (crew camps, oil service companies, vehicle repair businesses, etc.) increases daily. In 2015, it is estimated approximately 325 businesses in western North Dakota may have Class V wells and therefore require inspection. Available staff was able to inspect approximately 41 facilities in 2014. In 2015, it is

3A.24

estimated approximately 280 facilities may warrant inspection. Additional potential UIC sites have yet to be evaluated. The program has responded to many requests for information about Class I injection wells and is in the process of permitting two Class I wells. Two Class I wells are projected for permitting in 2015. Many proposed oilfield waste disposal sites are also considering Class I wells, and some facilities are evaluating injection of treated wastewater as a disposal option.

A significant number of calls have come from the public related to sampling of private wells (e.g., how to sample, where to send samples, what to analyze, perceived impacts to wells, etc.). Workload related to landfill and facility siting reviews has increased significantly (Figure 24). Before the oil boom, one or two landfill pre-applications were received per year. In 2014, 11 oilfield special waste landfill pre-applications were received and reviewed by program staff. If the facilities obtain zoning approval, they will move through the application process requiring review by program staff.

An increased number of Freedom of Information Act open-records requests (223) were processed by program staff during 2013. In 2014, 180 requests were processed. This reduction is a result of some records moving to online availability and is not indicative of an overall decrease in demand for program data. Due to the growth in oil and gas production, North Dakota is known nationwide as a large oil- and gas-producing state, and this has resulted in increased information requests from across the country. Many of these requests are broad in scope and take additional staff time to compile.

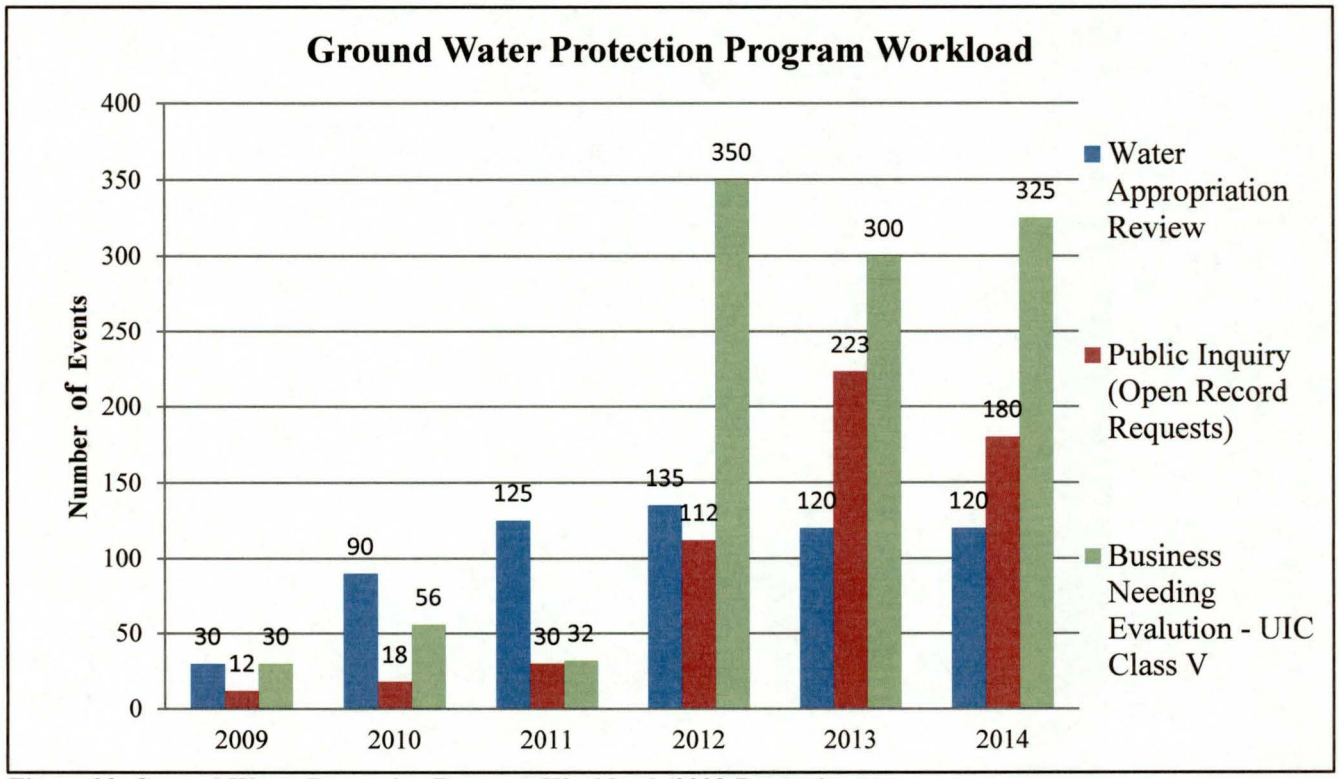

Figure 23. Ground Water Protection Program Workload (2009-Present)

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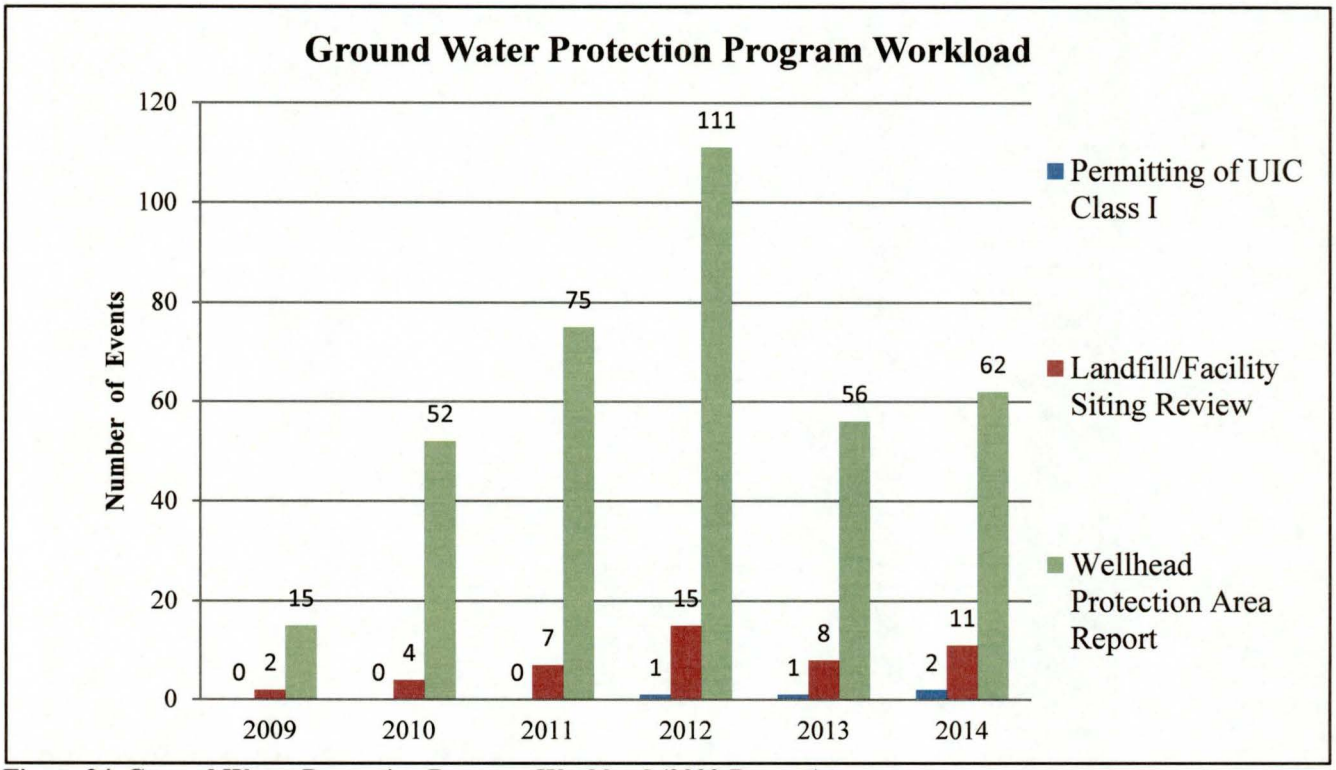


Figure 24. Ground Water Protection Program Workload (2009-Present)

Figure 25 shows that formal enforcement actions relating to violations of environmental statutes continue to increase. Enforcement actions require considerable staff time relating to case investigation, technical evaluation, monitoring and compliance reviews.

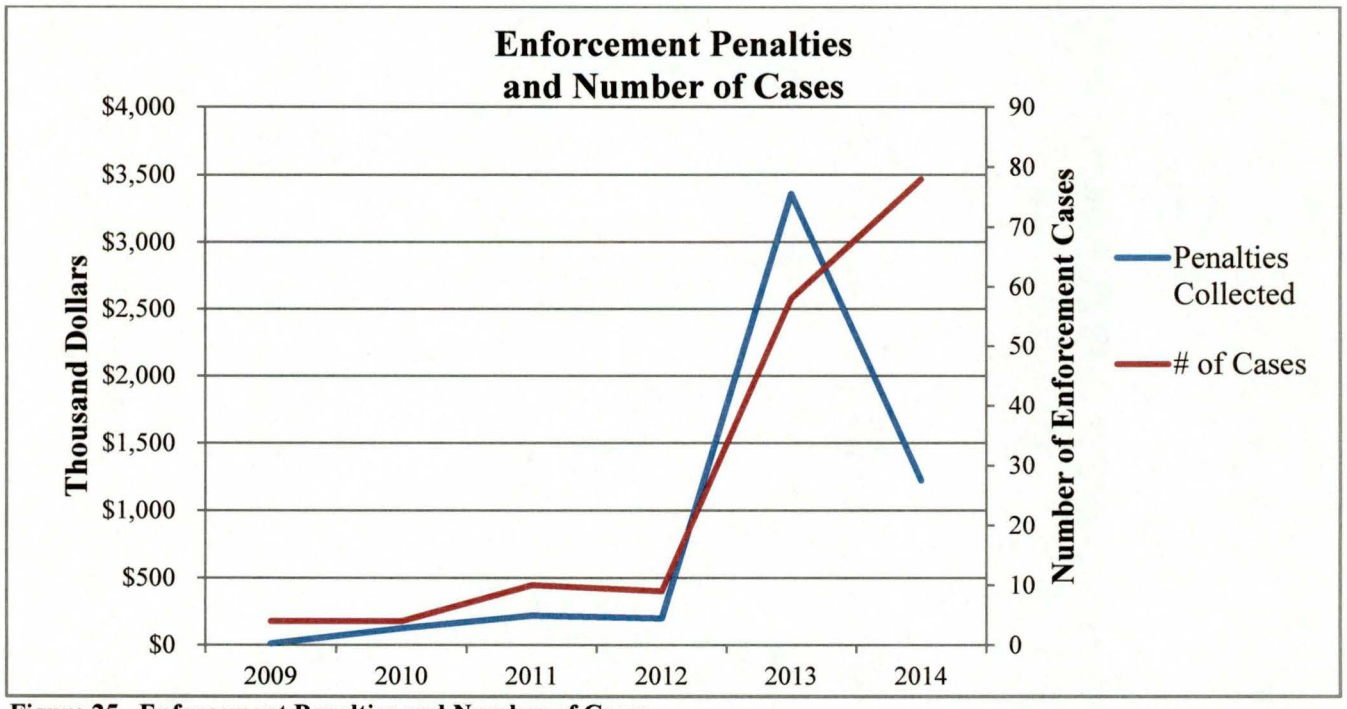


Figure 25. Enforcement Penalties and Number of Cases

3A.26

III. Assistance Needed to Meet Increased Workload

A. Division of Air Quality

The division is in the process of assessing staffing needs and may need to add three FTEs to meet the workload increase in both the Air Quality Permitting & Compliance branch, as well as the Radioactive Materials branch. It is expected that funding for some positions can be met with fees that are being generated, although some General Fund support may be needed.

B. Division of Laboratory Services

Additional funds are being requested to address the increase in workload due to activities in the oilfield. One FTE (Chemist II) is needed to help with the increasing certification requests the laboratory has been receiving, as well as to help with sample analysis. In addition to the FTE, the division is requesting new instruments to replace or upgrade laboratory equipment that is old and out of date and may even be failing. Additional funds are being requested for supplies for the increased testing and new instrumentation. Funds also are being requested to purchase instrument maintenance agreements crucial to the continued operation of the laboratory instruments.

C. Division of Municipal Facilities

The division continues to experience significant increases in workload due largely to oilfield development activities. The increased workload is compounded by implementation of new and revised SDWA and State Revolving Loan Fund (SRLF) Program requirements; heightened community interest in using the SRLF programs for financial assistance to address infrastructure needs; turn back of work historically performed by local public health units; and reduced federal funding which impacts the division's ability to maintain state delegation for its programs. These challenges are not short-term but long-term. The division needs three additional FTEs (one data processing coordinator and two environmental engineers) to keep up with and address this increased workload. Due to stagnant or reduced federal funding, these positions will need to be funded using state general funds.

D. Division of Waste Management

In 2013, six new oilfield and industrial waste landfills were permitted, and two were significantly expanded. The Solid Waste Program conducted 235 inspections of 140 facilities and followed up on 110 reports of waste rejected by solid waste disposal facilities due to prohibited waste (including potential radioactive materials). Ten pre-application reviews were completed for proposed oilfield, industrial and special waste landfill units in 2013. This resulted in a backlog for inspections and permits for other regulated solid waste facilities around the state.

In 2014, two new oilfield waste landfills were permitted, and four industrial and municipal landfills were significantly expanded. The Solid Waste Program conducted 349 inspections of 195 facilities and followed up on 142 reports of waste rejected by solid waste disposal facilities due to prohibited waste (including potential radioactive materials). Ten pre-application reviews were completed for proposed oilfield, industrial and special waste landfill units in 2013.

Due to the number of permit applications that have been or are expected to be received, the year 2015 looks to be on a similar or increased pace. To respond to this increased workload, the division needs four additional FTEs (environmental scientists), one of which would be for designated for spill response.

3A.27

E. Division of Water Quality

The Division of Water Quality has experienced a considerable increase in work load from oilfield activities. In the last five years, the division has responded to an approximate 230 percent increase in spills and numerous complaints regarding infrastructure shortfalls. The division needs to add three additional environmental scientists to meet the growing need for oversight of spill cleanups, underground injection control and wastewater treatment.

3A.28

HB 1004
3-9-15
#1

Testimony

March 2015

HB 1004

Good Morning, Chairman Holmberg and members of the Senate Appropriations committee. My name is Robin Iszler and I am the Unit Administrator at Central Valley Health District. Central Valley Health District is the Local Public Health Agency for Stutsman and Logan Counties. Our main office is in Jamestown and we have offices in Logan County (Gackle and Napoleon). I am here in support of HB 1004. The **executive budget** recommends a $1 million increase to the current $4 million/biennium for state aid provided to local public health. A recent survey of Local Public Health Departments show a need for a $5.9 million (or 1.9 million increase) in order to address costs associated with salaries, benefits, facilities, and operations.

This funding would benefit my agency by supporting operations and enhancing delivery of services. Central Valley Health District is experiencing growth due to energy development in our area. Some of the issues our community is facing include: homelessness, mental health concerns, safe driving, and access to health care. Central Valley Health is a key agency in our community for gathering partners to address emerging issues. For example, in July 2014 we worked with the local clinics to ensure that kids could receive required sport physicals prior to starting school events (due to provider shortage). We have worked with human services, hospitals and clinics to provide medication management for those needing help to take medications correctly, including those with mental health issues. We work with local businesses and schools to provide immunizations at worksites and schools making it convenient for workers and parents. We also provide worksite wellness activities (cholesterol checks and blood pressures on site at businesses). Our nurse of the day assists clients with access to health care by providing guidance and referrals for those with medical concerns helping to improve access to

healthcare. In 2014 we provided over 5,060 nursing services to unduplicated users in Stutsman and Logan Counties. Our environmental health department provided over 1200 inspections. Our agency, like many of the local health departments in North Dakota, receives the majority of funding from federal grants and local sources like county mil levy dollars/fees. In 2013 only 5% of our budget came from State Aid funding (copy of the budget and revenue sources for Central Valley Health attached).

Local Public Health agencies are part of the State Association City County Health Officials (SACCHO). Central Valley is a member of the ND SACCHO. I would like to provide you with a copy of 2015 ND SACCHO legislative position paper so you can see the needs of the local health departments across the State.

The executive budget also included funding for immunization rate increases and infectious disease response/prevention. In the initial Health Department OAR request, Local Public Health agencies requested funding to support immunization and infectious disease response/prevention activities at the local level. At this time I would also like to briefly touch on these issues and will start with the funding request for immunizations. There are two areas in the OAR request that benefit Local Public Health the first is the Vaccine for Insured Children at Local public health ($576,853) this funding would provide for the purchase of vaccine that is used at the local health departments. It does not however include funding for the administration of immunizations at the local level. We are asking for $1.5 million to provide vaccine administration at local public health departments. In some areas of our State, providing immunizations at a local health department is the only option that families have for access to immunizations. This is true in my area in Logan County (Gackle and Napoleon), the clinic does not provide childhood vaccinations. So the only option in Logan County is to travel out of town or come to Central

Valley Health District. Our agency feels that providing immunizations is good public health practice as it increases access to services in underserved areas as well as prevents disease. Also the Department of Health has asked to include one-time funding to add a school immunization module to the North Dakota Immunization Information System (NDIIS)($~~176,400~~ $176,100). This module would allow schools to electronically determine students' compliance with immunization requirements and remove the cumbersome, manual paper process that is currently used. This would greatly increase compliance rates and assist both local public health and schools. I would ask you to support funding the school immunization module in the Health Departments budget.

