

2019 HOUSE APPROPRIATIONS

HB 1004

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/10/2019
30642, 30647, & 30671

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

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:

A,B,C,D, E

Take Roll.

Introduce bill number and name.

Mylynn Tufte, State Health Officer for the North Dakota Department of Health (NDDoH):
(see attachment A)

(4.23) Chairman Jon O. Nelson: You had an overview with the human resource policies committee yesterday correct?
-Handed out **attachment B**

Ms. Tufte: Yes, correct.

Chairman Jon O. Nelson: Is this a duplication of that?

Ms. Tufte: No, it's different.

(5.45) Ms. Tufte: (continued attachment A)

(12.30) Chairman Jon O. Nelson: The Lake Region Public Health had a grant that was approved for the distribution of naloxone, was that the method of distribution through public health through the state.

Ms. Tufte: I believe that grant came through a different department, the division of behavioral health, not the department of health.

(13.40) Ms. Tufte: (continued attachment A)

(16.41) Chairman Jon O. Nelson: One comment, in the last session, there were some changes made in the EMS area as far as grants. From what I remember, the legislature was unaware of the changes.

Ms. Tufte: I think you are talking about the grants that were decided in an interim session and I think that they came to a good decision during that time.

(18.59) Representative Lisa Meier: How many applications have come forth so far in the marijuana program?

Ms. Tufte: As of yesterday we have 160 applications and at the end of the week we anticipate putting our 60 completed cards.

Representative Randy A. Schobinger: What are you seeing on the demand side? Are those applications enough?

Ms. Tufte: I think that it's too early to tell on the economics of the dispensaries and the state of the medical marijuana business because we don't have the product yet out to the consumer. It's still early but we are working as quickly as we can to get that out.

(21.30) Brenda Weisz, Chief Financial Officer for the North Dakota Department of Health: (continued attachment A, page 7)

(33.05) Chairman Jon O. Nelson: Do you plan to publish the revenue that is generated through the marijuana program?

Ms. Weisz: That is certainly something we can look at doing.

Chairman Jon O. Nelson: I think that would be something good for us to follow.

Ms. Weisz: Yes, I agree, we have gotten many calls too due to citizen's surprise.

(34.46) Ms. Weisz: (continued attachment A)

(36.18) Vice Chairman Gary Kreidt: Over the past didn't we have a 480,000-dollar contract with University of North Dakota (UND) for doing the examinations?

Ms. Weisz: Yes, we still have that included in this budget.

Chairman Jon O. Nelson: Explain the state of the proposed level of efficiency we hoped to gain cannot be realized at this time.

Ms. Weisz: The research grants would be able to bring additional funding into the state, but UND isn't able to access these grants. Because it would then cost UND more money to do the shift, it didn't make sense to do the shift.

Chairman Jon O. Nelson: They weren't willing partners at the contract price then, is that correct?

Ms. Weisz: They were willing partners to take a look at it, but we were asking them to take that 1.8 million and make it more efficient, or even if they could take it and reduce a little bit of the 1.8 in economies of scale in looking at those options. It wasn't possible to do either one of those options.

Chairman Jon O. Nelson: Were back then to business as usual with an upgrade from manual to digital recording?

Ms. Weisz: We don't have it budgeted to upgrade at this time.

Chairman Jon O. Nelson: Do you have a cost for that upgrade?

Ms. Weisz: Currently we do not, but we can look into that.

(39.30) Ms. Weisz: (Continued attachment A)

Chairman Jon O. Nelson: This lab is located out by the state penitentiary right?

Ms. Weisz: Yes, you are correct.

(40.46) Representative Lisa Meier: How old is the lab building?

Ms. Weisz: Built in 1976.

(41.45) Ms. Weisz: (Continued attachment A)

(43.24) Chairman Jon O. Nelson: When we passed Medicaid expansion, it appeared that there would be less need in this program, has that been realized by you?

Susan Mormann, Director of Community and Health Systems for the NDDoH: There has been a decrease in the number of individuals enrolling often times because they are not eligible for the Medicaid program. However, we are seeing an increase in the number of screenings. We are continuing to screen, but we do see the individuals that are

Chairman Jon O. Nelson: Do you track the number of people that fit in that description that were referred to expansion?

Ms. Mormann: It is something that we do track, but I would need to look at the numbers to make sure.

Chairman Jon O. Nelson: I think that would be good information to have.

(47) Ms. Weisz: (Continued attachment A)

(52.40) Chairman Jon O. Nelson: Is this a onetime funding need as well?

Ms. Weisz: Part of it is a onetime funding, but the other part is the annual maintenance costs.

(53.20) Ms. Weisz: (Continued attachment A)

(54.29) Chairman Jon O. Nelson: Give us a breakdown of that funding.

Ms. Weisz: The payment that goes into the trust fund will no longer be coming to that fund. I can bring forward schedules of what the funding is used for.

Chairman Jon O. Nelson: But the tobacco control and trust fund is 0 out correct?

Ms. Weisz: The funding that goes into that will be 0 out, but there is currently still a balance in that fund.

(56.10) Vice Chairman Gary Kreidt: When was the last payment from the tobacco settlement made?

Ms. Weisz: Every April a payment comes in and is then dispersed. 45% to their common schools trust fund, 45% to the water fund, and 10% to the community health trust fund.

Chairman Jon O. Nelson: And that generates what?

Stephanie Gullickson, Office of Management and Budget, Fiscal Management: I can look it up.

Sheila Sandness, Legislative Council, Fiscal: We will be putting it out in January. About 36 million for the future biennium and in 17-19 the projected revenues are 71 million, including 30 million payment.

(59.20) Ms. Weisz: (Continued attachment A)

(1.01.27) Chairman Jon O. Nelson: Is this grant a one year?

Ms. Weisz: Yes, we applied for a one year.

Chairman Jon O. Nelson: If this does continue, what would be the total?

Ms. Weisz: 1.9 million.

Chairman Jon O. Nelson: OK, I'd like to see how that is implemented.

(1.02.20) Ms. Weisz: (Continued attachment A)

(1.06.07) Chairman Jon O. Nelson: Budget section approval, would that work?

Ms. Weisz: I think my time at human services gave me options to move and then do a report.

Chairman Jon O. Nelson: I'm guessing there will be a few questions in that area.

Ms. Weisz: Yes, we would appreciate it if that was given consideration.

(1.06.58) Ms. Weisz: (Continued attachment A)

(1.12.03) Chairman Jon O. Nelson: What is the 23% of the budget for salaries? I'd like to know that from the public health area too.

Ms. Weisz: I can look that up.

(1.13.07) Ms. Weisz: (Continued attachment A)

(1.16.12) Vice Chairman Gary Kreidt: There was one audit finding last time on the green sheet?

Ms. Weisz: In our financial audit, we didn't have any findings. Does it have to do with sub recipient?

Vice Chairman Gary Kreidt: Yes.

Ms. Weisz: That was in our federal audit, and that has been resolved and corrected.

Chairman Jon O. Nelson: what is a sub recipient?

(1.18.05) Ms. Weisz: When given federal funding, there is opportunity to give that funding to those local organizations, nonprofits, they then become our sub recipients. When they are passed on we are required to do certain follow ups.

(1.19.38) Representative Lisa Meier: With the federal government shut down, do you perceive any problems with that?

Ms. Weisz: The shutdown has affected some programs, but not all of them. However, there is sufficient funding.

Vice Chairman Gary Kreidt: Do you still lease some buildings, and the price of the lease, and the square foot? On the construction projects, do you have a fee schedule for all of that? The tobacco prevention and control, have you been tracking any numbers since the transfer over to the department of health.

Chairman Jon O. Nelson: In addition to that, can you give us a comparison to the CDC data

Vice Chairman Gary Kreidt: Do you have open positions?

Ms. Sandness: We will be sending out emails this week that have the report.

Ms. Weisz: I can do that.

Chairman Jon O. Nelson: How many days will we need for your section to detail next week?

Ms. Weisz: I would say about a week, maybe 4 days.

(1.25.45): Introduce section chiefs (Attachment C)

- Tim Wiedrich, Section Chief for Emergency Preparedness and Response
- Kim Mertz, Section Chief of Healthy and Safe Communities
- Krissie Guerard, Director of Health Equity
- Susan Mormann, Director of Community and Health Systems
- Tracy Miller, State Epidemiologist
- Jason Wahl, Director of Medical Marijuana Program
- Dirk Wilke, Chief Operating Officer
- Lawrence (non-audible due to technical difficulties)
- Kirby Kruger, Chief of Medical Services
- Darleen Bartz, Chief of Health Resources
- Kelly Nagel, Systems Performance
- Neil, Director of the Tobacco Program

10 MINUTE RECESS- CONTINUE AFTERWARDS

CONTINUATION FROM EARLIER WITH PUBLIC TESTIMONY- NEW RECORDING #60347

Robin Iszler, Administrator at Central Valley Health District: (See attachment D)

(7.19) Representative Lisa Meier: If the money was restored, what would that mean for your area?

Ms. Iszler: There wouldn't be any additional funding but the numbers would not be reduced.

Chairman Jon O. Nelson: I would like to see a breakdown of the mill levies that the counties provide to the local public health units, and a short comparison of the local share of funding and how that has changed over recent history.

Ms. Iszler: I can provide that.

(9.22) Dustin Pyre, from Driscoll, North Dakota, Supporter of Measure 3: I'm here to point out the fact that Governor Burgum put a 0 in for his recommendation for medical marijuana. I understand that the program is supposed to be self-sufficient, but they do not allow for free market and out restrictions on it. I believe that in a couple more biennium, the program could be self-sufficient if there is a free market. I currently know that only about 140 people have been approved and I know that won't help fund the program either. There have been many patients that have come forward to me that are telling me that they are taking up to 10,000 pills/day, and that medical cannabis has reduced that down to 4,000 pills/day. I want to express my concern, and that it is vital to fund the program until it can be self-sufficient.

Chairman Jon O. Nelson: Within a month there should be product available in dispensaries.

(11.52) Dirk Wilke, Chief Operating Officer for NDDoH: Both manufacturing facilities have received their registration certificate and both are growing.

Chairman Jon O. Nelson: Is my statement accurate?

Mr. Wilke: Yes, that is accurate.

(13.10) Representative Richard G. Holman: What is the timeline or process from growing/harvest to delivery?

Mr. Wilke: I will have to get more information about that and get it back to the committee.

Mr. Pyre: Continued testimony. There is an urgency on this problem.

(14.19) Keith Johnson, Administrator for Custer Health in Mandan, ND: (Gave testimony, but no attachment.) I wanted to talk about mill levies. There is a uniform mill levy for each county. That particular county levy funds a certain amount of money for that county. Because of this the levy from each county will vary. In order to keep the health and tobacco section, there was a cut of about 10-15%, we need to keep the levy about even this session. Traditionally, my budgets have been about 19.5-20% county levy. However, my last budget was up to about 40% county levy, which made the counties unhappy. That is one of the reasons we are here with you today, hoping that you can help.

(17.16) Chairman Jon O. Nelson: Can you speak to the effort of bringing people together over the septic tank problem and a uniformed policy with that, and the question of a failed system?

Mr. Johnson: We have a uniformed septic code at the local level and have a copy of who has adopted the code and who hasn't. The idea is to get uniform local adoption and then go up to the state DEQ to host the state wide code, which will require licensure of installers and certification of inspectors. We went with the definition of a failed system from that meeting that a failed system is whether or not the system is operable or if the system has been implemented under code. A failed system is defined as one which has caused a public health nuisance.

Chairman Jon O. Nelson: That is a good start. There needs to be a coordinated solution so that people don't wonder if it's a good idea to live in rural ND as compared to other places.

(23.45) Mr. Johnson: We have 2 factors that are affecting our rural development. One is the increased number of development of that lakeshore property. The second is the water delivery systems. In the past, people didn't use much water because it "made their guts rumble," but when you deliver good water, people use more water. And if you use more water, you have to dispose of more water.

MEETING CONCLUDED

ADDITIONAL RECORDING #30671 FOR HB1004 FROM THE AFTERNOON

Ms. Gullickson, OMB: Attachment E

-No questions, meeting concluded

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/22/2019
31180

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the Budget-Health Resources Section and Fiscal & Operations Section.

Minutes:

A,B,C,D,E

Took Roll.
Read bill name.

Brenda Weisz, Chief Financial Officer for the ND Department of Health: (See attachment A & B)

Vice Chairman Gary Kreidt: From 17 to 18 you made some improvements, any reason for that? And if we went back more would we see the turnover rates increase?

Ms. Weisz: In 17 we had a voluntary separation program which contributed to that higher rate.

Chairman Jon O. Nelson: There's 2 information technology (IT) identification positions, 1 administrative staff, and 1 health surveyor?

Ms. Weisz: Yes. In total there is a reduction of 4 fulltime employee (FTE) and added one in the food and lodging area to help with the supervisory and monitoring in that area.

(6.50) Chairman Jon O. Nelson: There are fees that go with the food and lodging?

Ms. Weisz: For the base budget, and everything else included is supported with general fees and general funds. This FTE was added with general funds.

(7.40) Ms. Weisz: (continued attachment B)

(8.33) Chairman Jon O. Nelson: Are we doing as many health surveys in the upcoming biennium as we are in this biennium?

Ms. Weisz: We are doing just as many, and we are moving towards and electronic system to improve.

(9.15) Ms. Weisz: (continued attachment B)

Chairman Jon O. Nelson: We usually ask for a handout of the rental area and the cost per square foot.

Ms. Weisz: We rent from the capital and don't have any outside rent.

(10.13) Ms. Weisz: (continued attachment B)

Chairman Jon O. Nelson: Can you talk to the general and special fund increase and what that is made up of?

Ms. Weisz: We can go to the next page where I explain what is in those funds.

(12.07) Ms. Weisz: (continued attachment B)

Chairman Jon O. Nelson: If we had not gone through this executive unification package, those positions would have been funded through federal dollars?

Ms. Weisz: Yes. That money would have stayed in the budget then.

Chairman Jon O. Nelson: And with unification, that would all stay within the general fund responsibility?

Ms. Weisz: The federal funds that we pay for those positions, we will use those same funds to pay for information technology department (ITD) for the same services.

Chairman Jon O. Nelson: So there is no change in the payment mix from federal or general funds?

Ms. Weisz: There is no change in the funding mix, we will just pay them under a different means.

Ms. Weisz: (Continued attachment B)

Vice Chairman Gary Kreidt: The 93,000 dollars, is that the governor's recommendation or did you do that?

Ms. Weisz: That is something that we put forth due to the changes in the administrative staff.

Vice Chairman Gary Kreidt: Some of the loans have been payed off?

Ms. Weisz: Yes.

Vice Chairman Gary Kreidt: Do we have a number for the healthcare trust fund?

Stephanie Gullickson, Office of Management and Budget: 1 million dollars.

Vice Chairman Gary Kreidt: The construction fees, does that stay in the department?

Ms. Weisz: Those funds do go into our operating fund and they are used to fund the staff in that area.

(18.15) Ms. Weisz: (Continued attachment B)

Vice Chairman Gary Kreidt: That's consistent with the last biennium?

Ms. Gullickson: There was 1.7 million for the last biennium.

Vice Chairman Gary Kreidt: We used that for the long-term care?

Ms. Gullickson: Yes, for the last biennium, there are no expenditures in the executive budget for this biennium.

Vice Chairman Gary Kreidt: I think the healthcare trust fund is budgeted in there, but it can only be appropriated by legislators, not the governor.

Ms. Gullickson: Yes, correct.

(20.57) Ms. Weisz: (continued attachment B)

(23.30) Representative Lisa Meier: How many food and lodging inspectors do we have in the state?

Ms. Weisz: 6.5 currently.

(23.59) Ms. Weisz: (continued attachment B)

(25.15) Chairman Jon O. Nelson: In food and lodging you added an FTE, and you're now adding temporaries, is there that much of a backlog?

Ms. Weisz: There is pressure on the staff. If the fulltime employee (FTE) was retained, then we probably wouldn't need as great of an extent on the temporaries.

Chairman Jon O. Nelson: When we see the vacancies, is that a hard spot to fill?

Ms. Weisz: The area that has the most openings is the health facilities area.

Vice Chairman Gary Kreidt: Under the construction plan reviews, where are we at with the reviews?

Ms. Weisz: Better than the last time we spoke. With the 50,000 in food and lodging for the temporary, it allows us to help out in other areas. We can float the money to other areas that need the help.

Chairman Jon O. Nelson: You have that ability existing?

Ms. Weisz: Yes, we do.

Vice Chairman Gary Kreidt: Could you give me an update on where we are on the construction?

Ms. Weisz: Yes, we will put them together for you.

(28.50) Ms. Weisz: (handed out attachment C)

(29.59) Monte Engel, Division Director of Life safety and Construction: (see attachment C)

(31.40) Chairman Jon O. Nelson: How often do you approve this plan, do you continue to be present and involved through the whole process?

Mr. Engel: We charge the plan review fee up front when the plan is submitted to our office for review.

Chairman Jon O. Nelson: Is that done for the trinity hospital?

Mr. Engel: Yes.

Chairman Jon O. Nelson: Do you continue to have a presence in that plan then?

Mr. Engel: We still have a presence going forward until the project is completed, doing inspections during construction.

(33.37) Vice Chairman Gary Kreidt: At the completion of the project, you do a walkthrough then before you sign off on the building?

Mr. Engel: We do construction inspections throughout the project and once construction is completed we do a final inspection and then the facility can be licensed by health facilities.

(35.40) Ms. Weisz: (see attachment D)

(39.11) Chairman Jon O. Nelson: Explain the increase in special funds?

Ms. Weisz: There is a significant increase in the special funds in the salary section and that is the change in vital records. The fees that we are charging for the vital records is being deposited in the general funds and 2\$ goes to the department of human services for abuse and neglect. We are proposing that the operations in vital records be funded by those fees. We are proposing an increase in birth certificate fees to 15\$.

Representative Randy A. Schobinger: So on the department of transportation (DOT) side, are you seeing a big jump in requests for birth certificates in order to get that real ID?

Ms. Weisz: That is one category, but I will check to get the exact numbers. The death certificates are currently at 5\$ but they will go up to 15 with any additional fee charge being 10\$. These increases bring us more in line with what other Midwest states are charging. The fund would allow us to fund vital records.

(42.31) Vice Chairman Gary Kreidt: Do you still make the blue card for the birth certificate?

Ms. Weisz: No we don't.

(43.21) Ms. Weisz: (continued attachment D)

(43.40) Chairman Jon O. Nelson: I understand that it hadn't been raised in a while, but tell me the reasoning for doing it now on this budget?

Ms. Weisz: We met for our strategy meeting, and thought about if some of the programs in our department should be self-funded.

Chairman Jon O. Nelson: This doesn't help you meet your 5% reduction?

Ms. Weisz: Yes, it did help us meet our 10% reduction.

Chairman Jon O. Nelson: As long as it's not a general fund obligation it falls outside that reduction request? You were requested to submit a budget that was 5-10% less than the last budget. In the special fund category, that doesn't count toward that?

Ms. Weisz: When we did take away the general funds that funded the vital records that was a reduction of 1.5 million in the general fund. This did increase our special fund, and we had to look at that target as well. The proposal was submitted as an optional request.

Chairman Jon O. Nelson: So you backfilled that reduction with a special fund?

Ms. Weisz: Yes, we did.

(48.23) Representative Randy A. Schobinger: What is the cost to provide one, or as they get more does the cost go down?

Ms. Weisz: Do you mean our cost to provide it?

Representative Randy A. Schobinger: If I go online and request a birth certificate, what is your cost to get that to me?

Ms. Weisz: Our staffing cost or our charge cost?

Representative Randy A. Schobinger: What is the actual cost to provide it?

Ms. Weisz: For the operations of the vital record areas it was 1.5 million and then we added for technology services to better help the customers for 381,000 dollars. We put our operation costs at a bit over 1.5 million so that we could better help our customers.

Representative Lisa Meier: If we do go forward with the kiosk, would there be an added fee to pay for the kiosk?

Ms. Weisz: The intent was to build that within our budget to cover tat fee.

Representative Randy A. Schobinger: Would it be the intent on the kiosk to use the same ones the DOT is using to be able to print both?

Darin Meschke, Director of the Division of Vital Records of the Department of Health: We haven't gone down that road yet, but we will look at that as a general option. There has been an influx of getting birth certificates for the real ID.

Chairman Jon O. Nelson: We should get a schedule of the requests for the current biennium for the birth and death certificates.

Ms. Weisz: I have a document ready and it gives a current status of what we're doing and the number of what would go back to the funds.

Representative Lisa Meier: When was the last time we did an increase?

Mr. Meschke: 1983.

Chairman Jon O. Nelson: In that same document have some regional comparisons of what they're asking.

Ms. Weisz: We will make sure to do that.

(54.54) Ms. Weisz: (continued attachment D)

(55.17) Chairman Jon O. Nelson: Walk me through your proposal as far as the epidemiologist in the state. We still have 1 position in Bismarck?

Ms. Weisz: Yes, we have 1 statewide epidemiologist. You will hear about that under health and safe families.

Chairman Jon O. Nelson: Ok then we will wait on that.

Ms. Weisz: (continued attachment D)

(59.46) Chairman Jon O. Nelson: What is that called?

Ms. Weisz: Association for State and Territorial Health Officers. It's our professional organization as a public health entity that we belong to.

(1.00.06) Ms. Weisz: (continued attachment D)

(1.02.06) Chairman Jon O. Nelson: Explain the local public health decrease.

Ms. Weisz: That was a 10% decrease. When we budget for grants, we budget between grants that we give to instate entities and others that aren't in state grants that are not representative of local public health.

Chairman Jon O. Nelson: That is part of the state grant?

Ms. Weisz: That is not part of the state aid. We budget between state grants and non-state grants, it's just a difference in coding.

Vice Chairman Gary Kreidt: Explain non state to me.

Ms. Weisz: The difference is that instate is your state agencies that you plan to grant money to.

(1.04.36) Ms. Weisz: (continued attachment D)

(1.07.18) Chairman Jon O. Nelson: In this area it looks like there would be an overall decrease in the grant funding.

Ms. Weisz: A big part of that decrease is the preventive health block grant because we used to have contracts in this area that funded grants out under the preventive health block grant.

Chairman Jon O. Nelson: But the public health emergency preparedness grant has a significant decrease as well. How do we go forward in this area with the people that are utilizing this?

Ms. Weisz: They are fully funded based on the salaries that available.

Chairman Jon O. Nelson: So they are back filled with general fund?

Ms. Weisz: No, they are funded based on how they work within the programs for this part, and how they help the EPR area.

Representative Lisa Meier: With breast and cervical cancer grant, being that the executive budget didn't have a recommendation for that, what happens to that?

Ms. Weisz: For this area the funding for that grant is minimal so that grant is being used under the healthy and safe communities. There is a sufficient fund for that grant manager to be funded.

Representative Lisa Meier: It's a shared?

Ms. Weisz: It is and it's a balance between how you share the funding sources.

Chairman Jon O. Nelson: Is there an average length of time in those grants?

Ms. Weisz: Grant awards are usually awarded on cycles, but they provide a budget for a one-year period. Then you reapply for continuing appropriation within that cycle. No grant is the same, it depends on how they are budgeting it.

Chairman Jon O. Nelson: In the area of federal grants, do you get 100% of the grant awarded or do you get a portion of it subject to the 10% reduction?

Ms. Weisz: They watch that at the federal level and they will award us depending on that 10% reduction.

Chairman Jon O. Nelson: That is the continuing resolution portion?

Ms. Weisz: Yes, it seems to be that way.

(1.15.05) Ms. Weisz: (continued attachment D)

Chairman Jon O. Nelson: They'll fill that in their department?

Ms. Weisz: That is right, those federal funds that were going into our funds will go back to department of environmental quality (DEQ) and they will use that for their general funds.

Chairman Jon O. Nelson: That is for what type of professionals?

Ms. Weisz: Nurses, pharmacists, behavioral health, dental.

Chairman Jon O. Nelson: Do you have a schedule of the number of recipients in each part of the grants/awards?

Ms. Weisz: I do have a packet here and we can walk through that today.

Ms. Weisz: (continued attachment D)

(1.19.53) Chairman Jon O. Nelson: Explain the unallocated compensation package.

Ms. Weisz: When they run the compensation package, they look at where the funds are allocated, and then they will provide the funds accordingly. We put it into a lump sum instead of allocating it among general funds. At the end of session, we allocate it back into the certain funds.

Chairman Jon O. Nelson: But we didn't in 2017?

Ms. Weisz: Right because we didn't get an increase.

Chairman Jon O. Nelson: So when we come back in 2 years, the 180 won't be in there?

Ms. Weisz: No it will be allocated to the certain funds, and then hopefully there will be a new unallocated compensation package.

(1.22.30) Ms. Weisz: (continued attachment D)

(1.26.58) Chairman Jon O. Nelson: So overall there is a decrease of 36,000?

Ms. Weisz: Yes, but the program is not decreased. That is in a packet that I will hand out to you.

Ms. Weisz: (continued attachment D)

(1.28.08) Vice Chairman Gary Kreidt: Explain the M365.

Ms. Weisz: The M365 is to get every state agency on the same page. It's a Microsoft 365 licensing fee.

(1.28.50) Ms. Weisz: (continued attachment D)

(1.33.09) Chairman Jon O. Nelson: That is reflective of the number of applicants for the dental loan?

Ms. Weisz: Yes, the budget before you will allow for 3 slots. While the slots went down, the amount is going up because we are covering the obligations from the biennium forward.

Ms. Weisz: (continued attachment D)

(1.34.31) Chairman Jon O. Nelson: Were we bumped in this regard before? We're full now so we have to meet the obligation we had, and now we're going down to 3 so when will you see the appropriations?

Ms. Weisz: For an additional slot each biennium it costs 60,000 dollars. Because we were at 4 last biennia, we could only do 3 slots due to balancing out funds.

Chairman Jon O. Nelson: This would be the cost to continue then. We need to know the changes in slot numbers.

Ms. Weisz: For behavioral health we went from 4 slots to 6 and we stayed steady at 2 slots for the psychologist.

Chairman Jon O. Nelson: That is in the same area?

Ms. Weisz: Yes, those are both in behavioral health.

Chairman Jon O. Nelson: This will continue to grow then?

Ms. Weisz: Yes, it's a 5-year program at 40,000 each year.

(1.38.05) Ms. Weisz: (continued attachment D)

Chairman Jon O. Nelson: Can the same person be awarded a medical award grant and a Federal State Loan Repayment Program (SLRP) grant?

Ms. Weisz: No.

Chairman Jon O. Nelson: Are there any loan repayment programs that have outlived their usefulness?

Ms. Weisz: No they have not out served their need.

Representative Richard G. Holman: Our new doctor said that because of what the state helped him, he was able to stay and practice in ND, otherwise he would have had to leave for more money.

(1.40.50) Ms. Weisz: (see attachment E)

(1.42.15) Bobbi Will, Director of the ND Primary Care Office: (see attachment E)

Chairman Jon O. Nelson: As far as institutions in ND, I would assume that most of the rural hospitals would qualify for that?

Ms. Will: Yes, they would all qualify.

Chairman Jon O. Nelson: How about the Critical Access Hospitals?

Ms. Will: Yes, we do have a majority of the Critical Access Hospitals being rural, clinics, our state hospital, correctional facilities.

Chairman Jon O. Nelson: Who doesn't qualify?

Ms. Will: For the federal program the ones I listed would qualify. For the state program, we are able to look at it each year and determine where we need to most help. In our loan repayment at the state level we can look where we need the most loan repayment.

Chairman Jon O. Nelson: There has to be a community selection that they have to be 20 miles outside of a community of 40,000, that creates some disparity with the state program with as far as who would qualify for the state versus federal, correct?

Ms. Will: For the federal program we do have facilities in our larger cities because it is a health professional shortage by facility. And in that state program it is by % of Medicaid patients and Medicare. And it would be community health center that would still qualify and they could be in a Metro area.

Chairman Jon O. Nelson: We disregard that community selection criteria sometimes?

Ms. Will: The Century Code says that it has a % of the Medicaid and Medicare that the centers do have to meet.

Chairman Jon O. Nelson: Are the state programs in other state similar?

Ms. Will: The health council often asks that and they want to compare, but it is very difficult to compare exactly because they each have different disciplines and amounts granted.

Vice Chairman Gary Kreidt: In the selection process, what is the criteria that is looked at?

Ms. Will: The first step in the application process is to make sure that they fill out the application correctly. Then we go to a subcommittee that are experts in each field, and we start the discussion of where there is a large need. Then we look at the letters of recommendation and have a scoring system for that. We do try to get at a tie to ND and a commitment to ND. Then from the subcommittees there is a prioritized group that goes in front of the health council that will make the final decisions.