Finally, I would like to briefly address the infectious disease response/prevention request. With the increase in population comes the risk for increases in infectious disease. Across North Dakota, several disease outbreaks have occurred like TB in Grand Forks and Fargo, Hepatitis C in Minot, Syphilis in the Southwest. Local Public Health departments play a critical role in protecting the public from disease outbreaks and requested an additional $1,016,688 to support local infectious disease prevention.

Thank you for the funding you have provided to Local Public Health Departments across North Dakota during the past and for continuing to support our efforts in the future. As I mentioned earlier, the requests are on the 2015 ND SACCHO Legislative Positon Paper for your quick review. Thank you for your time and I would be happy to answer any questions you may have.

HB 1004 – March 2015

Testimony

Good Morning, Chairman Holmberg and members of the Senate Appropriations committee, my name is Robin Iszler and I am the Unit Administrator at Central Valley Health District (CVHD). I am here to discuss the impact to Local Public Health Departments of the State Auditors recommendation to follow the Food and Drug Administration (FDA) risk based inspection frequency criteria. CVHD is providing food service inspections as part of a Memorandum of Understanding (MOU) with the North Dakota Department of Health (NDDoH) Division of Food and Lodging. Central Valley Health District employs two staff to work in our Environmental Health Division. Our service area covers (8 Counties) Barnes, Dickey, Foster, LaMoure, Logan, McIntosh, Stutsman and Wells counties. Foodservice inspections include more than just restaurants. It also includes places like school, group home and childcare facilities. Currently CVHD licenses 282 facilities that would be impacted by these new inspection requirements.

To give you an example of the work we currently do, we license 191 full restaurant facilities, 41 school foodservice facilities, 24 group home facilities, and 26 childcare facilities in our regional service area. Per the current MOU, we conduct 1 routine inspection for the facilities in our area annually. (School foodservice facilities are federally mandated to be inspected twice a year). Of course additional complaint and follow up compliant inspections are conducted as needed. In 2014 we conducted 316 routine and follow up inspections.

Applying the FDA risk based inspection frequency criteria, Central Valley Health District would need to provide 476 inspections a year ***in addition*** to the 323 currently required. This increased inspection rate will not be possible with the current number of staff employed at Central Valley Health District. Our agency would need to hire an additional (1) FTE to cover the increase in

restaurant food service inspections. The cost to our agency would be approximately $66,816 per year.

I am providing a listing of the local public health agencies that currently have MOU's with the NDDoH Food and Lodging. This listing shows the additional staff needed at the agency and the cost for funding those staff.

It makes sense for local health departments such as CVHD to work with the NDDoH on local inspections in our region. Our agency already travels to the counties in the region for inspections such as on-site sewage treatment systems and swimming pools. By incorporating various types of inspections while we are in the community, we maximize our time and travel. Facilities appreciate this streamlined approach by having one inspector to meet their needs and communities can establish a connection with local health departments for other health needs. This collaborative example is how we work together with the NDDoH on a variety of programs, to keep the public safe from illness.

In conclusion, Local Public Health departments would need additional funding to implement the FDA risk based inspection frequency criteria requirements. As mentioned in my testimony, the new requirements will increase in the number of inspections to food service facilities and more than double current workload at CVHD. In order to provide the level of inspections required to keep the public safe, funding **must** be provided to Local Public Health Departments as well as the NDDoH Division of Food and Lodging. This concludes my testimony. I will be happy to answer any questions you may have.

HB 1004
3-9-15
#2

2015 North Dakota SACCHO Legislative Position Paper

The State Association of City & County Health Officials (SACCHO) is a joint powers entity composed of North Dakota's local public health units (LPHU). In preparation for the 2015 Legislative Session, this association has analyzed the Executive Budget recommendations and surveyed the individual health unit needs to establish priorities.

Department of Health Budget: Although the Health Department sought input concerning their budget and considered local health unit funding needs, not all of the SACCHO priorities were ultimately included in the executive budget recommendation. The SACCHO members will be seeking legislative support for the following:

- **Increase in LPHU state aid** – The executive budget recommends a $1 million increase to the current $4 million/biennium in state aid provided. A DoH survey revealed the need for an increase in state aid to a total of $5.9 million in order to address LPHU costs associated with salaries, benefits, facility, and operations. SACCHO members support the recommended increase and ask for the additional $900,000 needed.
- **Immunization Rate increase** – A major state health goal is the increase of the rate of childhood immunization. The executive budget recommends an increase of $576,853 for vaccine costs, but does not include the OAR of $1.5 million that would fund the costs of administering the immunizations at LPHU locations. SACCHO members support the enhanced funding for vaccines and ask for the necessary $1.5 million for vaccine administration.
- **Infectious Disease Response/Prevention** – A critical function of public health, $550,000 for this priority was included in the Executive Budget for catastrophic response, but the funding requested for prevention was not. SACCHO members support the response funding and ask for the appropriation of the additional $1,016,688 million for infectious disease prevention.
- **Food & Lodging Inspection** – The legislature's performance audit of environmental health called for enhanced inspections statewide. Although it is recommended the DoH receive funding for 5 additional FTE in this area, it is a fact that in many areas the inspections are conducted by a LPHU through an MOU. A DoH survey indicates that 6.4 FTE are needed by the LPHUs to meet the new inspection standards and the cost of those inspectors have no funding. SACCHO members support the additional DoH staffing, and ask that $417,238 be placed in the DoH budget to support the necessary LPHU staffing.
- **LPHU Regional Networks** – The legislative initiative to incentivize the regional delivery of local public health services is believed to have been effective in improving the efficiency of LPHU service delivery. Funding to continue the regional networks was not included in the executive budget recommendation. SACCHO members support $1 million in state funding for the continuation of existing LPHU regional networks,

Other Policy & Funding Priorities

- **Oil Impacted Local Public Health Units.** Local public health in western North Dakota has been impacted by oil activity. Legislative support to increase funding to prevent outbreak of disease is needed in the 19 counties served. There have been substantial increases in STD/HIV, chlamydia, and gonorrhea cases, immunizations for the growing population, environmental nuisance complaints, daycare, food and lodging, pool and body art inspections and septic permitting. SACCHO members support the dedication of funds to western ND to prevent disease outbreaks.
- **State Septic Code:** Identified conflicts and barriers with jurisdictional authority related to local ordinances and lack of state law has seriously limited the authority of the State and local public health units to enforce the state septic code. The statutory changes and enforcement funding was not prioritized in the Executive Budget. SACCHO members support the enactment of legislation to grant the Dept. of Health the authority to administer and enforce the state septic code and the two DoH staff positions ($385,243) necessary to provide enforcement.
- **Tobacco Tax Increase.** SACCHO members have been informed that an increase to North Dakota's tobacco taxes may be proposed. The research clearly demonstrates that such increases will reduce tobacco use, particularly by youth. It has also been suggested that a significant portion of the new revenue be dedicated to health initiatives – possibly some for local public health. SACCHO members support an increase to tobacco taxes and support the dedication of the new revenue to health initiatives.
- **E-Cigarette Regulation.** SACCHO members have been informed that legislation to regulate and likely tax e-cigarettes may be proposed. The ease of access to these products by youth is currently a huge risk to long-term health. SACCHO members support statewide regulation of e-cigarettes to reduce their use by youth.
- **Behavioral Health Services.** To assure access to mental health and addiction services for North Dakota, SACCHO members support legislation that will provide significant additional funding specifically to increase the number of mental health counselors and licensed addiction counselors in ND and to establish additional inpatient mental health, addiction treatment and detoxification facilities.

The SACCHO members and the individual local public health units individually support numerous other components and initiatives within the Department of Health budget, other agency budgets, and separate legislative initiatives. Those items identified above, however, are the critical elements necessary to maintain a strong and effective local public health system.

HB 1004
3-9-15
#3

FISCAL IMPACTS ON LOCAL HEALTH UNITS OF INCREASED ANNUAL

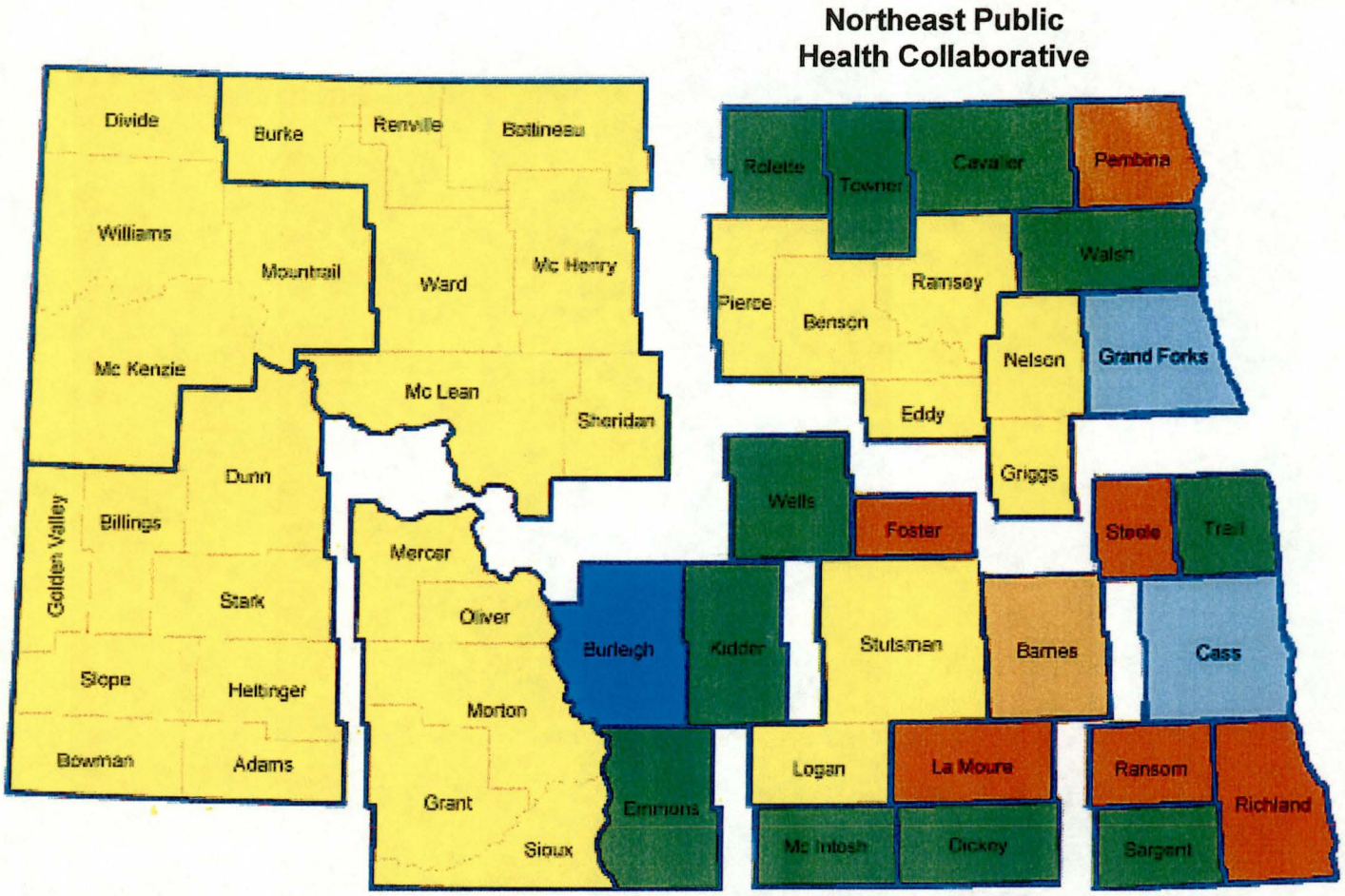
INSPECTION FREQUENCY BASED ON RISK CATEGORIZATION

Based on the recent State Auditor's recommendation of categorizing all food establishments based on several food safety risk factors and conducting frequency of those annual inspections based on risk, following is some information provided by eight local health units that have "Memorandums of Understanding" (MOU's) with the Department and how each will be impacted and the resulting increase in staffing needed to carry out these additional inspections:

Custer Health	0.4 FTE - $20,000
City of Bismarck	1.0 FTE - $57,300
Central Valley	1.0 FTE - $66,816 (45,654 + 21,162)
First District	1.75 FTE - $95,000
Southwest District	0.5 FTE – $21,972
Grand Forks Public Health	0.667 FTE - $54,490 (41,280 + 13,210)
Upper Missouri	0.333 FTE - $27,000
Lake Region District Health	0.4 FTE - $27,277
Fargo/Cass Public Health	0.75 FTE - $47,383 (37, 606 + 9,777)
Total FTE's	6.8 FTE's
TOTAL COST	$417,238

1/13/15

North Dakota Local Public Health Units and Regional Networks

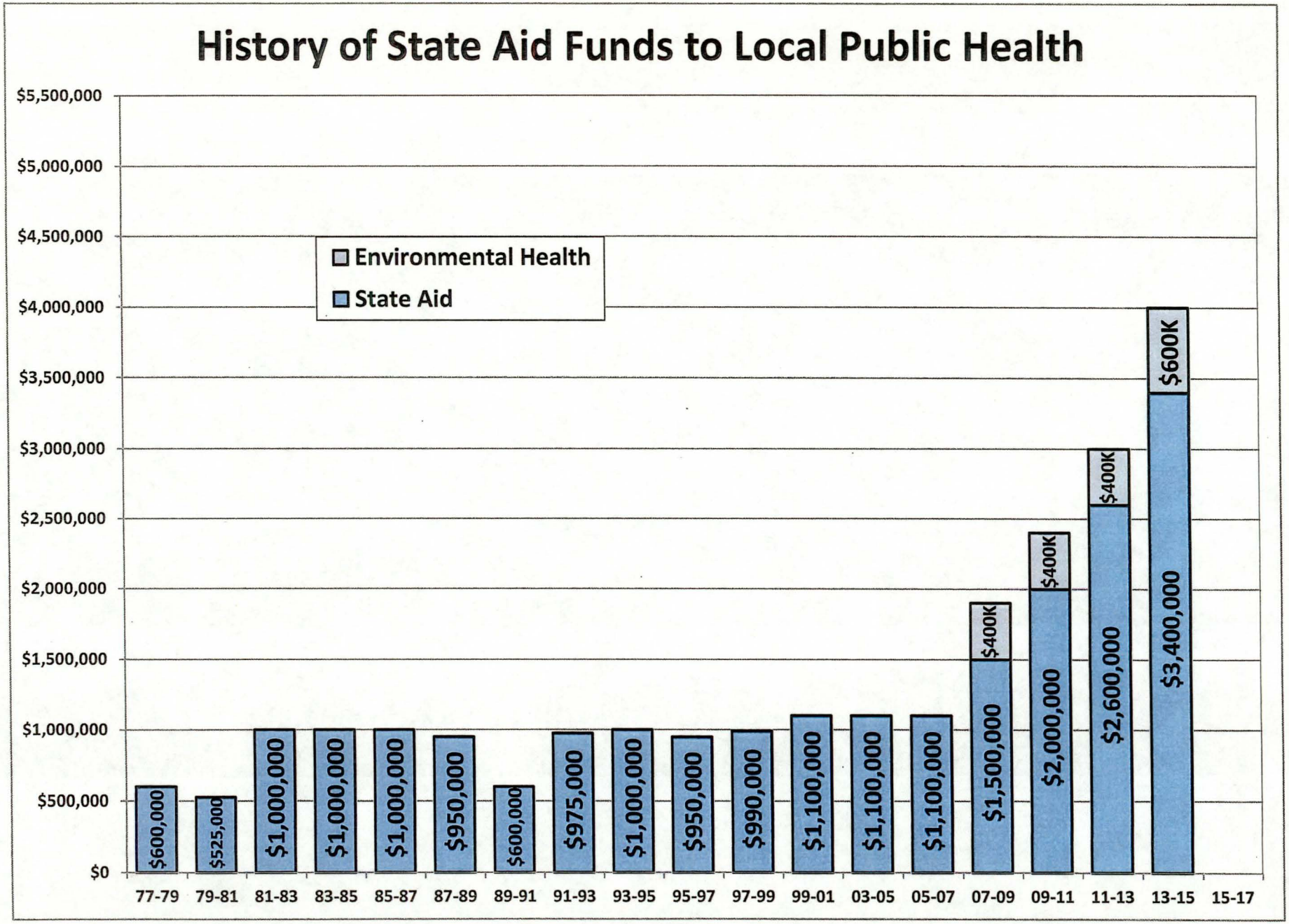


- CityCounty Health Department
- CityCounty Health District
- County Health Board
- Multi County Health District
- Single County Health Department
- Single County Health District

Public Health
Prevent. Promote. Protect.

North Dakota State Association of City and County Health Officials

3.2


History of State Aid Funds to Local Public Health
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HB 1004
3-9-15
#4

Testimony: HB 1004
3/9/15
Ruth Bachmeier

Good Morning Chairman Holmberg and Committee. My name is Ruth Bachmeier and I am the Director at Fargo Cass Public Health. I am here to offer support for HB 1004 and ask that you consider adding one million dollars to support the four established local public health regional networks across the state. Last legislative session you provided $700,000 in funding to assist local health departments in developing regional collaboratives which are modeled after the Regional Education Association collaborative. Through that funding, three regional networks were established. A fourth collaborative, the Southeast Collaborative, of which Fargo Cass Public Health is a part of, received funding through a Bush Foundation grant to begin the work of establishing a network three years ago so we did not utilize state funding.

The Southeast regional collaborative is made up of Traill, Steele, Cass, Ransom, Richland and Sargent counties. The disparity between our public health entities is great, ranging in population from 1,960 in Steele County to 162,829 in Cass. The total population of our collaborative is 198,779. The goals of the SE Collaborative are to strengthen local public health infrastructure, efficiently use limited funding and staff, and provide more equitable access to quality public health services to people in all counties of the Southeast Region of North Dakota.

Over the past three years, as a collaborative we have implemented electronic health records, increased our capacity to assure the delivery of comprehensive and essential environmental health services, created and implemented model environmental health ordinances throughout several of the participating counties, increased the collaborative readiness to apply for accreditation by completing community health assessments and completing a review and gap analysis of accreditation standards and measures, and collaborated to maintain the provision of

family planning services for the southeast counties. Our collaborative has learned the importance of ongoing quality improvement and the value of incorporating these concepts into all public health programming. The Southeast region meets on a monthly basis to review current programming and discus future opportunities for collaboration. Collaborating together on a regular and consistent basis has built a level of trust and respect among our health units that allows us provide improved Public Health services. Our 2015 regional work plan focuses on five areas: environmental health, public health accreditation, branding and increasing awareness of regional public health services, provision of family planning services, and childhood obesity awareness.

The South East North Dakota Public Health Collaborative has done good work through the funding provided by the Bush Foundation. We recently received notice that our regional network has been officially reviewed and approved by Dr. Dwelle as required in the regional network legislation. The missing piece is funding, and I respectfully request that you consider allocating 1 million dollars to support the work that is being done by the Southeast collaborative and the other three established networks in the state. It is our goal that in time the collaborative will become self sustaining, however at this time, additional external resources are needed to continue our work. This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

HB 1004
3-9-15
#5

Testimony: HB 1004
3/9/15
Brittany Ness

Good morning Chairman Holmberg and Committee. My name is Brittany Ness and I am the Administrator/Nurse at Steele County Public Health. Steele County has a population of 1,960 and I am the sole Steele County Public Health employee. I am here to tell you why I along with the other public health units in the South East North Dakota Public Health Collaborative support HB 1004 and ask you to consider adding $1 million in state funding to support the four established public health regional networks.

One million dollars would support the regional networks by providing $250,000 per network for the biennium. Collaborating as a regional network is not always the easiest thing, however I do believe that as the six counties in the southeast collaborative continue to work together, learn from each other, and develop effective strategies, we can, as a collaborative address many public health issues in an efficient and effective manner. The reality is that individually we do not all have the resources to meet the public health needs of our communities; working together increases our ability to assure healthy communities for all.

As a one person public health unit, it is impossible to be able to address the same public health issues as can a department like Fargo Cass Public Health, and I am hoping that with this funding we can continue to work together to help close the gaps that are occurring especially in the small health units like mine. For example- Environment Health. In the last couple years working as a regional network we were able to develop an environmental health gap analysis across the region. This showed us where the gaps are in environmental health and what we need to accomplish to close those gaps. In our monthly meetings we have also discussed any environmental health issues we may be having, and what questions have come up over the last month. We have worked together to find answers and

get residents the help they are asking for. These were resources provided by the network that I as a single person health unit would never have been able to access otherwise. Now that we have found some of these gaps in our services provided we want to continue to work to close them, and without funding that may not be possible. Also, with the regional network money we were able to help purchase electronic health records (EHR) and begin implementing them into our local public health units. The money was used to help purchase the software as well as some of the tablets for the field and training that was needed. We were able to bring in a trainer to one site and help us with setting up our EHR, so we could find some uniformity as well as help answer questions that were coming up in each county. That training really helped us move forward with the implementation of our EHR as well as figure out who could be our expert in each area for when we had questions in the future. One of the most beneficial outcomes in working together as a regional network over the last couple years is working frequently with the other administrators in the region. We have not only focused on the projects we were working on, but also brought up other struggles that were occurring within our own public health units. This has opened our eyes to the fact that we all have similar struggles, and coming up with a plan to how we should move forward is no doubt easier when you have the ideas of six administrators rather than one. It also opens up the door to sharing resources, and workloads. I fear that if this regional network funding is not restored our work as a regional network in the SE region will be forced to come to an end, and the gaps that we having been working hard to fill the last few years will continue to grow.

The South East North Dakota Public Health Collaborative supports HB 1004 and asks that you consider adding funding to support regional public health networks.

This concludes my testimony. Thank you for your time and I would be happy to answer any questions you may have.

HB 1004
3-9-15
#6

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Testimony
House Bill 1004
Senate Appropriations Committee
Monday, March 9, 2015; 8:30 a.m.
North Dakota Emergency Medical Services Association

Good morning, Chairman Holmberg and members of the committee. My name is Tim Meyer, and I am a member of the Board of Directors of the North Dakota Emergency Medical Services Association representing the southeast region of our state. I am here today in support of HB 1004.

Currently this bill includes $7.1 million for grants to ambulance services to offset operational costs that are not recovered through the billing process. The Governor's budget originally had this funded at $8 million and we ask that it be reinstated to that level. It should be noted that $8 million will help our volunteer EMS responders but even at that level the Health Department would be unable to fund all of the likely grant applications; there were $16 million in grant requests in the last biennium.

Ambulance services across our state are facing strong challenges. Volunteer labor accounts for $31 million donated by our EMS providers to the health and safety of North Dakota. That volunteer labor pool is dwindling. Services struggle to recruit new volunteer members and to hire paid staff. One service in the oil impact region now spends 76% of their gross revenue on employee-related costs. In many areas call volumes are on the rise. However a rise in call volume doesn't always lead to more reimbursement. Many patients are uninsured or underinsured leaving rural ambulance services unable to collect on those bills. These three forces of increased labor costs, increased call-volumes, and decreasing reimbursement are stressing the system we have in place. The rural ambulances appreciate the continued focus on keeping them viable.

This concludes my testimony, I am happy to answer any questions you may have.

6.1

HB 1004
3-9-15
#7

North Dakota's *Women's Way*

As important as it is to improve access to health care coverage through full implementation of the Affordable Care Act and Medicaid expansion not all North Dakotans will be insured.

There were an estimated 20,000 women uninsured in the state of North Dakota and under the ACA, a significant number of North Dakotan women will for the first time qualify for tax credits to purchase healthcare through the marketplace. The leadership shown by North Dakota lawmakers in 2013, resulting in the passage of legislation authorizing the expansion of Medicaid eligibility has provided an estimated 11,250 additional North Dakotan women access to comprehensive health care coverage through the state's Medicaid program.

While we hope that all of these women will successfully enroll in the coverage available for their income level, it is almost certain that a number of women will remain uninsured in 2014 and beyond.

Only time will tell how large or small the number of uninsured North Dakota women will be. Given this uncertainty, it is **critical that funding for *Woman's Way* be maintained** until a program evaluation is conducted and concludes that uninsured women in the state of North Dakota no longer need the program.

In 2001, North Dakota begin providing all women screened and diagnosed through the Breast and Cervical Cancer Program, access to comprehensive treatment services through the state's Medicaid program, as authorized by federal law. We urge the Governor's Office and the leadership at the Department of Health to follow through on that promise and preserve the safety net for women in 2014 and beyond, who will continue to need the program to provide them access to life-saving cancer screening and a pathway to treatment services.

The elimination of state funding for *Woman's Way* will reduce the number of women who can be screened by the program, receive diagnostic services and, if necessary gain access to comprehensive treatment services.

The state of North Dakota expends approximately 4% of state or special funds to invest in North Dakota's cancer control and prevention programs, which include *Women's Way*, colorectal cancer screening initiative, tobacco prevention and control and the state's cancer registry.

If the preservation of this program only acts as a safety net for two women, those are two lives saved – two mothers, sisters or daughters who can continue to provide for their families.

North Dakota should increase its investment in proven, evidence-based cancer control and prevention programs like *Women's Way*, not eliminate or redirect its funding. This decision is short-sighted, arbitrary and premature; we urge you to maintain funding for *Women's Way* ensuring adequate access to cancer screening and treatment services.

7.1

Moving Forward in an Era of Reform
New Directions for Cancer Screening

Background

In 1990, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established to increase breast and cervical cancer screening among low-income, uninsured, and under-insured women. Twenty years later, NBCCEDP has a substantial infrastructure across the nation and effective systems to reach underserved communities and assure timely follow-up and treatment.

Impact of Health Care Reform on NBCCEDP

Health care reform through the Affordable Care Act (ACA) will increase access to breast and cervical cancer screening services for many low-income, underserved women through expanded insurance coverage and eliminating cost-sharing. Other provisions of the ACA and the American Reinvestment and Recovery Act (ARRA, the stimulus bill) will also improve delivery of these essential services by improving health care quality and driving wider adoption of electronic health records. However, all ACA provisions will not be implemented until 2015 and some effects will take longer. Currently, even with adequate health insurance, many women will still face substantial barriers to obtaining breast and cervical cancer screening such as geographic isolation, limited health literacy or self-efficacy, lack of provider recommendation, inconvenient times to access services, and language barriers.

Public Health Roles in Cancer Screening

CDC and other public health agencies now have an unprecedented opportunity to embrace new roles that build on the existing capacity and extensive clinical network of the NBCCEDP. Much of this work can focus on *assuring the delivery of clinical preventive services*. Widespread participation in screening and aggressive outreach to underserved communities with a disparate cancer burden can be achieved through the following population-based approaches:

Public Education and Outreach: Educate women about breast and cervical screening through traditional media and new communication avenues like social media. Increase the use of peer educators and patient navigators to help women in underserved communities adhere to cancer screening recommendations.

Screening Services and Care Coordination: Provide screening services to women not covered by new insurance provisions in the ACA, particularly in states that do not expand Medicaid eligibility. Help all women with positive screening results obtain appropriate follow-up tests and treatment.

Quality Assurance, Surveillance, and Monitoring: Use the existing infrastructure of state and local health departments to monitor the provision of screening services in every community. Develop electronic reporting mechanisms for use in aggressive management of cancer cases identified through screening tests. Adapt and expand the use of CDC's existing quality assurance system to other health care settings such as Federal Qualified Health Centers (FQHCs). Leverage emerging resources like Health Information Exchanges to monitor screening and follow up.

Organized Systems: Develop more systematic approaches to cancer screening to better organize and unify the efforts of health care providers. Assume a more central role in developing the infrastructure for systematic approaches, such as population-based screening registries to identify eligible adults to participate in screening and manage the screening process. Work with state Medicaid programs and state insurance exchanges to institute active outreach and management systems to promote, coordinate, and monitor cancer screening.

Expanded Roles in Clinical Preventive Services and Community-Clinical Linkages

As public health develops aggressive approaches to improve cancer screening through the existing infrastructure in NBCCEDP, this will provide experience, credibility, and foundation for future expansion to other clinical preventive services.

7.2

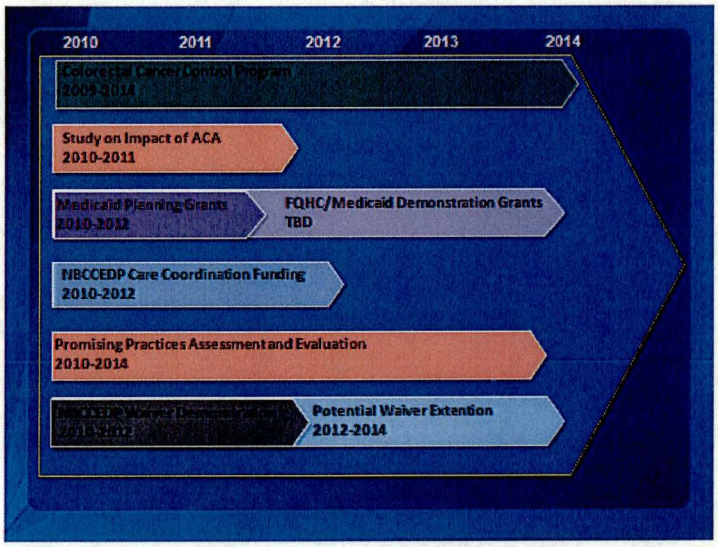
CDC Program Preparation for Health Care Reform

Program Activities Related to Health Care Reform

CDC has implemented several new research and practice-based activities to prepare for the implementation of health care reform and expand the impact and reach of our cancer screening programs. As the ACA and related efforts continue to be implemented, CDC and its state program partners will continue to research and evaluate potential gaps that can be filled by its programmatic activities.

Colorectal Cancer Control Program (CRCCP): CDC funds 25 states and 4 tribes to improve colorectal cancer screening. Up to one-third of the funds awarded may be used to pay the clinical costs of screening. The remaining funds are used to implement population-based approaches to increase screening among both insured and uninsured populations. Interventions include the implementation of evidence-based practices such as patient and provider reminder systems, protocols for nurse referrals, and patient navigation systems.

Study on the ACA's Impact: CDC has funded efforts by George Washington University to estimate impact of the ACA on expanded insurance coverage rates and on clinical preventive services provided for NBCCEDP- and CRCCP-eligible populations. The results of these analyses provide data on the size and characteristics of the population that will not have health insurance in 2014 and beyond.



Medicaid Collaboration Planning Grants: CDC supports the National Association of Chronic Disease Directors to work with Michigan, North Carolina and Washington to plan collaborative approaches to improve cancer screening rates in their state Medicaid programs. These programs will develop policies that facilitate organized cancer screening programs for Medicaid enrollees and transition current NBCCEDP patients into state Medicaid programs as Medicaid eligibility criteria are expanded.

Collaboration with the Health Resource and Service Administration (HRSA): Many FQHCs currently participate as NBCCEDP and CRCCP providers. Grantees are expanding their work by collaborating with state Primary Care Associations and FQHC networks to implement evidence-based approaches to increase cancer screening. At the federal level, CDC and HRSA are collaborating to address colorectal cancer screening rates as a Uniform Data Set (UDS) quality measure for all FQHCs.

Innovative Demonstration Projects: CDC's fiscal year 2012 funding opportunity with states is supporting large-scale demonstration projects in two state health departments to develop data systems and systematic outreach for active screening recruitment and follow-up in a state Medicaid program, and develop and implement cancer screening registries in a statewide system of FQHCs.

Care Coordination Funding: Supplemental funding was awarded to 11 grantees in fiscal year 2010 to demonstrate new roles in early breast and cervical cancer detection through targeted outreach, patient navigation, and case management. This 2-year demonstration project explores ways to use proven cancer-related patient care coordination programs in new settings and evaluates their cost-effectiveness.

NBCCEDP Promising Practices Assessment: The non-screening practices that increase quality cancer screening in the NBCCEDP are being documented so that they may be used for newly insured populations under the ACA. The three program areas include: 1) health education and promotion; 2) quality assurance and quality improvement; and 3) case management and patient navigation.

NBCCEDP Waiver Demonstration Project: This 2-year demonstration project in Washington, Massachusetts, and Utah assesses the feasibility of waiving the mandates to provide screening services so that more federal resources could be devoted to non-clinical activities, such as patient navigation, public education, and/or awareness and outreach.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

4770 Buford Hwy NE
Mailstop K-64
Atlanta, GA 30341

800-CDC-INFO (800-232-4636)
TTY: (888) 232-6348

www.cdc.gov/cancer/
cdcinfo@cdc.gov
Twitter: @CDC_Cancer

American Heart Association | American Stroke Association
life is why

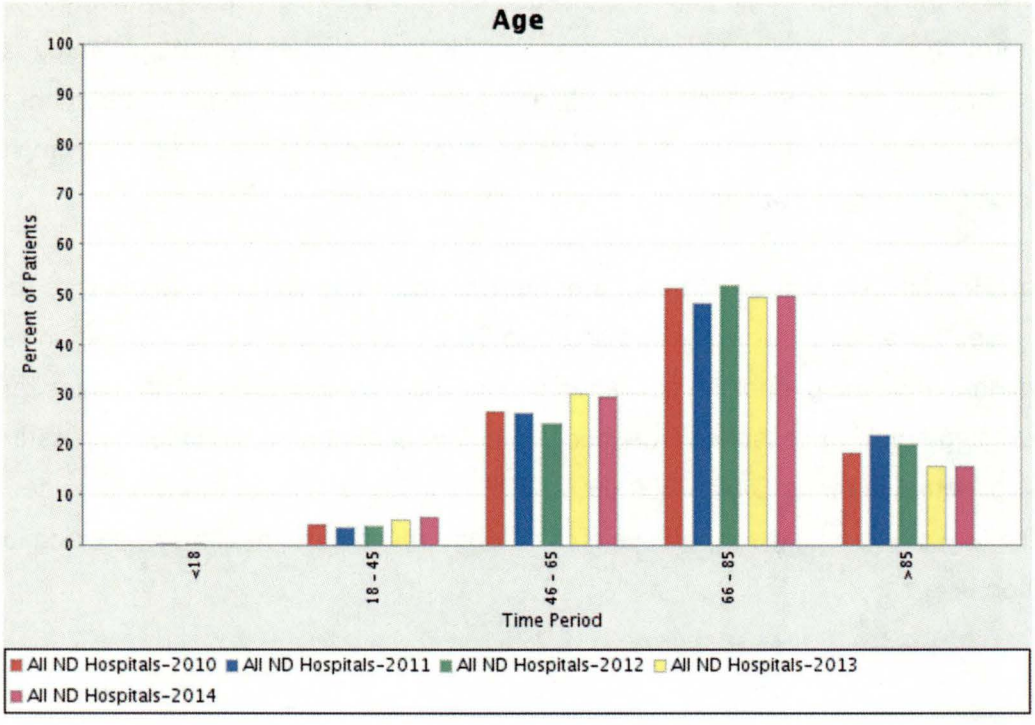
HB 1004
3-9-15
#8

House Bill 1004
Senate Appropriations
Testimony
June Herman, American Heart Association

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to speak in support of your inclusion of several highly ranked Optional Appropriation Requests into your budget work-up, and to address a funding shortfall.