Chairman Jon O. Nelson: Where are the 2 psychologists located?

Ms. Weisz: That will be on page 10 of the handout. They are located in Fargo, ND.

(1.54.06) Representative Richard G. Holman: On a previous committee we talked about the vet repayment program, one question that came up was that vets that come out of school is that some works with large animals and some with small. It looks like you are getting vets in areas that need large animal vets.

Ms. Will: Yes, but they do need to do some small animals.

Vice Chairman Gary Kreidt: Do all applicants have to be from ND?

Ms. Will: They do have to practice in ND.

Representative Randy A. Schobinger: Why is so much of this moving from trust funds to general funds?

Ms. Weisz: Last biennium we moved funding from the general fund to the tobacco prevention control trust fund. In the last our dental program has been funded from the community health trust fund. The tobacco prevention trust fund was new to this area for a funding source for last biennium.

(1.57.37) Ms. Weisz: (continued attachment E)

(2.00.45) Representative Richard G. Holman: I see with the behavioral health, there are people working with youth addiction counselors, there is a need there?

Ms. Weisz: That is correct, and they go through the same screening that Ms. Will had talked about.

(2.01.40) Ms. Weisz: (continued attachment E)

(2.03.59) Vice Chairman Gary Kreidt: How many times a year does the health council meet?

Ms. Weisz: They are scheduled to meet quarterly, but if we don't have an issue then we will cancel the meeting. We also meet for conference calls if needed.

Vice Chairman Gary Kreidt: Is there more activity in the staffing for scanning of vital records?

Ms. Weisz: We have been doing that this full biennium and hope to have that project completed. There may be a little bit of carry over, and that is why we added that 10,000.

Vice Chairman Gary Kreidt: Can you get a schedule for the surveys in health resources?

Ms. Weisz: We can get that for you.

NO FURTHER QUESTIONS. MEETING CLOSED FOR BREAK.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/22/2019
31199

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Emergency Preparedness & Response (EPR) Section.

Minutes:

A

Brenda Weisz, Chief Financial Officer for the ND Department of Health (DOH): (see attachment A)

(3.12) Chairman Jon O. Nelson: They are looking at a 2&2 with a grandfathered healthcare plan.

Ms. Weisz: Ok.

Chairman Jon O. Nelson: I think there will be a recipient liability of about \$20 a month. And it was about 4.5 million dollar cost to grandfather this plan. They were meeting this morning and so we'll know more about that.

Ms. Weisz: (continued attachment A)

(8.03) Chairman Jon O. Nelson: I see in the federal funds area there is an increase of about 216,000 is that all in that area?

Ms. Weisz: Yes, that is all federal. For that area that says medical, dental, optical is for our medical cash and is all federal funding.

(9.05) Ms. Weisz: (continued attachment A)

Vice Chairman Gary Kreidt: I noticed on special funds we're overall almost down 1 million?

Ms. Weisz: I have a special fund schedule on the next page and can cover it there.

Chairman Jon O. Nelson: Before we get into the capital, we were funding a salary out of special funds, but are no longer, why?

Ms. Weisz: We were funding a tobacco prevention and had to move it somewhere else.

(10.42) Ms. Weisz: (continued attachment A)

(12.54) Chairman Jon O. Nelson: So that's not for narcon?

Ms. Weisz: No it's not for delivery services and more related to the public safety side of things. And working more so with the public safety personnel training.

Chairman Jon O. Nelson: Who would be the recipients of this?

Ms. Weisz: The ND Emergency Medical Services Association to do some training of their individuals. NDSU to have them help us build dashboards. Avera C Funding. Telehealth to get the word out.

Chairman Jon O. Nelson: It would be through the ambulance association?

Ms. Weisz: Yes.

(14.51) Ms. Weisz: (continued attachment A)

(15.30) Chairman Jon O. Nelson: What is the department of transportation (DOT) traffic analyst? Is it part of the vision 0 they have going?

Ms. Weisz: It is data related. It is to collect data.

Chairman Jon O. Nelson: So what is the data that is collected?

Tim Wiedrich, Director of the EPR section for the ND DOH: The EMS division is one of the division, and that is the division that we are talking about. It was the Helmsley funded EMS ambulance run report system that is now in place. That is analyzing the data from a variety of ambulance run reports. That is what this is intended to do, analyze the ambulance run data.

Chairman Jon O. Nelson: So when I called you on the Esmond thing, that would be in this category?

Mr. Wiedrich: Yes.

(18.25) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: Is that because the insurance tax distribution fund doesn't generate the dollars that is needed?

Ms. Weisz: When we were looked at developing our budget we looked at all trust funds and where they were sitting and looking at what reductions we could make to hit the guidelines.

Chairman Jon O. Nelson: Are there other areas that are funded out of the insurance tax distribution fund?

Ms. Weisz: I don't know. We spend from the fund, but I don't know who else does.

(20.03) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: What does that actually mean?

Mr. Wiedrich: I think that the pilot component has run its course. What is lacking is to do reimbursement for the services that they provide. I think that the next step would be to

Chairman Jon O. Nelson: Is there an effort to do that in medical services?

Mr. Wiedrich: I'm not sure of any legislation that has been introduced?

Chairman Jon O. Nelson: So we will just hang in limbo for the next 2 years?

Mr. Wiedrich: Yes.

Chairman Jon O. Nelson: That is outside of your area?

Mr. Wiedrich: That is correct.

Chairman Jon O. Nelson: Is that in the human services budget?

Mr. Wiedrich: I'm not sure. There is a third party insurance provider that is in the mix too.

(26.11) Chairman Jon O. Nelson: Explain the stroke cardiac services to communities that is funded through special funds?

Ms. Weisz: That's the special funding on the previous page that we are hoping to continue to work with the Helmsley foundation or a different foundation to seek funding and put additional funding out there for stroke and cardiac services.

Representative Lisa Meier: When will you know that the funding is secured?

Ms. Weisz: We will look throughout the biennium to apply for that funding and secure the funding.

Chairman Jon O. Nelson: Will that occur within the calendar year?

Ms. Weisz: Not within the next few months, hopefully within the calendar year.

Chairman Jon O. Nelson: We have utilized Helmsley grants, is our success rate pretty favorable?

Mr. Wiedrich: Helmsley funded 100% of the 12 EKG system which allows for more sophisticated medical care throughout the ambulance systems. They have funded a wide variety of other systems and programs throughout the EMS system.

Chairman Jon O. Nelson: What is our success rate from the applications and awards?

Mr. Wiedrich: Because of the way that this is done, it affects the entire ambulance system. From that perspective we are at 100% success. How that translates to the actual number of lives saved, that will require a lot more data to be inquired.

Chairman Jon O. Nelson: When you put a 230,000 award on paper the likelihood of receiving that is quite good if you go back to our history on applications and receiving the grants.

Mr. Wiedrich: They made about a 12-million-dollar investment in the ND's ambulance system.

(32.55) Ms. Weisz: (continued attachment A)

(37.55) Chairman Jon O. Nelson: I should caution you that that may become a conversation that may spread across agencies about that flexibility aspect. So you should continue to point out that that flexibility is critical for your budget.

Ms. Weisz: Where that really comes in handy is between those two grant types.

Chairman Jon O. Nelson: You may want to think about some creative language in the event that that does become a sweeping amendment for all budgets. Throughout this testimony I have seen a number of decreases in grants in the areas of stroke and cardiac and I don't see people from that group to oppose that. What is occurring out there to make that?

Mr. Wiedrich: As these systems are maturing and becoming more focused, it is causing some efficiencies as the system matures. I think that this is still a very lively and powerful program to better the systems of care. I think that our spending is becoming more focused in that regard. The American Heart Association (AHA) is also adding some funding.

Chairman Jon O. Nelson: I just wanted to make sure that there isn't a gap in that area because cardiac and stroke is one of the leading areas of death in ND.

(43.05) Shila Thorson, Director of Hospital Preparedness for the ND DOH: The work does continue on the stroke and cardiac systems. We worked through a new system and have come across many efficiencies. Some of the funding that the AHA came into

Chairman Jon O. Nelson: I just wanted to make sure that there is a conversation as to the level of service to cardiac care.

Ms. Thorson: We work with the EMSA to make sure that our training gets out to as many people as it can.

(46.15) Vice Chairman Gary Kreidt: With the Ebola grants, are they still diagnosing cases of Ebola?

Mr. Wiedrich: What this money will be doing is to establish a state treatment facility for Ebola. This treatment center will be our facility to treat the communicable diseases. This is establishing the Fargo center as the necessary facility for the communicable disease treatment center.

Vice Chairman Gary Kreidt: So if there was a case in Dickinson, they would be transferred to Fargo and then they would be treated there?

Mr. Wiedrich: That is correct.

MEETING CLOSED FOR LUNCH.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/22/2019
31230

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Emergency Preparedness and Response Section.

Minutes:

A,B,C

Tim Wiedrich, Director of the Emergency Preparedness and Response Division of the ND Department of Health (DOH): (see attachment A)

(4.44) Chairman Jon O. Nelson: If these requests were granted, what would be the total number in each category?

Mr. Wiedrich: Currently we have 10, 53 foot trailers, and a total of 6 bumper trailers ranging in size. Those are primarily the trailers that we have. We have some specialized trailers that I'm not counting with that because they are a very specialized unit.

Chairman Jon O. Nelson: Do you have any off road vehicles now?

Mr. Wiedrich: 3, 2 electric vehicles and 1 gas powered.

Chairman Jon O. Nelson: What about the last 3 the mobile kitchens, the sleeping quarters, and the medical trailers?

Mr. Wiedrich: We currently have 7 medical tents. These tents can be used for any of those uses that we have compartmentalized into kits to go into those tents.

Chairman Jon O. Nelson: Let's say you have a response area, would you envision utilizing all 3 of the mobile kitchens at that one site or would you want to be able to respond to more than 1 incident at a time?

Mr. Wiedrich: They can be in individual locations separately, or they can be put together to make for a larger operation.

Representative Bert Anderson: You currently have 8 trailers? Where are they stationed?

Mr. Wiedrich: Yes. We keep those in the department of transportation (DOT) yards in the 8 neighboring communities and in the time of emergency we have the DOT transport those to where they need to be located.

Vice Chairman Gary Kreidt: Could you explain the mobile kitchen?

Mr. Wiedrich: It is compartmentalized kits so that we can put it into units or into the tents. Right now we have the kits costing 60,000 dollars. We are far from a Cadillac; but we are in a reasonable spot.

Vice Chairman Gary Kreidt: Do you have any of these at the time?

Mr. Wiedrich: We have 3 units with a capacity of doing 500 meals in total.

Vice Chairman Gary Kreidt: When you aren't using them. Where are they stored?

Mr. Wiedrich: Warehouse.

Representative Lisa Meier: Besides Dapple, can you tell us of another situation where you have had to use all 3 units?

Mr. Wiedrich: Dapple has been the largest crisis that we have encountered. We don't have another situation at the time. We do deploy about 10 times a year for some level of emergency.

Chairman Jon O. Nelson: If you do get this, what is the status on storage?

Mr. Wiedrich: We are adding these trailers with our federal funding. We don't think we will need to obtain additional storage. These are expectations that are accompanying the federal funding.

Chairman Jon O. Nelson: If something happened in a different area, you can respond right?

Mr. Wiedrich: Yes.

Chairman Jon O. Nelson: Do you have the ability to respond in Canada?

Mr. Wiedrich: Yes, we can. We are coordinating across the border.

(14.40) Brenda Weisz, Chief Financial Officer for the ND DOH: (continued attachment A)

(15.19) Chairman Jon O. Nelson: Explain the dollars for the warehouse?

Ms. Weisz: They cut the dollars back for the actual need of the warehouse.

(15.99) Ms. Weisz: (continued attachment A)

(18.47) Chairman Jon O. Nelson: The emergency medical system stroke prevention general fund dollars, was funded by the tobacco prevention control fund?

Ms. Weisz: That is correct.

(19.26) Ms. Weisz: (see attachment B)

(22.40) Chairman Jon O. Nelson: What did you say was the federal share on the warehouse?

Ms. Weisz: Everything except 39,000 is federal funds for the warehouse.

(24.25) Ms. Weisz: (see attachment C)

(25.55) Representative Randy A. Schobinger: On the rent, I see HD partners and Secretary of State on there, but I don't see Bismarck Industries, who are they? Were we not able to negotiate for the same rent costs.

Ms. Weisz: We are working with John Boyle, Director of Facility Management, on that negotiation. So Bismarck Industries is the owners of Etna and we are going to work directly with the owners.

(27.09) Mr. Wiedrich: There was some controversy with the EMS rural assistance grant. As time moved forward the EMS advisory committee tried to find a compromise on the issue. The grants started out with a traditional grant process. As time moved forward there was more and more dissatisfaction within the EMS community on that being the appropriate process of doing grants. The 2016 meetings were identified to figure out the solution to that problem. My office was a part of those meetings, along with the EMS Association. Unfortunately, at the end of the 2016 meetings, there wasn't a consensus on that issue. As a result of that, there was a new process that was put forward and as a result of that new process there was a reaction from certain services that received a decrease in funding, while others that gained an increase in funding were more than happy with it. That then lead to an opportunity for change, and a subcommittee was formed that we called REMSA-rural EMS assistance committee that was formulated under the statutorily advised EMS committee. This group then created a proposal that in the current biennium has received very positive support. This new funding approach attempted to identify what the expenses for an ambulance service should be. The REMSA committee surveyed EMS services based on their run value. Moving forward as we collect additional information, that expense information will be even more solid. 11 categories are being made based on the number of runs made during the last 2 years. Averaging that out will then put you into a category and from there you will receive funding based on that average run total. That is step 1. Step 2 then is to look at that same run volume and say of that run volume, how much revenue should you be getting. Revenue comes from many different sources, one of which is fee for services. That is calculated into this next. Statutorily, there needs to be a \$10 per capita generated as part of the revenue. That is not a hard match and is not real dollars. That is not then calculated in as part of this mix. That is a check mark then to say is there enough revenue to cover \$10 per person within that jurisdiction. The new part is to add a calculation based on a mill levy. We have looked at it from a 5 mill approach, and asked if your jurisdiction then has 5 mills, how much revenue

would it get. That is then plugged in whether that actually exists or not, to look at the revenue gathered from a jurisdiction. That is then looked at to see the level of revenue generated from a jurisdiction, the level of services from a jurisdiction of that size, and then to see if there is a difference. If there is a difference, there is short fall and the grant is then used to make up that difference. If there's not sufficient funding to cover the total amount, then a % is allocated. The current year is at 82%. There are many steps to calculate this. Just an overview; What should the benchmark be for a run volume of that size? What should the expenses and revenues be? Next biennium we will include mill levies whether they exist or not, and see if there is a difference. However much is appropriated is then a percent allocated back.

(35.22) Chairman Jon O. Nelson: Do you know how many counties levy 5 mills?

Mr. Wiedrich: We can reach back to the auditor's office. It isn't a black and white answer because there are many details that go into this calculation and it is based on townships.

Chairman Jon O. Nelson: I think the larger issue is that there are more people that feel like they have a place at the table where as they didn't last time. I congratulate you for doing it this way this year, because last year it was a wreck.

Representative Lisa Meier: When figuring this all out, do you take into account fundraising as well?

Mr. Wiedrich: I'll say yes, but with a caveat. Many don't want a mill levy because they feel as though they can raise more off of fundraisers instead of the mill levy. This will take care of that issue.

NO FURTHER TESTIMONY OR QUESTIONS.

MEETING CONCLUDED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/23/2019
31266

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Local Public Health Section.

Minutes:

A,B,C,D,E,F,G,H,I,J,K,L

Took roll.

Brenda Weisz, Chief Financial Officer for the ND Department of Health (DOH): (see attachment A)

(6.07) Representative Randy A. Schobinger: Remind me, are you now handling the issuance of the grants?

Ms. Weisz: Yes, this is what that is.

Chairman Jon O. Nelson: I wasn't aware of the 2 line items for funding in that bottom part, what exactly is tobacco state aid?

Stephanie Gullickson, Office of Management and Budget: I'm not sure.

Ms. Weisz: The reason for the split was so that the tobacco funding could be used with no strings attached. It is dedicated to tobacco but no strings attached.

Chairman Jon O. Nelson: Was that through the center?

Ms. Weisz: Yes, when they entered their budget, they distinguished between the budget that had the strings attached and the one that didn't.

(9.30) Sherry Adams, Executive Officer for Southwestern District Health Unit: (See attachment B)

Ms. Adams: There are 2 pots of money for the advertising. One is PTEF, and that still comes out of our local public health tobacco prevention program. So each unit puts in money for that funding. The other pot is from the state health department doing ND quits, and I think that did decrease a little bit.

Representative Randy A. Schobinger: Is the ND quits money where we had so many complaints about how the money could be used?

Ms. Adams: No I think that was more of the local PTEF funding grants. There was a higher amount with the center that was put towards advertising, and that request for having more advertising has gone away.

Chairman Jon O. Nelson: The ND quits was funded out of the community health trust fund, and that was part of the 80% rule, where 80% of the money had to be spent on tobacco issues.

(12.45) Ms. Adams: (continued attachment B)

(14.23) Ms. Adams: (see attachment C)

(15.36) Ms. Adams: (see attachment D)

(15.56) Ms. Adams: (continued attachment B)

(18.20) Ms. Adams: (see attachment E, F, G)

(21.44) Chairman Jon O. Nelson: Under chronic disease, is that your tobacco programs?

Ms. Adams: It is any chronic disease.

Chairman Jon O. Nelson: The tobacco programs are in the chronic disease part?

Ms. Adams: No, that is funded by the tobacco grant.

(23.30) Ms. Adams: (see attachment H, continued attachment B)

(25.07) Chairman Jon O. Nelson: That million 5 that is local, that equates to the 3.5 mills that you levy?

Ms. Adams: Correct, but it's a 3.73 mill. And the year before we levied 3.33 so we increased the mill by 0.4.

Chairman Jon O. Nelson: Is that consistent across the state?

Ms. Adams: As a district they have to agree. It's based on what they have to pay based on that 3.7 mill.

Ms. Adams: (see attachments I & J)

Chairman Jon O. Nelson: And the last page of attachment J is single county?

Ms. Adams: Yes, correct.

Chairman Jon O. Nelson: How does Barnes county actually make a little more on the proposed reduction?

Ms. Adams: It is based on population, along with the base 6000 per county.

(30.15) Ms. Adams: (continued attachment B)

Chairman Jon O. Nelson: What % of the fees you charge goes to how much you can collect?

Ms. Adams: Some of the fees are pretty consistent. But you are right, some of our fees are donation based. Also when we file insurance, a lot of those Medicaid don't pay us and we have to write them off.

Chairman Jon O. Nelson: Do you track the collection rate on your fee based services?

Ms. Adams: We track from year to year the amount that we collect.

Chairman Jon O. Nelson: And how has that tracked in your district?

Ms. Adams: It is a decrease. Donations are way down, Medicaid has decreased. It is either steady or below, it has not gone up.

Chairman Jon O. Nelson: Have you noticed a difference in Medicaid payments due to the Medicaid expansion?

Ms. Adams: Yes, we are able to do some electronic billing now and can recoup some of the cost.

Chairman Jon O. Nelson: Are all of the public health units on electronic billing now?

Ms. Adams: I believe all but 4 are.

Chairman Jon O. Nelson: What 4 aren't?

Ms. Adams: Four of the smaller ones. It's a huge endeavor and a big expense.

Chairman Jon O. Nelson: You did mention services, and you referred to the tuberculosis (TB) program, if you would drop that program, would the state health department have to do that instead?

Ms. Adams: Yes, if we don't do some of these programs it would have to go back to the state or else we would possibly have an outbreak.

Chairman Jon O. Nelson: I would be interested to see how the department would do that then. Would you need more staffing, or what would it need? How many staff do you have?

Ms. Adams: I have 34 but most are part time, so a total of 22 fulltime employee (FTE).

Chairman Jon O. Nelson: You do your own environmental health section?

Ms. Adams: We have 5 registered environmental health people that can do surveys for that. There is a shortage of people that can do that though.

Chairman Jon O. Nelson: Do you have a mix of registered nurse (RN) and licensed practical nurse (LPN)?

Ms. Adams: I have only 1 LPN, they have to be RN if they are out in the county by themselves. We also contract with emergency medical technician (EMT) and paramedics to fill in some gaps.

Chairman Jon O. Nelson: What is the starting wage for your RN?

Ms. Adams: For RN, environmental health practitioner, and dietician are all \$22/hour, with LNP and nutritionists being \$20/hour.

Chairman Jon O. Nelson: Is your benefit package similar to the ND PERS?

Ms. Adams: Correct, that is our major selling point.

Chairman Jon O. Nelson: What is the turnover for your nurses?

Ms. Adams: It's not a lot, it's been pretty low once they start working.

Chairman Jon O. Nelson: What is the competition in your area?

Ms. Adams: Our biggest competition is Sanford and CHI St. Alexius in Dickinson, ND.

(40.42) Carron Bore, Budget Lead for the Department of Health: There is a payment for the environmental health in Burleigh county, but it was in Barnes County instead. Burleigh County should go up by 10,000 and Barnes county down by 10,000.

(42.30) Renae Moch, Director of Bismarck-Burleigh Public Health: (See attachment K)

(44.30) Chairman Jon O. Nelson: Do you have any behavioral health services in the Burleigh county?

Ms. Moch: We don't have any directly but we refer them

Chairman Jon O. Nelson: Is it generally an elderly population?

Ms. Moch: Generally, yes. We may have some other cases that would be in the younger age.

Chairman Jon O. Nelson: If that nurse was not on your staff, one individual that would have to go into the institutional care, would more than pay for that nurse's service? And that is the next step for those individuals?

Ms. Moch: Yes, that is correct. Our biggest challenge is getting people in to be seen.

Chairman Jon O. Nelson: Tell me about somebody who is homebound and has some need for services. How many visits per week do they get?

Ms. Moch: One visit per week, anything more than that we will not admit to the program. If they are someone that needs something every day, we wouldn't admit them to the program.

(48.01) Vice Chairman Gary Kreidt: You mentioned that you have all RN on staff, do you hire LPN?

Ms. Moch: We do not hire LPN staff because the work is required to work independently. They need to be able to make decisions themselves. We require that they have their bachelor of science in nursing (BSN).

Vice Chairman Gary Kreidt: Is that the require of the Burleigh County?

Ms. Moch: Yes, and the scope of practice for nurses is another reason.

Vice Chairman Gary Kreidt: The RN are independent and can make those decisions?

Ms. Moch: That is correct.

(49.33) Ms. Moch: (continued attachment K)

(50.30) Representative Lisa Meier: With 55 clients on your wait list, what is the timeline that they will be seen?

Ms. Moch: I think that it goes on an as-needed basis for triaging their level of care. It could be a 3 month wait right now.

Representative Lisa Meier: That is a long time to wait for services.

Ms. Moch: Yes, absolutely.

Chairman Jon O. Nelson: How does Burleigh county fund you?

Ms. Moch: The city of Bismarck pays us, and we have a joint power's agreement with Burleigh County that gest renewed every year and it is payed to us for our services on a contract basis.

Chairman Jon O. Nelson: You're 40% local which is in the ball park of what most programs are.

Vice Chairman Gary Kreidt: You have a contract now? And do you negotiate that on an annual basis?

Ms. Moch: Yes, and I do negotiate that annually. It has gone up every year because of the increase in the cost of our services.

Chairman Jon O. Nelson: Do you generally have a waiting list for the health maintenance programs?

Ms. Moch: We have had a waiting list for the last 3-4 years, it is currently at the highest that it has been but I think that we are whittling it down to see who actually needs it and can utilize it.

Chairman Jon O. Nelson: Sherry, do you have a waiting list in your unit?

Ms. Adams: We do not. We do health maintenance clinics throughout the unit.

Chairman Jon O. Nelson: So you don't go into the homes?

Ms. Adams: We do, but we do more of the clinic type settings rather than the home setting.

Vice Chairman Gary Kreidt: 55 clients on a waiting list, what do they do to get off the waiting list?

Jody Wolf, Health Maintenance Coordinator: The main criteria are if the person can get away with 1 visit a week. We also triage the patients based on the severity of their condition.

Chairman Jon O. Nelson: In a situation where they need more care than 1 visit a week, do you help that individual find a different program?

Ms. Wolf: Absolutely.

Chairman Jon O. Nelson: So you can refer them?

Ms. Wolf: Yes, we can.

Vice Chairman Gary Kreidt: You talked about Medicaid, do you provide services to a nursing home if the individual has a nursing home policy that provides home care? Do you do a third party program to provide that care?

Ms. Wolf: We are not set up to do that. That has to be about a Medicare program and Medicare does not reimburse for home care clients.

Vice Chairman Gary Kreidt: But what if you have a nursing home policy?

Ms. Wolf: They don't accept us. They don't look at us in the same way.

Vice Chairman Gary Kreidt: What about home care?

Ms. Wolf: They look at us as a skilled need and most people need a medication set up as their chronic need.

Vice Chairman Gary Kreidt: The RN would do that?

(59.50) Ms. Wolf: They would set up the meds, but we are not able to bill a nursing home coverage type of program.

Vice Chairman Gary Kreidt: Have you ever tried to collect from them?

Ms. Wolf: No, I just know they wouldn't cover it.

Ms. Moch: I think some of it has to do with being an out of network provider too.

(1.00.36) Kelly Naggle, Director of Systems Performance for the ND DOH: There is some confusion around what districts are. District don't mean that they are multicounty. There are 2 formations of health departments in the state, districts and regions. Districts of funded by the county, either by mill levy or general fund. Counties have to participate in the same benefits packages, ND PERS, as we do.

(1.01.50) Brenda Stallman, Administrator of Trail District Health Unit: (see attachment L)

(1.07.22) Representative Richard G. Holman: Steal and Trail have combined social services, do you have any discussion or how do you work with neighboring counties?

Ms. Stallman: We work very well with neighboring counties. Steal County is part of our South Eastern ND Cooperative. We share many programs and ideas, and work often together.

Representative Richard G. Holman: We talk about maintaining and wanting a BSN RN, does an opening stay open for a while or do you fill it quickly?

Ms. Stallman: We are in a unique situation. All of our nurses have been there for 20+ years. We have a different formula in our department as well. We are looking for the credential of an RN if we are hiring. We have an LPN because we give her duties that do not have to be under another nurse, including clerical work.

(1.10.53) Keith Johnson, Administrator for Custer Health: Three full time employees (FTEs) of RNs for us is an unknown, that's 3 openings of 14 FTEs. Our last RN that left, loved working with us but she couldn't make ends meet with the salary that we were providing to her. It was a humbling experience looking for nurses. We start at about \$23 for RN and \$22 for LNP. We have been looking since August for nurses, and we have a waiting list on our home health list as well because of the shortage. We hope to have that waiting list down to nothing by summer when we get everyone trained. About 50% of our home health program

is paid with local state aid funding. It is much cheaper to keep an individual out of institutionalized living, and we try to keep them out because most of the ones that do go in are on the Medicaid dime. We do not bill Medicare because in order to do that the individuals have to be home bound.

(1.15.37) Chairman Jon O. Nelson: You do have a federally qualified health centers, are they a referral point for some of the people that your serve in your home health visits?

Mr. Johnson: Yes, they can be.

Chairman Jon O. Nelson: How many are there?

Mr. Johnson: Five. We are way behind on that train.

Chairman Jon O. Nelson: With 2 activities of daily living (ADLs), they qualify for a nursing home?

Mr. Johnson: Yes.

Vice Chairman Gary Kreidt: Custer health doesn't do a daily home health check, I thought possibly that a policy expresses that there has to be a daily visit from an RN for them to qualify for the long-term care?

Mr. Johnson: Many of our retired nurses actually do the care scout work that qualifies these people for the long-term care.

Vice Chairman Gary Kreidt: It depends on the deductible too?

Mr. Johnson: Correct. We are 22% below market on RN and LPN.

Vice Chairman Gary Kreidt: You mentioned 22%?

Mr. Johnson: Yes.

NO FURTHER TESTIMONY OR QUESTIONS.
MEETING CONCLUDED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/23/2019
31274

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Public Testimony.

Minutes:

A,B

Mandi-Leigh Peterson, Senior Research Analyst with the Healthcare Workforce Group at UND School of Medicine and Health Science: (See attachment A)

Chairman Jon O. Nelson: Give the students a brief explanation of the student loan repayment program.

Ms. Peterson: I would defer to Bobbi for those questions.

Bobbi Will, Director of the ND Primary Care Office: We administer a state loan repayment, federal-state loan repayment, and a federal loan repayment program. They do have criteria, but it is a huge for providers. The program can pay anywhere from 50,000 to 150,000 per year. If you commit to a community that is rural or under served, you can qualify to have your loans repaid. Our retention rates are wonderful as well.