While some of these requests had favorable support on the House side, and an openness expressed to work with Senate colleagues, the revenue projections of the first half of session drove a basic approach of a focus on reductions within the Governor's budget. These Optional Appropriation Requests (OARs) stand on their own however as to reducing the disability and death from North Dakota's leading cause of death – cardiovascular disease and stroke. Heart disease and stroke are our state's leading cause of death and disability. Stroke is the leading admission to long term care.

Are we making an impact? From 2011 to 2012, nationwide, age adjusted death rates decreased significantly for heart disease – 1.8% and 2.6% stroke nationwide. ~~During the same time period,~~ in North Dakota, 3yr age adjusted death rates for heart disease decreased 22.3% and stroke declined 38%. While we are showing improvement overall, we are seeing cardiac disease and stroke events increasing within our active workforce. – hitting people at the prime of their life for key work and business production. The chart to the left is for ND stroke cases.



8.1

Highly Rated Optional Requests:

Cardiac Systems of Care: $601,400. Ranked #6 of all optional requests submitted by DOH. Funds broader emergency cardiac care system acute response elements – continuing strong st-elevated MI (STEMI) work and to begin to address other acute cardiovascular care response work. It targets building consensus response/treatment guidance for the state based on national science based practices. It also targets educational efforts to improve the quality of care of patients, data tracking, and public awareness of signs/symptoms. A number of cardiologists and cardiac care coordinators from across the state serve on the Cardiac System of Care Task Force, as do EMS, DOH staff and AHA. The funds provide the support of a comprehensive cardiac system of care platform developing within the state. It will be a model to other states for improving time sensitive cardiac system of care initiatives which will save lives and improve outcomes.

Statewide EMS Database System: $480,000. Ranked #12 of all OARs. $448,000 one-time cost; $32,000 ongoing costs for maintenance. The current system is outdated and lacks company support. Interconnectivity of technology components is essential, as are EMS patient care records to assist with system improvements.

Million Hearts: $2,039,573. Ranked #9 of 28 OARs. Public/Private/Healthcare initiative to address two of the state's leading chronic disease risk factors – high blood pressure and smoking through community and health systems initiatives; increase health system capacity to provide private and group cessation counseling (Medicaid is expanding reimbursement for such). A 5mm hG decrease in systolic blood pressure would result in 14% fewer deaths from stroke, 9% fewer deaths from heart disease.

The Million Hearts OAR was constructed around CDC recommended interventions to reduce heart disease. It was constructed based on the initial DoH work with other state agencies and health systems to develop smoking cessation counseling services. The relationships built through existing smoking cessation work compliment work related to high blood pressure control. Key funding elements of the OAR: $800,000 – HBP; $500,000 – expanded smoking cessation; and $739,573 – over-arching support systems of team-based care, health communication, and coordination.

8.2

As you heard earlier this session, high blood pressure is a significant health issue in North Dakota. High blood pressure causes microscopic tears in your arteries. Uncontrolled high blood pressure can cause problems by damaging and narrowing the blood vessels in your brain. Over time, this raises the risk of a blood vessel becoming blocked or bursting.

- Over 150,000 North Dakotans are being monitored or treated for high blood pressure (HBP). Only 75% have HBP under control and that's only the ones within the healthcare system!
- 72% of all ND stroke cases are identified with HBP.
- 81% of ND strokes are under age 85, with 1/3 of those strokes under age 65.
- Only 1% of those ND hypertension cases were being treated prior to stroke for HBP
- 69% of Americans who have a first heart attack have blood pressure over 140/90.
- HBP is NDPERS leading risk factor

With health costs accounting for about one-third of state budgets, ranging from financing Medicaid, to paying for state employees and other populations, such as prisoners, the Million Hearts OAR will start much needed work on a leading risk factor through healthcare community partners across the state. It builds a shared platform identified by CDC with the potential to save a million lives from heart and stroke events by 2017.

Continuation of Work:

DOH Smoking Cessation Funding:

Recently the DOH learned that CDC would be reducing its funding to the department for smoking cessation by $500,000 for the next biennium. The reduction is occurring due to CDC redirecting funds away from states not showing significant drops in tobacco usage, and instead investing in those states who have lower use rates, to assist those states with new strategic interventions to reduce tobacco use further.

This reduction is coming at a time when the DOH is building health system delivery of private and group counseling services throughout the state. As certified cessation counselors are established within health delivery systems and extended into communities, healthcare reimbursement plans will have structural elements upon which to reimburse for services. Over this past year, our North Dakota Medicaid program and Department of Health agreed to do such for basic Medicaid recipients.

Last year the Surgeon General announced that building smoking cessation capacity within comprehensive state tobacco prevention programs need stronger investments. Both the DOH and the Center have provided me with their requested funding authorization levels to your committee, and smoking cessation is already significantly underfunded – even before being reduced further through the upcoming CDC funding cuts.

	DoH	Center	Total budget DoH & Center	CDC Recommended Spending Level	Variance between budget and CDC recommended level
State & Community Interventions	$660,451	7,849,085	$8,509,536	$8,307,359	$202,177
Health Communications	$1,244,697	2,657,957	$3,902,654	$2,929,833	$972,821
Cessation	$3,754,682	2,961,888	$6,716,570	$7,862,385	($1,145,815)
Surveillance & Evaluation	$361,393	1,696,528	$2,057,921	$1,921,057	$136,863
Admin & Management	$345,970	806,340	$1,152,310	$964,279	$188,031

We appreciate discussions underway between the Center and the DOH on how to address the looming short-fall, and strongly recommend reaching CDC recommended funding levels. Your work to fully fund cessation efforts at the CDC level is strongly encouraged. We also support other efforts to drive new revenue to the Community Health Trust Fund to provide for legislative investments into significant healthcare delivery and disease prevention efforts.

In conclusion, we encourage your committee's review of these funding options. I'm happy to respond to any questions you may have now, and also as your subcommittee and then full committee considers funding adjustments to HB 1004.

8.4

1004 Subcomm

budget submission, we have learned that this federal grant will likely decrease by approximately $250,000 per year over the next several years.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up $20,200,000, or 10 percent of our budget. This is an 18 percent decrease, reflecting the current usage of the program. This line item includes only the actual food payments. Administration by the local WIC sites is included in the grants line item.

The third special line item, which was for federal economic stimulus funds, is eliminated due to final expenditure of that funding source on the immunization interoperability project.

2015-17 Budget

The 2015-17 executive budget provides additional funding to address public health needs in our state and meet our mission to protect and enhance the health and safety of North Dakotans.

Environmental Health Oil Impact $6,997,130 (14 FTE)

Significant increases in workloads have resulted from the increased energy development in the western part of the state. Many of the caseloads for inspection, permitting, monitoring, complaint investigation and enforcement activities to minimize the environmental impact and protect the public from environmental hazards have skyrocketed. Some examples include 1) air quality industrial construction permits have increased from an average of 20 per year to more than 80 per year; 2) oil well permit registrations have risen from approximately 2,000 to more than 11,000; 3) Safe Drinking Water Act violations have risen from 73 a year to 310 in oil-impacted counties; 4) the number of water and wastewater projects submitted for review/approval have increased from 179 in 2010 to 384 in 2014; and 5) industrial/oilfield special waste has increased from 10,000 tons in 2001 to an estimated 2,100,000 tons in 2014. There are many more examples. At the close of my testimony we will present you with additional details on the environmental activity in the western part of the state.

To address these needs, the governor's budget provides funding and FTE for the environmental health section as follows:

14 FTE	$2,039,377
Associated operating expenses	$456,934
Legal Fees	$270,000
EH Management Information System	$3,340,819
Equipment	$840,000
Grants	$50,000
Total	$6,997,130 ($3,997,650 general)

We are able to access just under $3 million in federal and special funding (from radiation fees) to assist in paying for some of this expense. The one-time general fund portion of this is $303,400.

House Adjustments

The House provided funding for six of the 14 FTEs and their associated operating expenses. They also removed $50,000 in grants for spill cleanup where there is no responsible party, $270,000 for oil impact legal costs and $3,400,819 for the management information system.

Immunizations $755,953

In order to continue to provide free vaccines for children at the local public health units, we need an additional $576,853. The current $2.5 million included in the base budget is not sufficient to pay for the vaccine in the current biennium. We have asked for $470,900 in the deficiency bill (SB 2023) to be able to pay for the costs in the current biennium. The increase is due to the increasing cost of vaccines and new immunization recommendations. An additional $179,100 is included for a school module in the North Dakota Immunization Information System (NDIIS) to improve compliance with school immunization requirements and simplify processes for parents, schools and providers. Currently, about 10 percent of children entering kindergarten are not up-to-date for required immunizations. This system will save many hours of entering and tracking vaccinations in a separate system. The one-time general fund portion of this request is $179,100.

House Adjustments

The House funded the $576,853 for vaccines at local public health units but did not include funding for the immunization school module.

Infectious Disease $550,000

During the current biennium, the Division of Disease Control has been responsible for identifying, responding to and managing three large infectious disease outbreaks, including a large tuberculosis outbreak in Grand Forks County, a hepatitis C outbreak in Ward County, and a syphilis outbreak in Sioux County. In addition, they are now participating in activities to prepare the state to respond to an Ebola case should one occur in the state, and to monitor individuals coming into the country from Ebola infected countries. Some of the burden of these activities falls on local public health units. Due to budget constraints, we are able to provide only limited support to local entities. This funding establishes a $500,000 catastrophic fund to respond to infectious diseases wherever they occur in the state. An additional $50,000 is included for centralized tuberculosis medication distribution.

House Adjustments

The House did not include funding for either the catastrophic fund or the tuberculosis medication distribution.

Medical Examiner Services $224,000

From 2004 to 2012, the number of autopsies performed by the Medical Examiner's Office has steadily increased. Accreditation standards indicate that one forensic examiner should perform only 225 to 250 autopsies per year. To address this, the governor recommends $640,000 to contract with University of North Dakota Medical School to perform all autopsies for selected counties on the eastern part of the state, which total approximately 160 per year. $480,000 has been included in the base budget and an additional $160,000 was added by the governor. An additional $44,000 is provided for equipment to replace the original portable X-Ray machine. Also, $20,000 is provided to modify the Electronic Vital Event Registration System (EVERS) to receive and review death records electronically. The one-time general fund portion of this request is $64,000.

House Adjustments

The House did not provide funding for any part of this request, keeping the UND Medical School contract at the current level of $480,000. UND Medical School conducted 231 autopsies during 2014; 48 of those were from Grand Forks County, which were already being conducted by UND Medical School through another arrangement with Grand Forks County, prior to the contract with the Department of Health.

Food and Lodging Staffing $792,016 (5 FTE)

Additional staff are being requested to address not only the increased regulatory work associated with oil activity, but also to address recommendations of a recent programmatic audit conducted by the State Auditor's Office. Approximately 250 new food and lodging establishments have been licensed and inspected in the last two years, most from oil impacted counties. Pre-operational inspections on new establishments are more time consuming than routine inspections. Enforcement action on unlicensed and non-compliant licensed facilities has steadily increased over the last couple of years as well. The audit recommended that the division comply with Food and Drug Administration (FDA) guidelines regarding staffing levels and implementing a risk-based inspection system. According to the FDA standard, low risk food operations should be inspected once per year while the highest risk operations should be inspected four times per year. This results in an additional 1,600 more inspections per year. Also, according to FDA, one full time employee should perform between 280 and 320 inspections per year. Currently each full time employee conducts over 500 inspections each year.

House Adjustments

The House funded one of the five recommended FTEs and the associated operating expenses. The department will not be able to comply with the audit recommendations at this level.

Suicide Prevention $500,000

Funding for suicide prevention is increased $500,000 to fortify efforts for youth and underserved populations. Funding will be used to increase suicide prevention education and training across the state to professionals who provide services to the 10 to 24 year old population, develop and distribute new media materials, increase suicide prevention in medical facilities, and provide better referral resources to physicians.

House Adjustments

The House funded $150,000 of the requested increase.

Loan Repayment Programs $712,500

Additional funding is provided to expand the current loan repayment programs and to establish a new behavioral health loan repayment program. Funding will add two physicians each year, one midlevel practitioner each year, one dentist and five behavioral health professionals each year, which will include one psychologist and four professionals who are social workers, addiction

counselors, professional counselors, psychology nurse practitioners, registered nurses or licensed practical nurses working in the behavioral health field. The need for these providers is demonstrated through the Health Professional Shortage Area federal designation. Ninety-two percent of the state is designated as a Primary Care Health Professional Shortage Area while 94 percent is designated as a mental health shortage area and 33 percent is designated as an oral health shortage area. Loan repayment is an incentive that has proven to be effective in recruiting health care providers to serve in rural and underserved areas of the state. Of 23 physicians who have completed their program obligation, 19, or 83 percent, remained at the same practice site one year following completion of the loan repayment program and all have remained in North Dakota.

House Adjustments

The House did not provide funding of $555,000 for the behavioral health loan repayment program or funding for an additional dentist, but did provide funding for the additional physicians and midlevel practitioners. The House passed HB 1396, which repealed the physician and midlevel practitioner laws and created one new, standardized health care professional loan repayment program, which includes the behavioral health practitioners. By spreading the loan repayments out over five years rather than two, the funding provided in the House version of HB 1004 can accommodate the professional loan repayments allowed under HB 1396. We are concerned whether this will be adequate incentive for physicians who will now receive $150,000 when including the community match or $30,000 per year for five years instead of $90,000 or $45,000 per year for two years. Also, the language in HB 1396 reduces the amount for midlevel practitioners from $30,000 over two years to $22,000 or $4,400 per year with community match over five years.

HB 1004 had also included language standardizing the dental loan repayment program laws to be consistent with the medical loan repayment program to allow awards to as many practitioners per year as funding supports instead of the current limit of three per year. The House removed this language in HB 1004. However, the language is included in SB 2205.

State Medical Cache $989,000

The state medical cache, currently valued at $11.4 million, contains public health and medical supplies, equipment and pharmaceuticals that are used for

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Prepared by the Legislative Council staff
for Senator Mathern
March 26, 2015

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE		General Fund	Special Funds	Total
1	Adds 4 food and lodging inspectors to provide a total of 5 new FTE food and lodging inspectors, the same as the executive recommendation. Funding is provided for salaries and wages, including performance and health insurance increases ($558,543), and operating expenses ($111,699).	4.00		$636,527	$33,715	$670,242
2	Increases funding for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation.			$1,100,000		$1,100,000
3	Adds funding for grants to community-based and hospital-based sexual assault nurse examiner programs. Grants must be used to train and support a sexual assault nurse examiner program.			$500,000		$500,000
4	Adds funding for cardiac system of care			$601,400		$601,400
5	Adds funding for Million Hearts Initiative	1.00		$1,400,000	$639,573	$2,039,573
6	Adds funding for Chemistry Lab chemist II in the Environmental Division	1.00	1	$129,854		$129,854
7	Adds funding for municipal facilities data processing coordinator in the Environmental Division	1.00	1	$111,657		$111,657
8	Adds funding municipal facilities environmental engineer in the Environmental Division	1.00	1	$150,728		$150,728
9	Adds funding waste management environmental scientist in the Environmental Division	3.00	1	$389,679		$389,679
10	Adds funding water quality environmental scientist in the Environmental Division	2.00	1	$259,786		$259,786
11	Adds funding for performance increases related to additional Environmental Division FTE		1	$38,579		$38,579
12	Adds funding for health insurance increases related to additional Environmental Division FTE		1	$28,520		$28,520

13	Adds funding for waste management temporary salaries in the Environmental Division	[1]	$3,850		$3,850
14	Adds funding for water quality temporary salaries in the Environmental Division	[1]	$40,700		$40,700
15	Adds funding for additional salaries for emergency and spill response in the Environmental Division	[1]	$104,544		$104,544
16	Adds funding for operating expenses and grants related to Environmental Division FTE	[1]	$2,049,300	$1,870,871	$3,920,171
17	Adds funding for one-time costs related to environmental impact in the Environmental Division	[1]	$11,400	$48,600	$60,000
Total proposed funding changes		13.00	$7,556,524	$2,592,759	$10,149,283

[1] Items directly related to the Environmental Division of the State Department of Health

Other proposed changes:

None

counselors, professional counselors, psychology nurse practitioners, registered nurses or licensed practical nurses working in the behavioral health field. The need for these providers is demonstrated through the Health Professional Shortage Area federal designation. Ninety-two percent of the state is designated as a Primary Care Health Professional Shortage Area while 94 percent is designated as a mental health shortage area and 33 percent is designated as an oral health shortage area. Loan repayment is an incentive that has proven to be effective in recruiting health care providers to serve in rural and underserved areas of the state. Of 23 physicians who have completed their program obligation, 19, or 83 percent, remained at the same practice site one year following completion of the loan repayment program and all have remained in North Dakota.

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House Adjustments

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State Medical Cache $989,000

The state medical cache, currently valued at $11.4 million, contains public health and medical supplies, equipment and pharmaceuticals that are used for

emergency response by local and state public health and private medical responders. Those responders include public health units, hospitals, clinics, long term care facilities, laboratories, emergency medical services providers and others. Additional needs have been identified as a result of actual responses to emergencies, drills and exercises, and planning efforts. The state medical cache currently has sufficient public health and medical supplies and durable medical equipment to care for 1,500 patients for one week. Due to events such as the 2009, 2010 and 2011 flooding, the natural gas pipeline explosion that affected many of the medical facilities on the eastern side of the state, train derailments and warehouse fires in 2014, we recognized that capacities needed to be increased to care for at least 3,000 people per week. Additional items that are needed include disposable medical supplies such as bandaging, linens, oxygen, laceration trays, catheters, intravenous starter sets, defibrillator pads, alcohol swabs, glucose strips, syringes, lifts, stretchers and wheelchairs. Hospitals do not have sufficient quantities of supplies and equipment to meet this need and delivery from the federal government would typically not be available for 72 hours. The funding allows for $959,000 in health and medical shelter supplies and $30,000 for conversion of two additional school busses into stretcher/wheelchair coaches for patient transfer. The entire amount is a one-time general fund expense.

House Adjustments
The House did not fund this request.

Salary Equity $1,559,659
Continued oilfield, municipal and industrial development has resulted in the need for environmental professionals in the private sector, creating job opportunities for trained environmental staff such as those in the Environmental Health Section of the department. As a result, the section is losing employees with five to ten years of experience, resulting in increased staff workloads related to recruiting, hiring and training new employees. We are experiencing turnover rates of over 20 percent in some areas. In addition, although there has been some improvement, compression still exists as a result of implementing the Hay classification system. As directed by Office of Management and Budget, the salary equity package will be targeted at hard-to-fill professions and will not be given across the board.

House Adjustments
The House did not fund this request.

Local Public Health State Aid $1,000,000

An additional $1,000,000 is provided to local public health units for a total of $5,000,000 to support their injury prevention strategies and response to environmental health needs across the state. Public health threats may include food borne outbreaks, water supply contamination or natural disasters such as floods and tornados. Local public health unit budgets continue to be tight due to decreasing, hold-even or only slightly increasing federal pass-through funding from the state, which makes it difficult for LPHUs to fund inflation and other rising costs.

House Adjustments

The House funded $250,000 of this request.

Emergency Medical Services Assistance Fund $1,600,000

Funding for emergency medical services grants is increased from $6,400,000 to $8,000,000. Rural ambulance services are experiencing a shrinking volunteer workforce, increasing populations, increases in medical severity of patients, increases in uncompensated care, and increases in the cost of equipment. Since there is no mandate for EMS in the state, there is no one entity charged with the financial support of ambulance services. Most ambulance services do not generate enough revenue to cover expenses. The grants are used to offset operating expenses such as staffing, on-call pay, supplies and other operational expenses.

House Adjustments

The House funded $500,000 of this request.

Domestic Violence/Rape Crisis $500,000

An additional $500,000 is recommended for grants to the 20 domestic violence/rape crisis centers to provide prevention and intervention services to victims of domestic violence and sexual assault. Current funding is at $2,050,000. There has been an increase in the numbers of incidents and victims that are being reported in the past two years by crisis centers in Williston, Dickinson, Minot, Stanley and Beulah. However, agencies across the state are also feeling the impact of the increased populations and affordable housing shortages. Lack of local resources is also an issue. Victims seeking services have more complex needs than in the past. Advocates provide the initial crisis response to victims seeking assistance at the centers, which includes counseling, filing protection orders, making arrangements to get victims back to another state, assisting with immigrant status, short-time emergency shelter,

referrals for treatment of mental health needs, substance abuse and trauma care. When victims are able to take the next steps to survivorship, advocates assist victims seeking affordable housing and jobs or educational opportunities. The additional funding would help agencies hire additional advocates, offer competitive wages and pay for increasing shelter costs.

House Adjustments
The House funded $200,000 of this request.

Women's Way Services $500,000
In the current biennium, $400,500 from the Community Health Trust Fund (CHTF) was used to support the Women's Way program. Due to a federal funding reduction to the Behavioral Risk Factor Surveillance System (BRFSS) program, we used CHTF funding of $520,500 for BRFSS and requested general funding of $500,000 in the optional package for Women's Way. The Governor approved the general fund request of $500,000 for Women's Way.

House Adjustments
The House removed the $500,000 Women's Way funding from the general fund and added $414,000 back from the CHTF, leaving the CHTF with a projected ending balance of -$398,322. If the fund is not made whole, we will need to prioritize our spending from the CHTF and reduce some programs accordingly.

Other House Adjustments
In addition to the adjustments mentioned earlier, the House reduced our operating budget by $300,000 from the general fund. Also, a funding switch approved in the executive budget of $91,999 from the general fund to special funding was inadvertently missed when the House adopted the cost to continue changes. Together these two items underfund our budget by almost $400,000.

The House also added a section to existing North Dakota Century Code requiring veterinarians accepted into the veterinarian loan repayment program be employed full-time in the private practice of veterinary medicine.

Federal Funding Issues
As indicated earlier, almost 60 percent of the Department of Health budget comes from the federal government in the form of approximately 80 federal grants. The status of our federal funding is often uncertain. With that uncertainty, we prepared our budget by assuming that federal grant amounts

will hold even, unless we were certain otherwise. Since we first testified in the House, we have been notified that we may be receiving almost $3 million in federal funding for Ebola and other disease health care system preparedness, to monitor cases and improve infection control assessment and lab capacity. This funding is currently not in HB 1004. We will need spending authority, but will not know until later which line items will require that authority. We recognize that as we proceed through the next biennium, we will have to make adjustments to our budget, operations and possibly staffing as the federal funding picture becomes clearer.

Budget Summary

Attachment B provides a schedule that summarizes the House changes by the line item to the executive recommendation contained in the original HB 1004.

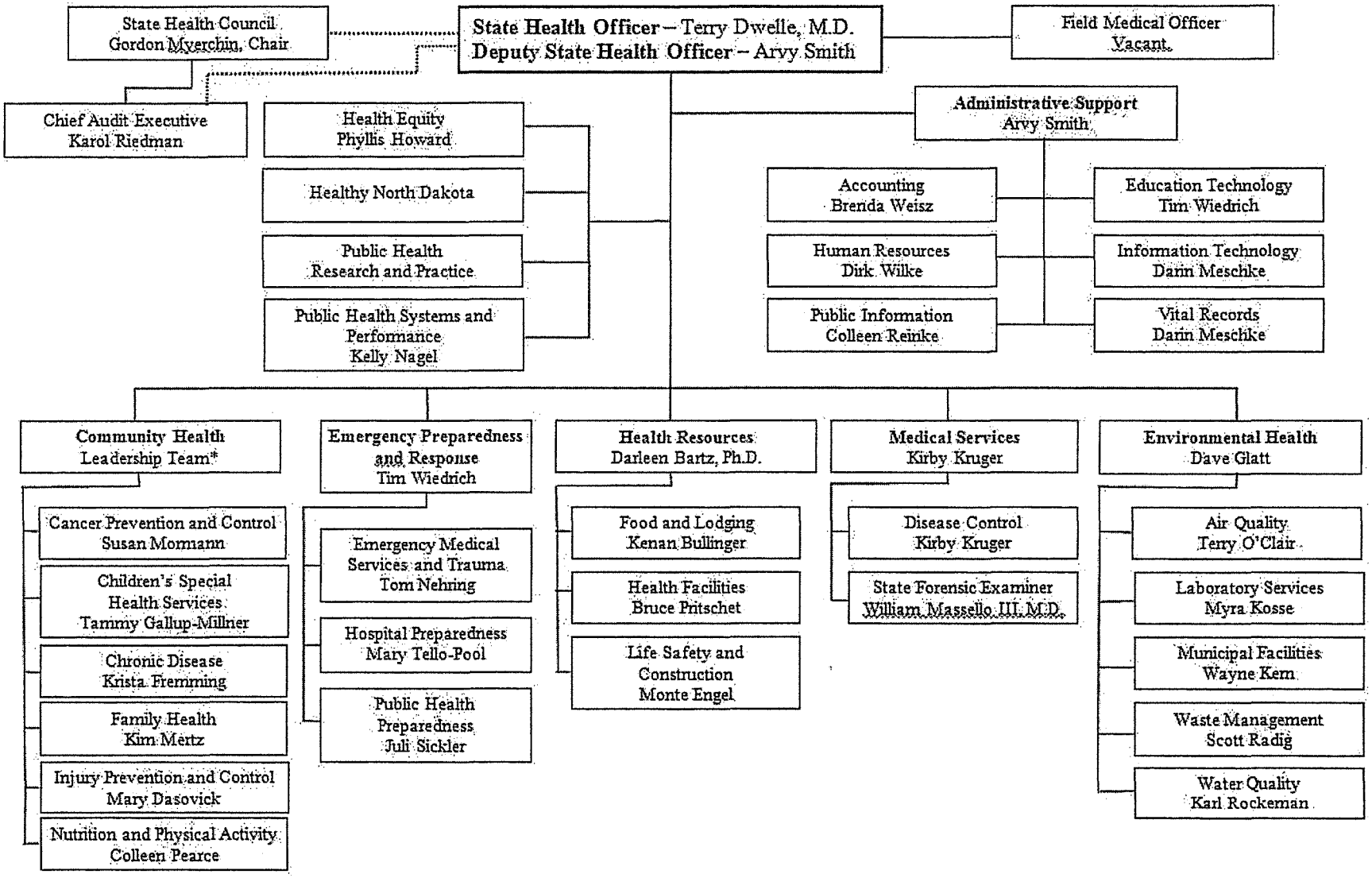
Conclusion

The executive budget for the Department of Health addresses many important community public health needs. It provides much needed funding to deal with impacts of energy development in the west, and provides much needed medical resources in the form of professional loan repayments, and state medical cache and emergency medical services grants. By providing additional resources to the local public health units, the executive budget allows us to systematically work together to meet our public health goals.

Chairman Holmberg, members of the Committee, this concludes the department's testimony on House Bill 1004. Terry O'Clair, Director of the Air Quality Division of the Environmental Health Section, will now present a report regarding the environmental impacts in the western part of the state. After that our staff and I are available to respond to any questions you may have.

NORTH DAKOTA
DEPARTMENT of HEALTH

Organizational Chart
January 2015



*The six division directors share responsibility for management of the Community Health Section.

Appendix A

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Appendix B

North Dakota Department of Health
House Bill 1004
House Changes to Executive Recommendation

	Executive Rec.	House Changes	House Version
Salaries and Wages	67,315,887	(5,451,748)	61,864,139
Operating Expenses	46,841,297	(6,235,970)	40,605,327
Capital Assets	3,622,810	(134,000)	3,488,810
Grants	59,006,090	(3,105,000)	55,901,090
Tobacco Prevention & Control	6,426,182	(12,467)	6,413,715
WIC Food Payments	20,200,000	-	20,200,000
Total All Funds	203,412,266	(14,939,185)	188,473,081
Less Estimated Income	140,717,631	(2,396,760)	138,320,871
Total General Fund	62,694,635	(12,542,425)	50,152,210
Full-time equivalent positions	373.00	(12.00)	361.00

HB 1004
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Senate
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NDDoH
HB 1004
Additional Federal Authority Needed
2015 - 2017

Description	Ebola grant - PHEP	Ebola grant - ELC	Ebola grant - HPP	Colorectal Cancer Grant	Stroke Prevention Grant	Total
Salary / Wages - Temporary Staff	-	142,243	-	139,720	185,870	467,833
Operating Expenses incl. Professional Services	626,065	280,615	284,933	795,462	1,370,350	3,357,425
Equipment >$5,000	141,422	45,000	-		-	186,422
Grants	230,159	-	665,011	565,500	-	1,460,670
Total - Federal Funds	997,646	467,858	949,944	1,500,682	1,556,220	5,472,350

Description of Funding and Expenditures

<u>Ebola - Public Health Emergency Preparedness (PHEP):</u> Support nation's public health system, assure readiness/response capability to respond effectively to Ebola virus disease (EVD) within communities. Accelerate public health planning to prevent, prepare for, respond to, and recover from Ebola.

Operating Expenses includes supplies for medical cache such as Personal Protection Equipment (PPE), level 3 gowns, body suits, gloves, face shields, shoes covers. Also includes stakeholder meeting expenses, travel, multi-disciplinary advisory group meetings, and lab supplies.

Equipment - Lab equipment to perform testing for emerging pathogens and in response to infectious disease outbreaks requiring high volume testing.

Grants - to be issued to Local Public Health Units for providing Personal Protection Equipment (PPE) training to EMS personnel and other health and medical responders.

<u>Ebola - Enhanced Lab Capacity (ELC):</u> Accelerate capacity building around healthcare infection control assessment and response, laboratory safety, global migration, border interventions, and migrant health.

Temporary salaries included for an Infection control coordinator and for a part-time infection control intern.

Operating expenses includes materials/supplies for coordinator, travel to acute care and critical care hospitals to conduct infection control and outbreak reporting and response assessments and training costs for current Biosafety Officer.

Equipment is to enhance laboratory and biosafety capacity with upgrade to heating, ventilation and air systems. Also included is the conversion of the video surveillance to digital format.

<u>Ebola - Hospital Preparedness Program (HPP):</u> Ensure the nation's health care system is ready to safely and successfully identify, isolate, access, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. Improve health care system preparedness.

Operating Expenses includes the purchase of PPE.

Grants - issued to hospitals to cover renovations necessary to prepare for Ebola virus disease.

<u>Colorectal Cancer Grant:</u> Building capacity of systems to increase colorectal cancer screening and follow-up rates. Funds cannot be used for actual screenings.

Temp salaries included for a Health Systems Coordinator.

Prof Services $400,0000 - To contract with: Centers for Rural Health to conduct an assessment related to electronic health records (EHR) at Federally Qualified Healthcare Centers (FQHCs) and with the University of Wyoming to survey those between ages 50 - 64 of their understanding of colorectal screening. Other operating includes staff and program expenses, provider training & education, printing & postage of program material.

Grants - includes funding to FQHCs to enhance their EHR and funding for patient navigators.

<u>Stroke Prevention Grant:</u> Develop comprehensive stroke systems of care which will improve quality of care for acute stroke patients, improve recovery, improve adherence to post-stroke guidelines, and reduce complications, readmissions, and early mortality for acute stroke patients.

Temp salaries included for 1 data manager and .5 administrative support.

Operating expenses include the following: $902,000 HIN interface and database acquisition/maintenance; $367,000 training for EMS, hospitals, and DoH staff; $60,000 evaluation; $41,350 other misc. operating costs.

HB 1004
#3
Subcom
3-31-15

15.8112.02001
Title.

Prepared by the Legislative Council staff for
Senator Holmberg
March 9, 2015

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "and to provide for a legislative management study"

Page 3, after line 10, insert:

"**SECTION 5. LEGISLATIVE MANAGEMENT STUDY - UNIVERSITY OF NORTH DAKOTA FORENSIC PATHOLOGY CENTER.** During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of the university of North Dakota acquiring the building that houses the university of North Dakota forensic pathology center. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

Prepared by the Legislative Council staff
for Senator Mathern
April 2, 2015

#1
HB 1004
Subcom
4-2-15

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adds funding for targeted equity included in the executive recommendation		$1,559,659		$1,559,659
2	Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month.		($176,342)	($108,257)	($284,599)
3	Increases funding for suicide prevention grants to provide a total of $1,180,000 from the general fund, the same as the executive recommendation		$350,000		$350,000
4	Increases funding for the dental loan repayment program to provide a total of $600,000, of which $240,000 is from the general fund and $360,000 is from the community health trust fund, the same as the executive recommendation		$60,000		$60,000
5	Adds funding for a behavioral health professional loan repayment program to provide loan repayment for one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, licensed practical nurses, and registered nurses each year of the biennium, the same as the executive recommendation		$495,000		$495,000
6	Increases funding in the tobacco prevention line item for a grant from the Tobacco Prevention and Control Executive Committee to be used for CDC best practices for comprehensive tobacco control			$500,000	$500,000
7	Adds funding for grants to community-based and hospital-based sexual assault nurse examiner programs. Grants must be used to train and support a sexual assault nurse examiner program.		$200,000		$200,000
8	Increases funding for domestic violence and rape crisis grants to provide a total of $2,550,000, of which $2,210,000 is from the general fund and $340,000 is from special funds, the same as the executive recommendation.		$300,000		$300,000
9	Adds funding for cardiac system of care. This item is optional item number 6 of 28 on the department's list of optional adjustments.		$601,400		$601,400
10	Adds funding for Million Hearts Initiative, limited to the hypertension program. This item is optional item number 9 of 28 on the department's list of optional adjustments.	1.00	$800,000	$639,573	$1,439,573

1.1

11	Adds 4 food and lodging inspectors to provide a total of 5 new FTE food and lodging inspectors, the same as the executive recommendation. Funding is provided for salaries and wages, including performance and health insurance increases ($558,543), and operating expenses ($111,699). The funding source is also changed to provide one half of the cost of the 4 FTE positions is provided from special funds available as a result of fee increases.	4.00		$357,255	$312,987	$670,242
12	Adds funding for Chemistry Lab chemist II in the Environmental Health Section	1.00	1	$129,854		$129,854
13	Adds funding for municipal facilities data processing coordinator in the Environmental Health Section	1.00	1	$111,657		$111,657
14	Adds funding municipal facilities environmental engineer in the Environmental Health Section	1.00	1	$150,728		$150,728
15	Adds funding waste management environmental scientist in the Environmental Health Section	3.00	1	$389,679		$389,679
16	Adds funding water quality environmental scientist in the Environmental Health Section	2.00	1	$259,786		$259,786
17	Adds funding for performance increases related to additional Environmental Health Section FTE		1	$38,579		$38,579
18	Adds funding for health insurance increases related to additional Environmental Health Section FTE		1	$28,520		$28,520
19	Adds funding for waste management temporary salaries in the Environmental Health Section		1	$3,850		$3,850
20	Adds funding for water quality temporary salaries in the Environmental Health Section		1	$40,700		$40,700
21	Adds funding for additional salaries for emergency and spill response in the Environmental Health Section		1	$104,544		$104,544
22	Adds funding for operating expenses and grants related to Environmental Health Section FTE		1	$2,049,300	$1,870,871	$3,920,171
23	Adds funding for one-time costs related to environmental impact in the Environmental Health Section		1	$11,400	$48,600	$60,000
24	Adds funding for additional federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and ebola emergency preparedness, lab capacity, and hospital preparedness.				$5,472,350	$5,472,350
25	Increases funding for local public health units to provide a total of $5.9 million from the general fund, $900,000 more than the executive recommendation.			$1,650,000		$1,650,000
26	Adds funding to expand the Seal! ND program which provides dental sealant services to elementary aged students.			$150,000		$150,000

Total proposed funding changes	13.00	$9,665,569	$8,736,124	$18,401,693

[1] Items directly related to the Environmental Health Section of the State Department of Health

Other proposed changes:

1 A section of legislative intent is added to provide the department increase food and lodging fees to generate the funding necessary for 50 percent of the cost of the 4 FTE positions added by the Senate.