(6.20) Sarah Bushow, Registered Nurse with All True Health Systems in Grand Forks: I was a part of the EMACK relief that went to North Carolina this fall. It was a very rewarding and wonderful experience being part of the department of health (DOH) and give help to those individuals that were devastated by the hurricane. I hope that there is always funding available for providers to go to those areas that do need help.

(7.31) Representative Lisa Meier: How long did you stay in North Carolina?

Ms. Bushow: We were there for 12 days, we signed a contract for 15. There were 10 nurses and 18 emergency medical technicians (EMTs)/paramedics. Us 10 nurses were split into group and helped run medical shelters.

(9.15) Janelle Mock, Cause ND Program: (see attachment B)

(13.59) Representative Lisa Meier: How many individuals did you actually serve in the last biennium?

Ms. Mock: The 300,000 that is appropriated is just a fraction of what goes into these treatment programs. If you just look at 2016, 222 offenders were served, compared to 318 in 2018. The numbers may be off because it is a sentencing option for judges, and come judges may not choose to implement that treatment option.

Chairman Jon O. Nelson: What is the average length of time the treatment program lasts?

Ms. Mock: 24-28 weeks.

Chairman Jon O. Nelson: What occurred in Mountain to allow for a program there?

Ms. Mock: That program was started from our Grafton program. One of our directors felt that it was missing from that area, and they took it upon themselves to implement that treatment program. We want to eliminate the travel barriers for those that are in the program.

(17.25) Jessica Thomas, Chairman and CEO of Lutheran Social Services: We are one of the providers of these services across the state and wanted to share a few comments from a provider's perspective. We have 3 treatment groups that run every weekend. We find that this group work has a huge impact on the offenders. We were able to cut the fees to the offenders in half. It is now \$25 per session for the offender. This cut makes it easier for the offender to complete their 26-week program.

Chairman Jon O. Nelson: The 26-week program, is that \$25 fee accessed each week?

Ms. Thomas: Yes, it is \$25 per session.

Chairman Jon O. Nelson: I'd like to know how you comingle your funds to be able to still work. Are you able to supplement some of the state funds to continue to provide these services?

Ms. Thomas: We look for dollars anywhere we can to provide this service. We provide this program with part time providers. They offer the group only a few times per week, and we offer it in donated space or in our offices to save dollars.

(21.51) Chairman Jon O. Nelson: So in the time period that Dickinson has been in existence, the court system in that region is referring clients to you?

Ms. Thomas: Yes, the Dickinson group is full, and we run the groups at about 10. Minot has 3 groups and Dickinson is at capacity. It takes time for the courts to know that this is available.

Chairman Jon O. Nelson: Do all of your referrals come from the court?

Ms. Thomas: For the most part yes.

(23.20) Ms. Mock: I can check but I don't think that the domestic violence treatment programs for the offenders can be supported by the VOCA funds.

(24.59) Chairman Jon O. Nelson: The additional funding set up the 2 centers in Dickinson and Valley City, with the 50,000 reduction that is proposed, if that isn't restored what is the consequences?

Ms. Mock: We were able to establish 3 programs. When those programs are first starting, it takes a lot of work to make the court system realize that these programs are available to them. This time is the most fragile part of the establishment of the program, and cutting the funding to those programs during this time might actually kill the program all together.

Chairman Jon O. Nelson: Are all programs set up for a max of 10 clients?

Ms. Mock: It depends on the number of facilitators we have.

(28.08) Representative Richard G. Holman: Do you find that the judges are seeing this as a positive thing, instead of locking people up?

Ms. Mock: I think so; it is slow moving though. We're slowly building our case to show that this is an appropriate and cost effective tool for these offenders.

Representative Richard G. Holman: Do the courts respond accordingly when the offenders fail the program?

Ms. Mock: It will be different in every judicial district. There has to be a community wide effort to keep the individuals in the programs.

Chairman Jon O. Nelson: Give me an idea of some of the other people that you use as providers.

Ms. Mock: Lutheran Social Services is the primary provider. In Wahpeton the program is ran by our domestic abuse crisis center there. In Fargo, there are 2 different programs and one is through STAND, and the other is through the rape and abuse crisis center in Fargo. The 2 programs in Grafton and Mountain are also ran through our domestic abuse crisis center. There is a program in Devils Lake, and that is run through our providers.

Chairman Jon O. Nelson: What are the education requirements for the treatment providers?

Ms. Mock: Often they are licensed counselors that are the ones that are facilitating the treatment program. They are either licensed or supervised by someone who is licensed, and we are trying to figure out how to facilitate that. They also go through an extensive training program prior to being a provider.

Ms. Thomas: More of our referrals were from courts out of state rather than in state courts. We do have a range of academic backgrounds, but we also try to find people that have a clinical back round.

(36.15) Chairman Jon O. Nelson: Do the offenders come to you or do you go into their homes?

Ms. Thomas: These are done as groups, so they meet as a group.

NO FURTHER TESTIMONY OR QUESTIONS.
MEETING CLOSED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/23/2019
31339

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Public Testimony.

Minutes:

A,B,C,D,E

Deanna Wiese, ND Veterinary Medical Association (NDVMA): (see attachment A)

Read page 1 of testimony, and explained page 2.

(4.23) Chairman Jon O. Nelson: It looks like the request is for 50,000 less than last biennium, does that meet the needs from your perspective?

Ms. Wiese: I understand that the 3 extra slots are in the budget, but the decrease is due to how the loans are paid out.

(5.16) Bill Kolonick, ND Emergency Medical Services Association: Introducing Kelly Dollinger.

Kelly Dollinger, President of the ND Emergency Medical Services Association (EMSA): (see attachment B)

Chairman Jon O. Nelson: The way that the grants are being distributed now to ambulance services, are you generally supportive of what is occurring in the communities that you are working in?

Mr. Dollinger: This new formula that we presented is going to be very beneficial. It will be fair and equitable. The largest issue will be the staffing.

Chairman Jon O. Nelson: One of the things that has occurred in rural areas, is switching to a quick response unit (QRU). What are your thoughts?

Mr. Dollinger: I am in support of most QRUs. It is better to have something than nothing there. The key is to get the care as soon as possible.

(9.34) Julie Ellingson, ND Stockmen's Association: (see attachment C)

(10.54) Representative Richard G. Holman: Where are the shortages?

Ms. Ellingson: The biggest area of need is in the large animal vets. We also see a big wave of people retiring and we need to source the rural communities with a vet.

Chairman Jon O. Nelson: There are a number of places where distance is an issue, where are the most critical shortages?

Ms. Ellingson: Some of the more remote areas of the state, so traveling distanced is sometimes a struggle for our vets.

(13.23) Deb Knuth, Government Relations Director in ND for the American Cancer Society Cancer Action Network (ACS CAN): (See attachment D)

(16.48) Representative Randy A. Schobinger: Has your organization done any research on the potential cancer causing effects of marijuana?

Ms. Knuth: To my knowledge I haven't seen any recent policy statements on the use of marijuana and we do not support any use of combustible products.

Chairman Jon O. Nelson: Are you taking an active stance on some of the legislation that is coming forward for the vaping products?

Ms. Knuth: We are extremely concerned with the increasing rate of youth using the new vape products. We don't work too closely with the vape products, but we are extremely concerned.

Chairman Jon O. Nelson: So the American Cancer Society is unwilling to be involved in the issue until it is shown to cause cancer?

Ms. Knuth: We are becoming more involved. We are very concerned about how this is going to affect the population. However, we are a more conserved organization and would like the FDA to take a stronger stand on the regulation.

(21.08) Heather Austin, Executive Director for Tobacco Free ND: (See attachment E)

Chairman Jon O. Nelson: Is there anything that you wanted to highlight in the other pages?

Ms. Austin: The final page is of note because it touches on the vape products.

Chairman Jon O. Nelson: There are some youth coming into the capital tomorrow to be a part of this process. One of the things that struck me was the marketing in the vape products. Some of these products are made to look like flash drives or other common products. You treat vaping products that same as cigarettes correct?

Ms. Austin: Yes, we believe that they are not safe products.

Chairman Jon O. Nelson: The label does indicate the level of nicotine on the products?

Ms. Austin: The labels sometimes do show the levels of nicotine, but the labels are not regulated at the moment, and until they are regulated we don't know what is in these vape products.

Chairman Jon O. Nelson: All these products are being made in our country right?

Ms. Austin: Products come from all over the world.

Representative Lisa Meier: Have you done some polling on how many kids are actually vaping in our state?

Ms. Austin: The most recent poll is that 21% of the youth vape. And nationally 63% of students did not know that all juul products contain nicotine.

Representative Lisa Meier: What age of kids did you pull?

Ms. Austin: I would have to look to be certain but I believe it is 13-17 years old.

Chairman Jon O. Nelson: How does the high school activities association view vaping as a violation of their rules?

Ms. Austin: I think that many schools look at it as similar to alcohol or other underage substances.

Vice Chairman Gary Kreidt: Who is Tobacco Free ND?

Ms. Austin: We are an independent nonprofit that covers the state of ND.

Representative Randy A. Schobinger: I'm starting to see a lot of insurance companies as the vaping at a higher risk of death than chewing tobacco, are you starting to see feedback from the hospitals that this is definitely not good for you?

Ms. Austin: A little bit of both the definite knowledge, but it is still in its newest stage.

Chairman Jon O. Nelson: How many states tax vaping products at the tobacco tax rate?

Ms. Austin: I know it's not as many as we would like to see, but I would have to look at those numbers for you.

Chairman Jon O. Nelson: How about regionally?

Ms. Austin: I do know that Minnesota taxes at 95% of the wholesale product.

Chairman Jon O. Nelson: I know that there is an effort taking place to do that taxing issue.

NO FURTHER TESTIMONY OR QUESTIONS. MEETING CONCLUDED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/24/2019
31368

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Healthy and Safe Communities Section.

Minutes:

A,B

Took roll.

Brenda Weisz, Chief Financial Officer for the ND Department of Health (DOH): (see attachment A)

Chairman Jon O. Nelson: That 3 million that was transferred from the tobacco prevention trust fund, where did that go?

Sheila Sandness, Legislative Council: No money was transferred from the tobacco prevention trust fund.

Chairman Jon O. Nelson: Why is that not in our purple book?

Ms. Sandness: We will be putting one of those together at cross over.

Ms. Weisz: Ms. Gullickson gave you a packet at my overview hearing and those numbers can be found in there.

Chairman Jon O. Nelson: So the revenue from the tobacco settlement trust fund is the 3.5 million in this biennium?

Ms. Weisz: Yes, that will go back to the community, and maybe later today we can go through every trust fund in that packet.

(5.40) Ms. Weisz: (continued attachment A)

(9.51) Chairman Jon O. Nelson: Let's go back to that transfer, was that discussed because of where the program fit in the DOH budget, or was it to get in coordination with the governor's request for a reduction in your budget?

Ms. Weisz: That had nothing to do with the fulltime employee (FTE) and building our budget. That had to do with collaboration, and it was a strategic move.

Chairman Jon O. Nelson: From a numbers stand point; did it count for the governor's recommendations?

Ms. Weisz: No it did not.

(12.00) Ms. Weisz: (continued attachment A)

(16.29) Chairman Jon O. Nelson: Is that federally funded too because it is the women, infant, children (WIC) program?

Ms. Weisz: Yes, the whole WIC electronic budget transfer (EBT) program is federally funded.

(16.57) Ms. Weisz: (continued attachment A)

(18.01) Vice Chairman Gary Kreidt: Do you have a schedule for the dental/optical?

Ms. Weisz: We don't. It is mainly the supplies we need to accomplish the mission.

Vice Chairman Gary Kreidt: Is that federal dollars?

Ms. Weisz: Yes, it is all federal.

Vice Chairman Gary Kreidt: The contractual increase?

Ms. Weisz: That was due to the WIC program.

(19.26) Representative Lisa Meier: Going back to food and clothing, has the individuals that we are serving with maple syrup disease, are we serving new individuals or are they the same?

Kim Hruby, Division Director of Special Health Services for the DOH: Our number of individuals with that disease are around 20-30. We did account for more individuals coming in, but no individuals aging out.

Representative Lisa Meier: So a just in case?

Ms. Hruby: Some of our younger people if they are not Medicaid eligible, we will be doing 100% of their formula provision.

(21.11) Ms. Weisz: (continued attachment A)

(23.54) Chairman Jon O. Nelson: Above, every place where WIC was noted you mentioned it was 100% federally funded, now it is in the special funds?

Ms. Weisz: It is in a special line, just so that it could be tracked separately.

(24.37) Ms. Weisz: (continued attachment A)

(25.04) Chairman Jon O. Nelson: I'm interested as to why that shift took place?

Ms. Weisz: The shift from the tobacco control trust fund to the general fund. The tobacco control trust fund does not have a sufficient fund in it to keep going.

Chairman Jon O. Nelson: Portions of it could have been funded from that?

Ms. Weisz: I think when OMB and the Governor build the budget, they look at a big picture of where the state's needs are.

Stephanie Gullickson, Office of Management and Budget (OMB): When we are building the budget, there are lots of things that are shifted from special funds to general funds because the general funds are ongoing and special funds are not. It's like a structural balance type thing. There were several agencies where this was done, and that was a policy decision.

Chairman Jon O. Nelson: So then we don't have to look at the continuation of these budget sections every biennium?

(27.33) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: With the mix of federal, general, special funds, there may be some questions coming because this is hard to understand in one sitting.

Ms. Weisz: The change in the general fund increase is tied to that tobacco prevention and control trust fund shift. Whatever wasn't moved to community health trust fund and whatever wasn't reduced when we did our budget, was the difference then with the change in the general fund.

(29.28) Representative Richard G. Holman: As we mess around with the compensation package, that is the line that is going to change?

Ms. Weisz: What will change is the federal fund mix, the general fund mix, and some of the special fund mix.

Chairman Jon O. Nelson: I think that we were correct on that 2&2 and that grandfathered health plan, but it was a negligible budget. But I don't think that your budget will see a lot of change for that.

(31.10) Ms. Weisz: (continued attachment A)

(33.28) Chairman Jon O. Nelson: They split this up in to 3 parts, and tripled the funding, do you look at that as continuing at this new rate?

Ms. Weisz: Some of them were competitive so we were fortunate to get those grants.

(34.28) Vice Chairman Gary Kreidt: It looks like you have about 11 new grants, none of which were funded in the last biennium, those are all new grants from the federal government?

Ms. Weisz: Some of the teams that work with those grants are under different divisions but we are budgeting for them in this area.

(36.30) Ms. Weisz: (continued attachment A)

(38.35) Chairman Jon O. Nelson: Is that based on utilization?

Ms. Weisz: A little bit, it is about right sizing the budget. It is not based on the enrollment but the usage.

(39.05) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: 44,000 dollars, is that a position in the department to monitor the opioid?

Ms. Weisz: We will walk through that.

(42.13) Ms. Weisz: (continued attachment A)

(42.59) Representative Lisa Meier: Going back to school health and the transfer, what type of services will be provided with that money?

Kim Mertz, Section Chief for Healthy and Safe Communities: That grant would help us with physical activity and nutrition to help decrease obesity rates.

(45.00) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: We should get a review of the colorectal program, and the utilization of that.

Ms. Weisz: We have a paper that goes over that, which we will go over later.

(46.22) Ms. Weisz: (Continued attachment A)

(47.23) Chairman Jon O. Nelson: And in previous biennium, that has all been donated or is there reimbursement for that?

Ms. Weisz: This is the first time we could receive reimbursement.

Chairman Jon O. Nelson: Did something change so that we could get that?

Janna Pastir, Director of Health Promotion: The Medicaid discussion was a long time coming.

Representative Richard G. Holman: I see in oral health, 585,000 is replacing the 306,000, what additional things are going to be done with that?

Ms. Pastir: We had to expand our school reach by 5% every year. We have to incorporate hypertension screening with the hygienists to collaborate the medical and dental providers.

Chairman Jon O. Nelson: How many schools do you reach?

Ms. Pastir: I believe last year it was 49, and this year it's 53.

Chairman Jon O. Nelson: Is it across the state?

Ms. Pastir: We see schools across the state. We have 2 hygienists, 1 in Fargo and 1 in Bismarck. They see 16-20 schools. We also have private practice hygienists that provide services to other schools that have a minimum 45% involvement in the school lunch programs. We also see the reservations where they have about a 100% Medicaid participation.

Chairman Jon O. Nelson: Do you work with the mobile units too?

Ms. Pastir: Yes, we do.

(52.55) Ms. Weisz: (continued attachment A)

(54.29) Chairman Jon O. Nelson: Give us an understanding of what group of people are asked to contribute to that behavioral risk factor surveillance system (BRFSS) survey.

Tracy Miller, State Epidemiologist: It's a random phone call that is generated by a company that we contract with. They call and ask the people the questions that we generate for the survey. That survey then asks for anyone in the household that is 18+.

Chairman Jon O. Nelson: How many people are contacted each year?

Ms. Miller: It ranges, but we usually average 7,000.

(56.47) Ms. Weisz: (continued attachment A)

(1.00.40) Chairman Jon O. Nelson: Is that based on utilization as well?

Ms. Weisz: We worked on what they were seeing, and what they used for the screenings.

Susan Mormann, Division Director for Community & Health Systems: One of the reasons why we were able to make that reduction, our front line screening is either the IFOB

or the FIT test. That is the test that can detect blood in the stool, and detect cancer. It is much more cost effective, as compared to the traditional colonoscopy.

Chairman Jon O. Nelson: Has there been enough research done as using that new test as far as the effectiveness of detecting cancer?

Ms. Mormann: The efficacy for this new test is showing that it is 98% effective, and it is more cost effective than the original colonoscopy test.

Chairman Jon O. Nelson: What's the difference in the fees?

Ms. Mormann: The blood test is \$78/test, and the colonoscopy, with no other polyps or additional trays done, is about \$3000.

Representative Lisa Meier: How many individuals did you serve last biennium?

Ms. Mormann: This is for the first 18 months of the current biennium. **(See attachment B)**

Chairman Jon O. Nelson: So about 20% of your total clients are Medicaid expandable?

Ms. Mormann: Yes.

(1.07.27) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: How is that being managed now?

Ms. Weisz: We added the manager position for the colorectal screening, and it would be a contract employee, not an FTE.

(1.08.30) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: The 3 that went away, they're all included in some of the other funding sources?

Ms. Weisz: Those projects were completed.

(1.10.20) Ms. Weisz: (continued attachment A)

(1.15.12) Chairman Jon O. Nelson: There are increase in the attorney generals request in some of these areas, what type of service do they do for you?

Ms. Mertz: The reason for that increase is that maternal and child health (MCH) is a grant that goes into all divisions except one. We put all the attorney related fees for the MCH grant into the title V health equity office so that we didn't have to break them out because title V is a pot of money. We use the fees for things that would require an opinion. An example for that is in family planning. Family planning has its own grant source, but we do help with that.

Chairman Jon O. Nelson: Would that be the same in community health?

Ms. Mertz: Yes. We all build in a pot of money for that just in case we would have to utilize that.

(1.17.30) Ms. Weisz: (continued attachment A)

(1.18.52) Chairman Jon O. Nelson: The sudden infant death syndrome (SIDS) training, what was the issue for that?

Ms. Weisz: We had been looking for funds that could be put towards that, but since the funding source has not presented itself, we will be removing that from the budget and contracting it out.

(1.19.45) Ms. Weisz: (Continued attachment A)

(1.21.50) Representative Lisa Meier: When is the WIC EBT program supposed to begin?

Ms. Weisz: October of 2020.

(1.22.18) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: I know births are up in the state, is that increase based on the number of births?

Ms. Hruby: The increase is due to the new conditions being added on to the newborn screening panel which forces us to do more training.

Chairman Jon O. Nelson: These newborn screenings, are they taken in the hospital right after birth?

Ms. Hruby: If they are born in a hospital, it is done in the hospital, but if the birth occurs somewhere else, the provider has to do the screening. It is state mandated, but they can refuse to do the screening through the refusal process.

Chairman Jon O. Nelson: So would a midwife have to do that?

Ms. Hruby: Yes.

Chairman Jon O. Nelson: Has there been an increase in refusals for the screen?

Joyal Meyer, Newborn Screening Program Director: We have seen an increase in the past 5-6 years on the refusals in newborn screening and its mainly from our homebirth population. We have provided education to the midwives on how to collect the screen and also how important it is to conduct that screening. About 1% of our births are refusing the test.

Chairman Jon O. Nelson: Is there a reason why a parent would decline?

Ms. Meyer: We do have an optional refusal slot on the refusal form. Often times it's not completed, sometimes its religious reasons, sometimes it's because they do not want the government to hold their deoxyribonucleic acid (DNA).

Representative Randy A. Schobinger: Is law enforcement able to access this DNA down the road?

Ms. Meyer: We have a policy to go through our HIPPA officer to get that approval done. But yes, we can identify a baby based on their DNA.

Representative Lisa Meier: Do we know how many midwives we have in the state?

Ms. Meyer: They are not certified, but often times we find out through vital records. I believe we have 7 that I know of.

Representative Richard G. Holman: How far back do your records go?

Ms. Meyer: We began our testing in 1964 with PKU, and we have records back to 1992 but our record retention is for 20 years.

(1.31.28) Ms. Weisz: (continued attachment A)

NO FURTHER QUESTIONS. MEETING CONCLUDED FOR BREAK.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/24/2019
31392

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Healthy and Safe Communities Section Continued.

Minutes:

A

Brenda Weisz, Chief Financial Officer for the ND Department of Health (DOH): (see attachment A)

(5.02) Chairman Jon O. Nelson: This is a new line item so this isn't a grant that ran out and we are adding more money?

Ms. Weisz: That is correct. We pulled the newborn screening to the Maven system.

Chairman Jon O. Nelson: Was federal funding was eliminated and if so was is replaced by general fund revenue in any of the areas that we talked about?

Ms. Weisz: No, we eliminated those funds, not replaced them.

Chairman Jon O. Nelson: For this budget you didn't change any of the general or special funds?

Ms. Weisz: The only thing that has changed was the transfer from tobacco prevention funds to general funds.

Vice Chairman Gary Kreidt: We have had a standing rule that if federal funds go away, so does fulltime employees (FTE).

Ms. Weisz: Yes.

(8.30) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: On the break out on this program, it's been running a 90/10 for federal to special, so it looks like its pulling those pieces out.

Representative Richard G. Holman: It seems like there's an executive push to work on website presence in ND, is there a move to standardize the websites for agencies?

Ms. Weisz: I do think there is an effort to take a look at the websites and standardize them. Our website does need updating. It's hard to find information on our website, and there is a need to upgrade that. We are trying to serve the public better, and be customer focused.

(11.43) Ms. Weisz: (continued attachment A)

(15.59) Representative Randy A. Schobinger: Tell me how that donated dental service works.

Janna Pastir, Director of Health Promotion: The donated dental services are donated through bridging the dental gap and through the Ronald McDonald clinic program.

Representative Randy A. Schobinger: Who provides this?

Ms. Pastir: It is a list 123 separate kinds of providers, and these services are for the coordination of that.

Representative Randy A. Schobinger: Are they compensated for?

Ms. Pastir: This money does not go back to the providers. This money is to pay for the coordination of those providers.

Chairman Jon O. Nelson: The Ronald McDonald clinic travels around the whole state and provides services.

(18.48) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: Would the telehealth services go state wide?

Kim Mertz, Section Chief for Healthy and Safe Communities: This was a competitive grant and the focus is to focus on underserved rural communities for the pediatric patients. We are working very closely with the schools because we are trying to get into the schools as well as the clinics. This service is meant to be state wide.

Chairman Jon O. Nelson: Will that be administrated through the human service center then?

Ms. Mertz: It will all be coordinator through Prairie St. John. We would have a partnership with a clinic and access the services of the Prairie St. John Physician to get the services through the telehealth.

Chairman Jon O. Nelson: This is for pediatric mental health; do you see this program working for other populations?

Ms. Mertz: Absolutely. It's a model that can be for all ages. There are lots of efforts in the state for telehealth.

Chairman Jon O. Nelson: What's the length of that grant?

Ms. Mertz: It's a 5-year grant.

Representative Lisa Meier: Can you tell us how it would work with schools, and what individuals it would work with, and what schools would you focus on?

Ms. Mertz: The health department also has a grant where we are doing telehealth school nursing. We are in 10 schools throughout the state right now to do that. There would be people in the school that are trained to stay with the student in the school, then there is the nurse on the other end. We believe that this model would be very similar to the behavioral health model. And we will survey schools to see who is at a point that could do this. The grant is supposed to go to underserved and rural areas, so that would be our first area.

Representative Richard G. Holman: It seems that one of the things to do with this is gather the technology levels of schools that are going to be doing this.

Chairman Jon O. Nelson: It would be a 2 pronged thing. First the technology piece, and then second the personal provider in the school.

(27.16) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: That was the 4 new programs?

Ms. Weisz: Yes.

(29.26) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: You did say that you would watch the offender treatment program, can you do anything more than just watch it if need be?

Ms. Weisz: When we put a budget together we all work together to see where certain programs need change or help. When we look at that, we transfer funds to cover areas.

(33.00) Ms. Weisz: (continued attachment A)

(35.23) Representative Randy A. Schobinger: Will that organization that is applying for the grant independently be able to access that grant as easily as the department would?

Ms. Weisz: Yes.

Chairman Jon O. Nelson: Who is that contractor now?

Ms. Weisz: Northern Lights.

(36.10) Ms. Weisz: (continued attachment A)

(36.44) Representative Lisa Meier: If those funds do not get utilized, they then go back into the general fund?

Ms. Weisz: Yes.

(37.05) Ms. Weisz: (continued attachment A)

(37.42) Chairman Jon O. Nelson: In the area of fetal alcohol, is fetal alcohol program extend past alcohol and into some of the drug related pregnancies?

Kim Hruby, Director of Special Health Services: Some providers do dive into other substances that might be used during pregnancy, because prevention is where they are focusing on.

Chairman Jon O. Nelson: So they are taking on a new role in that, and would that expand the number of pregnancies? Or maybe their integrated?

Ms. Hruby: They are meant to go hand in hand, substance abuse screening and alcohol use.

(39.45) Ms. Weisz: (continued attachment A)

(41.33) Vice Chairman Gary Kreidt: Of that 97,000, the youth agriculture grant is out of that then?

Ms. Weisz: Yes, the other part would be to do some operating expenses of the grant.

(42.05) Ms. Weisz: (continued attachment A)

(43.40) Chairman Jon O. Nelson: Are these purchases on a rotation or a needs base?

Ms. Weisz: This is on a needs base, we run then until they die?

Vice Chairman Gary Kreidt: Do you purchase this or lease this?

Ms. Weisz: We do a lease-purchase analysis. It is more beneficial to do a purchase. Sometimes it is beneficial to do a lease based on the type of technology needed.

Chairman Jon O. Nelson: How about the maintenance, do you purchase an in house maintenance agreement?

Ms. Weisz: Yes, they usually have one to go with it.

(45.46) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: Is that additional staff or more hours for the dental grant?

Ms. Weisz: It's both.

Ms. Weisz: (continued attachment A)

NO FURTHER QUESTIONS OR TESTIMONY.
MEETING CONCLUDED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/24/2019
31430

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget- Tobacco Prevention Section.

Minutes:

A,B,C

Brenda Weisz, Chief Financial Officer for the Department of Health (DOH): (see attachment A)

Chairman Jon O. Nelson: Is that all forms of media? OR is that a contract that you had?

Ms. Weisz: It included all media, but there was some planned media.

(5.24) Ms. Weisz: (continued attachment A)

(6.16) Chairman Jon O. Nelson: There is a balance of 10,338,000 dollars in the community trust fund, should I assume that the 6.5million will be in the next biennium?

Ms. Weisz: I don't know how we will fund for the next biennium.

Chairman Jon O. Nelson: That balance has been looked at for other reasons in the past, I'm interested in what the department would want for funding in that area in the next biennium.

Ms. Weisz: The balance in there included an influx in that area this biennium, which will not be in there next biennium. To not use that now would be nice, so then it would have funds in it for the next biennium.

Chairman Jon O. Nelson: When you look at the 6.5million and the 3.2 for the quit line program, you are getting pretty close to half a million dollars to play with.

Ms. Weisz: We usually get 3.5million back into the fund, which has been consistent through the biennium. This biennium and next biennium we budgeted continually at that 3.2. We included the 329,000 for women's way and we dropped our request for the behavioral risk survey to 270,000. Those have been funded from this fund consistently.

Chairman Jon O. Nelson: We can expect that 3.58 number in the 21-23 biennium?

Ms. Weisz: It stays right around that number.

(10.20) Ms. Weisz: (Continued attachment A)

(13.02) Chairman Jon O. Nelson: These are all ongoing needs, and that is why they are in the general fund expense?

Ms. Weisz: Yes, that is correct.

Chairman Jon O. Nelson: That doesn't generate any additional revenue, so when we spend that down, that's gone?

Ms. Weisz: Correct.

(13.50) Ms. Weisz: (continued attachment A)

(15.12) Representative Lisa Meier: We're still offering the cessation program, but in a different schedule?

Ms. Weisz: It is on the grant schedule.

Representative Lisa Meier: How many participants do we have in that?

Ms. Weisz: About 90-100 per year.

(16.07) Ms. Weisz: (continued attachment A)

(18.10) Vice Chairman Gary Kreidt: National Jewish health, explain that to me.

Neil Charvat, Tobacco Prevention and Control Program Director: National Jewish health is the vendor that supplies a portion of the quit line that does the uptake for callers, does the system, schedules their appointment. Then the actual counseling is from counselors out of the University of North Dakota.

Vice Chairman Gary Kreidt: That is a contract then?

Mr. Charvat: Yes.

Chairman Jon O. Nelson: Do you consult with the cessation partners as to how much agreement there is in this, or what is the effect of the campaign when we drop half million dollars?

Mr. Charvat: We coordinate that on the state level. What we did when the Senate was around is what we still do. We handle the cessation, or quitting, portion. If you see ND quits adds, that's us. If you see any other youth prevention type adds, we have a public education task force that handles that. We coordinate so that we don't duplicate that sort of thing.

Chairman Jon O. Nelson: Is technology usage in the youth one of the reasons why there is a less expensive format?

Mr. Charvat: That is part of it. The state as a whole used to do a lot of television type media, and now they are leaning more towards the social or digital media aspect.

Chairman Jon O. Nelson: Is our saturation point where it needs to be?

Kara Hickel, Health Communications and Equity Specialist: We do have accurate numbers when we do digital media because there is a landing page. We can monitor every second if what a person watches.

Chairman Jon O. Nelson: When will this evaluation be completed?

Mr. Charvat: This evaluation is ongoing. We started the process in 2017, and it is biennial so we should have those numbers by the end of the biennium.

Chairman Jon O. Nelson: And that will be shared?

Mr. Charvat: Yes.

Vice Chairman Gary Kreidt: When the other tobacco group was dissolved last session, they had a lot of information and records, did you receive that from them?

Mr. Charvat: We received some of that. There wasn't a lot of communication at that time.

Vice Chairman Gary Kreidt: So the stats that you are compiling now, you can't compare to what they had?

Mr. Charvat: There were things that they were doing that we couldn't get the same numbers for so we had to scratch that and work from new. We had to make sure that we were using the right baseline on those numbers.

Chairman Jon O. Nelson: So that is why we aren't seeing a graph with the different stats?

Mr. Charvat: I will be reporting on that when I do my section.

(27.44) Ms. Weisz: (continued attachment A)

(33.40) Mr. Charvat: (see attachment B)

(37.10) Chairman Jon O. Nelson: Do the states tax the e products at the same rate of cigarettes?

Mr. Charvat: It varies among states. This is so new that they are still trying to figure this out.

Chairman Jon O. Nelson: Have you been asked for a comparison of states around us that do that tax authority?

Mr. Charvat: That was a request and we do share the information.

Chairman Jon O. Nelson: Do you have those numbers? Was the tax 26%?

Mr. Charvat: 28%.

Chairman Jon O. Nelson: Does that put us in the middle of the pack?

Mr. Charvat: Because there aren't too many states included in the stats, we can't pull data from a large pool of information and can't get a good number for that.

(40.26) Mr. Charvat: (continued attachment B)

(43.22) Representative Lisa Meier: Do you know of any other countries that have started to regulate the e cigarettes?

Mr. Charvat: There are places that are trying to outlaw them as being a cessation product. We aren't seeing a big outcry for e cigarettes because there is such a big problem with cigarettes alone.

(44.52) Mr. Charvat: (continued attachment B)

(49.00) Chairman Jon O. Nelson: When we look at the youth risk behavioral survey (YRBS), as far as tobacco products, is that a little bit easier to ask and get confident numbers?

Mr. Charvat: We are now asking the same questions for both, and are expecting more accurate numbers next time for both.

Chairman Jon O. Nelson: How did you come up with the medical cost for smoking, did you just publish that from data that is used nationally?

Mr. Charvat: That data is used throughout nationwide. They took surveys for diseases that are related to tobacco, but we haven't had accurate numbers since 2003. Because of that we have to change the numbers based on inflation.

Chairman Jon O. Nelson: Who is paying for the 326,000,0000 dollars?

Mr. Charvat: I think tax payers.

(52.55) Ms. Weisz: We are done with the healthy and safe communities. Is there anything else that you want to go through? I have that optional adjustment request (OAR) summary schedule if you want to go through that.

(54.15) Ms. Weisz: (see attachment C)

(59.50) Chairman Jon O. Nelson: All of your OARs are funded?

Ms. Weisz: Except 2.

Chairman Jon O. Nelson: And the vital records are covered yes?

Ms. Weisz: It wasn't covered, I agree.

Chairman Jon O. Nelson: Tell me how you classify things?

Ms. Weisz: We look more at the services the division provides, and how important the facilities are to the communities.

Mr. Charvat: There was a clarification that there are 10 countries ban e cigarettes.

NO FURTHER QUESTIONS OR TESTIMONY.

MEETING CLOSED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division
Sakakawea Room, State Capitol

HB1004
1/25/2019
31470

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the budget –Medical Marijuana Section.

Minutes:

A

Brenda Weisz, Chief Financial Officer for the Department of Health (DOH): (see attachment A)

Chairman Jon O. Nelson: In the currently biennium, you had no expenditures in the temporary and the overtime, what is the reason you added some overtime?

Ms. Weisz: We did that because we had to hire some people to go out to the facilities and check them.

Chairman Jon O. Nelson: When you say facilities?

Ms. Weisz: The growing facilities and the dispensaries.

Chairman Jon O. Nelson: How many do you have?

Ms. Weisz: We have 2 facilities that have paid their registration fees.

Jason Wahl, Director of the Division of Medical Marijuana: There are 2 manufacturing facilities, one in Bismarck and 1 in Fargo. They are both growing and are ready to go. We have 4 entities that are getting their certificates and getting ready to start growing. Next week we open the applications for the final 4 regions-Minot, Devils Lake, Jamestown, and Dickson.

Chairman Jon O. Nelson: In Fargo, where is it at?

Mr. Wahl: South of Fargo.

Chairman Jon O. Nelson: And the Bismarck facility?

Mr. Wahl: Right now their registration certificate lists a specific address that is tied to one of those buildings.

Chairman Jon O. Nelson: Is there a security fence requirement?

Mr. Wahl: there's not a specific rule for the fencing requirements for the facilities.

(11.19) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: That's in the capital?

Ms. Weisz: That is all in the capital.

Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: What does this 80,000 do?

Ms. Weisz: It is the maintenance for the card ID system.

Mr. Wahl: That 80,000 is comprised of 3 different dollar amounts, it gives the technical support, software maintenance, and hosting charge by year. The IT system has 2 components. One is a traceability system, which we use to track the marijuana seed and sell of it.

Chairman Jon O. Nelson: That has a bar code that follows it through its entire life?

Mr. Wahl: It does. There is a bar code that travels with the plant through its entire life so if there ever is a concern in relation to those product, we can identify where that product came from

Chairman Jon O. Nelson: Who is the contractor for this?

Mr. Wahl: Biotech THC. That is one part, the other part is the registration part. We register all agents of the manufacturing facilities and dispensaries, qualified patients, designated care givers, and the lab personnel. That allows us to print their registration card that allows the individuals to consume, transport, or produce marijuana.

Chairman Jon O. Nelson: And if you are a provider, they don't have to register with the DOH?

Mr. Wahl: A healthcare provider, under the program, is defined as a physician or an advanced practice registered nurse (RN). They have to be licensed in the state of ND. A health care provider does establish an account in the system. Once they have that account they can finish the application part.

Chairman Jon O. Nelson: What is the cost of the registration fee and dispensary fee?

(19.00) Mr. Wahl: For the manufacturing facilities, they pay 110,000 dollars every 2 years. Dispensaries pay 90,000 dollars every 2 years. Annual fees for an agent is 200 dollars each year. And then 50dollars for a qualifying patient or care giver each year.

Chairman Jon O. Nelson: So if an individual wants to be in the program, it is a \$50/year fee?

Mr. Wahl: Correct, except if there is a minor that only has one designated care giver in their household.

Vice Chairman Gary Kreidt: If you look at the continuing appropriation, and the fees, the estimated revenue equals the amount for the continuing appropriation.

Representative Richard G. Holman: There are some rumors that some of the medical community is struggling with getting the cares and being able to prescribe that?

Mr. Wahl: There are some individuals that want to get the card, but their provider won't complete the form. Some facilities refuse to have their providers complete the form, others allow their providers to choose to complete the form. The current law doesn't force the providers to complete the form, because in the form they have to vow that they believe their patient would benefit from the marijuana, so it is up to their professional opinion.

Representative Richard G. Holman: So will that impact the ability to implement the program in the short term?

Mr. Wahl: The DOH would have used those predictions to put the estimations together under the current law. We anticipate based on what we see and have been told from the industries. Even with the way that it has started, we anticipated that and built that in. The projected clientele is going to start going after a couple of years after implementing the program.

Representative Lisa Meier: We have a hospital in Bismarck that is not allowing their physicians or nurse practitioner (NP) allow their patients to have this product?

Mr. Wahl: There is a facility that is not allowing their providers to complete the form. I can't say if the providers have or have not completed the form already, because that would be in violation HIPPA.

Representative Lisa Meier: That is most of the phone calls you are receiving right now?

Mr. Wahl: It has been. It depends sometimes on the community.

Chairman Jon O. Nelson: I think from our perspective that conversation is a good one to have because it could change the number of qualifying patients you say you have. If there are providers that are unwilling to prescribe, I know that people that want this product will Doctor shop if they have to. When will this be opened up?

Mr. Wahl: The next fiscal year, June 30, 2020 would be when we expect to have 2000 patients. We did take into account a number of different things when trying to establish that number.

Chairman Jon O. Nelson: In the event that this number is conservation, do you have the authority to hold that within the program?

Ms. Weisz: The fees would be in the continuing appropriation because there is an uncertainty with those fees.

Chairman Jon O. Nelson: So then you will just make us aware of the amount of those fees.

Representative Richard G. Holman: What if you don't generate enough money?

Ms. Weisz: I can answer that question when we get to page 2 or 3.

(35.18) Ms. Weisz: (continued attachment A)

(37.03) Chairman Jon O. Nelson: When you were doing this budget, we had a measure on the ballot regarding recreational marijuana, I would say that that would have thrown these numbers all over the board?

Ms. Weisz: Yes, it would have made a difference. It's just hard to know what that difference would have been.

Representative Richard G. Holman: You have a couple entities, growers and manufacturers, how do the growers make enough money to be profitable, or is it tied to are they going to be able to make money and stay in business?

Mr. Wahl: In regard to the viability of operating a manufacturing facility and a dispensary, the registration process made sure that they would have some capital to be able to stay in operation if the start of the process was a bit rocky. The facilities have a huge investment, and historically speaking, it takes about 3-5 years until the facilities are in the black.

Representative Randy A. Schobinger: On potential liability on the facilities, physicians, or RNs, my concern with this product is that we have a lot of information on the benefits of it, but I'm not sure that we have the research for the potential side effects of it.

Mr. Wahl: I think the legislature last session took care of part of that with the state law that was passed. The law has certain protections for those providers that do complete the form and for the ones that don't. There was some concern about the drug enforcement administration (DEA) raiding the manufacturers and the physicians for providing the marijuana. There is a law that protects the states as long as the providers and manufacturers are within the parameters set. The manufacturing facilities are authorized to have plants for research.

(45.29) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: There are 4 that are currently authorized, what are the locations?

Ms. Weisz: The 2 that have paid are Williston and Bismarck and they are from Harvest. Usually a facility won't pay their registration fee until they are close to having product available. So once they are close to having that product, they will pay their fee.

Chairman Jon O. Nelson: Those other 2 are where?

Ms. Weisz: Grand Forks and Fargo.

Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: What related bills are you referring to?

Sheila Sandness, Legislative Council: I think if there is a fiscal impact, we did include those fiscal notes and they would be on the report.

Chairman Jon O. Nelson: If you have a list of the bills as they come to the floor we would be interested in that.

Ms. Weisz: We can get a list together.

Representative Lisa Meier: How many applications have come in for children?

Mr. Wahl: It is confidential data, so I will keep the number broader and say that it is less than 10.

Representative Randy A. Schobinger: How many total qualifying patient applications are there?

Mr. Wahl: There are about 130 in the submitted folder, and 80 in the final folder.

Representative Randy A. Schobinger: Are you concerned with the lack of initial applications?

(52.30) Mr. Wahl: We would like to see that number being higher, but we are starting to see more users start an application, but haven't submitted it yet. Many people don't want to submit an application until they know what type of products are going to be available to them, or until the actual product is available.

NO FURTHER QUESTIONS OR TESTIMONY.

MEETING CLOSED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
1/25/2019
31491

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Detailing the Budget-Medical Services Section.

Minutes:

A,B,C

Brenda Weisz, Chief Financial Officer for the ND Department of Health (DOH): (see attachment A)

Chairman Jon O. Nelson: Do you have a schedule on the bond payments for the facility?

Ms. Weisz: I can get you a schedule for that. The bond payment for this building is 264,000.

(8.53) Ms. Weisz: (continued attachment A)

(15.30) Chairman Jon O. Nelson: The utilization of Bryan White fund seems to be increasing?

Ms. Weisz: Yes.

(16.15) Lindsey VanderBush, HIV/AIDS/Sexually Transmitted Diseases/Hepatitis/TB Program Manager: Yes, the number of clients that we serve in the Ryan White program are growing. So that number that you see represent our truer needs. How we fund those programs is not only through our federal funds but also through our manufacturer rebates on the medications that we do purchase. Those funds are all included there for that authority. The number of people who are living with HIV is growing, and the number of people who are eligible to receive those services is growing.

Chairman Jon O. Nelson: Sine 2013 it has almost doubled?

Ms. VanderBush: Yes.

Chairman Jon O. Nelson: Briefly describe the Ryan White program?

Ms. VanderBush: The Ryan White Part B program is a federally funded program that serves to provide medical services to lower income individuals who are living with HIV. To be eligible for our program you must be a resident of ND, you must have an annual gross income at or below 400% of federal poverty level, and you must have HIV.

Representative Randy A. Schobinger: What is 400% of the federal poverty level?

Ms. VanderBush: I believe around 14,000 per year times 4, plus the number of people living in the home.

(19.00) Ms. Weisz: (continued attachment A)

(22.09) Chairman Jon O. Nelson: The non-point and the EPA, environmental quality (EQ) applies for that then?

Ms. Weisz: Yes, and it's a predominant funding force there too, so we eliminated that source.

Chairman Jon O. Nelson: The nonpoint 319 grant should be in their area too?

Ms. Weisz: We do some work for EQ there, so they pay us for those services.

Chairman Jon O. Nelson: What do you do for them?

Ms. Weisz: We do some lab work for them.

(23.30) Ms. Weisz: (continued attachment A)

Vice Chairman Gary Kreidt: Taking the dollars from the improvement fund has never been done before?

Ms. Weisz: It's not been done for a capital improvement fund before. But in the 17-19 biennium it did fund a onetime expenditure for us and that we have funding for our legal fees in the DEQ department.

(25.05) Chairman Jon O. Nelson: Generally, when we see a project like this it would be in extraordinary repairs and then would be in the general funds area?

Ms. Weisz: I'm not sure, sometimes the onetime projects had been funded with general funds when we can't use federal funds.

(26.27) Ms. Weisz: (continued attachment A)

(31.37) Chairman Jon O. Nelson: In the case of the forensic examiner in Bismarck, that position is rolling over?

Ms. Weisz: No it is not, the whole program is still in Bismarck.

Chairman Jon O. Nelson: The individual is retiring then?

Ms. Weisz: At the end of the biennium.

(32.53) Ms. Weisz: (continued attachment A)

(35.04) Chairman Jon O. Nelson: That looks to be a 60/40 state to federal?

Ms. Weisz: We try to prorate those to the fees that are applicable.

(35.37) Ms. Weisz: (continued attachment A)

(40.15) Chairman Jon O. Nelson: The immunization program, what is included in that?

Ms. Weisz: The funding is to help with the increase of the immunization rates.

Abbi Berg, Vaccines for Children Program Manager: We do expect somewhat level funding for the local public health units (LPHU), unless we see a large increase in our grants funding. We should see within the next few weeks what that point will be and then decide what those LPHU will get. Why this line item looks increased is because it includes the LPHU contracts and our additional mini grants.

Chairman Jon O. Nelson: Who else is included in that?

Ms. Burg: Any clinic that can apply for that mini grant, could be included. It is generally local public health units that apply for those mini grants.

(42.37) Ms. Weisz: (continued attachment A)

(44.03) Representative Lisa Meier: Autoclaves?

Dr. Kristie Mason, Director of the Microbiology Lab: An autoclave is where we sterilize the waste from the lab, then we can dispose of it in a general garbage.

Representative Lisa Meier: Maldi Tof?

Dr. Mason: Matrix Assisted Laser Desorption Ionization Time of Flight instrument. It allows us to take a colony of an organism, break down the organism into its protein mix, and the time it takes for the proteins to fly from the bottom to the top of this device gives us a unique pattern that can help us to identify the organism.

Representative Lisa Meier: Whole genome sequencer?

Dr. Mason: It breaks down the genetic makeup of an organism, and looks at the whole sequence. We can link breakouts together based on the organisms that are out there.

Chairman Jon O. Nelson: What was the last outbreak you were involved with?

Dr. Mason: The salmonella outbreak with the cratem. A cratem is a new drug that people are using for pain management. It is not regulated appropriately in the US, and a batch of cratem was contaminated with salmonella.

Chairman Jon O. Nelson: With that situation, what was the outcome?

Dr. Mason: It was a national issue, and information went out from CDC to not use it.

Chairman Jon O. Nelson: What kind of pain management was it used for?

Dr. Mason: I think it was a way for exchange of opioid use.

(49.25) Kirby Kruger, Director of the Medical Services Section: The whole genome sequencing, ND participates in nationwide surveillance, and it's the whole genome sequencing allows us to identify if our genome sequencing is linked to other national outbreaks and if we have them in our state.

Chairman Jon O. Nelson: The sequencer, that would allow us to have 2?

Mr. Kruger: Yes.

Chairman Jon O. Nelson: In practice, if you are utilizing one of these sequencers, is another one necessary to have?

Mr. Kruger: One sequencer would work for us. But when we get a local outbreak, we will have an increase and will need another sequencer because it does take a while to do that.

Chairman Jon O. Nelson: Do we really need the second sequencer? How does your equipment compare to other states?

Mr. Kruger: Labs in comparable sized states to us vary in capacity. We are in the ballpark with other states our size.

Chairman Jon O. Nelson: What does that Maldi ToF do?

Mr. Kruger: It allows us to find the bacteria for the outbreak more quickly.

Chairman Jon O. Nelson: The work load has increased steadily?

Mr. Kruger: That is correct. I don't see our work slowing anytime soon.

(54.55) Ms. Weisz: (continued attachment A)

Chairman Jon O. Nelson: In these 2 cases, you mentioned that that bond would be paid off in the next biennium, would that be full or partial?

Ms. Weisz: It would be paid off in December of 2022. In 21-23 it will be payed off. We will be paying 4 payments for this biennium, and will pay 3 payments in the following biennium.

Chairman Jon O. Nelson: How about the special assessment?

Ms. Weisz: We got a letter to tell us we will be having a special assessment. And the estimated costs would be about 93,000 dollars. We can make payments over years, or just one payment that would be due in February 2020. And we put money in our budget for that single payment in February 2020.

(58.00) Representative Lisa Meier: When was the last time that building was done for special assessments?

Ms. Weisz: I believe 3 years ago.

Representative Lisa Meier: Do you know how much it was?

Ms. Weisz: I don't.

Representative Lisa Meier: 90,000 seems really steep.

Ms. Weisz: I did base it off the letter that they gave us. They are doing resurfacing work and matching the milling and overlay.

Chairman Jon O. Nelson: The other option would be to pay the annual cost spread out over 10 years?

Ms. Weisz: They are saying that it could be over 7 years, but they don't tell us the interest rate.

(1.00.30) Ms. Weisz: (continued attachment A)

(1.02.29) Chairman Jon O. Nelson: Do you have enough fees in your fee schedule that you can do that replacement?

Ms. Weisz: Yes.

(1.03.02) Ms. Weisz: (continued attachment A)

(1.06.10) Chairman Jon O. Nelson: That assistant is ongoing?

Ms. Weisz: Yes.

(1.06.33) Ms. Weisz: (see attachment B)

(1.08.56) Chairman Jon O. Nelson: These contracts are serviced from all over the state?

Ms. Weisz: Yes.

Chairman Jon O. Nelson: Is there another option?

Ms. Weisz: No. We need those services so that when a piece of equipment breaks down, we can have someone fix it quickly.

(1.10.07) Ms. Weisz: (continued attachment B)

(1.10.40) Chairman Jon O. Nelson: On some of these contracts, you try to find another payer source if it is possible, but it is generally a general fund?

Ms. Weisz: True. We will look to our federal funds, then to our special fees, and then to our general funds?

Chairman Jon O. Nelson: So in the special fees area, you take a % into the maintenance costs?

Ms. Weisz: We take the fees that we plan to collect for the biennium, then look at our operating costs, then put the money from the fees into those operating costs.

Chairman Jon O. Nelson: You drain the special funds first?

Ms. Weisz: Yes, we do. Federal → Special → General.

(1.12.54) Representative Lisa Meier: What is the cause of the increase with the janitorial services?

Ms. Weisz: We had to go out for another bid, and it depends on what we get back for a bid.

(1.14.15) Ms. Weisz: (see attachment C)

(1.17.40) Representative Lisa Meier: With HIV increasing in our state, wouldn't we want more money going towards that?

Ms. Weisz: These numbers are just for our testing and supplies.

Chairman Jon O. Nelson: With tuberculosis (TB) there is an increased concern there, where are we at with that concern and how is that being responded to?

Mr. Kruger: This last biennium we entered in to a contract with a pharmacy here in ND to handle out TB medications because a pharmacy would be able to better leverage the federal money for the TB meds. Previous to that we were buying all the TB meds with general funds and then sending them out to the local health units. We couldn't reimburse for those medications either.

Chairman Jon O. Nelson: Is that part of the 340B program?

Mr. Kruger: Yes, that pharmacy can do that.

Chairman Jon O. Nelson: And that allows for the savings?

Mr. Kruger: Yes, and they can get the third party payer.

Chairman Jon O. Nelson: So that \$20,000 decrease isn't representative of utilization, that's reflective of efficiencies and the purchase of the treatment?

Mr. Kruger: Yes.

Vice Chairman Gary Kreidt: Under the Ryan White health insurance premiums, who is the carrier?

Ms. VanderBush: If someone is eligible for health care insurance, but not otherwise eligible for Medicaid, Medicare, or employer based insurance we will enroll them into market place plans or off market place plans, whichever is most effective. We offer to our clients 2 different plans. One from Blue Cross Blue Shield of ND and the other from Sanford, based on where they receive their health care from. We run a cost analysis of estimated premium costs, if their medications are covered, their deductibles and copays, and the expected amount that we will receive.

NO FURTHER QUESTIONS OR TESTIMONY.
MEETING CLOSED.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
2/5/2019
32211

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Hearing amendments.

Minutes:

A

Opened hearing.
Tool roll.

Attachment A was handed out.

Chairman Jon O. Nelson: We will ask for amendments for HB1004. Let's work our way down the worksheet in order, that way it will be easier to follow. The first 4 items are brought over to the house version. The retirement contribution that was in the executive budget, we had instructions to not utilize that. We will begin our work on the cost to continue budget items line. That is one that we need to bring that in to the house version. We will do this on a consensus base, we don't need to vote on every line here. That one we will add. The next line is to add 1 fulltime employee (FTE) for an office assistant for the medical marijuana department. That was already in the budget so we don't need to add that back in. The next one was the

Sheila Sandness, Legislative Council: So you want to move it over to the conversion?

Chairman Jon O. Nelson: Yes. The next is to add the 1,923,322 for the vital records. The Transfer of 4.5 FTE for the information technology department (ITD) unification. We will not be moving that one over at this time. That will be decided at a later date. Next is the 1 FTE position for the suicide prevention program, and we will move that over. Next is to add 1 FTE for food and lodging position and we agreed to do that one. Next is add funding for the federal opioid program, that's special funds so we will move that one over. Next is to add funding for the emergency medical services and we will add that as well. Next is add funding for the Microsoft 365. Next, add the adjustment to for the bond and capital payments.

Vice Chairman Gary Kreidt: When are those bonds up?

Brenda Weisz, Chief Financial Officer for the Department of Health: December 2022.

Chairman Jon O. Nelson: That bond in Dave's budget is a part of that same bond?

Ms. Weisz: Yes.

Chairman Jon O. Nelson: Next is to add the fund for the extraordinary repairs.

Ms. Weisz: This is the repairs out at the lab we had talked about.

Chairman Jon O. Nelson: What we would like to do is subtract 25,000 from the 55,650, and then leave the other lines the same. Next, we will add the funding for the equipment over \$5000.

Ms. Weisz: That is still out at the microbiology lab, and it is payed for by special funds.

Chairman Jon O. Nelson: We will move that one over. Next add funding for the youth access to tobacco. Add funding for the tobacco prevention fund. Now let's go to the onetime funding items. We will add the women, infant, children electronic benefit transfer (WIC EBT) project. We want the next project to go forward but the funding be from the Tobacco control and prevention fund instead. Next we will add the funding for the microbiology lab IT upgrades. Let's move on to the sections. Section 3 and 4 will not be moved over for now. Section 5 can be added to the house version. Section 6 will be addressed in a different area. Section 7 will be included in the budget. Do we still need that in Section 7 then Sheila?

Ms. Sandness: Yes.

Chairman Jon O. Nelson: Section 6 too? If we just change the funding source, there or do we need that section?

Ms. Sandness: The section title would change to tobacco prevention and control trust fund and then we would identify that money coming from the tobacco prevention and control fund instead of the sift fund.

(14.20) Chairman Jon O. Nelson: Section 8 will also be added. Now let's go back and do our work list. We would like to restore the money for the local public health

Vice Chairman Gary Kreidt: In regards to the plan and review process that we go through on remodeling and new building construction. What I'm proposing is in the fees schedule for doing this work on the small projects that we now have a fee of \$750, I want to reduce that down to \$500. Then I want to allow a temporary employee to become employed and appropriate \$130,000 to do that. If I'm correct 30,000 out of special funds and 50,000 out of general funds. The 50,000 is already in there for a temporary employee, bringing it up to 130,000 a temporary employee.

Ms. Sandness: Are you authorizing an additional FTE?

Vice Chairman Gary Kreidt: No just the additional funds for the temporary employee.

Ms. Weisz: There's already that 50,000 in there that could be diverted to that.

Vice Chairman Gary Kreidt: You're leaving the 50,000, and then adding the 80,000.

Ms. Weisz: There's 50,000 in that temporary already.

Chairman Jon O. Nelson: We are leaving that untouched. We want those projects to get done more timely. Restore 50,000 to the offender treatment program from the tobaccos prevention and control fund. If we go to the green sheet, on number 41, the canner programs and domestic violence programs that funding mechanism was changed to the general fund from the tobacco prevention and control (TBC) fund. We want that to be changed back to the TBC trust fund for a total of 944,804. The emergency clause was added into section 8, right?

Ms. Sandness: Yes.

Chairman Jon O. Nelson: We covered that section 5, the 1.125 million from the insurance tax distribution?

Ms. Sandness: Yes.

Chairman Jon O. Nelson: Anything else?

Vice Chairman Gary Kreidt: You'll get that unification into one amendment?

Ms. Sandness: Right, we will not remove those employees or add the operating expenses in the first section.

Chairman Jon O. Nelson: It might be helpful to have a list of the number of FTEs and the cost.

Ms. Sandness: You want a list of all the FTE and the cost in all the agencies?

Representative Jon O. Nelson: Yes.

Representative Lisa Meier: We had talked about also for the roof repair and the heating, ventilation, and air conditioning (HVAC) system?

Chairman Jon O. Nelson: That is already covered.

Ms. Sandness: When will you be working on this?