2 A section of legislative intent is added to provide the department distribute as least 95 percent of the funds available for emergency medical services grants to those services that do not receive oil impact grant funding during the 2015-17 biennium.

3 A section is added to provide for a Legislative Management study of the University of North Dakota Forensic Pathology Center.

HB 1004

#2

Solberg 4-2-15

North Dakota Department of Health
On-site Sewage Disposal Systems

Background

On-site sewage disposal systems, such as septic tank drain field systems, are used for disposal of sewage at rural farms, homes, businesses and developments that are outside the reach of public sewage systems. On-site sewage disposal systems can fail if improperly designed, constructed and maintained. Failure can result in adverse environmental and public health impacts. Increased development in rural areas of the state has led to installation of more on-site sewage disposal systems. This trend is expected to continue well into the future, increasing the potential for adverse environmental and public health impacts.

Currently, there is no statewide program in North Dakota for regulation of on-site sewage disposal. Instead, on-site sewage disposal, if regulated, is regulated by local public health units. There are currently a number of counties (up to 17) whose environmental programs do not address on-site sewage disposal.

Challenges

- Lack of statewide coverage. As previously stated, there are a number of counties (up to 17) that do not have environmental programs to address on-site sewage disposal. On-site sewage disposal systems have and will continue to be installed in uncovered counties without approval. This increases the chance for failure and adverse environmental and public health impacts.

- Lack of uniform standards. Currently, the local public health units use either the state plumbing code or similar standards adopted for use within their jurisdiction to regulate on-site sewage disposal. This includes standards for design and construction of on-site systems and standards for certifying and training on-site system installers.

- Authority. Where the local public health unit is a district, the district health board adopts standards and where the local public health unit is a county or city department, the county or city commission adopts standards. In the cases where the LPHU is a district and the district health board adopts the standards, the counties and cities within that district may choose to ignore the LPHU adopted standards and adopt a different standard. The LPHU district loses its authority to enforce the standards.

- Industry issues. Inconsistent standards across jurisdictions within the state and, in some cases, the lack of adopted standards, create confusion and inefficiency for both installers and regulators.

Proper on-site sewage disposal is unarguably necessary to protect public health and the environment. This matter warrants study, with key stakeholder involvement, to move North Dakota toward proper regulation of on-site sewage disposal. Potential stakeholders include, but may not be limited to the North Dakota Department of Health, State Plumbing Board, local public health units, League of Cities, Association of Counties, and industry representatives (septic system installers).

LEGISLATIVE MANAGEMENT STUDY. The legislative management shall consider studying, during the 2015-2016 interim, issues pertaining to on-site sewage disposal in North Dakota. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

1004
#3
Sen
4-2-15

North Dakota Department of Health
2015-2017 Executive Budget
Food and Lodging Division License Fees

License Type	Current Fee	Senator Kilzer Proposed Increase	Total 2015-2017 Biennium Collections
Assisted Living Facility	$120	$325	$27,300
Bar/Tavern	$80	$220	$4,840
Bed & Breakfast Facility	$50	$135	$12,420
Beverages	$80	$220	$125,400
Child Care Facility	$50	$135	$4,590
Electrologist - Initial and Renewal*	$50/$25	$135/$70	$2,670
Electronic Hair Removal Technician - Initial and Renewal*	$30/$25	$85/$70	
Food Processing Plant	$60	$165	$15,840
Limited Restaurant	$110	$300	$340,800
Lodging Establishment with 1-3 rooms	$50	$135	$27,540
Lodging Establishment with 4-10 rooms	$70	$190	$49,780
Lodging Establishment with 11-20 rooms	$100	$270	$28,620
Lodging Establishment with 21-50 rooms	$120	$325	$54,600
Lodging Establishment with 51-100 rooms	$150	$405	$57,510
Lodging Establishment with 101-250 rooms	$225	$610	$26,840
Lodging Establishment with 251-500 rooms	$325	$880	$12,320
Lodging Establishment with 501-1000 rooms	$450	$1,215	$2,430
Lodging Establishment with 1000+ rooms	$600	$1,620	$3,240
MHP/TP/CG owned by state/municipality/non-profit	$0	$0	$0
MHP/TP/CG with 3-10 lots	$90	$245	$90,650
MHP/TP/CG with 11-25 lots	$135	$370	$89,540
MHP/TP/CG with 26-50 lots	$175	$475	$71,250
MHP/TP/CG with 51-100 lots	$220	$595	$48,790
MHP/TP/CG with 101-150 lots	$270	$730	$36,500
MHP/TP/CG with 151-200 lots	$320	$865	$15,570
MHP/TP/CG with 201-250 lots	$370	$1,000	$24,000
MHP/TP/CG with 250+ lots	$420	$1,135	$27,240
Mobile Food/Temporary Food	$110	$300	$171,000
Restaurant - Flat fee of $110+$.50/seat ($365+$.55/seat)	$210/max	$695/max	$452,510
Retail Food Store/Meat Market/Bakery (<2500 square feet)	$110	$300	$75,000
Retail Food Store/Meat Market/Bakery (2500-5000 square feet)	$120	$325	$16,900
Retail Food Store/Meat Market/Bakery (>5000 square feet)	$140	$380	$9,120
Maximum license fee for MK <2500 square feet	$150	$405	$445,275
Maximum license fee for MK 2500-5000 square feet	$210	$570	
Maximum license fee for MK >5000 square feet	$290	$785	
Salvage Food	$100	$270	$0
School	$140	$380	$37,240
Tanning Facility with 1-5 beds	$75 + $10/bed	$250 + $15/bed	$42,207
Tanning Facility with 5+ beds	$150	$405	
Tattoo & Body Art Establishment	$135	$370	$2,960
Vending Maching	$30	$80	$26,560
		Total	$2,479,052

* These fees are established in law and not by administrative rule

3.1

North Dakota Department of Health
2015-2017 Executive Budget
Food and Lodging Division License Fees

#4
1004
Sen
4-2-15

License Type	Current Fee	Senator Mathern Proposed Increase	Total 2015-2017 Biennium Collections
Assisted Living Facility	$120	$180	$15,120
Bar/Tavern	$80	$120	$2,640
Bed & Breakfast Facility	$50	$75	$6,900
Beverages	$80	$115	$65,550
Child Care Facility	$50	$75	$2,550
Electrologist - Initial and Renewal*	$50/$25	$70/$40	$1,465
Electronic Hair Removal Technician - Initial and Renewal*	$30/$25	$45/$40	
Food Processing Plant	$60	$90	$8,640
Limited Restaurant	$110	$155	$176,080
Lodging Establishment with 1-3 rooms	$50	$75	$15,300
Lodging Establishment with 4-10 rooms	$70	$100	$26,200
Lodging Establishment with 11-20 rooms	$100	$145	$15,370
Lodging Establishment with 21-50 rooms	$120	$170	$28,560
Lodging Establishment with 51-100 rooms	$150	$215	$30,530
Lodging Establishment with 101-250 rooms	$225	$320	$14,080
Lodging Establishment with 251-500 rooms	$325	$470	$6,580
Lodging Establishment with 501-1000 rooms	$450	$645	$1,290
Lodging Establishment with 1000+ rooms	$600	$860	$1,720
MHP/TP/CG owned by state/municipality/non-profit	$0	$0	$0
MHP/TP/CG with 3-10 lots	$90	$135	$49,950
MHP/TP/CG with 11-25 lots	$135	$195	$47,190
MHP/TP/CG with 26-50 lots	$175	$255	$38,250
MHP/TP/CG with 51-100 lots	$220	$315	$25,830
MHP/TP/CG with 101-150 lots	$270	$385	$16,940
MHP/TP/CG with 151-200 lots	$320	$455	$8,190
MHP/TP/CG with 201-250 lots	$370	$530	$12,720
MHP/TP/CG with 250+ lots	$420	$600	$14,400
Mobile Food/Temporary Food	$110	$155	$88,350
Restaurant - Flat fee of $110+$.50/seat ($365+$.55/seat)	$210/max	$295/max	$239,660
Retail Food Store/Meat Market/Bakery (<2500 square feet)	$110	$155	$38,750
Retail Food Store/Meat Market/Bakery (2500-5000 square feet)	$120	$175	$9,100
Retail Food Store/Meat Market/Bakery (>5000 square feet)	$140	$200	$4,800
Maximum license fee for MK <2500 square feet	$150	$220	$235,830
Maximum license fee for MK 2500-5000 square feet	$210	$300	
Maximum license fee for MK >5000 square feet	$290	$420	
Salvage Food	$100	$145	$0
School	$140	$200	$19,200
Tanning Facility with 1-5 beds	$75 + $10/bed	$110 + $15/bed	$15,580
Tanning Facility with 5+ beds	$150	$220	$2,640
Tattoo & Body Art Establishment	$135	$195	$1,560
Vending Maching	$30	$45	$14,940
		Total	$1,302,455

* These fees are established in law and not by administrative rule

4.1

HB1004
#5
Senate
4-2-15

Department of Health
Community Health Trust Fund
Status Statement

	2011-13 Acutal	2013-15 Projected	2015-17 At Crossover
Beginning Balance	$0	$47,258	$337,042
Revenue:			
Transfers from the tobacco settlement trust*	4,024,012	4,275,638	3,980,000
Total Revenues	4,024,012	4,275,638	3,980,000
Expenditures:			
Dental Loan Program	($200,000)	($340,000)	($360,000)
Dental New Practice Grant		(25,000)	
Veterinarian Loan Repayment Program	(255,000)		
Tobacco Prevention and Control	(3,219,210)	(3,220,354)	(3,440,864)
Women's Way Program	(302,544)	(400,500)	(414,000)
BRFSS			(520,500)
Total Expenditures	(3,976,754)	(3,985,854)	(4,735,364)
Ending Balance	$47,258	$337,042	($418,322)

* $275,638 " hold back" payment was received in fiscal year 2014.

HB1004
#1
Senate
4-6-15

Department of Health
Community Health Trust Fund
Status Statement

	2011-13 Acutal	2013-15 Projected	2015-17 At Crossover
Beginning Balance	$0	$47,258	$337,042
Revenue:			
Transfers from the tobacco settlement trust*	4,024,012	4,275,638	3,980,000
Total Revenues	4,024,012	4,275,638	3,980,000
Expenditures:			
Dental Loan Program	($200,000)	($340,000)	($360,000)
Dental New Practice Grant		(25,000)	
Veterinarian Loan Repayment Program	(255,000)		
Tobacco Prevention and Control	(3,219,210)	(3,220,354)	(3,440,864)
Women's Way Program	(302,544)	(400,500)	(414,000)
BRFSS			(520,500)
Total Expenditures	(3,976,754)	(3,985,854)	(4,735,364)
Ending Balance	$47,258	$337,042	($418,322)

* $275,638 " hold back" payment was received in fiscal year 2014.

#2
4-6-15
Sen
HB 1004

North Dakota Department of Health

History of Emergency Medical Services Funding

	Biennium Appropriated Funds													
	1989-91	1991-93	1993-95	1995-97	1997-99	1999-01	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-2015	2015-2017 *
Grant Type														
Training Grants	500,000	400,000	400,000	500,000	470,000	940,000	940,000	940,000	940,000	1,240,000	1,240,000	940,000	940,000	940,000
Quick Response Units									125,000	125,000				
Staffing Grants	-									1,250,000	2,750,000	1,250,000		
Myocardial Infarction Response	-											600,000		
Helmsley Charitable Trust Grant													2,139,110	
Rural EMS Assistance Grants	-											2,900,000	6,400,000	8,000,000
	500,000	400,000	400,000	500,000	470,000	940,000	940,000	940,000	1,065,000	2,615,000	3,990,000	5,690,000	9,479,110	8,940,000
Funding Source														
General Fund	500,000	400,000	400,000	300,000	270,000	940,000	940,000	940,000	940,000	940,000	940,000	4,440,000	6,090,000	7,690,000
Federal Funds	-	-	-	200,000	200,000	-	-	-	-	-	-	-		-
Health Care Trust Fund									125,000	125,000				
Community Health Trust Fund	-	-	-	-	-	-	-	-	-	300,000	300,000	-		-
Helmsley Charitable Trust - Special Funds													2,139,110	
Insurance Tax Distribution	-	-	-	-	-	-	-	-	-	1,250,000	2,750,000	1,250,000	1,250,000	1,250,000
	500,000	400,000	400,000	500,000	470,000	940,000	940,000	940,000	1,065,000	2,615,000	3,990,000	5,690,000	9,479,110	8,940,000
												See Note 1	**See Note 2**	**See Note 3**

*** - Reflects the amount included in the Executive Budget**

Note 1: In addition to the appropriation shown above for the 2011-13 biennium SB2371, which was introduced and passed during the special session, transferred $30,000,000 from the general fund to the oil and gas impact fund. The **Land Department** received an appropriation for the $30,000,000 to be used for grants to emergency services, including emergency medical services operations, fire districts and departments, sheriff offices, and police departments providing service in an area affected by oil gas development.

Note 2: In addition to the appropriation shown above for the 2013-15 biennium HB1358 appropriated $7 million to the oil and gas impact grant fund. The **Land Department** extended these grants to EMS providers.

Note 3: At this time, for the 2015-17 biennium, additional funding for EMS providers has not been included in other legislation. There has been discussion to include funding for EMS providers in HB 1176. To date no amendments have been made to this bill.

HB 1004 #3
4-6-15
Subcom

Prepared by the Legislative Council staff
for Senator Mathern
April 3, 2015

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adds funding for targeted equity included in the executive recommendation		$1,559,659		$1,559,659
2	Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month.		($167,308)	($108,257)	($275,565)
3	Increases funding for suicide prevention grants to provide a total of $1,180,000 from the general fund, the same as the executive recommendation		$350,000		$350,000
4	Increases funding for the dental loan repayment program to provide a total of $600,000, of which $240,000 is from the general fund and $360,000 is from the community health trust fund, the same as the executive recommendation		$60,000		$60,000
5	Adds funding for a behavioral health professional loan repayment program to provide loan repayment for one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, licensed practical nurses, and registered nurses each year of the biennium, the same as the executive recommendation		$495,000		$495,000
6	Increases funding in the tobacco prevention line item for a grant from the Tobacco Prevention and Control Executive Committee to be used for CDC best practices for comprehensive tobacco control			$500,000	$500,000
7	Adds funding for grants to community-based and hospital-based sexual assault nurse examiner programs. Grants must be used to train and support a sexual assault nurse examiner program.		$200,000		$200,000
8	Increases funding for domestic violence and rape crisis grants to provide a total of $2,550,000, of which $2,210,000 is from the general fund and $340,000 is from special funds, the same as the executive recommendation.		$300,000		$300,000
9	Adds funding for cardiac system of care. This item is optional item number 6 of 28 on the department's list of optional adjustments.		$601,400		$601,400
10	Adds funding for Million Hearts Initiative, limited to the hypertension program. This item is optional item number 9 of 28 on the department's list of optional adjustments.	1.00	$800,000	$639,573	$1,439,573

11	Adds 4 food and lodging inspectors to provide a total of 5 new FTE food and lodging inspectors, the same as the executive recommendation. Funding is provided for salaries and wages, including performance and health insurance increases ($558,543), and operating expenses ($111,699). The funding source is also changed to provide one half of the cost of the 4 FTE positions is provided from special funds available as a result of fee increases.	4.00		$367,231	$300,000	$667,231
12	Adds funding for Chemistry Lab chemist II in the Environmental Health Section	1.00	1	$129,854		$129,854
13	Adds funding for municipal facilities data processing coordinator in the Environmental Health Section	1.00	1	$111,657		$111,657
14	Adds funding municipal facilities environmental engineer in the Environmental Health Section	1.00	1	$150,728		$150,728
15	Adds funding waste management environmental scientist in the Environmental Health Section	3.00	1	$389,679		$389,679
16	Adds funding water quality environmental scientist in the Environmental Health Section	2.00	1	$259,786		$259,786
17	Adds funding for performance increases related to additional Environmental Health Section FTE		1	$38,579		$38,579
18	Adds funding for health insurance increases related to additional Environmental Health Section FTE		1	$28,520		$28,520
19	Adds funding for waste management temporary salaries in the Environmental Health Section		1	$3,850		$3,850
20	Adds funding for water quality temporary salaries in the Environmental Health Section		1	$40,700		$40,700
21	Adds funding for additional salaries for emergency and spill response in the Environmental Health Section		1	$104,544		$104,544
22	Adds funding for operating expenses and grants related to Environmental Health Section FTE		1	$2,049,300	$1,870,871	$3,920,171
23	Adds **one-time funding** for costs related to environmental impact in the Environmental Health Section		1	$11,400	$48,600	$60,000
24	Adds funding for additional federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and ebola emergency preparedness, lab capacity, and hospital preparedness.				$5,472,350	$5,472,350
25	Increases funding for local public health units to provide a total of $5.9 million from the general fund, $900,000 more than the executive recommendation.			$1,650,000		$1,650,000

26	Adds funding to expand the Seal! ND program which provides dental sealant services to elementary aged students.		$150,000		$150,000
27	Increases funding for operating expenses		$391,999		$391,999
28	Adjusts funding source for Women's Way from the community health trust fund to the general fund		$414,000	($414,000)	$0
31	Adds **one-time funding** for a school immunization interface module		$179,100		$179,100
32	Adds **one-time funding** for digital x-ray equipment for the forensic examiner		$44,000		$44,000
	Total proposed funding changes	13.00	$10,713,678	$8,309,137	$19,022,815

[1] Items directly related to the Environmental Health Section of the State Department of Health

Other proposed changes:

1 A section of legislative intent is added as follows:
LEGISLATIVE INTENT - FOOD AND LODGING DIVISION LICENSE FEES. It is the intent of the sixty-fourth legislative assembly that the food and lodging division of the state department of health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $300,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the food and lodging division.