Chairman Jon O. Nelson: Would they be ready by Friday?

Ms. Sandness: Yes, Friday will be fine.

Chairman Jon O. Nelson: Ok, let's do it for Friday then.

No further amendments. Meeting closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
2/8/2019
32445

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Taking action on the amendments.

Minutes:

A,B

Opened hearing.
Took roll.

Chairman Jon O. Nelson: Talked about how the Department of Human Services wants to do their budget format. Moved onto HB1004.

Sheila Sandness, Legislative Council: How would you want us to go through this?

Chairman Jon O. Nelson: Let's go through the long worksheet and then the amendments.

Ms. Sandness: (see attachment A)

Chairman Jon O. Nelson: For the carries benefit, do you have a total of the money in this budget that is coming out of tobacco prevention and control?

Ms. Sandness: Yes, and we added a section in the bill that will go over that. **(continued attachment A)**

Chairman Jon O. Nelson: And that was strategic investment and improvements fund (SIFF) funds to begin with?

Ms. Sandness: Yes, correct. **(continued attachment A)**

Chairman Jon O. Nelson: Are there any questions on the worksheet? None seen, let's go to the bill then.

Ms. Sandness: (see attachment B)

Chairman Jon O. Nelson: Do you think we need to run through these changes Vice Chairman Gary Kreidt?

Vice Chairman Gary Kreidt: No I think we will be ok. I move a motion on amendment 19.0192.01002.

Representative Lisa Meier: I second that.

Roll Call Vote: 6 Yes, 0 No, 0 Absent.

Motion carries.

Vice Chairman Gary Kreidt: I move a motion for a do pass as amended on HB1004.

Representative Lisa Meier: Seconded.

Roll Call Vote: 6 Yes, 0 No, 0 Absent.

Motion carries.

Floor Assignment: **Vice Chairman Gary Kreidt**

Hearing closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1004
2/13/2019
32702

- Subcommittee
 Conference Committee

Committee Clerk: Risa Bergquist

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:

Chairman Delzer: We will call the meeting to order for HB 1004, Representative Kreidt will be the carrier for this.

Representative Kreidt: (Reviews amendment 19.0192.01002) Last session SB 2344 which was the medical marijuana program and that became a part of the health department from last session. Statement of Purpose, to start out we made the adjustment for the base payroll, we added the funding for benefits and the cost to continue. We removed 6 ½ FTE positions and that was related to operating expenses, that was a reduction of 3.1 million. Medical marijuana adjustment, that is intended that as it begins to dispense the product it will become self-efficient. Storage funding for the vital records have been zeroed out. Increase funding for life safety inspections. The bonding for the health department will be paid up by 2022.

6:13 Chairman Delzer: That not run through the industrial commission? It's run through here instead?

Representative J. Nelson: That's for the state lab. This is their share and there's a small amount that the department of environmental equality has in the next budget that is in that same bond.

7:00 Representative Kreidt: (continuing) Extra ordinary repairs, that's 120 thousand. Adjusted funding for equipment is 245 thousand.

8:00 Chairman Delzer: How much did you leave in the tobacco and prevention and control trust fund?

Representative J. Nelson: It's around 8.7 million when we started, I think it's about 6.25, I think there are 3 draws from there.

Sheila Sandness, LC: It is estimated to have 8.47 million left and the end this biennium the governor's budget didn't include any funding from that trust fund, this would be down to about 6 million.

9:30 Representative Kreidt: (continues) Adjusted for cancer programs, domestic violence and offender treatment of 50 thousand. Going back to the fee schedule page 2 section 5 that is an update of what the fees are going to be.

Chairman Delzer: What was the discussion that the fees needed to go up that much?

Representative Kreidt: Well they haven't changes prices since 1983. We checked with the states around us and this will get us up in those other state's prices.

Representative Nathe: On the death certificates, on the additional copies it says "may not exceed 10 dollars" are they talking about leaving it at 2 or will they bump up the additional cost?

Representative Kreidt: \$15 for the original copy; 2 dollars going into the children's trust fund. We looked at this and after we figured in all the expenditures then it's \$10 already then the 2 dollars for children trust fund so we thought 15 is pretty close. (Continuing) We added the money for the life safety inspections, we added a temporary employee, we are getting a lot of feedback from hospitals and nursing homes, they are getting so far behind on the inspection of these projects. We offered a temporary employee to get them caught up.

17:45 Representative Kempenich: How many people do they have now?

Representative Kreidt: I think there are 4 and a very part time.

Representative Kempenich: Do they make them come to Bismarck or are they from Bismarck?

Representative Kreidt: I think they are all in Bismarck.

Chairman Delzer: I see a legislative intent that it's going down to 500 dollars?

Representative Kreidt: When this started the project of life safety they charged an upfront amount of 750 so we thought it was a little high.

Chairman Delzer: Did you ask them if the legislative intent will be honored?

Shelia Sandness, LC: There was no century code section relative to this and it's not even in administrative code so the department said this would be the best way to address this.

Representative Kreidt: There's a 3 step procedure in this and depending on the cost of the project there's a fee schedule.

Chairman Delzer: Sheila how many section is the original bill came back over?

Shelia Sandness LC: The original bill has 5 sections, it would have had an original one-time funding section, the distribution from the insurance tax distribution fund. The original bill had a section regarding the student loan trust fund, that was taken out. It also had a section 5 tobacco prevention and control trust fund, that section remains but the amounts have changed.

Chairman Delzer: Any further questions?

Representative Kreidt: I will make a motion to amend HB 1004 with 19.0192.01002

Representative J. Nelson: Second

Chairman Delzer: Further discussion on the motion to amend? Hearing none. **Voice vote, motion carries.**

Representative Kreidt: I'll make a motion to Do Pass as Amended

Representative Meier: Second

Chairman Delzer: Any further discussion on the amended bill and the motion to Do Pass?

A Roll Call vote was taken. Yea: 20 Nay: 1 Absent: 0

Motion Carries, Representative Kreidt will carry the bill

Chairman Delzer: With that we will close this meeting.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "health" insert "; to amend and reenact section 23-02.1-29 of the North Dakota Century Code, relating to vital records fees; to provide a statement of legislative intent; to provide a report; and to declare an emergency"

Page 1, replace lines 10 through 23 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
Total general fund	\$32,750,309	\$3,302,505	\$36,052,814
Full-time equivalent positions	211.50	(7.50)	204.00"

Page 2, line 1, after "BUDGET" insert "- REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY"

Page 2, line 3, after "biennium" insert "and the 2019-21 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 8 with:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
Medical marijuana	\$95,066	\$0
Women, infants, and children system upgrade	1,739,220	354,554
Law enforcement support	1,420,000	0
Microbiology laboratory technology upgrades	0	450,000
Microbiology laboratory capital improvements	0	1,220,000
Total all funds	\$3,254,286	\$2,024,554
Less estimated income	3,254,286	1,934,554
Total general fund	\$0	\$90,000

The 2019-21 biennium one-time funding amounts are not a part of the entity's base budget for the 2021-23 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021."

Page 2, remove lines 12 through 14

Page 2, line 16, replace "\$12,878,195" with "\$2,625,324"

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Page 2, line 17, remove "for tobacco prevention and related health programs"

Page 2, line 17, after the period insert "Of this amount, \$300,000 is for domestic violence offender treatment grants, \$580,324 is for cancer programs, \$525,000 is for grants to local public health units, and \$1,220,000 is for microbiology laboratory capital improvements."

SECTION 5. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

23-02.1-29. Fees.

1. The state department of health shall prescribe the fees, if any, not to exceed ~~five~~fifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, ~~legitimation, or determination of paternity.~~
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - g. A noncertified informational copy of a death or marriage record.

The fee for each additional copy of ~~the same document,~~a death or fetal death record, requested at the same time, may not exceed ~~two~~ten dollars.

2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the ~~general fund of this state~~operating fund of the state department of health, according to procedures established by the state treasurer.
3. The state department of health shall ~~charge a fee~~quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, in addition to those fees authorized by subsection 1, ~~in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.~~
4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the end of each biennium.

SECTION 6. LEGISLATIVE INTENT - LIFE SAFETY PLAN REVIEW FEES. It is the intent of the sixty-sixth legislative assembly that the state department of health reduce the minimum fee charged for life safety construction or renovation plans review of small projects for facilities from \$750 to \$500.

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SECTION 7. EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from other funds, for microbiology laboratory technology upgrades appropriated in section 1 of this Act is declared to be an emergency measure."

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	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
WIC food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
General fund	\$32,750,309	\$3,302,505	\$36,052,814
FTE	211.50	(7.50)	204.00

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Adds Cost to Continue Adjustments ³	Adjusts Funding for Various Programs ⁴	Removes 6.5 FTE positions and Related Operating Expenses ⁵	Adjusts Funding and FTE Positions for the Medical Marijuana Division ⁴
Salaries and wages	(\$31,805)	\$1,779,851			(\$1,781,507)	
Operating expenses			\$4,473,376		(545,098)	
Capital assets						
Grants			7,788,061		(736,000)	
Tobacco prevention	(38,622)	52,934	(135,528)		(706,280)	
WIC food payments			(420,000)			
Medical marijuana	132,155					(\$1,597,859)
Total all funds	\$61,728	\$1,832,785	\$11,705,909	\$0	(\$3,768,885)	(\$1,597,859)
Less estimated income	55,045	991,180	10,596,715	(6,378,195)	(584,041)	(1,146,592)
General fund	\$6,683	\$841,605	\$1,109,194	\$6,378,195	(\$3,184,844)	(\$451,267)
FTE	0.00	0.00	0.00	0.00	(6.50)	(1.00)
	Transfers the Suicide Prevention Program ⁷	Adds 1 FTE Food and Lodging Position ⁸	Restores Funding for Vital Records ⁹	Increases Funding for Life Safety Inspections ¹⁰	Adds Funding for a Federal Opioid Program ¹¹	Adds Funding for Emergency Medical Services Licensing and Records Management ¹²
Salaries and wages	(\$319,503)	\$159,720	\$1,218,501	\$80,000	\$37,915	\$126,000
Operating expenses	(259,993)	26,185	704,821		34,410	
Capital assets						
Grants	(1,265,000)				253,290	
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	(\$1,844,496)	\$185,905	\$1,923,322	\$80,000	\$325,615	\$126,000
Less estimated income	(583,984)	0	1,923,322	30,000	325,615	0
General fund	(\$1,260,512)	\$185,905	\$0	\$50,000	\$0	\$126,000
FTE	(1.00)	1.00	0.00	0.00	0.00	0.00

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	Adds Funding for Microsoft Office 365 Licensing ¹³	Adjusts Funding for Bond and Capital Payments ¹⁴	Increases Funding for Extraordinary Repairs ¹²	Adjusts Funding for Equipment ¹⁸	Increases Funding for Local Public Health Unit Grants ¹²	Adjusts Funding for Cancer Programs and Domestic Violence Offender Treatment ¹⁸
Salaries and wages	\$124,638					
Operating expenses						
Capital assets		\$94,604	\$127,659	(\$245,941)		
Grants					\$525,000	\$50,000
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	\$124,638	\$94,604	\$127,659	(\$245,941)	\$525,000	\$50,000
Less estimated income	82,261	761	97,009	(245,941)	525,000	880,324
General fund	\$42,377	\$93,843	\$30,650	\$0	\$0	(\$830,324)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding to Transfer Youth Access Reporting ¹⁹	Adds One-Time Funding for a Women, Infants, and Children Technology Project ²⁰	Adds One-Time Funding for Microbiology Laboratory Capital Improvements ²¹	Adds One-Time Funding for Microbiology Laboratory Technology Upgrades ²²	Total House Changes
Salaries and wages					\$1,143,172
Operating expenses		\$354,554			5,038,893
Capital assets			\$1,220,000	\$450,000	1,646,322
Grants					6,615,351
Tobacco prevention	\$75,000				(752,496)
WIC food payments					(420,000)
Medical marijuana					(1,465,704)
Total all funds	\$75,000	\$354,554	\$1,220,000	\$450,000	\$11,805,538
Less estimated income	0	354,554	1,220,000	360,000	8,503,033
General fund	\$75,000	\$0	\$0	\$90,000	\$3,302,505
FTE	0.00	0.00	0.00	0.00	(7.50)

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2019-21 biennium salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month:

	General Fund	Other Funds	Total
Salary increase	\$397,095	\$462,956	\$860,051
Health insurance increase	444,510	528,224	972,734
Total	\$841,605	\$991,180	\$1,832,785

³ Funding is adjusted for base budget changes, including increases relating to technology, professional development, travel and other operating expenses; and various grant programs including the state-funded loan repayment programs and federal grant programs.

⁴ Funding is provided from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium, including the tobacco prevention and control program, state aid to local public health units, the stroke and cardiac care program, cancer programs, medical and behavioral health loan repayment programs, and domestic violence offender treatment.

⁵ Funding and 6.5 FTE undesignated positions are removed agencywide.

⁶ One FTE office assistant III position, including salaries and wages, and related medical marijuana program expenditures are removed and these costs will be paid through a continuing appropriation.

DP 2/4/1
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⁷ The suicide prevention program is transferred from the State Department of Health to the Department of Human Services, including 1 FTE position and related funding for salaries and wages, operating expenses, and grants.

⁸ One FTE food and lodging environmental health position, including salaries and wages and operating expenses, is added.

⁹ Vital records fees are increased and funding is restored from vital records fee revenue for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division.

¹⁰ Funding for temporary salaries related to life safety construction and renovation plan review is increased to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue.

¹¹ Funding is added for a federal opioid program.

¹² Funding is added to implement an emergency medical services data licensing and records management system.

¹³ Funding is added for Microsoft Office 365 license expense.

¹⁴ Funding is adjusted for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund.

¹⁵ Funding for extraordinary repairs is increased to provide a total of \$1,317,009, of which \$55,650 is from the general fund.

¹⁶ Funding is adjusted for equipment over \$5,000 to provide a total of \$1,518,697 from other funds.

¹⁷ Funding is provided from the tobacco prevention and control trust fund to restore local public health unit grants reduced in the department's base budget to provide a total of \$5,250,000, of which \$4,725,000 is from the general fund and \$525,000 is from the tobacco prevention and control trust fund. This level of funding is the same as the 2017-19 biennium.

¹⁸ The funding source for cancer programs and domestic violence offender treatment grants is changed to the tobacco prevention and control trust fund and domestic violence offender treatment grants are increased by \$50,000. A total of \$880,324 is provided from the tobacco prevention and control trust fund for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000).

¹⁹ Funding is added to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health.

²⁰ One-time funding is added from federal funds for operating expenses related to the continuation of the women, infants, and children electronic benefit transfer project.

²¹ One-time funding is added from the tobacco prevention and control trust fund for microbiology laboratory capital improvements.

²² One-time funding is added, including funding from federal funds, for microbiology laboratory information technology upgrades.

This amendment also:

- * Removes a section related to funding from the student loan trust fund;
- * Amends the section related to funding from the tobacco prevention and control trust fund;
- * Adds a section to amend Section 23-02.1-29 to increase vital records fees; resulting in an estimated increase in general fund revenues of \$312,000 for the 2019-21 biennium.
- * Adds a section of legislative intent related to life safety construction and renovation plan review fees; and
- * Adds a section to declare funding related to the microbiology laboratory technology upgrades an emergency measure.

Date: 2/8/2019
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB1004**

House Appropriations - Human Resources Division Committee

Subcommittee

Amendment LC# or Description: 19.0192.01002

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. Kreidt Seconded By Rep. Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Jon O. Nelson	X		Rep. Richard G. Holman	X	
Vice Chairman Gary Kreidt	X				
Representative Bert Anderson	X				
Representative Lisa Meier	X				
Rep. Randy A. Schobinger	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Motion Carries.

Date: 2/8/2019
Roll Call Vote #: 2

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB1004**

House Appropriations - Human Resources Division Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Refer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Kreidt Seconded By Rep. Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Jon O. Nelson	X		Rep. Richard G. Holman	X	
Vice Chairman Gary Kreidt	X				
Representative Bert Anderson	X				
Representative Lisa Meier	X				
Rep. Randy A. Schobinger	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Rep. Kreidt

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

motion carries.

Date: 2/13/2019
 Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1004**

House Appropriations Committee

Subcommittee

Amendment LC# or Description: 19.0192.01002

- 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 Representative K reid Seconded By Representative J. Nelson

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer					
Representative Kempenich					
Representative Anderson			Representative Schobinger		
Representative Beadle			Representative Vigesaa		
Representative Bellew					
Representative Brandenburg					
Representative Howe			Representative Boe		
Representative Kreidt			Representative Holman		
Representative Martinson			Representative Mock		
Representative Meier					
Representative Monson					
Representative Nathe					
Representative J. Nelson					
Representative Sanford					
Representative Schatz					
Representative Schmidt					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

Voice Vote/Motion Carries

Date: 2/13/2019
 Roll Call Vote #: 2

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HB 1004**

House 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 Representative K reid Seconded By Representative Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X			
Representative Kempenich	X				
Representative Anderson	X		Representative Schobinger	X	
Representative Beadle	X		Representative Vigesaa	X	
Representative Bellew	X				
Representative Brandenburg	A X				
Representative Howe	X		Representative Boe	X	
Representative Kreidt	X		Representative Holman	X	
Representative Martinson	X		Representative Mock	X	
Representative Meier	X				
Representative Monson	X				
Representative Nathe	X				
Representative J. Nelson	X				
Representative Sanford	X				
Representative Schatz	X				
Representative Schmidt	X				

Total (Yes) 20 No 1

Absent 0

Floor Assignment Representative Kreidt

Motion Carries

REPORT OF STANDING COMMITTEE

HB 1004: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). HB 1004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to amend and reenact section 23-02.1-29 of the North Dakota Century Code, relating to vital records fees; to provide a statement of legislative intent; to provide a report; and to declare an emergency"

Page 1, replace lines 10 through 23 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
Total general fund	\$32,750,309	\$3,302,505	\$36,052,814
Full-time equivalent positions	211.50	(7.50)	204.00

Page 2, line 1, after "**BUDGET**" insert "**- REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY**"

Page 2, line 3, after "biennium" insert "and the 2019-21 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 8 with:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
Medical marijuana	\$95,066	\$0
Women, infants, and children system upgrade	1,739,220	354,554
Law enforcement support	1,420,000	0
Microbiology laboratory technology upgrades	0	450,000
Microbiology laboratory capital improvements	0	1,220,000
Total all funds	\$3,254,286	\$2,024,554
Less estimated income	3,254,286	1,934,554
Total general fund	\$0	\$90,000

The 2019-21 biennium one-time funding amounts are not a part of the entity's base budget for the 2021-23 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021."

Page 2, remove lines 12 through 14

Page 2, line 16, replace "\$12,878,195" with "\$2,625,324"

Page 2, line 17, remove "for tobacco prevention and related health programs"

Page 2, line 17, after the period insert "Of this amount, \$300,000 is for domestic violence offender treatment grants, \$580,324 is for cancer programs, \$525,000 is for grants to local public health units, and \$1,220,000 is for microbiology laboratory capital improvements."

SECTION 5. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

23-02.1-29. Fees.

1. The state department of health shall prescribe the fees, if any, not to exceed fivefifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, legitimation, or determination of paternity.
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - g. A noncertified informational copy of a death or marriage record.

The fee for each additional copy of the same document, a death or fetal death record, requested at the same time, may not exceed twoten dollars.

2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the general fund of this stateoperating fund of the state department of health, according to procedures established by the state treasurer.
3. The state department of health shall charge a fee ~~quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, in addition to those fees authorized by subsection 1, in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.~~
4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the end of each biennium.

SECTION 6. LEGISLATIVE INTENT - LIFE SAFETY PLAN REVIEW FEES.

It is the intent of the sixty-sixth legislative assembly that the state department of health reduce the minimum fee charged for life safety construction or renovation plans review of small projects for facilities from \$750 to \$500.

SECTION 7. EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from other funds, for microbiology laboratory technology upgrades appropriated in section 1 of this Act is declared to be an emergency measure."

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	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
WIC food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
General fund	\$32,750,309	\$3,302,505	\$36,052,814
FTE	211.50	(7.50)	204.00

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Adds Cost to Continue Adjustments ³	Adjusts Funding for Various Programs ⁴	Removes 6.5 FTE Positions and Related Operating Expenses ⁵	Adjusts Funding and FTE Positions for the Medical Marijuana Division ⁶
Salaries and wages	(\$31,805)	\$1,779,851			(\$1,781,507)	
Operating expenses			\$4,473,376		(545,098)	
Capital assets						
Grants			7,788,061		(736,000)	
Tobacco prevention	(38,622)	52,934	(135,528)		(706,280)	
WIC food payments			(420,000)			
Medical marijuana	132,155					(\$1,597,859)
Total all funds	\$61,728	\$1,832,785	\$11,705,909	\$0	(\$3,768,885)	(\$1,597,859)
Less estimated income	55,045	991,180	10,596,715	(6,378,195)	(584,041)	(1,146,592)
General fund	\$6,683	\$841,605	\$1,109,194	\$6,378,195	(\$3,184,844)	(\$451,267)
FTE	0.00	0.00	0.00	0.00	(6.50)	(1.00)

	Transfers the Suicide Prevention Program ⁷	Adds 1 FTE Food and Lodging Position ⁸	Restores Funding for Vital Records ⁹	Increases Funding for Life Safety Inspections ¹⁰	Adds Funding for a Federal Opioid Program ¹¹	Adds Funding for Emergency Medical Services Licensing and Records Management ¹²
Salaries and wages	(\$319,503)	\$159,720	\$1,218,501	\$80,000	\$37,915	
Operating expenses	(259,993)	26,185	704,821		34,410	\$126,000
Capital assets						
Grants	(1,265,000)				253,290	
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	(\$1,844,496)	\$185,905	\$1,923,322	\$80,000	\$325,615	\$126,000
Less estimated income	(583,984)	0	1,923,322	30,000	325,615	0
General fund	(\$1,260,512)	\$185,905	\$0	\$50,000	\$0	\$126,000
FTE	(1.00)	1.00	0.00	0.00	0.00	0.00

	Adds Funding for Microsoft Office 365 Licensing ¹³	Adjusts Funding for Bond and Capital Payments ¹⁴	Increases Funding for Extraordinary Repairs ¹⁵	Adjusts Funding for Equipment ¹⁶	Increases Funding for Local Public Health Unit Grants ¹²	Adjusts Funding for Cancer Programs and Domestic Violence Offender Treatment ¹⁸
Salaries and wages						
Operating expenses	\$124,638					
Capital assets		\$94,604	\$127,659	(\$245,941)		
Grants					\$525,000	\$50,000
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	\$124,638	\$94,604	\$127,659	(\$245,941)	\$525,000	\$50,000
Less estimated income	82,261	761	97,009	(245,941)	525,000	880,324
General fund	\$42,377	\$93,843	\$30,650	\$0	\$0	(\$830,324)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding to Transfer Youth Access Reporting ¹⁹	Adds One-Time Funding for a Women, Infants, and Children Technology Project ²⁰	Adds One-Time Funding for Microbiology Laboratory Capital Improvements ²¹	Adds One-Time Funding for Microbiology Laboratory Technology Upgrades ²²	Total House Changes
Salaries and wages					\$1,143,172
Operating expenses		\$354,554			5,038,893
Capital assets			\$1,220,000	\$450,000	1,646,322
Grants					6,615,351
Tobacco prevention	\$75,000				(752,496)
WIC food payments					(420,000)
Medical marijuana					(1,465,704)
Total all funds	\$75,000	\$354,554	\$1,220,000	\$450,000	\$11,805,538
Less estimated income	0	354,554	1,220,000	360,000	8,503,033
General fund	\$75,000	\$0	\$0	\$90,000	\$3,302,505
FTE	0.00	0.00	0.00	0.00	(7.50)

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2019-21 biennium salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month:

	General Fund	Other Funds	Total
Salary increase	\$397,095	\$462,956	\$860,051
Health insurance increase	444,510	528,224	972,734
Total	\$841,605	\$991,180	\$1,832,785

³ Funding is adjusted for base budget changes, including increases relating to technology, professional development, travel and other operating expenses; and various grant programs including the state-funded loan repayment programs and federal grant programs.

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⁶ One FTE office assistant III position, including salaries and wages, and related medical marijuana program expenditures are removed and these costs will be paid through a continuing appropriation.

⁷ The suicide prevention program is transferred from the State Department of Health to the

Department of Human Services, including 1 FTE position and related funding for salaries and wages, operating expenses, and grants.

⁸ One FTE food and lodging environmental health position, including salaries and wages and operating expenses, is added.

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¹² Funding is added to implement an emergency medical services data licensing and records management system.

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²⁰ One-time funding is added from federal funds for operating expenses related to the continuation of the women, infants, and children electronic benefit transfer project.

²¹ One-time funding is added from the tobacco prevention and control trust fund for microbiology laboratory capital improvements.

²² One-time funding is added, including funding from federal funds, for microbiology laboratory information technology upgrades.

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- Amends the section related to funding from the tobacco prevention and control trust fund;
- Adds a section to amend Section 23-02.1-29 to increase vital records fees; resulting in an estimated increase in general fund revenues of \$312,000 for the 2019-21 biennium.

- Adds a section of legislative intent related to life safety construction and renovation plan review fees; and
- Adds a section to declare funding related to the microbiology laboratory technology upgrades an emergency measure.

2019 SENATE APPROPRIATIONS

HB 1004

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

HB 1004
3/7/2019
JOB # 33373

- Subcommittee
 Conference Committee

Committee Clerk: Alice Delzer and Alicia Larsgaard

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; to amend and reenact section 23-02.1-29 of the NDCC, relating to vital records fees; to provide a statement of legislative intent; to provide a report; and to declare an emergency.

Minutes:

01. Testimony of Mylunn Tufte- Dept of Health
02. Testimony of Kelly Dollinger
03. Testimony of Robin Iszler
04. Local Public Health Priorities 2019
05. Testimony of Sherry Adams (did not speak)
06. Testimony of Mike Krumwiede
07. Testimony of Dennis Larkin
08. Domestic Violence/Sexual Assault Funding
09. Strengthening ND Families
10. CAWS ND 2018-Sexual Violence Counts
11. Testimony of Deana Wiese (did not speak) with
Written testimony of Charly Stansbery
12. Our Mission/Our Team/Our Values (photos of staff)
13. Testimony of Julie Ellingson

Chairman Holmberg: Called the Committee to order on HB 1004. Roll call was taken. All committee members were present. Sheila M. Sandness, Legislative Council and Renae Bloms, OMB were also present. The Subcommittee will be Senator Gary Lee, Chair.; Senator Sorvaag and Senator Mathern. On HB 1024 the subcommittee is Senator Bekkedahl, Chair.; Senator Hogue and Senator Mathern. On HB 1006 the subcommittee is Senator Bekkedahl, Chair.; Senator Sorvaag and Senator Grabinger.

Mylynn Tufte, State Health Officer: Testified in favor of HB 1004 and provided **Attachment # 1**, which gives the mission of the Department of Health which is to improve the length and quality of life for all North Dakotans. We've recently refreshed our strategic plan for 2019-2021 (shown in the diagram on page 1 of Attachment #1). I would like to express gratitude to you for your service and thank you in advance for your support.

(0.13.55) Senator Mathern: You noted tobacco as being one of the top contributors to some of these health problems.

Maylynn Tufte: It is the top contributor of death, yes.

Senator Mathern: Do you keep data on the work you are doing for that regard and the consequences such as what was kept when we had Breathe ND. Is that data continuing and what is it showing as far as our prevalence, use, and consequences of use?

Maylynn Tufte: The same evaluator that the Center for Prevention and Control used, we kept. That is the same ability to compare where we were to where we are today. We are making some progress but it is still not enough. The team is here. Neil will be able to provide you with detail and the report of that.

Neil Charvat, Tobacco Control Program: We do have an evaluation. Part of that has been working with the data that was collected before. We should have a final summary of where we are and the state wide program successes. As far as rates go, we are the keeper of the data for the youth and adult rates. We compile the work with the people. The youth risk behavior survey is done through the education; we work with that to get the tobacco data for youth. We work as a collaboration to do risk factor surveillance surveys to get tobacco data. Right now the youth rates are somewhat stable, there is a change of about .095 up which was not statistically significant from before. That adult rates seem to be going down. The concern is the youth increase of use in electronic tobacco. That has tripled since 2009 and continues to go up. That is part of our state plan and we are addressing that. We can share those.

Senator Mathern: When can you share those.

Neil Charvat: I can bring them down for you.

Senator Bekkedahl: My question goes to the vaping of e-cigs. It looked to me like we were making great progress on youth smoking in your numbers for a number of years. It looks like that stabilized. That is a trend that is going to continue based on what I see. Is it in fact true that any youth that is using E cigarettes or vaping, have 4 times more likelihood to go to cigarettes? Have you seen that statistic or do you know that nationally?

Neil Charvat: That we are seeing nationally and in the state with the youth. We are seeing that with adults also. We are seeing the youth rates stabilize then start to go back up. Nationally, that is a trend for youth. We see youth and adults start to use this even if they have never used a regular tobacco product. We are seeing a problem with dual use. We are seeing people who never would have considered smoking, start to use electronics and the move to smoking because cigarette smoking is still the most efficient way to get nicotine into the brain.

(0.20.00) Brenda Weisz, Chief Financial Officer for Department of Health: Testified in favor of HB 1004 and referred to her portion of testimony starting on page 8 of Attachment # 1. Budget Overview. See page 10 – Medical Marijuana – Current Biennium Revenue Projection and – Medical Marijuana – Current Biennium Expenditure Projection. **(0.23.20)** With all our compassion centers being established, we don't expect there will be additional application fees unless a center would close and then we would go out and look for additional compassion centers. The funding for this program is put into a Marijuana Medical fund. As approved last session, it has a continuing appropriation.

(0.25.12) V. Chairman Wanzek: I ran into the local manufacturer. He talked about how everything is done in cash. How does the state handle that? We don't handle it in cash to administer the program do we?

Brenda Weisz: For the department, we are actually able to accept checks at this point in time because the manufacturers and compassion centers are still dealing with a federal unallowable drug that has to be handled in a cash transaction out there. Our information is tracked on the system we put into place. Because of the nature of the product, that is still only handled with cash sales. The registration process is a legit business and can be handled through that payment.

Senator Robinson: Do we anticipate, based on the history of other states, any increase of other cost centers as a result of the implementation of this program in ND? It is going to have an impact in other areas within the health department budget that we anticipate or that other states have experienced, or not?

V. Chairman Wanzek: Was there somebody who was going to testify separately?

Brenda Weisz: We have Jason here to answer questions. We do not have separate testimony for that. I guess we haven't anticipated additional costs in the Dept. of Health due to the medical marijuana program. We are continuing to watch what the costs are. I think those costs will be contained within the medical marijuana program.

V. Chairman Wanzek: Jason will be here to offer the answering of questions for those who are interested.

Senator Dever: When you talk about the current biennium for revenues, expenditures, and continuing appropriations, are these numbers expended and received in this biennium as ended June 30? Are there separate numbers going forward in the next biennium?

Brenda Weisz: That is correct. These numbers are for the 2017-19 biennium. Brenda continued on page 11 of Attachment # 1. Budget Changes as Recommended by the Governor.

(0.35.32) Senator Bekkedahl: The fee structure is really reasonable considering the amount of funds that can change hands in these types of programs. Is there any guarantee that by keeping these fees lower, the product delivery cost to the affected parties is going to stay low as well?

Brenda Weisz: That has been a big question of can the product be affordable. With the first dispensary opening and with the fees they have established, I think we are needing to see what that effect will be for those businesses to operate and with the fees they establish. The goal of the last legislature was to set the registration fees. Especially the qualifying patients designated care givers to establish a level that was reasonable for them to pay and watch the product. I think the businesses also have to watch the cost of their product so they can remain in business as well. She continued talking about the charts on page 14 of Attachment # 1.

V. Chairman Wanzek: I thought I heard that some of the providers like Sanford have their doctors who are not prescribing. How is that going to affect the budget. I think this is a new program, and we still have a lot of questions.

Brenda Weisz: Jason will answer those questions for you.

Jason Wahl, Division of Medical Marijuana: Testified in favor of HB 1004. Regarding your question, obviously if health care providers do not sign written certification forms, patients cannot get their cards which means we can't get them into the program which would impact the budget. There are a number of bills being provided to make some changes to the law which try to alleviate concerns. Sanford testified on the House side, regarding the language of a written certification; mainly that the certification requires the health care to provider to state that they believe the patient would benefit from the medical use of marijuana. There is a bill to remove that language. We will continue to monitor that. The Senate committee on Human Services did hear that bill. We have provided a lot of information to the medical community in regards to the program. It is the health care provider's determination in regards to whether or not they are going to complete a written certification. That is what we inform patients of when they call us. We receive many calls. Sanford said they were going to leave that up to the physician and nurses to decide to sign or not. For a healthcare provider, there are two physicians and registered nurses. There is another bill to ass physician assistance to that definition that we think would be helpful. Based on our discussions with other states, we are not unique with relation to the program and the medical community's willingness and involvement to sign written certification forms. We anticipated that would be part of rolling out a program like this. That would be continued education for the medical community. The dispensaries will start doing outreach activities with the medical community as well. We hope to increase the number of providers that would be willing to sign those written certifications. I would certainly say we see more and more applications at this time.

(0.41.40) Senator Dever: I have three questions. How many patients will there be involved? Can the same organization own more than one dispensary or manufacturing facility? Are they competitive to each other? Do the providers provide a prescription or are they just providing a certification that says the patient has a condition that qualifies under the rule? I went back and read the measure and the bill. One of the things we did was provide the protection by actually making it legal in the bill that was not there in the measure. I am not sure why there needs to be hesitation on the part of providers.

Jason Wahl: When we built the budget for the next biennium, we estimated 2000 patients by the end of the next fiscal year. We estimated that by the end of the next biennium, it would be 4,000. Based on the information we can gather, that is our best estimate. We currently have 135 patient cards issued. We have a number of applications that have been submitted at this point that is at an excess of 160. That number will continue to grow.

The way the program is set up is that we required that the same legal entity could not have more than one registration certificate. If Jason put an application in for a dispensary and I received a registration certificate from there, I could not have him have another dispensary. However, I could do his name under a separate legal entity and possible obtain another certificate. As far as the 4 dispensaries, 1 is open, 3 others are moving forward in the registration process. They are in Grand Forks, Bismarck, and Williston. I think the changes

the legislature had to make, we well thought out. It made the program how it is today in relation to providing the correct legal protections, ensuring the health and safety of the patients and public was considered by the legislature to ensure that that aspect of the program was able to be fulfilled. That also allows a state to move forward to implement a program of a federal illegal drug.

There are not prescriptions in this program. The health care provider completes a written certification as required under the statute. They do not identify the amount of marijuana a patient is to receive. They do have the authority to authorize the use of dried leaves and flowers. If they do not authorize that for them, then the qualifying patient is limited to 5 other product types; concentrates, tinctures, capsules, patches, and topicals.

Medical providers may argue they do not have the education. We are working on trying to get that changed. We also hear complaints about providers losing their DEA license. We cannot provide 100% assurance in regards to the federal government. Since it is still a federal illegal drug, we cannot give them that final assurance about whether the federal government is going to step in or not. We have reached out to other state as well as the industry and no one is aware of the federal government coming after someone who has completed a written certification form or similar, as long as it was done within the rules and regulations set up for the program. A few years ago, they did step in when a doctor has pre-signed forms sitting on the receptionist bar that people would just grab on their way out. I have no problem with that. I would hope that under our program, we recognize that and identify it. We are the ones that are able to take action in relation to a health care provider if they are not within the rules and regulations for the program.

Senator Sorvaag: They can do the risk certificate but they are not going to do it because they do not know how much they are going to use and they obviously cannot prescribe amounts and nor do they want to because there is no task or criteria that says how much you should have. I do not think it is just legal jeopardy; they are concerned to put their name on it because they do not know that outcome or the use the patient with use. They are not sure if it is the right thing to do because they have nothing to base their decision on.

Jason Wahl: Part of that comes back to the training aspect of it and if they are going to receive a benefit. I don't know if that is going to be a benefit. I can't find a study to compare to. Maybe there is a study and it relates to this type or form of marijuana but they wouldn't know if their patient is going to get that. We usually say there is a maximum 30-day purchase limit. That limit is conservative compared to other states. It put us on the lower end in regards to the amount that patients are able to purchase under a medical program.

V. Chairman Wanzek: I think they are questions that could affect the budget. I think they are fair to ask.

Senator Hogue: I wonder, has anybody in the department or other states done any economic analysis of the viability of these manufacturers and dispensaries in small states like ND. It seems to me that with the fees we have imposed and the volume of patients they can reasonable expect, do not work as a business model. We are seeing increased pressure to increase the types and number of ailments that would qualify and providers who can

prescribe. We are seeing this slow march towards recreational marijuana. Have you done that analysis?

(0.51.02) Jason Wahl: No, because that is the industry which needed that to be done before they would've applied. Information within applications is confidential under state law. I know people have done that analysis to determine what patient population would be in ND to make this a viable business option for the. Before the fine, the people applying probably have done that analysis to see what it would take in regards to being able to get in the business. Other states have told us it will be 3-5 years before they see any black on their financial statements. That is due to how they typically start off. That industry is fully aware of that. The manufacture business testified that their construction cost exceeded \$10 M. That will take some time to be able to recoup that investment. In regards to a small state, you would look at where the initiates measure came from back in November of 2016 and that is the state of Delaware. The population size is roughly the same in regards to that and it has taken them a few years to start seeing an increase in their patient population. They are currently going through a massive population increase. They have had to get another manufacturing facility established to try and keep up with the patient demand.

Senator Hogue: What would you say if a legislature takes a position that they don't want medical marijuana in their state. Would a reasonable solution to that suggestion be to strip away all of these fees and costs we have imposed on these manufacturers and dispensaries and say we don't need to charge hundreds of thousands of dollars for fees to take the pressure off them so they are not chronically advocating for an expansion of this drug towards recreational marijuana?

Jason Wahl: That is a determination by the legislature. If you remove those fees, we would have to amend our budget and ask for general funds. The majority of our revenue will come from is with this fee that manufacturers and dispensaries pay. We would need to have general fund dollars in the next biennium for us to move forward. Based on the discussion with the manufacturing facility, \$110,000 fee is for two years when their construction is over \$10 M. To keep the lights one, that \$110,000 fee is pretty minimal.

Senator Grabinger: You mentioned there are 135 card holders already approved and you have 160 applications. Is that a log jam there? Are these people being held up for some reason. How quickly can they get their card?

Jason Wahl: As far as those submitted applications, they would be in various stages. We could be waiting for their \$50 non-refundable fee. It's an online application process. They submitted their healthcare provider name and email address, we are waiting for the healthcare provider to complete their section of the from. It may be that they forgot to submit a copy of their driver's license to us. They may not have submitted a clear picture. Once we have aa 100% completed application and everything completed under the law, it takes us a very short amount of time to process that information and get the card mailed to them.

(0.57.29) Brenda Weisz: Continued her testimony on top of page 15 of Attachment # 1 with Medical Services.

Senator Robinson: How many autopsies do we perform annually and what is the cost?

Brenda Weisz: For calendar year 2018 we performed 486. For the cost, we pay UND based on a fixed amount of \$480,000 for the biennium. We do not ask for cost data; we rather submit a quarterly amount.

V. Chairman Krebsbach: Do we utilize the Bismarck lab at all? She was told yes. **V. Chairman Krebsbach:** So the \$480,000 is a combination of both labs?

Brenda Weisz: Yes. For UND, they performed 247 of those autopsies. In Bismarck we performed 239.

Senator Robinson: Did you just say it is \$480,000 for both or just for UND?

Brenda Weisz: That is a biennium that we pay to UND for the services. The 486 was the number of autopsies.

Senator Robinson: What about the Bismarck cost?

Brenda Weisz: I am sorry. Yes, there is cost. That budget is \$1.8 M in total. Brenda continued reading on Page 16 of Attachment # 1.

Senator Robinson: When we are using tobacco dollars, my question is are we putting enough resources into that program so we reverse that increase? We can't afford to go backwards. I am concerned we are using tobacco funds in an area that should be supported by the general funds.

Brenda Weisz: We are funding the tobacco program with the general fund. This is the reduction that is made to the tobacco program.

Senator Robinson: I understand that. My concern is we have to do more.

Brenda Weisz: When we looked at the reduction we did in that area, we are also looking at different ways to target our audience and youth. Can we do that in a more efficient way with social media? Is that cheaper than the costs we are currently using with media in the past? The tobacco team is finding ways and they still feel they are able to get a reach with different methods.

Senator Robinson: Hopefully, the next time we are here we have reversed the trend. We do not want to come back and say it didn't work.

Brenda Weisz: That's our hope as well. She continued reading on page 17 of Attachment # 1. .

(1.16.37) V. Chairman Krebsbach: The funding for vaccines was not included in last session. Is there any talk about putting that back in?

Brenda Weisz: No, there was no discussion as the local public health are still able to submit for reimbursement for the vaccines. We still have the federal vaccine program that provides the funding for that.

Senator Robinson: With the change in the budget, what is going to be the balance of the tobacco prevention and control trust fund.

Brenda Weisz: The analysis shows that that trust fund is \$241,000 in the hole with the changes in the first part. She continued on the bottom of page 20 of Attachment #1.

Senator Bekkedahl: As the state population increases, is there wiggle room to add additional people into the situation or would that require some changes?

Brenda Weisz: We feel there is sufficient authority to still cover the number and the increases. It was also built on, rather than the actual participating, the enrollment. We still feel there will be enough room to do that. If there isn't, we can always approach the emergency commission to add the authority to that. If you would be able to entertain the flexibility, we would be able to move from line item and cover that as well. Brenda continued reading on page 23 of Attachment # 1.

V. Chairman Wanzek turned the hearing over to V. Chairman Krebsbach as he went to testify on another bill.

Senator Gary Lee: When you mentioned \$11.2 M in federal funding, that is the estimate you are making in terms of what you expect to get but you qualified that with it maybe changing and you would make changes accordingly correct?

Brenda Weisz: Yes. When we built this budget, we built it with the anticipation of those federal funding sources as increasing based on what was coming in from the federal government. They are built into this budget at this time.

Senator Gary Lee: You were asking for flexibility in spending between line items with the 10%. I don't believe your agency has had that authority before has it? Some have but the health department has not.

Brenda Weisz: You are right. We have not been given that opportunity in the past.

Senator Gary Lee: I think I heard you support the governor's budget, correct? He was told yes.

Senator Gary Lee: Would that include the unification process with the IT services? He was told yes.

Senator Robinson: I appreciate your hard work and presentation here. I know the restoration of the \$525,000 for public health is really appreciated across the state of ND. Other than the uncertainty of federal funding, what is the greatest challenge with this budget? Are there areas that will be challenging for us over the next two years?

Brenda Weisz: When we put this budget together we did it as a team. We looked at the challenges. We feel good about the budget we put before us. We also feel good about the budget that came from the House. The challenges before us are really meeting the needs of

the citizens of ND. As those needs shift, we try to project what the needs are in the form of a budget. As outbreaks occur, the question is how do we meet those needs?

Senator Robinson: Getting back to the issue of tobacco cessation, you responded earlier that you are doing things differently. We heard that two years ago, when we assumed responsibility and yet we are seeing an increase. Part of it is developed naturally and it is catching us all off guard. Are we doing enough in that area to offset this increase so we come back and we have reversed it?

Brenda Weisz: I think that is a challenge the whole nation is having. One of our biggest challenges is the youth's use of these various products.

V. Chairman Krebsbach: Are there further questions on the budget and Brenda's testimony? Hearing none, we will move on to further testimony.

Kelly Dollinger, President, ND Emergency Medical Services Association: Testified in favor of HB 1004. See **Attachment #2** asking for continued support for the ambulance services in the state of ND.

V. Chairman Krebsbach: One of the major problems we have heard is the drying up of volunteers in rural ambulance services. Has that been addressed in any way?

Kelly Dollinger: The association is starting to train emergency medical responders. Currently we have 34 EMRs going through the training at this time. In the first go round, they had 9 ENRs. Most of them are still currently active in that squad.

Senator Robinson: Last session we heard there were a few issues in the state where an ambulance service ceased to exist. The other ambulance services that boarded that area had to assume additional responsibility. Is that continuing in the state?

Kelly Dollinger: Yes. We have lost one. Some services, instead of closing down, convert to a quick response unit which is better than closing for good.

Robin Iszler, Administrator at Central Valley Health District: Testified in favor of HB 1004 and provided **Attachment # 3** – asking for continued support regarding the Tobacco Prevention Program and the amendments to restore the State Aid to local public health. She also submitted **Attachment # 4** – Local Public Health Priorities 2019 Brochure and **Attachment # 5** – written testimony of Sheri Adams from Dickinson, asking for the continuation of State Aid.

Mike Krumwiede, American Heart Association: Testified in favor of HB 1004 and provided **Attachment # 6** – a statement of asking for support of continued funding for cardiac and stroke system of care.

V. Chairman Krebsbach: We appreciate you being here in June Herman's place. Is there further testimony in support of HB 1004?

Dennis Larken, Team Lead of Violence Free for Lutheran Social Services of ND: testified in favor of HB 1004 and provided **Attachment # 7**, a request for continued funding for Domestic Violence Offender Treatment funding provided for in HB 1004 with consideration that the dollars allocated be restored to the level provided for in 2017-19, an increase of \$50,000 over and above what is currently included in the budget as presented.

(1.46.21) Senator Mathern: How many dollars do you have this biennium and how many are presently in this budget?

Mr. Larken: In this biennium, there was \$300,000 in the budget. That was reduced to \$250,000 but the House did add an additional \$50,000 to make it back to what it was in the 2019 biennium.

(01.49.16) Janelle Moos, Executive Director, CAWS ND: Testified in favor of HB 1004 and presented **Attachment # 8** – Domestic Violence/Sexual Assault Funding; **Attachment # 9** – Strengthening ND Families brochure and **Attachment # 10** – CAWS ND 2018-Sexual Violence Counts. I wanted to address the importance of keeping the funding for the domestic balance of treatment programs. That money was appropriated last legislative session. It is in line with the legislature's goal of looking at justice reinvestment and how to reinvest funding into treatment options instead of potentially looking at jail or prison options for offenders. We know that with this funding, it has been a really good investment. It is a good partnership between our department and the Health Department. Last legislative session we came to Appropriations and made the case for making an impact on domestic violence and treatment for offenders and that in order to do that, we need to expand services that are available across the state. Prior to the appropriation of the \$300,000 last session, we only had 3 programs that were available across the state that were providing these services. Looking at the colored sheet, with the funding that was appropriated last session, there were new communities that have treatment providers across the state. Those include, Dickinson, Devils Lake, Valley City, and Wahpeton. If you look at the map now, we do have a program available now in every judicial district which is what the goal was of this funding. We wanted to make sure judges were no longer able to say a person who has been arrested for domestic violence is eligible and should be in treatment but they can't be put in it if it isn't available in the community. That is often a barrier for judges. The investment you put in last session has gone a long way. We hope you agree with the House and retain that \$50,000 they reinstated during the first half. The other two handouts were a history of the general fund appropriation for domestic violence and sexual assault service providers. They are a vital partner with the health department. They work alongside us to make sure crisis services are available for domestic violence and sexual assault survivors. The state has really been a solid partner. Since 1982, the state has supported these non-profit crisis centers to make sure victims have access to emergency housing, protection, long term counseling, etc. Our programs are the ones that provide those services. We have 20 programs that serve all 53 counties. The last time the general fund appropriation was increased was in 2015. At that time, the governor had included \$500,000 in the budget and we were able to retain \$200,000 of that. That is the last time our program saw an increase in their general fund appropriation. That \$1.9 M is over the biennium and it is split among 20 programs. They have a patchwork budget they put together every year. They are always looking for other resources because the services have continued to be increasing. Our shelters are full. I did provide attachment #10 regarding Sexual Violence Counts. Last spring, we served 101 victims just in one day. I think we have

started understand why sexual violence happens and the things we can do to partner with state government as well as communities to prevent sexual violence. We have 3 programs, Fargo, GF and Valley City. That is not looking at reservations, central, and western ND where the sexual violence cases are just as high.

(1.46.21) Senator Robinson: I read something that spoke to the growth of this area. Can you help me out as to where that might have been? Do you have any information in terms of the increased number of cases? The activity in my own little community is beyond words. People cannot believe that this is that much of a problem but it is.

Janelle Moos: We do keep statistics from all of our 20 programs. We know what numbers have remained steady. We saw a drastic increase between 2011 and 2015 at the height of the oil development. The cases we are seeing are much more extreme. We are seeing a younger population coming into our center. There are services that are in our program for a longer period time now because of the mental health issues and substance abuse. Our programs are trying to provide both the crisis service while knowing the victims are in our programs for a much longer time. We are also in that relationship with Youth Works to make sure that as human trafficking victims come in, we are often that first line for them. Many survivors may have been arrested in some sort of operation. Our programs are now responsible in trying to find a way to provide both support and services for trafficking victims in addition to the domestic violence and sexual assault victims.

Senator Robinson: I know our operation in Valley City is very aggressive in fundraising and soliciting private support. They are challenged. Their budget is tight. The caseload is high. I would imagine that is replicated in every one of your locations around the state.

Janelle Moos: Yes. I can give you state wide statistics. We are just finishing 2018. I have 2017 statistics. Our programs are all non-profit. They rely on both state, federal, and local funding. Fundraising is at the lowest. They are seeing local support go down as their numbers continue to be the same. They range in size. In Valley City there are 4 staff members. One person serves both Mountrail and Burke County. Some others are quite large Fargo – Moorhead has a staff of 35. Grand Forks has a staff of 70. They provide every service you could imagine. The cost of our service hasn't gone down and the numbers continue to rise but funding levels haven't matched what we see every day.

V. Chairman Krebsbach: No further questions. Thank you for your testimony. Anyone else in favor, in neutral, in opposition? We will close the hearing on 1004. The following Attachments were submitted after the hearing was closed.

Attachment # 11 – Testimony of Deana Wiese(did not speak) with written testimony of Charly Stansbery, in support of HB 1004.

Attachment # 12 – Our Mission/Our team/Our Values with photos of staff of DOH.

Attachment # 13 - Testimony of Julie Ellingson in support of HB 1004.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

HB 1004
3/20/2019
Job # 33999

- Subcommittee
 Conference Committee

Committee Clerk: Rose Laning / Florence Mayer

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:

Attachments # 1 – 2.

Legislative Council: Sheila Sandness
OMB: Stephanie Gullickson

Sheila Sandness: Presented Attachment #1, the State Department of Health Budget and Base Level Changes.

Senator G. Lee: Called the sub-committee to order on HB 1004. Roll call was taken. **Senator Sorvaag** and **Senator Mathern** were also present. He reminded the committee that some things aren't settled, like the IT transfer and salaries.

Brenda Weisz, Chief Financial Officer, ND Department of Health: Presented Attachment #2, Department of Health Budget Summary of Major Changes.

(2:52) Senator Sorvaag: Do you perceive that as your cost? Where did the number come from?

Brenda Weisz: That \$1.9M is our cost. It is different than the \$1.5M savings in general fund would be. The \$391,000 difference is related to technology projects we have to make it more accessible. We are exploring better customer service. Also looking to upgrade the death reporting system. With the fee increase, there will be some additional funds that will go to the general fund. In addition, \$2 of every birth certificate goes to the Children's Trust Fund and continues to fund child protective services at DHS.

Senator G. Lee: You mentioned kiosks, are those down the road a ways? There is no money in here for that.

Brenda Weisz: We are exploring those options to look at through the next biennium. We're trying to increase the functionality and forward facing for the customers to make something more accessible.

Senator Mathern: What would be the rationale of putting that additional money into the general fund versus the department?

Brenda Weisz: It was so that we're not retaining that money in special funds and have it continue to grow. Each biennium we will continue to make requests with the idea of whatever projects don't get accomplished this biennium, we would make the request in the next with those fees. Then the next biennium, perhaps there would be less that would revert back to the general fund, but it's not to grow our special fund balance. It's to cover operations whatever they would be and then any residual would go to the general fund.

Mylynn Tufte, ND State Health Officer: As to the kiosks, during our strategic review, one of the ideas that came forth from Vital Records was to leverage the kiosks that are already in place from DOT. When we upgrade, could we use those kiosks, since citizens are already using them.

(6:15) Brenda Weisz: Continued with written testimony, Attachment #2 page 1-2.

Senator G. Lee: (Asking Sheila Sandness) That tobacco provision control trust fund seems to be tapped from many different sources. Do we have a flow of where all that money is going? I think it's been over spent.

Sheila Sandness: It is overspent. The Department had a large appropriation that came from there. It's a couple hundred thousand overspent, about \$241,000.

Brenda Weisz: If there is an amendment to HB 1359, a proposed change to the hyperbaric oxygen therapy bill, which would take the \$335,000 out of there. That would break the fund even.

Continued with written testimony on Attachment #2 page 5.

(11:13) Senator G. Lee: Who decides whether we're going to have 3 slots or 4 slots?

Brenda Weisz: The department looks at what we have available and guidelines. They make the decision based on guidelines the budget.

Senator Mathern: Do you have more applicants than money? Who makes that decision?

Brenda Weisz: There are committees that help our director of the primary care office make those decisions. She has a group with each association/discipline. Our health council approves all final decisions and selections with the application process.

Senator Mathern: Does it include financial ability?

Brenda Weisz: We look at if they have loans, then it has to fit the criteria in Century Code. HIPSA scores come into play, as well as accepting Medicaid and Medicare.

Senator G. Lee: Is there any requirement they stay in state and practice after graduation?

Brenda Weisz: yes, for the duration of the contract. It's a 4-year contract for the Veterinarians and the others are 5 years. We have statistics that show they are staying longer than that period. The idea is to place them in a rural community and have them embrace that. Our retention rate beyond the repayment is high.
Continued with Attachment #2, pages 2-3.

(14:50) Senator G. Lee: Being it's the first year of this, is there concerned for the self-funding of this? FTEs, operating costs and such.

Brenda Weisz: For the first biennium, it is a lean budget. It essentially has our operating and maintenance costs. The fees are from registration fees from manufacturing facilities, patients/caregivers and the Compassion Center dispensaries. We feel confident we will support that. The majority comes from the applicants. We do have carryover that will go into it next biennium.

Senator G. Lee: The fees that come into this medical marijuana category are from the compassion centers?

Brenda Weisz: Correct. Page 14 of Attachment #2 lays out the fees. \$940,000 is coming from registration fees, between the manufacturers and the dispensaries. We're estimating about \$410,000 from the registration fees from qualifying patients, caregivers and agents.

Senator G. Lee: It's a cash system from the patient to the Compassion Centers?

Brenda Weisz: None of this coming to us is a cash system. This all can be a check; we have legislation to accept credit cards. The transactions that are cash are out at the Compassion Centers themselves.

Senator G. Lee: So from the patient to the Compassion Center is cash then they take that to the bank and get a check for you? (Correct.)
As you look at how many patients are out there, the Compassion Centers, registration fees, etc. You're still comfortable with being able to cover the costs?

Brenda Weisz: It is in statute for 2 manufacturers and 8 dispensaries. We can add addition dispensaries if needed. Those fees are based on the 8 and 2. The designated caregivers and patients, we are looking at 2,000 after year 1, and 4,000 after year 2 of next biennium. We have 4 dispensaries that haven't been selected yet this biennium.

Brenda Weisz: At the end of 2020, we estimate the number to be at 2,000. At the end of 2021, we estimate it would be 4,000. That's working with the entity we're working with.

Senator G. Lee: MN is looking at trouble covering costs.

Dirk Wilke, Chief Operating Officer, Department of Health: In terms of patient increase, the budget overview states 130. We are already up to around 200 patients. An area of concern is in the edibles bill. We requested general fund and a FTE for that position.

Senator G. Lee: Is that FTE in the bill?

Dirk Wilke: When it went through the House, it was not appropriated.

Mylynn Tufte: You're asking how you go from 200 to 2,000 patients. We put product to patients on March 1st. It's not uncommon for patients to wait and see what is was going to happen. A lot of medical marijuana start with only one product being available, which was the dried leaves and flowers. Ours had several at the first dispensary. Now, we're getting more dispensaries up and running. Within 3 months, we'll have more dispensaries and when all 8 are running that will increase peoples' confidence. In this session, we are seeing changes that will increase the number of conditions, increased conditions that the providers won't have to sign off on medical marijuana products. Legislation is also being proposed to allow physician assistants to sign off on recommendations. Those are some things will increase the number of patients.

Dirk Wilke: Those bills were just heard in the Human Services committee, and they came out of committee yesterday.

(22:19) Senator Sorvaag: The 5 FTEs for this program, that's presuming there are 4,000 patients? Are they hired all at once or as need be?

Brenda Weisz: They are already included in our budget now. We have our approved budget for 2017-19 with 6 FTE. We cut back 1. All but 1 are hired. We have that advertised right now.

Senator Sorvaag: What if the numbers don't pick up?

Brenda Weisz: We have four on staff and they have been all biennium. We had 6 approved by the Legislature, we're turning 1 back. The 5th one is being hired now because the work is there.