2 A section of legislative intent is added as follows:
LEGISLATIVE INTENT - RURAL EMERGENCY MEDICAL SERVICES GRANT DISTRIBUTION. It is the intent of the sixty-fourth legislative assembly that, of the sum of $7,840,000 provided for rural emergency medical services grants in the grants line item in section 1 of this Act, at least ninety-five percent be distributed to emergency medical services providers that do not receive oil impact grant funding during the 2015-17 biennium.

3 A section is added to provide for a Legislative Management study of the University of North Dakota Forensic Pathology Center. (Language provided in Senator Holmberg amendment)

4 A section is added to provide for a Legislative Management study as follows:
LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGMENT. During the 2015-16 interim, the legislative management shall consider studying on-site sewage disposal in the state, including areas of the state lacking environmental programs to address on-site sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of on-site sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

Prepared by the Legislative Council staff
for Senator Mathern
April 3, 2015

HB1004
#1
Subcom
4-7-15

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adds funding for targeted equity included in the executive recommendation		$1,559,659		$1,559,659
2	Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month.		($167,308)	($108,257)	($275,565)
3	Increases funding for suicide prevention grants to provide a total of $1,180,000 from the general fund, the same as the executive recommendation		$350,000		$350,000
4	Increases funding for the dental loan repayment program to provide a total of $600,000, of which $240,000 is from the general fund and $360,000 is from the community health trust fund, the same as the executive recommendation		$60,000		$60,000
5	Adds funding for a behavioral health professional loan repayment program to provide loan repayment for one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, licensed practical nurses, and registered nurses each year of the biennium, the same as the executive recommendation		$495,000		$495,000
6	Increases funding in the tobacco prevention line item for a grant from the Tobacco Prevention and Control Executive Committee to be used for CDC best practices for comprehensive tobacco control			$500,000	$500,000
7	Adds funding for grants to community-based and hospital-based sexual assault nurse examiner programs. Grants must be used to train and support a sexual assault nurse examiner program.		$200,000		$200,000
8	Increases funding for domestic violence and rape crisis grants to provide a total of $2,550,000, of which $2,210,000 is from the general fund and $340,000 is from special funds, the same as the executive recommendation.		$300,000		$300,000
9	Adds funding for cardiac system of care. This item is optional item number 6 of 28 on the department's list of optional adjustments.		$601,400		$601,400
10	Adds funding for Million Hearts Initiative, limited to the hypertension program. This item is optional item number 9 of 28 on the department's list of optional adjustments.	1.00	$800,000	$639,573	$1,439,573

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11	Adds 4 food and lodging inspectors to provide a total of 5 new FTE food and lodging inspectors, the same as the executive recommendation. Funding is provided for salaries and wages, including performance and health insurance increases ($558,543), and operating expenses ($111,699). The funding source is also changed to provide one half of the cost of the 4 FTE positions is provided from special funds available as a result of fee increases.	4.00		$367,231	$300,000	$667,231
12	Adds funding for Chemistry Lab chemist II in the Environmental Health Section	1.00	1	$129,854		$129,854
13	Adds funding for municipal facilities data processing coordinator in the Environmental Health Section	1.00	1	$111,657		$111,657
14	Adds funding municipal facilities environmental engineer in the Environmental Health Section	1.00	1	$150,728		$150,728
15	Adds funding waste management environmental scientist in the Environmental Health Section	3.00	1	$389,679		$389,679
16	Adds funding water quality environmental scientist in the Environmental Health Section	2.00	1	$259,786		$259,786
17	Adds funding for performance increases related to additional Environmental Health Section FTE		1	$38,579		$38,579
18	Adds funding for health insurance increases related to additional Environmental Health Section FTE		1	$28,520		$28,520
19	Adds funding for waste management temporary salaries in the Environmental Health Section		1	$3,850		$3,850
20	Adds funding for water quality temporary salaries in the Environmental Health Section		1	$40,700		$40,700
21	Adds funding for additional salaries for emergency and spill response in the Environmental Health Section		1	$104,544		$104,544
22	Adds funding for operating expenses and grants related to Environmental Health Section FTE		1	$2,049,300	$1,870,871	$3,920,171
23	Adds **one-time funding** for costs related to environmental impact in the Environmental Health Section		1	$11,400	$48,600	$60,000
24	Adds funding for additional federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and ebola emergency preparedness, lab capacity, and hospital preparedness.				$5,472,350	$5,472,350
25	Increases funding for local public health units to provide a total of $5.9 million from the general fund, $900,000 more than the executive recommendation.			$1,650,000		$1,650,000

26	Adds funding to expand the Seal! ND program which provides dental sealant services to elementary aged students.		$150,000	$150,000
27	Increases funding for operating expenses		$391,999	$391,999
28	Adjusts funding source for Women's Way from the community health trust fund to the general fund		$414,000	($414,000)	$0
31	Adds **one-time funding** for a school immunization interface module		$179,100		$179,100
32	Adds **one-time funding** for digital x-ray equipment for the forensic examiner		$44,000		$44,000
Total proposed funding changes		13.00	$10,713,678	$8,309,137	$19,022,815

[1] Items directly related to the Environmental Health Section of the State Department of Health

Other proposed changes:

1 A section of legislative intent is added as follows:
LEGISLATIVE INTENT - FOOD AND LODGING DIVISION LICENSE FEES. It is the intent of the sixty-fourth legislative assembly that the food and lodging division of the state department of health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $300,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the food and lodging division.

2 A section of legislative intent is added as follows:
LEGISLATIVE INTENT - RURAL EMERGENCY MEDICAL SERVICES GRANT DISTRIBUTION. It is the intent of the sixty-fourth legislative assembly that, of the sum of $7,840,000 provided for rural emergency medical services grants in the grants line item in section 1 of this Act, at least ninety-five percent be distributed to emergency medical services providers that do not receive oil impact grant funding during the 2015-17 biennium.

3 A section is added to provide for a Legislative Management study of the University of North Dakota Forensic Pathology Center. (Language provided in Senator Holmberg amendment)

4 A section is added to provide for a Legislative Management study as follows:
LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGMENT. During the 2015-16 interim, the legislative management shall consider studying on-site sewage disposal in the state, including areas of the state lacking environmental programs to address on-site sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of on-site sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

HB 1004
Subcom
4-7-15 #2

North Dakota Department of Health - HB 1004
2015-2017 Executive Budget
Proposed Food and Lodging Division License Fees - Risk Based

Column A	Column B	Column C	Column D	Column E	Column F	Column G	C x G x 2
Facility Type	Current Fees	Number of Facilites	(Risk Category) Number of Inspections/Yr/ Facility	Number of Inspections/ Yr	Number of inspections/ Biennium	New Rate	Total Revenue
Beverages - *licensed each year - no inspections*	$80	285	n/a	n/a	n/a	$ 80	$ 45,600
Assisted Living Facility	$120	42	2	84	168	$ 160	$ 13,440
Bar/Tavern	$80	11	1	11	22	$ 80	$ 1,760
Bed & Breakfast Facility	$50	46	1	46	92	$ 70	$ 6,440
Child Care Facility	$50	20	3	60	120	$ 80	$ 3,200
Electrologist - Initial and Renewal*	$50/$25	19	1	19	38	$ 25	$ 950
Electronic Hair Removal Technician - Initial and Renewal*	$30/$25			-	-		$ -
Food Processing Plant	$60	48	2	96	192	$ 90	$ 8,640
Limited Restaurant	$110	290	2	580	1,160	$ 160	$ 92,800
Lodging Establishment with 1-3 rooms	$50	102	1	102	204	$ 50	$ 10,200
Lodging Establishment with 4-10 rooms	$70	131	1	131	262	$ 70	$ 18,340
Lodging Establishment with 11-20 rooms	$100	53	1	53	106	$ 100	$ 10,600
Lodging Establishment with 21-50 rooms	$120	84	1	84	168	$ 120	$ 20,160
Lodging Establishment with 51-100 rooms	$150	71	1	71	142	$ 150	$ 21,300
Lodging Establishment with 101-250 rooms	$225	22	1	22	44	$ 225	$ 9,900
Lodging Establishment with 251-500 rooms	$325	7	1	7	14	$ 325	$ 4,550
Lodging Establishment with 501-1000 rooms	$450	1	1	1	2	$ 450	$ 900
Lodging Establishment with 1000+ rooms	$600	1	1	1	2	$ 600	$ 1,200
MHP/TP/CG owned by state/municipality/non-profit	$0	0		-	-		$ -
MHP/TP/CG with 3-10 lots	$90	185	1	185	370	$ 90	$ 33,300
MHP/TP/CG with 11-25 lots	$135	121	1	121	242	$ 135	$ 32,670
MHP/TP/CG with 26-50 lots	$175	75	1	75	150	$ 175	$ 26,250
MHP/TP/CG with 51-100 lots	$220	41	1	41	82	$ 220	$ 18,040
MHP/TP/CG with 101-150 lots	$270	25	1	25	50	$ 270	$ 13,500
MHP/TP/CG with 151-200 lots	$320	9	1	9	18	$ 320	$ 5,760
MHP/TP/CG with 201-250 lots	$370	12	1	12	24	$ 370	$ 8,880
MHP/TP/CG with 250+ lots	$420	12	1	12	24	$ 420	$ 10,080
Mobile Food/Temporary Food	$110	285	1	285	570	$ 140	$ 79,800
Restaurant - Flat fee of $110 + $.50/seat - Risk Category 2	$210/max	22	2	44	88	$ 130	$ 5,720
Restaurant - Flat fee of $110 + $.50/seat - Risk Category 3	$210/max	499	3	1,497	2,994	$ 230	$ 229,540
Restaurant - Flat fee of $110 + $.50/seat - Risk Category 4	$210/max	23	4	92	184	$ 330	$ 15,180
Retail Food Store/Meat Market/Bakery (<2500 square feet)	$110	125	1	125	250	$ 130	$ 32,500
Retail Food Store/Meat Market/Bakery (2500-5000 square feet)	$120	26	1	26	52	$ 150	$ 7,800
Retail Food Store/Meat Market/Bakery (>5000 square feet)	$140	12	1	12	24	$ 180	$ 4,320
Maximum license fee for MK <2500 square feet	$150	183	2	366	732	$ 210	$ 76,860
Maximum license fee for MK 2500-5000 square feet	$210	189	3	567	1,134	$ 320	$ 120,960
Maximum license fee for MK >5000 square feet	$290	35	4	140	280	$ 420	$ 29,400
Salvaged Food	$100	0	1	-	-	$ 100	$ -
School *(certain schools inspected 2 times per year)*	$140	49	3	147	294	$ 160	$ 15,680
Tanning Facility with 1-5 beds - flat fee of $75 + $10/bed		61	1	61	122		$ 10,990
Tanning Facility with 5+ beds	$150	6	1	6	12	$ 150	$ 1,800
Tattoo & Body Art Establishment	$135	4	1	4	8	$ 135	$ 1,080
Vending Machine	$30	166	1	166	332	$ 30	$ 9,960
Subtotal							$ 1,060,050
Restaurant Per Seat Charge - Total							$ 47,915
Total Proposed Fees - 2017 - 2019 Biennium							$ 1,107,965

* - These fees established in law, and not by administrative rule like the rest

April 7, 2015

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1004

Subcomm

4-8-15

Prepared by the Legislative Council staff
for Senate Subcommittee on the
State Department of Health
April 8, 2015

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE		General Fund	Special Funds	Total
1	Adds funding for targeted equity included in the executive recommendation			$1,559,659		$1,559,659
2	Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month.			($167,308)	($108,257)	($275,565)
3	Increases funding in the tobacco prevention line item for a grant from the Tobacco Prevention and Control Executive Committee to be used for CDC best practices for comprehensive tobacco control				$500,000	$500,000
4	Adds 2 food and lodging inspectors to provide a total of 3 new FTE food and lodging inspectors, the same as the executive recommendation. Funding is provided for salaries and wages, including performance and health insurance increases ($277,768), and operating expenses ($55,850). The funding source is also changed to provide $150,000 of the cost of the 2 FTE positions is provided from special funds available as a result of fee increases.	2.00		$183,618	$150,000	$333,618
5	Adds funding municipal facilities environmental engineer in the Environmental Health Section	1.00	1	$150,728		$150,728
6	Adds funding waste management environmental scientist in the Environmental Health Section	1.00	1	$129,893		$129,893
7	Adds funding water quality environmental scientist in the Environmental Health Section	2.00	1	$259,786		$259,786
8	Adds funding for performance increases related to additional Environmental Health Section FTE		1	$20,178		$20,178
9	Adds funding for health insurance increases related to additional Environmental Health Section FTE		1	$14,260		$14,260
10	Adds funding for operating expenses ($117,936) related to additional Environmental Health Section FTE and additional legal fees related to Environmental Health Section ($270,000)		1	$387,936		$387,936

11 Adds funding for additional federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and ebola emergency preparedness, lab capacity, and hospital preparedness.			$5,472,350	$5,472,350
12 Adjusts funding source for Women's Way from the community health trust fund to the general fund		$414,000	($414,000)	$0
13 Adds **one-time funding** for digital x-ray equipment for the forensic examiner		$44,000		$44,000
14 Increases funding for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation		$1,100,000		$1,100,000
Total proposed funding changes	6.00	$4,096,750	$5,600,093	$9,696,843

[1] Items directly related to the Environmental Health Section of the State Department of Health

Other proposed changes:

1 A section of legislative intent is added as follows:
LEGISLATIVE INTENT - FOOD AND LODGING DIVISION LICENSE FEES. It is the intent of the sixty-fourth legislative assembly that the food and lodging division of the state department of health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the food and lodging division.

2 A section is added to provide for a Legislative Management study of the University of North Dakota Forensic Pathology Center. (Language provided in Senator Holmberg amendment)

3 A section is added to provide for a Legislative Management study as follows:
LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGMENT. During the 2015-16 interim, the legislative management shall consider studying on-site sewage disposal in the state, including areas of the state lacking environmental programs to address on-site sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of on-site sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

#1004
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Senbcom
4-8-15

Prepared by the Legislative Council staff
for Senator Mathern
April 8, 2015

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding for suicide prevention grants for programming started this biennium to do outreach assisting persons and families to find help, to provide a total of $1,180,000 from the general fund, the same as the executive recommendation		$350,000		$350,000
2	Adds funding for a behavioral health professional loan repayment program to provide loan repayment for one psychologist and four social workers, addiction counselors, professional counselors, psychology nurse practitioners, licensed practical nurses, and registered nurses each year of the biennium, ~~the same as the~~ reduced from TM executive recommendation (reduced from 495K)		$200,000		$200,000
3	Increases funding for domestic violence and rape crisis grants to provide a total of $2,550,000, of which $2,210,000 is from the general fund and $340,000 is from special funds derived from marriage license fees, the same as the executive recommendation		$300,000		$300,000
4	Adds funding to expand the Seal! ND program which provides dental sealant services to elementary aged students. This program will provide services to an additional 2,000 children and has been approved by the Senate, but has failed in the House		$150,000		$150,000
5	Adds **one-time funding** for a school immunization interface module to improve compliance with school immunization requirements and simplify the requirements for parents, schools and providers		$179,100		$179,100
	Total proposed funding changes	0.00	$1,179,100	$0	$1,179,100

Other proposed changes:

None

15.8112.02003
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
April 8, 2015

#1
4-9-15

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 2, remove the first "and"

Page 1, line 3, after "program" insert "; to provide a statement of legislative intent; and to provide for legislative management studies"

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$9,711,166	$64,468,676
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	7,301,524	44,606,538
Capital assets	2,224,288	1,494,944	3,719,232
Grants	57,510,729	1,451,031	58,961,760
Tobacco prevention	5,544,251	1,369,464	6,913,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$14,644,979	$198,869,921
Less estimated income	139,303,434	4,617,530	143,920,964
Total general fund	$44,921,508	$10,027,449	$54,948,957
Full-time equivalent positions	354.00	13.00	367.00"

Page 2, after line 9, insert:

"Forensic examiner x-ray equipment	0	44,000"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$824,000
Less estimated income	265,000	488,000
Total general fund	$980,000	$336,000"

Page 3, after line 10, insert:

"**SECTION 5. LEGISLATIVE INTENT - FOOD AND LODGING DIVISION LICENSE FEES.** It is the intent of the sixty-fourth legislative assembly that the food and lodging division of the state department of health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue. The state department of health shall use the additional special fund revenue as appropriated in section 1 of this Act to fund a portion of the costs related to additional full-time equivalent inspection positions in the food and lodging division.