Senator Sorvaag: If patients are less, there is still a role for them? (Correct.) Their work isn't geared on the number of patients.

Senator G. Lee: The FTE for the edible stuff is in addition to these 5?

Brenda Weisz: Correct. That is where we'd have trouble supporting it with the revenues for that position. The fiscal note was \$180,000 for the salaries, the operational costs with the ITD system costs are more. We would not see being able to fund this position this going forward.

Senator G. Lee: Looking through the hierarchy, it starts with the Compassion Centers? (That was confirmed.) What's the next level?

Brenda Weisz: Both of those are Compassion Centers. I just broke them down between manufacturers and dispensaries, because there are 2 and 8 respectively. 2 manufacturers and 8 dispensaries. The fee for the manufacturers if \$110,000 each biennium. The dispensaries are \$90,000. The intent of the legislature was to keep the registration fee low for the patients. That is \$50 for designated caregivers and patients. The Compassion Center agents have a fee of \$200 per year. I will make up a chart with the different fees in it.

Continued on page 7 of Attachment #2.

(27:53) Senator G. Lee: Is the lab self-supporting with fees?

Brenda Weisz: No, just partially. The rest is supported by general fund as a public lab.

Senator Mathern: Are federal dollars lost if we don't put this in?

Brenda Weisz: Yes, completely.

Continued written testimony.

(29:16) Senator Mathern: I understand there is quite a delay in getting approval for construction changes. Facilities are increasing costs as they look at the number of delays and need more staff. Should some of this be contracted out? The new psychiatric hospital being built in Fargo, why have a staff person. Could some other entity actually implement your reviews instead of getting a staff person up and running for one year?

Brenda Weisz: We're looking at ideas for that right now. We're looking at availability to do fees and this temporary worker will help us if that remains in the budget. Looking how to construct large projects or small projects.

Senator Mathern: I talked with a couple hospital administrators. They say do it and charge full cost. A \$50M project held back, adds millions of dollars to the facility costs. Should that be put in the bill?

Mylynn Tufte: We have met with the hospital association as well as some private sector entities. We are looking at other ideas. There are delays on both sides of the story. When the department passes info to architects, it can be delayed at that end as well. This FTE could help in that area. We've done an analysis of our surrounding states and how they do this. One of ideas was the ability to move in prior to full review. There are things that could happen to move this forward.

Senator Mathern: What about hiring someone that worked fulltime with the architect as they are designing the place?

Mylynn Tufte: We're looking at all options.

Senator Mathern: Do you need a change in legislation to make that happen? What if the hospital wanted to provide someone to work with the architect?

Mylynn Tufte: It did not seem we needed a bill change. We needed more funding for a person.

Senator Mathern: For example, a psychiatric hospital literally those are not being built on a regular basis. You would hire staff person to train up to do the site review? There wouldn't be another hospital for 50 years. Does it make sense to hire person?

Brenda Weisz: That's why they left the funding as a temporary person. We should go back and look at change in statue. I think it is possible already.
Continued with written testimony.

(38:36) Senator G. Lee: Is there criteria that needs to be met, quality wise, in terms of tobacco cessation and prevention programs? Are you meeting the criteria that is established?

Brenda Weisz: Are you referring to the SYNAR testing? Yes, we are doing those and we continue to report to DHS. Instead of doing those through contract, we will just have the funding directly in our budget but continue to report back to the DHS so they can comply with their federal grants.

Continuing with written testimony on page 3 of Attachment #2.

(43:25) Senator G. Lee: When you include the other partners like the Attorney General's office, is their time included in the salaries?

Brenda Weisz: No, it is included in the grants. Then I plan to reach out to the Attorney General's office to let them know there is funding available.

Mylynn Tufte: Yesterday, the President's advisor, Kelly Anne Conway called a press conference related to the opioid epidemic. The amount of fentanyl coming into our country is great. Not necessarily in our state, because we did see a decrease in the number of opioid related deaths, but across the nation, this is something that we are experiencing. This is important for ND to put infrastructure in place. This funding is important for us to able to accept and do. I hope that we're able to make this happen especially from a partnership aspect. The BCI crime lab, the equipment that they need is really important. There are things they can't do and have to send out. There are some serious considerations that we're trying to work through around the PDMP, but that could be taken offline. This is an important grant for us.

Brenda Weisz: Finished with an overview of page 4 of Attachment #2.

Senator G. Lee: We are up against the clock and appreciate your hard work. We will meet again next week.

Adjourned the subcommittee on HB 1004.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
3/27/2019
Job #34296

Subcommittee
 Conference Committee

Committee Clerk: Rose Laning and Alicia Larsgaard

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:

Attachments 1-4

Legislative Council: Sheila Sandness
OMB: Stephanie Gullickson

Senator G. Lee: Called the sub-committee to order on HB 1004.
Senator Sorvaag and Senator Mathern were also present.

We are looking at the long sheet from last week, starting at the top reading from attachment #1.

The salary increase, health insurance, and retirement contributions; we do not know the answers to those, or what those adjustments will be at. Those numbers are still on the table. As you go down, the unification of IT is not yet decided. All those decisions are supposedly going to be made in the next few days.

Continuing down, the next change would be the increase in temporary salaries for life safety inspectors. The executive budget did not have any dollars. The House put in \$50,000 from General Funds and \$30,000 from other funds for an \$80,000 total for those temporary salaries.

On the second page, the House took out \$25,000 of General Funds in the extraordinary repairs section. It restores funding for local public health unit grants for tobacco prevention and control. The committee had nothing in there. The House decided to put \$25,000 of tobacco dollars to the local public health units.

The next line is adjusting funding for cancer programs and domestic violence offender treatment. The executive budget had nothing in those. The House changed the funding source from General Funds to \$880,000. It was increased by \$50,000. It all comes out of the tobacco fund.

The FTE difference is the unification of the IT of the 4.5 FTE.

There is no difference in one-time funding.

The House did not include sections 3 & 4 of the bill. The executive budget had included some additional funding, allowing them to move money around or do additional spending. The House did not include those two sections.

Section 5 identifies \$1,250,000.

(14:50) Sheila Sandness: I need to make a correction on this particular section. The House version should be the same as the executive budget. It is the funding of the rural EMS grants. It does include the \$1.25 million for the Insurance Tax Distribution Fund. That is a typo. That is a change we missed. The department reduced the funding from this particular fund by \$125,000 from their base. That \$1.25 million is in their base. It should be \$1.125 M. That money was replaced with General Fund dollars. The total is the same but it is just that the Insurance Tax Distribution Fund is a smaller portion of that dollar amount now.

Senator G. Lee: Sheila, will you continue with those sections?

Sheila Sandness: Sure.

Section 6

The House did not include this section. It had to do with the SIIF Fund being used for the microbiology lab and the ventilation system. That is because they changed the funding source for that. If you go down the next section, it says that section 4 identifies \$2.6 million of tobacco prevention and control trust fund. That pays for those domestic violence offender treatment grants. That was \$300,000. The cancer programs were about \$580,000. The grants to local public health units were \$525,000, and that was the reduction that was made in the executive budget. The House added back that reduction to make it the same as the prior biennium. They used the Tobacco Prevention to provide for that increase. The remainder of that \$2.6 million is the microbiology lab roof and ventilation system. They changed it from the SIIF to the Tobacco Prevention and Control Trust Fund.

Section 7

This section had to do with the vital record increase and fees. Section 5 now includes that increase. That was not changed from the executive budget.

Section 6

This is legislative intent that has to do with the reduction by the Department of the minimum fee for the life safety plans review for the small construction and renovation projects. They also added in that extra money so they would have more temporary salaries to do those things quicker. The emergency clause does not change from the original executive budget version. It clears that one-time funding of \$450,000 of which \$90,000 is from the General Fund and \$360,000 is from federal funds for microbiology technology updates.

Senator G. Lee: Are there any questions?

Senator Mathern: We had a veto on driver's license based on no need to increase a fee. I am just wondering, what was the rationale for this fee? It seemed about the same as the driver's license thing. I am wondering what the difference is. Why is there a recommendation from the executive budget to increase these fees?

Stephanie Gullickson: That was in the Health Department's budget proposal. There are a few reasons they included that. It would make this program self-sustaining. Right now, records rely on the General Fund. So, by increasing the fee that part of the budget would become self-sustaining. It would also turn back anything extra, to General Fund. Another reason why is because this particular area has not had a fee increase since 1983. To make it align with other states in the Midwest, it seemed reasonable to do that. It was in their original budget request. When we went through it, the Governor agreed.

Senator G. Lee: Is that for vital records? Your reasons sound similar to the reasons the bill was put in in terms of not having had an increase since the 1980s. The arguments were the same. It is pretty interesting.

(9:49) Brenda Weisz, Chief Financial Officer, ND Department of Health:
Budget Summary of Major Changes – Attachment # 1.

When we were looking at federal records, we were also looking at the citizen focus aspect of it. We were trying to put some technology together with that and those fees in order to work as one with D.O.T. and maybe even bring birth certificates to a kiosk. We want to make it more accessible to the citizens of ND and self-supportive as Stephanie talked about. That is a little bit more behind the fees.

Senator Mathern: Is that required? We are going to have a kiosk?

Brenda Weisz: That is one of the possible areas we wanted to look at with the technology projects with the fee in order to change our system. It is an older system.

Senator Mathern: I am just asking if it is required.

Brenda Weisz: We would not have funding to do it if we do not pass this.

Senator G. Lee: You are talking about integration with the D.O.T. kiosks. They already have those.

Brenda Weisz: They have the kiosk but the ability to access birth certificates or explore making those available in other avenues.

Senator Mathern: If we pass this fee increase, is the Department required to provide that citizen access through those kiosks? Is that just a thought?

Brenda Weisz: It is not required. It is just part of the proposal to make it more accessible.

Senator G. Lee: Are there important things in there as far as the differences that you would like to update us on in terms of your interest?

Brenda Weisz: As far as the differences, we are comfortable with the budget that is before you. When I talked to you a week ago, I highlighted some areas that did change on the bulletin document that I provided before you. I put two important areas in bold. That is starting on page 2 of the document I passed out. We talked to you about the project that has the emergency clause. We had the gap analysis completed on that project. The estimate for that

project is \$33,000 higher than what was presented before the House. We feel that we would have fees or collections from our lab, to cover that difference of \$33,000. We would request it to be added to our budget so we could go forward with the project at that increased amount. That would be at \$483,000, rather than the \$450,000 that came across from the House.

Senator G. Lee: Where is that?

Brenda Weisz: It's the very last item. The emergency section 8 provides for the one-time funding of \$450,000 of which \$90,000 is from General Fund. The House ended up being Section 7. That would need to be increased to \$483,000. The \$90,000 would still be from the General Fund. It would then increase the other funds by \$33,000.

Senator G. Lee: In the fees you are generating, it will take care of the \$33,000?

Brenda Weisz: Yes. We feel that would be sufficient to put towards that in order to make that project work.

Senator G. Lee: So it is still \$90,000 to the General Fund?

Brenda Weisz: Yes. It would still be \$90,000 of General Fund. There is no change to that number. It is just a total project increase and then to the other funds.

The other area of concern is on page 3. Since we were before the House Appropriations Committee, we were notified of the overdose data to action funding opportunity. We were not aware of the overdose grant being available to us for two additional years. I talk about the commentary there. More importantly, is probably the last page where I provided a schedule for you by line item. At this point, we estimate where that funding would go. The last page provides a schedule for that. The very last schedule. This would allow us to continue our efforts with opioid funding from the federal government. It is approximately \$2.5M each year.

That grant is actually being written right now. We did our best to pull together where we think that funding would go and the line items that are impacted. We would spend and extend a great deal of our money to our partners, grants, and professional fee contracts. There would be some operating expenses. I outlined what the operating expenses would be for. That funding would allow us to continue the opioid efforts in the state from a public health standpoint. There is no match required for this federal grant nor is there any sustainability requirements after the two-year period. It's a three-year grant. This would be two of those three years. When we prepare them in the next budget, that would come before you for SB 2123. If we would be awarded, we would present that third year.

Senator G. Lee: You are just asking to be able to apply for it?

Brenda Weisz: We are asking for this authority to be added to our budget before you. In these, line items, it is all federal funds. There is no General Fund.

Senator Sorvaag: It's all temporary?

Brenda Weisz: Yes. It is all temporary salaries. They would not be for FTE. We are looking at bringing that team on to do the work. With them being temporary, that way when the grant goes away, so would the FTEs.

Senator Mathern: It looks like a very positive development. In terms of the mechanics with these other entities, it seems like you are going to provide resources to a number of other organizations. Will they need appropriation authority? Maybe Legislative Council could help us. It's a considerable amount of money. I am wondering if they need authority to spend that money.

Sheila Sandness: That might be a question for Brenda because I'm not sure where these grants would go.

Brenda Weisz: The most important would be the Attorney General's Office. We would want to visit with them. There would be close to \$700,000 that we would be planning to pass through to the Attorney General's Office. We would want to work with Legislative Council on that piece of it. Local public health is also identified. I believe UND and NDSU are able to accept contracts without an appropriation issue. EMS, Association of Counties, and the Board of Pharmacy would be okay. I would be concerned with the Attorney General's Office. That would be one that we would need to make sure we coordinate that effort with.

Senator G. Lee: You have the resources to put the grant together and apply for it?

Brenda Weisz: Yes. Right now, we are using existing staff to pull that funding together. There is a team that is working on the different components of it. It is a large effort internally within the Department of Health. Externally, we are coordinating with other state agencies as well.

Senator G. Lee: Are these highly competitive grants? I am assuming there is a lot of interest in them.

Brenda Weisz: It looks like every state will have the opportunity to receive funding, should we apply.

Senator G. Lee: Is there anything else?

Brenda Weisz: No, those were a great deal of importance to us.

(18:48) Senator Mathern: Handed out amendment 19.0192.02001 – Attachment # 2 and amendment 19.0192.02002 – Attachment # 3.

One of the issues is the emergency medical services funding allocation. I have an amendment I want to pass out. I am not saying we need to address it, but essentially, this is to assure that the advisory committee and the Department of Health, in terms of determining grants to ambulance services, is given the opportunity for input. I got this request from Senator Heckaman who is on that advisory committee. Representative Weisz is also on that committee. He has had some difficulties in terms of taking part because of some health concerns. I understand there is support from the Department for doing this. There is also

concern about the advisory committee. That concern is that there be intent language in the Department of Health budget bill. That would be as I handed out so they would take advantage of using the recommendations of that advisory committee in their grant work. I offer that for your consideration. Maybe the Department would want to make a comment on it.

Mylynn Tufte, ND State Health Officer: During interim session, we had a rural EMS advisory committee that looked at a funding formula. There was a proposed bill for a strict funding formula. Is this in place of that? I think that was in front of the taxation committee.

Senator Mathern: The intent was not knowing the outcome of that bill, so they wanted to make sure there was some input available regardless if the bill passed; and it was rigid about it. I guess you would have to use the bill as a guideline. If the bill did not pass, then this would be a guideline.

Mylynn Tufte: The bill that was in front of the taxation committee had a mill levy that the counties had wanted. There was the subsection that did have this, that was the flexibility our groups had asked for. This looks in line with what the EMS Association had wanted as well as the Department head. The language looks aligned with what we had talked to Senator Heckaman about. Tim is not here, but it looks like what we had talked to Senator Heckaman about.

Senator Mathern: I have one more issue. That is regarding services for the prevention of sexual violence in our state. This is presented to us by the council on abused women's services. I noticed Janelle is here. This intent here is to put in \$200,000 to the state department of health budget for the purpose of providing grants to organizations that provide sexual violence primary prevention programs. If you want to have Janelle speak, that would be helpful.

Senator G. Lee: Is there money in your budget to cover this topic?

Brenda Weisz: Yes, there is money covered in here. During testimony, there was a discussion about the General Fund. Right now, there is \$1.9 million of General Fund. The last time there was an increase, was a few biennia ago. There are also federal funds that come into the domestic violence and sexual abuse program. That is from a General Fund, per General Fund standpoint. It is the \$1.9 M.

Senator Sorvaag: I do not understand. You are saying it's in your budget now; \$1.9 million for this?

Brenda Weisz: Yes, that is in the public testimony from Janelle that she provided. For the services, straight General Fund that goes into this program, is at \$1.9 M. The last legislative increase was in 2015 to bring it to that number. Prior to that, it was \$1.7 M.

Senator G. Lee: The previous biennium was \$1.7 M?

Brenda Weisz: Yes. That was back in 2009. It was 2009 and then in 2015, it was raised to the \$1.9 M. It's stayed steady at \$1.9 million since then.

Senator Mathern: As I understand, this \$200,000 would bring us back to that 2015 level.

Brenda Weisz: We're at the 2015 level of \$1.9 M. It would bring us to just over \$2 M. There just has not been an increase since 2015.

Senator Sorvaag: Can you explain this program? What is this doing? What are we doing in the Attorney General's budget? We are just \$1.625 million which some is prevention in that language also. Could you tie them together and make sense of them?

Janelle Moos, CAWS

The \$1.9 million that is included in this bill, is distributed to all 20 domestic violence and right crisis centers of the biennium. They apply for those dollars. It is split depending on the number of victims served and the region in which they serve. It is used for a variety of things. There are 4 different tiers. Most of it is used for direct crisis services. That is like making sure they have shelter, a hotline, and basic crisis services. There is some money in the \$1.9 million that can be used for prevention dollars. There are programs that can apply and say they want to use some of the available funding to do prevention programs. It's very small in proportion to the direct crisis services. We have funding that is available through the federal grant through CDC. It is called the rape prevention education dollars. That's \$200,000 of federal money. That is outside of the \$1.9 M. That is only given to two local crisis centers right now; Fargo and Grand Forks. This \$200,000 would double our efforts regarding sexual violence prevention programs. It would be added to the General Fund line item. Programs would have to apply for that through the normal mechanism they already have. That is saying they want to provide prevention services for sexual assault in our communities. They would have to apply for those dollars similar to the way they do the other grants every year. This is different than the \$1.625 million in the Attorney General's budget. That is for trafficking victims. Some of our programs so serve both sexual assault victims and trafficking victims. What that funding line item is for in the Attorney General's budget, is different. It primarily goes to youth service providers. That is Youthworks, serving youth trafficking victims. They are similar in nature but the funding streams are different in terms of the eligibility and what those services provide.

Senator Sorvaag: Inside this program, they must mix together out there.

Janelle Moos: That is correct. There is crossover. We often have victims of assault present to a crisis center. Through their work with the advocate, they might disclose that they also have been a human trafficking victim. This appropriation and additional revenue that Senator Mathern has put forth in an amendment, would be specifically for domestic violence rape crisis centers that are defined under chapter 14. That is under the domestic violence statute. They would be the eligible entities that could apply for this funding. They are the only ones currently eligible to apply for the \$1.9 M. The funding through the Attorney General's budget has to be distributed through a political subdivision. A domestic violence program could go to the political subdivision such as a city or a county and apply for that money. The service they offer for trafficking victims is going to be different than what they are going to offer to sexual assault victims.

Senator Mathern: Can you tell us about the need for this as well as the request and what the organizations are saying in terms of this amount of dollars. For example, the \$200,000. Is it meeting the request? Is it just part of the request in terms of the ongoing philosophy of these organizations? Is prevention becoming a higher issue? Tell us how that is going.

Janelle Moos: Our numbers have remaining consistent over the last 5 years if not 10. We did see an increase in sexual assault victims right at the height of the oil boom. That is specifically in oil producing counties where our numbers doubled and even tripled in some of our crisis centers. Those are in Minot and Williston. Most of our programs were established regarding crisis services. That is making sure, that if I am a victim of sexual assault and I need a forensic exam or counseling services, that those services are available to provide that emergency response. We have started to turn our eye, knowing that we are not going to be able to stop every incident of sexual assault. Until we start to look at how to prevent it, we start to understand why sexual violence happens. If we start to put more resources towards it, it probably won't be in the same playing field as crisis services. This \$200,000 in this amendment would at least match what the federal government is giving the state to provide prevention services. We would at least be doubling down. Maybe having 4 programs would put their efforts towards this prevention while knowing we can prevent sexual violence. I think we know how to do it, but we just do not have the resources to do it right now.

(31:36) Senator G. Lee: Going back to 1981 it looks like there is a 10-year gap there. It's always been General Funds. Have the appropriations been spent in a similar way all through these years? Have the purposes and reasons of the use been the same?

Janelle Moos: Yes. Starting back in 1981, it funded very few programs because it was such a small dollar amount. It has usually been dedicated to direct crisis services such as shelter and staffing for protection order. The big increase came in 2009 when we added that additional \$1 M. At that point, it was a significant increase. We looked at how we could spend the dollars while making sure we were addressing the priority. I would say 80% of the funding is still dedicated to those crisis services. Then other funding is set aside for supplemental services; transitional housing for victims that move out of shelters, visitation centers, and offender treatment programs. It's complimentary services, but still 80% of it is for crisis services. In the 2015 session, that was included in the Governor's budget. We did not request that. The Governor included that in his budget at that point in time. The Senate and House agreed to that. We have not made a request through a direct appropriation or an amendment to the budget since 2009.

Senator Mathern: You say Fargo and Grand Forks are doing some of the prevention work. With this addition of \$200,000, if we were able to get that approved, how many other centers do you think would use these dollars for prevention?

Janelle Moos: It would be our hope to at least have 2, if not 3 more programs. It is obviously costlier to do services and prevention work in the urban centers. We have programs all over the state. That is including a one-person program that is in Stanley. The cost of doing the work is far less in more rural communities. For sure, there are 2 if not 3 programs I am focusing on more centrally to the western part of the state to do the prevention work.

Senator G. Lee: On the medical marijuana section; the Senate passed three bills last Friday and defeated one this week. Does that affect your numbers at all in terms of any of those bills in being passed or defeated in terms of dollars that you were anticipating to make the self-sufficiency of this program work?

Brenda Weisz: No. It does not affect the revenues. However, I did bring that fee schedule you requested.

Senator G. Lee: It does not affect the patient numbers you were anticipating?

Brenda Weisz: No. It does not affect that. With the fact that the edibles bill failed, we are in a better position with that FTE and the funding we were requiring. Derek Wilke mentioned that we had concerns with that one if it would have passed.

DOH HB 1004 Medical Marijuana 2019-2021 - Attached # 4.

This schedule just outlines the fees by each compassion center you had requested.

Senator G. Lee: You think they are realistic numbers based on where we are at today?

Brenda Weisz: As of earlier this week it's \$220,000. It keeps growing.

Senator G. Lee: Any other questions, direction, or information that you need?

Sheila Sandness: Last week you talked about the Tobacco Prevention and Control Trust Fund and the Community Health Trust Fund and the balances that are in them. I do have copies of the analysis as of crossover. As you know, the hyperbaric oxygen therapy pilot program was switched to General Funds. That is a change on the tobacco prevention one. I do not know if you want a copy of that or not.

Senator G. Lee: I think we have that in our purple books with the special funds.

Sheila Sandness: The hyperbaric was \$335,000. So if you take that out of the schedule, the fund goes back to positive.

Senator Mathern: I am interested in knowing what is going forward with the Department regarding the prevention of tobacco use and cessation. Maybe that could be at our next meeting. I wanted to get some further input on that. I am a little concerned about that.

Senator G. Lee: Can you provide that?

Brenda Weisz: Neil does have that report. He is ready to talk about that when time is available for you.

Senator G. Lee: I think that will have to be next week before we meet.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/2/2019
Job # 34442

Subcommittee
 Conference Committee

Committee Clerk: Rose Laning /Lynn Wolf

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:

Att. #1-Sandness; Att. #2-Mathern; Att.#3-Mathern; Att. #4-Charvat

Legislative Council: Sheila Sandness
OMB: Stephanie Gullickson

Senator G. Lee: Called the sub-committee to order on HB 1004. Roll call was taken. **Senator Sorvaag** and **Senator Mathern** were also present. I am hoping this will be the concluding meeting. Sheila has done some work in putting our final request together, I believe. I did review them with Sheila, I thought there was about five things that we had agreed to that weren't on the long sheets. We weren't aware of what the salary changes would be and that information is out and I will ask Sheila to review that. The IT unification and Health Department won't be included in that project – there is seven agencies that will be. For your information, Human Services, DOT, National Guard, Adjutant General, University and School Trust Lands, Historical Society and Financial Institutions are the groups that are being unification. Sheila, would you please run through the salary adjustments in terms of percentages. I think you know that what was decided were 2% the first year with \$120 per month minimum and \$200 maximum and then a 2.5% increase in year two.

Sheila Sandness: See Att. #1: The long sheets you have compares the House version and the Senate version so you can the Senate's final numbers are in the middle column and then the differences are on the right. The difference in the compensation package amounts to about \$212,824 increase of which, \$107, 776 is from the General Fund. That relates to mostly the FTEs that are included in the IBARs (Internet Budget Analysis and Reporting System) executive budget, but then also, we did add back – it ends up being about a \$3,800 change on the four IT positions, too. We had to make some adjustments for that because those individuals aren't included in the IBARs – numbers that we use to run the pay package scenarios. So, that is added back there. There is no change to the health insurance numbers because those are no different than the House version with the full

payment of the premium increase. That is the change there. I guess I don't know if you wanted me to go through the other changes or if you wanted to go through those.

Senator G. Lee: Go ahead Sheila.

Sheila Sandness: On the second page, there was an amendment requested by Senator Mathern to increase funding for sexual violence primary prevention for \$200,000 from the General Fund. That is added in about mid page. I will need to double check these numbers with Brenda, but I believe that brings the total to \$2.45 million, of which \$2.11 million is from the General Fund. Looking back at the schedules that were provided in the detail, you can confirm that. The other item is to add in the opioid grant. Funding for those – authority for those expenditures. Those were provided by the department on their worksheet that they brought to the subcommittee. It includes \$850,980 in the salaries and wages line, \$1,255,000 in the operating expenses line, \$160,000 in the capital assets line and \$2.9 million in the grants line. The total federal funding authority added to the department is \$5,165,980. The other change the department requested was to increase authority from special funds for their micro-biology information technology upgrade. It is in the onetime funding items at the bottom of the page. \$33,000 is added in special fund authority to bring the total of the project of \$483,000 of which \$90,000 is from the General Fund. Mr. Chairman, I believe that is all of the dollar amount changes to the department's budget. On the next page, I did not address the first two items. The House did not include the section on providing additional appropriation authority for additional income or the line item transfers. The Senate didn't indicate they were including those sections, but I left that blank because I didn't know for sure. In the insurance tax distribution fund the section will update that number to the \$1,125,000. That is the actual number in their budget from the insurance tax distribution fund. The Strategic Investment and Improvements Fund – that section is not needed because the Senate did not change the House funding sources for those items. It was funded from SIIF in the executive budget. The House changed it to Tobacco Prevention and Control Funding. The Senate did not change it, so that would stay out. There was also, no change to the funding provided from the Tobacco Prevention Control Trust fund in the Senate's version of the amendments. That section does not change. Section five, the Senate did not change the vital records fees that were amended in the House version – so that does not change. The Life Safety Review fees, the Senate also did not change the increased funding provided for temporary employees for the reviews and you didn't mention changing the intent there to change the minimum fee, so that section did not change. The emergency clause section does change the \$450,000 in the emergency section changes to \$453,000 because of the \$33,000 added in the Senate amendments from special funds for that project. Mr. Chairman, I believe that is all of the changes.

Senator G. Lee: Any questions from the committee on what you have there?

Senator Mathern: See Att. #2. I just wanted to hand out – I asked the council of abused women services to actually give me some specific prevention programs that would be funded or potentially funded, so I am just handing out to you the Sexual Violence Presentation in North Dakota. It talks about green dot and other prevention programs. The other thing I wanted to note is we had this amendment from Senator Heckaman and I don't see that referred to here, but essentially, it assures that we use the State Department of Health

advisory council for their work and maybe somebody could explain whether there is a need for that yet or if some action is required on that.

Senator G. Lee: We reviewed that yesterday and we believe that is HB 1268 and as I looked at it, the same language is included in that bill, so we believe it was covered in what that bill was trying to do with your amendment here.

Senator Mathern: See Att. #3. The last item I wanted to bring to your attention is a consideration of the Vital Records fees. I would like to hand that out. I had earlier requested an amendment which I had discussed which essentially approves the fees that are in here. That makes sure that the department, in fact implements a program of electronic access to these records and it gives a couple of broad parameters – like the records being available through web access or kiosk in cooperation with other state agencies. The fees can go up, however, it would be the intent to actually reduce those fees if those additional electronic record types of services are not in place by the next legislative assembly. Mr. Chairman and members of the committee, I just felt that we have had a lot of discussion over in the DOT when we put that \$5 million in there about those driver's license fees and the governor made a pitch about – we actually didn't need that money because of technology advances. I thought it was the same here where we are adding more fees, we are talking about technology advances, but we are not requiring that it be done. This amendment, if we were to adopt it would direct the department to in fact do that during this next biennium and if there were not done, we would have to reconsider those fees in the next session.