SECTION 6. LEGISLATIVE MANAGEMENT STUDY - UNIVERSITY OF NORTH DAKOTA FORENSIC PATHOLOGY CENTER. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of the university of North Dakota acquiring the building that houses the university of North Dakota forensic pathology center. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - WASTE MANAGEMENT. During the 2015-16 interim, the legislative management shall

1.1

consider studying onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$54,757,510	$61,864,139	$2,604,537	$64,468,676
Operating expenses	37,305,014	40,605,327	4,001,211	44,606,538
Capital assets	2,224,288	3,488,810	230,422	3,719,232
Grants	57,510,729	55,901,090	3,060,670	58,961,760
Tobacco prevention	5,544,251	6,413,715	500,000	6,913,715
WIC food payments	24,659,861	20,200,000		20,200,000
Accrued leave payments	2,223,289			
Total all funds	$184,224,942	$188,473,081	$10,396,840	$198,869,921
Less estimated income	139,303,434	138,320,871	5,600,093	143,920,964
General fund	$44,921,508	$50,152,210	$4,796,747	$54,948,957
FTE	354.00	361.00	6.00	367.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Health Insurance Premium Increases[1]	Adds Funding for Targeted Equity[2]	Adds Funding for Food & Lodging Inspectors[3]	Adds Funding for Environmental Health Positions[4]	Adds Funding for Environmental Health Section Legal Fees[5]	Adds One-Time Funding for Forensic Examiner Equipment[6]
Salaries and wages	($254,175)	$1,559,659	$270,638	$560,582		
Operating expenses			55,850	117,936	270,000	
Capital assets						44,000
Grants						
Tobacco prevention						
WIC food payments						
Accrued leave payments						
Total all funds	($254,175)	$1,559,659	$326,488	$678,518	$270,000	$44,000
Less estimated income	(108,257)	0	150,000	0	0	0
General fund	($145,918)	$1,559,659	$176,488	$678,518	$270,000	$44,000
FTE	0.00	0.00	2.00	4.00	0.00	0.00

	Adjusts Funding for Women's Way[7]	Increases Funding for Rural EMS Grants[8]	Increases Funding for Tobacco Prevention[9]	Adds Funding for Federal Grants[10]	Increases Funding for Local Public Health Units[11]	Adds Funding for Cardiac System of Care[12]
Salaries and wages				$467,833		
Operating expenses				3,357,425		200,000
Capital assets				186,422		
Grants		1,100,000		1,460,670	500,000	
Tobacco prevention			500,000			
WIC food payments						
Accrued leave payments						
Total all funds	$0	$1,100,000	$500,000	$5,472,350	$500,000	$200,000
Less estimated income	(414,000)	0	500,000	5,472,350	0	0
	$414,000	$1,100,000	$0	$0	$500,000	$200,000

1.2

General fund						
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	$2,604,537
Operating expenses	4,001,211
Capital assets	230,422
Grants	3,060,670
Tobacco prevention	500,000
WIC food payments	
Accrued leave payments	
Total all funds	$10,396,840
Less estimated income	5,600,093
General fund	$4,796,747
FTE	6.00

[1] Funding for employee health insurance premiums is adjusted to reflect the revised premium estimate of $1,130.22 per month and to reflect FTE adjustments made by the Senate.

[2] Funding for targeted equity is added, the same as the executive recommendation.

[3] Funding is added for 2 food and lodging inspectors to provide a total of 3 new FTE food and lodging inspectors, 2 less than the executive recommendation. Funding is provided for salaries and wages ($260,958), related salary increase funding ($9,680), and operating expenses ($55,850). The funding source is also changed to provide $150,000 of the cost of the 2 FTE positions is provided from special funds available as a result of fee increases.

[4] Funding is added for 4 FTE positions--municipal facilities (1 FTE position), waste management (1 FTE position), and water quality (2 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages ($540,407), related salary increase funding ($20,175), and operating expenses ($117,936).

[5] Funding is provided for increased legal fees in the Environmental Health Section of the department.

[6] One-time funding is added for digital x-ray equipment for the forensic examiner.

[7] Funding for the Women's Way program is adjusted to provide $414,000 from the general fund, instead of the community health trust fund.

[8] Funding is increased by $1.1 million from the general fund for rural emergency medical services grants to provide a total of $8.94 million, of which $1.25 million is from the insurance tax distribution fund, the same as the executive recommendation.

[9] Funding for tobacco prevention is increased to provide for a grant from the Tobacco Prevention and Control Executive Committee to be used for the Centers for Disease Control *Best Practices for Comprehensive Tobacco Prevention and Control Programs*.

[10] Funding is added for federal grants anticipated by the department, including funding for colorectal cancer screening capacity, stroke prevention, and Ebola emergency preparedness, lab capacity, and hospital preparedness.

[11] Funding for grants to local public health units is increased by $500,000 to provide a total of $4.75 million from the general fund, $250,000 less than the executive recommendation.

[12] Funding is added for cardiac system of care.

This amendment also adds:

- A section of legislative intent to provide the Division of Food and Lodging of the State Department of Health, based on risk and pursuant to audit recommendations, adjust food and lodging division license fees to generate up to $150,000 of additional special fund revenue and that the department use the additional special fund revenue to fund a portion of the costs related to additional full-time equivalent inspection positions in the Division Food and Lodging.
- A section to provide for a Legislative Management study of the feasibility and desirability of the University of North Dakota acquiring the building that houses the University of North Dakota Forensic Pathology Center.
- A section to provide for a Legislative Management study of onsite sewage disposal in the state, including areas of the state lacking environmental programs to address onsite sewage disposal, lack of uniform standards for disposal, regulation authority, and the impact of onsite sewage disposal and waste management on industry and the public.

Prepared by the Legislative Council staff for
Senator Mathern
April 9, 2015

#2
4-9-15

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, replace lines 13 through 23 with:

"Salaries and wages	$54,757,510	$7,256,629	$62,014,139
Accrued leave payments	2,223,289	(2,223,289)	0
Operating expenses	37,305,014	3,479,413	40,784,427
Capital assets	2,224,288	1,264,522	3,488,810
Grants	57,510,729	(1,259,639)	56,251,090
Tobacco prevention	5,544,251	869,464	6,413,715
WIC food payments	24,659,861	(4,459,861)	20,200,000
Total all funds	$184,224,942	$4,927,239	$189,152,181
Less estimated income	139,303,434	(982,563)	138,320,871
Total general fund	$44,921,508	$5,909,802	$50,831,310
Full-time equivalent positions	354.00	7.00	361.00"

Page 2, after line 9, insert:

"School immunization interface module	0	179,100"

Page 2, replace lines 11 through 13 with:

"Total all funds	$1,245,000	$959,100
Less estimated income	265,000	488,000
Total general fund	$980,000	$471,100"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$54,757,510	$61,864,139	$150,000	$62,014,139
Operating expenses	37,305,014	40,605,327	179,100	40,784,427
Capital assets	2,224,288	3,488,810		3,488,810
Grants	57,510,729	55,901,090	350,000	56,251,090
Tobacco prevention	5,544,251	6,413,715		6,413,715
WIC food payments	24,659,861	20,200,000		20,200,000
Accrued leave payments	2,223,289			
Total all funds	$184,224,942	$188,473,081	$679,100	$189,152,181
Less estimated income	139,303,434	138,320,871	0	138,320,871
General fund	$44,921,508	$50,152,210	$679,100	$50,831,310
FTE	354.00	361.00	0.00	361.00

Department No. 301 - State Department of Health - Detail of Senate Changes

	Increases Funding for Suicide Prevention Grants[1]	Adds Funding for Dental Sealant Program[2]	Adds One-Time Funding for a School Immunization Module[3]	Total Senate Changes
Salaries and wages		$150,000		$150,000
Operating expenses			179,100	179,100

2 1

Capital assets				
Grants	350,000			350,000
Tobacco prevention				
WIC food payments				
Accrued leave payments				
Total all funds	$350,000	$150,000	$179,100	$679,100
Less estimated income	0	0	0	0
General fund	$350,000	$150,000	$179,100	$679,100
FTE	0.00	0.00	0.00	0.00

[1] Funding for suicide prevention grants is increased to provide a total of $1,180,000 from the general fund, the same as the executive recommendation.

[2] Funding is added to expand the Seal! ND program which provides dental sealant services to elementary aged students.

[3] One-time funding for a school immunization interface module is added, the same as the executive recommendation.

Prepared by the Legislative Council staff
for Senator Mathern
April 9, 2015

#3

4-9-15
HB1004

HOUSE BILL NO. 1004
LISTING OF PROPOSED CHANGES TO ENGROSSED VERSION

Department - State Department of Health

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Increases funding for suicide prevention grants for programming started this biennium to do outreach assisting persons and families to find help, to provide a total of $1,180,000 from the general fund, the same as the executive recommendation		$350,000		$350,000
2	Adds funding to expand the Seal! ND program which provides dental sealant services to elementary aged students. This program will provide services to an additional 2,000 children and was included in Senate Bill No. 2197, approved by the Senate, but defeated in the House.		$150,000		$150,000
3	Adds **one-time funding** for a school immunization interface module to improve compliance with school immunization requirements and simplify the requirements for parents, schools and providers, the same as the executive recommendation		$179,100		$179,100
	Total proposed funding changes	0.00	$679,100	$0	$679,100

Other proposed changes:

None

3.1

North Dakota Suicide Prevention Program:

The overall goal of the Suicide Prevention Program is to reduce the number of attempted and completed suicides across all ages and races of North Dakota residents by:

1. Collecting data on completed suicides and supporting expansion of data collection to include suicide attempts.
2. Promoting public awareness of suicide and suicide prevention strategies.
3. Collaborating with the North Dakota Suicide Prevention Coalition as well as other state and local agencies to apply suicide prevention and early intervention strategies within the members' professional work and communities and to reduce the stigma of help-seeking.
4. Providing grants for suicide prevention activities.

The history of suicide prevention and importance of the program:

Suicide has been increasing nationally and within North Dakota for the past several years. Nationally 40,600 died by suicide in 2012 which is the most recent data on record. It is estimated that over 1 million people attempt suicide on an annual basis. The national suicide rate is 12.4/100,000. The national rate of suicide has increased slightly but has typically been 12.2/100,0000.

The most recent data for North Dakota is from 2013. In 2013, 138 North Dakota residents died by suicide. In 2013, males comprised 80% of North Dakota resident suicides and while 80% of the suicides were Caucasian, Native Americans had a higher rate of suicide at 57.4/100,000. In 2013, the highest rates of suicide by age of all races in North Dakota are:

Rank	Age	Rate of suicide
1	35-44	31.9/100,000
2	25-34	29.8/100,000
3	10-24	26.0/100,000

Because of North Dakota's booming population not everyone is considered a resident of North Dakota, an additional 18 non-residents died by suicide in 2013 bringing the total reported number of suicides to 156 in 2013. (When calculating the rate of suicide, only the resident data is used (138)). North Dakota has a significantly higher suicide rate than the national average.

Year	ND resident rate of suicide
2013	20.5/100,000
2012	15.9/100,000
2011	16.9/100,000
2010	15.3/100,000
2009	13.9/100,000
2008	13.4/100,000
2007	14.5/100,000

Previous grant funding

The Department of Health provides funding opportunities to other state and local agencies for suicide prevention and education opportunities. These grant opportunities typically include training opportunities and awareness events. In the 2013-2015 biennium the following grants were awarded

Grants	Funding amount
To Schools for direct work with students (warning signs, resilience activities, etc.)	$70,000
To Medical Clinics for screening for depression using the Patient History Questionnaire (PHQ)2 and PHQ9 tools and making referrals as appropriate	$290,000
Training/Community Education to non-profits, schools, universities, human service centers, and Native American program	$340,000

Additional grant funding

With additional funding the suicide prevention program would be able to address several factors such as age, race and new and transient populations contributing to the increase in suicides in North Dakota.

Additional programming	Outcome
Expand the screening program within medical facilities across the state	Additional providers providing early intervention and providing additional referrals to behavioral health programs
Bring a train the trainer program to ND on Counseling on Access to Lethal Means (CALM training) (On the best practice registry)	56% of ND suicides are firearm related, this training will provide education on discussing lethal means with people thinking of suicide without confiscating lethal means. A train-the-trainer program creates long term sustainability
Offer American Indian Life Skills train the trainer on all reservations (On the best practice registry)	Reservations have requested assistance bringing this to communities. This training offers increased collaboration between schools and community leaders, focused attention on positive life skills, resiliency within a culturally relative setting
Offer trainings for colleges, including students, faculty and staff (online)	Continue online training with expanded reach across the state for schools and offer free programing to fulfill the two hour requirement for school teachers and administrators
Begin work in the oil impacted counties	Because the highest rates of suicide are the 35-44 and 25-34, begin working in the oil impacted areas. This could include increased hospital screenings and referrals, increased work in schools to promote healthy futures, and worksite education
Training for Healthcare and Behavioral health professionals on screening and referrals.	Additional collaboration between healthcare and behavioral health providers, receiving the same best practice education and consistent screening and referral options.

Senators, this is to support the $350K request. Material prepared by Department of Health, Tim Mathern 4.9.2015

North Dakota Oral Health Program is helping children smile

The North Dakota Department of Health's (NDDoH) Oral Health Program is offering preventive dental services to children in target schools across the state through its Seal! North Dakota program. There are four public health hygienists employed by the program to provide oral health services to the schools. Seal! North Dakota targets schools with a 45 percent or higher free and reduced-fee lunch rate, and is currently serving 18 schools. The program offers dental screenings, dental sealants, and fluoride varnish to every child pre-kindergarten through sixth grade.

Why sealants?
Tooth decay (cavities) is the most prevalent infectious disease in children and it is 100 percent preventable. Studies have shown that dental sealants can reduce cavities by 85 percent. The process to apply them is quick and easy with the whole procedure taking roughly ten minutes. Children can go right back to class after the procedure is done, and they are able to eat and/or drink immediately after getting sealants. This ease of application makes them a perfect fit for the school environment.

Many children helped
Supported by federal funds, about 2,000 children in North Dakota have benefited from the Seal! North Dakota program since it began in August of 2012.

More children could be helped
During the 2015, North Dakota legislative session, the North Dakota Oral Health Coalition submitted a bill for $150,000 that will help expand and maintain the Seal! North Dakota program for the next biennium. General funds of $150,000 would allow an additional 2,000 children to be served annually.

The need to help children
The 2010 Basic Screening Survey showed the following in our North Dakota third-grade children:

- Fifty-five percent of third-graders had experienced tooth decay.
- Twenty-one percent of third-graders had untreated tooth decay.
- The percentage of North Dakota children with untreated tooth decay and dental sealants present was unevenly distributed in the state, with greater unmet needs in minority populations.

Appropriation Senators, This expansion was the purpose of SB 2197, introduced by the Oral Health Coalition, which was passed by the Senate Human Services and Appropriations Committees and the Senate earlier in the session. It was recently defeated in the House 36-55. This sealant procedure is a cost-effective, evidence-based public health measure that prevents cavities in high-rise children and saves the state Medicaid dollars on more extensive treatment later. Tim 4.8.2015

School Immunization Module: $179,100

During the 2012 – 2013 school year, North Dakota had the fifth worst immunization rate for measles, mumps and rubella (MMR) vaccine in the nation, putting North Dakota children at risk for vaccine preventable disease outbreaks in the school setting. An electronic system is needed to improve compliance with North Dakota childcare, school and college entry requirements and to reduce staff time at schools, local public health units, and the NDDoH to track and report immunization rates.

This project is to develop a school immunization tracking and reporting system (module) in NDIIS to assist childcares, schools, colleges and local public health units in determining student compliance with state immunization laws. Children attending childcare, kindergarten through 12th grade, and college in ND must meet entry requirements for specific vaccinations. Parents are required to submit a paper Certificate of Immunization (CIS) to show proof of immunization. Schools are responsible for reviewing the CIS to make sure students are fully immunized and meet state immunization requirements. Schools also have the responsibility to follow-up with, track and furlough students not in compliance with school requirements.

The School Module offers a portal into the NDIIS currently used by healthcare providers and mandated for childhood immunizations in North Dakota. An NDIIS School Module would allow authorized schools to link students using data from the longitudinal data system with a school and grade and access immunizations already entered by healthcare providers, rather than spending many hours entering student immunizations in a school specific student information system or tracking students' immunization statuses by hand. The module would notify schools if students are in compliance with state immunization requirements. School staff could print student-specific reports and letters to track required immunizations, and submit the required annual immunization status report required by state law to the NDDoH.

Senators, This was prepared by Department of Health, Tim 4.8.2015