Brenda Weisz, Chief Financial Officer, ND Department of Health: Our intent is to do those projects, only \$381,000 of those fees are for projects. So, I am working with ITD and I am not sure that we can guarantee that eight locations would have access to web access or kiosks in eighteen months. The amount of money - \$1.5 of it is just for operations, and so, \$381,000 is for the project and we often don't control the pace of ITD with that mainframe or that old system.

Senator Mathern: I would note the word "or" in there. I would think actually having a website access would be more efficient and could be done easier than having kiosks, however, that is discussed.

Brenda Weisz: Right now, they do have the access to go the website and use credit card. So, you are talking beyond that?

Senator Mathern: No, it is actually the ability to make the application and get the material on the website. I note for example a number of persons that apply for assistance – need birth certificates and often times have a difficulty because of their income to actually access those and there would be some possibilities of maybe transferring those records directly from Vital Records to Human Services to get those needs. It is really increasing the options for customers. It is not really saying exactly which one.

Senator G. Lee: Any further comments? Maybe this is a different committee – we sit on so many like Sheila does, I can't remember what was discussed where, but the DOT does have these kiosks around state. Did we talk here about some integration with those?

Brenda Weisz: Yes, we did talk about looking into that possibility. If that would be viable, but have to look at costs. We do know, we weren't able to print the medical marijuana cards using those kiosks due to costs. And weren't able to partner with DOT for that reason. That is something we wanted to explore, but if it is cost prohibitive, of course we wouldn't go down that path. But, that is one option to make it more viable. We haven't ventured down that path without things being passed. We would like to get started at looking for some citizen focus type things as you talked about Senator Mathern with the start of the fee increase. With the amount we build in the budget, I don't know if it would be completed by the 2021 session.

Senator Mathern: This amendment says "if not implemented, the next legislative session would reconsider the fees". It doesn't say we would put you in jail if you don't do it, it just says there are some expectations. So we'd have to look at things the next session. You know to me, Mr. Chairman, we have a governor who says we can do things better and cheaper using electronic technology. I don't know if we have ever put it to the test. That is what I am suggesting here. We have a lot of talk, but, I don't have evidence that we're doing it. This seems like a place we could put some encouragement, so that is the reason for the amendment.

Senator G. Lee: I think it's an approach that is important, these might not be all the right parameters, but as he said, you won't be wearing a jumpsuit if you don't complete them, but I would expect you could show some demonstration or some progress or lack thereof or why it didn't work or why this went this way instead of that way. To be able to report and on alert that there are expectations and a way to move forward.

(16:24) **Senator Sorvaag:** If you took out the second sentence, I know that is the teeth of it – but the first sentence still says that is the intent that they do set up these eight kiosks. The last one says they will report to us. So, there is still a level of accountability. Our intent is that you do it, but then take that sentence out that the fees have to fall. We can address that next biennium if they don't follow through. It wouldn't automatically lower them, but it would still express that this chamber intended you to do it.

Senator Mathern: That would be fine with me. I have just heard this so many times and haven't seen the action. If this makes it more acceptable to you, I am fine with you taking it out.

Senator Sorvaag: I would move this amendment minus the second sentence. The State Department of Health increase records is dependent and goes down automatically, but otherwise I would support this with the legislative intent which is supposed to have value, and I would hope it would.

Senator Mathern: seconded the motion

Sheila Sandness: Do you want a report date? One report? Multiple reports?

Senator Sorvaag: I would think one report by July 1, but 2020 – gives them adequate time to make it work.

Senator Mathern: When we adjourned at last meeting – we were going to get a tobacco report?

**Senator G. Lee: All in favor say Aye.
VOICE VOTE CARRIED.**

Senator G. Lee: Anything else on amendments Sheila? I think that is it – right?

Sheila Sandness: If you're ok with changes on the last page of long sheet, that would be it. Obviously with the inclusion of the new intent section.

Senator G. Lee: The one with the \$200,000 – that is on the front page?

Sheila Sandness: Right, the increase in funding for the domestic violence - sexual assault – that would be part of the dollar amounts included in the numbers portion of the bill. There is not a separate section added for that. It will be part of the statement of purpose.

Senator G. Lee: The grant funding – that opioid -

Sheila Sandness: You have your grant – as well as part of the statement of purpose of amendment and is included on the second page of the long sheet at the bottom where we added in the federal funding for \$5.1 million.

Senator G. Lee: Lab management system – the difference that \$33,000 – that is

Sheila Sandness: At the bottom of the second page.

Senator G. Lee: And the FTEs for the unification doesn't have to change other than the dollar amount.

Sheila Sandness: Correct, we increased that funding for the salary package – just for the difference because they were already added in the House and their increase was part of the House change, so we just need to add the difference in between the two pay plans for those four FTEs which amounted to \$3,833.

Senator G. Lee: Is it four and a half or four FTEs?

Sheila Sandness: The way the department did that ITD unification, there was four and a half FTE, but the point five FTE was actually staying in the department and was going to be half time. So, he was included in their IBARs population.

Brenda Weisz: We were transferring four and a half FTEs, but keeping funding for the ½

Senator G. Lee: Any other questions on what has been done amendment wise or changes in salary numbers or what we have done so far? Just a question Brenda – in terms of – you still do work with the DEQ in terms of budgeting, payroll, human services, - I think you told me before, a but how do you deal with that cost wise, or –

Brenda Weisz: We have all of the FTE that is doing the accounting – HR, payroll, and grant funding contracting is included in the Department of Health budget and then we will have a memorandum of agreement with them and then we have \$637,000 built in that they will pay us. Then, we will work out – whether it will be quarterly or semiannually and they also have that corresponding amount as an expenditure built in their budget. We looked at costs and percentages – an estimate of FTE – and a small amount of operating per FTE.

Senator G. Lee: The tobacco information?

Neil Charvat , Director of Tobacco Control, Department of Health: **See Att. # 4.** The State of Tobacco Control in North Dakota: 2017-2019. **See Att. #5.** Tobacco Surveillance Data I will review some information about results from the last two years since the Department of Health took over sole administration of the Tobacco Administration and Control program. We have an evaluator that put together some basic details about what we have done since we have done since we have taken over the program including priorities, funding to local public health, engaging the state tobacco coalition – Tobacco Fee ND and continuing to promote cessation programs in communities. What we have been able to do is expand work with public health units and had public health units engage additional health care facilities from what we had previously worked with and expanded the amount of work being done with those communities. Public health is has responded very well to this and has been very receptive to what we are doing. We have increased the amount of staff in public health and in health systems around the state who are now tobacco treatment specialist certified by roughly ninety people. Those people are doing direct assistance to people who need a little more assistance with helping quit, but we also have them referring to ND Quit. It helps promote the work we are doing with ND Quits. The other sheet I handed out was our Tobacco Surveillance Data table. We have this online. The Health Department has always been the keeper of tobacco related data and we keep this sheet around for people. Some of the highlights I'll point out is under cigarette smoking, the first line indented is the adult rate, from 2015, it was at 18.7 percent and went to 19.8 in 2016 and then in 2017 at 18.3%. That adult rate is holding relatively steady and we are actually expecting to see that increase a bit with the electronic products. The line below that is the high school smoking rate which from 2009 was at 22.4% and then had a drastic decrease to 11.7% in 2015 and had a little bit of an increase, but from our data people is not statistically significant to that 12.6%. Again, we are seeing nationwide and in the state that the youth rate was going down steadily, and now it is – like the adult rate – is leveling off. We expect that is due to the electronic nicotine or vaping products. We are seeing youth that would never consider smoking getting into vaping products – getting the nicotine addiction and then they become dual users with other tobacco products. Under e-cigarettes, I am going to point out a couple of things – under high school it says YTS – that is the youth tobacco survey. In 2011, we started asking the question on the YTS about their use of the products and it went from 1.6% in 2011 up to 19.1% in 2017. This is such a new issue with the with us, that if you look that is the YRBS – the Youth Risk Behavior Survey – in 2015, that rate was 22.3% and then leveled off to 20.6%. I can explain the difference in why it seems to be difference why it seems to be leveling, but I wanted to point out that the two different numbers – the studies – surveys - are close, but the YRBS – which is the one that one that we get a lot of the youth smoking and a lot of youth usage – alcohol, other drug usage – the reason that hasn't started until 2015, they didn't start asking questions to youth about electronic products until 2015. We started asking it on the YTS in

2011 because that is- we were able to modify that – that is the department pays for that survey and we do that survey. That is why there is two sources and – the questions are asked a little bit different and that is why the numbers are different in '15 and '17. Down below, under the tobacco use initiation, the second line down is high school ever tried electronic cigarettes – in 2015, we are at 42.1% and 2017, we are 41.0%. Again, this is such a new issue, that we are seeing what looks like a leveling off or a reduction in usage because when we ask the question starting in 2009, the question was do you use e-cigarettes. Youth now, don't consider these electronic cigarettes – they consider them vape pens, vaping and that sort of thing. So, if you ask them if they use electronic cigarettes, they might answer no because they don't consider it. That is even part of it – getting the common vernacular out there to even ask the question. That is why – we know it through the national youth tobacco survey that these levels are going high because they are asking about vaping, too. Other than that, we have a decent enrollment with ND Quits – we are seeing a slight dip in ND Quits because people are trying to use electronic products to help quit as well. That is not something we recommend as an agency. Electronic products – though being touted as products that can help people quit have not been able to prove efficacy or safety. The companies that produce these products have not submitted them to the FDA as cessation devices. We actually have a position statement from the agency on this where we say it out loud – most states are still following the federal model that says if it helps adults quit smoking, we shouldn't discourage their use.

(31:15) **Senator G. Lee:** Are the e-cigarettes on par cost wise? I don't know anything about them.

Neil Charvat: There are so many variables. If you take the Juul that looks like a little thumb drive. They have a pod that goes in there and one of those pods is equivalent to a pack of cigarettes. You can get three pods for \$7.99. You are getting a little cheaper product with that. The nicotine in that – when you light a cigarette, stays lit and keeps burning, but in an e-cigarette, take it as you use it and so there is no burning element and so you can get all the nicotine in there.

Senator Mathern: We used to judge our efforts by on how close we are to CDC recommended guidelines. Do you track that yet? Is that – where are we at with CDC?

Neil Charvat: Best Practices? Are you referring to the amount of funding are using? – And practices. We are the grantee for tobacco grants. We have to follow best practice and the update of the state plan. Based on those practices had to follow the guidelines and we had them approve our plan. The current plan in approved. We were at number one for the CDC recommended best practice level. After last session, even with reduction of funding, ND is still 3rd in the country for the amount of funding for tobacco prevention and control.

Senator Mathern: What is level of prevention versus cessation or treatment? What level of programing are we putting into prevention – I am really concerned about that. The vaping stuff going on – it is interesting right down in the capitol kiosk of information, there is a vaping stick or what every you call it in there. What percent of our programing is going into prevention?

Neil Charvat: There are recommended levels of prevention. What we did – we have experts at the local level, and we have experts at the state level with like Tobacco Free ND and our own staff. We let them tell us what level – what they need in their communities. So, as long as it follows best practice, - if you live in community A and you have a great coalition that works with youth in schools, you could use 70% of your funding if that is what you feel is important in your community. If you have a community that doesn't necessarily have that infrastructure build, and your staff has worked more on cessation and they use 50% for cessation and 50% for prevention, as long as it follows those best practice guidelines, we let the communities do that. We are roughly funding – we are funding the local public health units their tobacco prevention at the same level that they received previously. So, it is tough for us to say you need to spend this amount for prevention – we want them to tell us what they need to do. That includes the electronic products because we are not getting – you won't find in those CDC best practices, we just include them as tobacco products. We see that as a need and priority. We have it listed in the state plan – in fact – we have a summit planned for mid-May to bring more people together because of the issues we have seen pop up during session.

Senator Mathern: Is there anything in this budget that you recommend some change on in light of our history now with making this change from Breath ND and what you see coming down in terms of needs in our population or is this kind of meet what you think we ought to be doing?

Neil Charvat: We work with what we've got. We have been able to do some very good work with what we have had so far. As far as what we need to address additional issues, such as the electronic products, we don't even know that right now. I can't even say we could use X amount more funding to do that. It is so vague at this time it is hard to even to come up with that recommendation. We will continue to use what we have. Everybody is doing a great job with what they have gotten and they have been able to maintain the work they are doing locally and at the state levels. I really don't think I can answer that.

Senator G. Lee: Thanked Neil for the report. As far as differences between House and Senate the general funds increase for the Senate is related to just a couple of things - the salary changes and the \$200,000 for the sexual violence. Those are the differences.

Sheila Sandness: That is correct - the salary is \$107,776 from general fund and the grant lines increased by that \$200,000 for the domestic violence/sexual assault., so that's the \$307,000 you are looking at on the bottom.

Senator G. Lee: The other funds – the federal funds are – there is some salary dollars there and then - it's the opioid grant of \$5.1 - \$33,000 -

Sheila Sandness: For the technology upgrades.

Senator G. Lee: Do you need a motion from us? To do what you need to do to finish this up?

Sheila Sandness: I can prepare the amendment based on this worksheet and then you can make a motion on the amendment once it is handed out.

Senator Mathern: Moved to approve the items discussed and the sheets that Sheila Sandness brought forth.

Senator Sorvaag: Seconded the motion.

Senator G. Lee: Yes

Senator Sorvaag: Yes

Senator Mathern: Yes

A Roll Call Vote Was Taken: 3 yeas, 0 nays, 0 absent.

Motion carried.

Brenda Weisz: I would like to express our thanks for your work on the budget.

Amendments ready late tomorrow or Thursday morning.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1004
4/3/2019
JOB # 34477

- Subcommittee
 Conference Committee

Committee Clerk: Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL for an Act for the Department of Health (Do Pass as Amended)

Minutes:

1. Proposed Amendment 19.0192.02003

Chairman Holmberg: opened the hearing on HB 1004. All committee members were present. Adam Mathiak, Legislative Council and Larry Martin, OMB were also present.

Senator Gary Lee: Submitted Attachment #1, Proposed Amendment # 19.0192.02003 and explained the Amendment.

Senator Gary Lee: Moved the Amendment. 2nd by Senator Bekkedahl.

Chairman Holmberg: There was a fee increase. That was correct.

Senator Mathern: Stated there was a considerable increase.

Chairman Holmberg: Asked for a voice vote on the amendment. It carried.

Senator Gary Lee: Moved a Do Pass as Amended. 2nd by Senator Sorvaag.

Senator Dever: A question regarding the kiosk. I was under the impression when you ordered a birth certificate it has to be stamped. Can the kiosk do that?

Senator Gary Lee: DOT and Health, they are going to look at the potential of doing those at the kiosk. They would be using technology that already exists.

Chairman Holmberg: Call the roll on Do Pass on 1004.

A Roll Call vote was taken. Yea:14; Nay: 0; Absent: 0. Senator Gary Lee will carry the bill.

The hearing was closed on HB 1004.

Handwritten notes:
 4/13/19
 1/2/19

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, remove lines 14 through 23

Page 2, replace line 1 with:

"Salaries and wages	\$36,371,434	\$2,199,120	\$38,570,554
Operating expenses	27,714,187	6,293,893	34,008,080
Capital assets	2,188,491	1,839,322	4,027,813
Grants	46,441,941	9,715,351	56,157,292
Tobacco prevention	13,646,704	(744,640)	12,902,064
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	<u>1,465,704</u>	<u>(1,465,704)</u>	<u>0</u>
Total all funds	\$148,028,461	\$17,417,342	\$165,445,803
Less estimated income	<u>115,278,152</u>	<u>13,807,061</u>	<u>129,085,213</u>
Total general fund	\$32,750,309	\$3,610,281	\$36,360,590"

Page 2, replace line 11 with:

"Microbiology laboratory technology upgrades	0	483,000"
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Page 2, replace lines 13 and 14 with:

"Total all funds	\$3,254,286	\$2,057,554
Less estimated income	<u>3,254,286</u>	<u>1,967,554"</u>

Page 2, line 21, replace "\$1,250,000" with "\$1,125,000"

Page 3, after line 31, insert:

"SECTION 7. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health shall report to the legislative management before July 1, 2020, regarding the implementation of electronic access to vital records."

Page 4, line 1, replace "\$450,000" with "\$483,000"

Page 4, line 2, replace "and" with a comma

Page 4, line 2, replace "other funds" with "federal funds, and \$33,000 is from special funds from fee revenue"

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	\$36,371,434	\$37,514,606	\$1,055,948	\$38,570,554

2019

Operating expenses	27,714,187	32,753,080	1,255,000	34,008,080
Capital assets	2,188,491	3,834,813	193,000	4,027,813
Grants	46,441,941	53,057,292	3,100,000	56,157,292
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064
WIC food payments	20,200,000	19,780,000		19,780,000
Medical marijuana	1,465,704			
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Salary Increases ¹	Adds Funding for Federal Opioid Grant ²	Increases Funding for Sexual Violence Primary Prevention Program ³	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ⁴	Total Senate Changes
Salaries and wages	\$204,968	\$850,980			\$1,055,948
Operating expenses		1,255,000			1,255,000
Capital assets		160,000		\$33,000	193,000
Grants		2,900,000	\$200,000		3,100,000
Tobacco prevention	7,856				7,856
WIC food payments					
Medical marijuana					
Total all funds	\$212,824	\$5,165,980	\$200,000	\$33,000	\$5,611,804
Less estimated income	105,048	5,165,980	0	33,000	5,304,028
General fund	\$107,776	\$0	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding from federal funds is added for expenditures related to an anticipated federal opioid grant.

³ Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund.

⁴ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue.

This amendment also adds a section to provide legislative intent that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records.

Date: 4-2-19

Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: Legislative Intent - Electronic Access to Vital Records w/ removal of 2nd sentence

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 Sorvaag Seconded By Mather

Senators	Yes	No	Senators	Yes	No
Senator Holmberg			Senator Mathern		
Senator Krebsbach			Senator Grabinger		
Senator Wanzek			Senator Robinson		
Senator Erbele					
Senator Poolman					
Senator Bekkedahl					
Senator G. Lee					
Senator Dever					
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote Carried

Date: 4-2-19

Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: Approval of items discussed w/ Sheila Sandness

- Recommendation:
- Adopt Amendment
 - Do Pass Do Not Pass Without Committee Recommendation
 - As Amended Rerefer to Appropriations
 - Place on Consent Calendar

Other Actions: Reconsider write up amendment - approval of items discussed

Motion Made By Mather Seconded By Sorvaag

Senators	Yes	No	Senators	Yes	No
Senator Holmberg			Senator Mather	<input checked="" type="checkbox"/>	
Senator Krebsbach			Senator Grabinger		
Senator Wanzek			Senator Robinson		
Senator Erbele					
Senator Poolman					
Senator Bekkedahl					
Senator G. Lee	<input checked="" type="checkbox"/>				
Senator Dever					
Senator Sorvaag	<input checked="" type="checkbox"/>				
Senator Oehlke					
Senator Hogue					

Total (Yes) 3 No 0

Absent 0

Floor Assignment _____

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

Date: 4-3-19

Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1004

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: 19.0192.02003

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 Lee Seconded By Bekkedahl

Senators	Yes	No	Senators	Yes	No
Senator Holmberg			Senator Mathern		
Senator Krebsbach			Senator Grabinger		
Senator Wanzek			Senator Robinson		
Senator Erbele					
Senator Poolman					
Senator Bekkedahl					
Senator G. Lee					
Senator Dever					
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote Carried

Date: 4-3-19

Roll Call Vote #: 2

2019 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 Lee Seconded By Sorvaag

Senators	Yes	No	Senators	Yes	No
Senator Holmberg	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator Grabinger	✓	
Senator Wanzek	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Poolman	✓				
Senator Bekkedahl	✓				
Senator G. Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Lee

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** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1004 was placed on the Sixth order on the calendar.

Page 1, remove lines 14 through 23

Page 2, replace line 1 with:

"Salaries and wages	\$36,371,434	\$2,199,120	\$38,570,554
Operating expenses	27,714,187	6,293,893	34,008,080
Capital assets	2,188,491	1,839,322	4,027,813
Grants	46,441,941	9,715,351	56,157,292
Tobacco prevention	13,646,704	(744,640)	12,902,064
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	<u>1,465,704</u>	<u>(1,465,704)</u>	<u>0</u>
Total all funds	\$148,028,461	\$17,417,342	\$165,445,803
Less estimated income	<u>115,278,152</u>	<u>13,807,061</u>	<u>129,085,213</u>
Total general fund	\$32,750,309	\$3,610,281	\$36,360,590"

Page 2, replace line 11 with:

"Microbiology laboratory technology upgrades 0 483,000"

Page 2, replace lines 13 and 14 with:

"Total all funds	\$3,254,286	\$2,057,554
Less estimated income	<u>3,254,286</u>	<u>1,967,554"</u>

Page 2, line 21, replace "\$1,250,000" with "\$1,125,000"

Page 3, after line 31, insert:

"SECTION 7. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health shall report to the legislative management before July 1, 2020, regarding the implementation of electronic access to vital records."

Page 4, line 1, replace "\$450,000" with "\$483,000"

Page 4, line 2, replace "and" with a comma

Page 4, line 2, replace "other funds" with "federal funds, and \$33,000 is from special funds from fee revenue"

Re-number 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	\$36,371,434	\$37,514,606	\$1,055,948	\$38,570,554
Operating expenses	27,714,187	32,753,080	1,255,000	34,008,080
Capital assets	2,188,491	3,834,813	193,000	4,027,813
Grants	46,441,941	53,057,292	3,100,000	56,157,292
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064

WIC food payments	20,200,000	19,780,000		19,780,000
Medical marijuana	1,465,704			
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Salary Increases ¹	Adds Funding for Federal Opioid Grant ²	Increases Funding for Sexual Violence Primary Prevention Program ³	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ⁴	Total Senate Changes
Salaries and wages	\$204,968	\$850,980			\$1,055,948
Operating expenses		1,255,000			1,255,000
Capital assets		160,000		\$33,000	193,000
Grants		2,900,000	\$200,000		3,100,000
Tobacco prevention	7,856				7,856
WIC food payments					
Medical marijuana					
Total all funds	\$212,824	\$5,165,980	\$200,000	\$33,000	\$5,611,804
Less estimated income	105,048	5,165,980	0	33,000	5,304,028
General fund	\$107,776	\$0	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding from federal funds is added for expenditures related to an anticipated federal opioid grant.

³ Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund.

⁴ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue.

This amendment also adds a section to provide legislative intent that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records.

2019 CONFERENCE COMMITTEE

HB 1004

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
4/15/2019
34732

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:
Conference committee.

Minutes:

A, B

Opened hearing. Took roll.

Chairman Kreidt: I have gone through what the Senate's changes to the budget bill were, but I have a couple of them that I want the Senators to explain what they changed. Especially section 7 that was changed, and then some minor adjustments that were changed. Other than that, I think we are in agreement with what happened.

Senator Lee: I agree, there aren't a lot of differences in the 2 bills. Section 7 came in result to the fee increases for the birth and death certificates. If they are going to raise the fees, then they do need to talk about the efficiencies and how things are done. That section is to show us what they are doing to become more efficient.

Senator Mathern: Originally I thought we should not approve the increase unless the demonstration of additional services and effectiveness could be proven, so I think we should just do a 1-time fee increases, and that was seen as too harsh on the Senate side. We had another bill where the governor vetoed because we added fees. The statement was made that they could just become more efficient instead of adding fees. Now we have this bill, which is the same concept of just adding fees. The department did indicate some things that they were doing more efficiently. This amendment is adding the fees, and then showing what they are doing during the biennium to offer more services and be more efficient. I don't understand the rationale where there is one veto of increase of fees for one department and then an approved increase in fees for another department. It's asking the executive to deliver some sort of evidence of efficiency.

Chairman Kreidt: you are requiring a report to management then. We had the health department in our section of appropriations, and it has been a number of years since any fees have been increased. We felt that it was a need to allow them to cover the costs or receive some profit in the fees that are through the health department. We will back up a bit now and I noticed that there were a few adjustments in some of the appropriations, I would like an explanation on the increases that were given.

Senator Lee: I am looking at the statement of purpose on the amendments. The salary adjustments are what we agreed to. The next number provides funding for an opioid grant, and it is broken out into different funds. We gave the department the authority to apply for a grant through the CDC for an opioid grant, and if they were successful in that then they would have the authority to spend that. The other item is that we added 200,000 for sexual violence primary prevention grants. It appeared that that had been pretty stagnant overtime, and that was a reasonable increase to add. The only other change was the special funds. It was for the microbiology lab update, and that had increased since the time they had requested it to the time they had received it. I think those are the only changes.

Chairman Kreidt: If I understand right, the opioid funding, the department has until May 2 to apply for that, and they are working on it. I have some information, and I'm sure you have the same, and looking at that and we will see here we go from there. The microbiology lab had an increase in cost after this had been in the House here. I want to talk about one amendment we had put in, section 6, where we had for the life safety construction and renovation projects. In the house we reduced that, and this is on the small projects that come before the department. The reason that was reduced, the committee felt that 750 was a little bit exuberant for those projects. We also added an employee to that because they are getting a little behind on some of the projects out there and time is of the essence for these projects. The fees for the larger projects stays the same though. We will be monitoring that and we want to see some improvement in those project time.

Senator Mathern: I think that was a good thing that the House did. Are we hampering the department at all by changing the fee? Do you think that they can still do the projects?

Chairman Kreidt: That is just for the small projects. We left the major project fund where it is. Some of the small projects are so minimal that the 750-dollar fee is still quite a bit. We will be monitoring the large projects, and see some results.

Representative Meier: We really didn't have any concerns from the department with reducing those fees either. I think we will stop here, and we will look at the changes that we made.

Senator Lee: I think we will need to have some discussion on that grant opportunity.

Chairman Kreidt: We will take a look at it, and do some investigation on that, and have an answer on that.

Sheila Sandness, Legislative Council: I do have copies of the long sheet that I can provide to the committee. **(see attachments A and B)**

Meeting closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee - Human Resources Division Sakakawea Room, State Capitol

HB1004
4/16/2019
34784

- Subcommittee
 Conference Committee

Committee Clerk: Caitlin Fleck

Explanation or reason for introduction of bill/resolution:
Conference committee.

Minutes:

Opened hearing. Took roll.

Chairman Kreidt: We will get going here. Do we have anyone that would like to move this along and see where we wind up?

Senator Lee: We spent a fair amount of time looking at the grant application that we put into the bill. It is the opioid grant, and it allows the department to receive and spend those dollars if we do get the grant. I think that we should take that part out. We do get a lot of opioid money and we even turn some back. The issues in the state regarding opioids is decreasing. Another thing that is required if we do get this grant, is that we have to join a data base that isn't so that great so far. The data seems to be required to be connected to the department of justice. And there is a concern that that agency might mind data on prescribers and we don't allow that in our state. Those are some of the reasons that I recommend taking that out. I apologize for taking it out, but I think we should. I move that we remove that grant for the opioid funding.

Senator Sorvaag: Second.

Senator Mathern: I would hope that we would keep this grant in. it is permissive in nature. It permits the agency to precede and for the governor to make a call to accept the grant if we receive it. I think that we tie the hands of the department if we don't do this. Some of the problems that revolve around this grant are concerns to me, but those are all imitable to lobbying within the congress. Those things that we see as problematic could be taken out. The other thing that I am concerned about is this amount of dollars is important. The DOH isn't going to sit down and play with this money. This is money that will go out to other agencies. There are a lot of people that are vulnerable when they test for drugs. We need equipment, suits, masks; these are all in this bill. There is money that goes out to the health departments. Maybe in one place the opioid deaths are eliminated while in another area they are not. I just think that we should keep this in.

Chairman Kreidt: I have concerns with this grant as well, in line with what Senator Lee has mentioned. As well as protecting the privacy of individuals. There is a lot of information that can be obtained through this grant. Because of that, I am in agreement with Senator Lee's concerns.

Roll Call Vote 1: 4 Yes, 2 No, 0 Absent. Motion carries.

Chairman Kreidt: On the funding for the microbiology lab, the 33,000, I would be willing to have that go forward. I realize that after the bill was in the house they needed some additional dollars for the technology upgrades. I would be in favor of doing that.

Representative Meier: Motion.

Senator Mathern: Second.

Roll Call Vote 2: 6 Yes, 0 No, 0 Absent. Motion carries.

Chairman Kreidt: That leaves us with one other item, and that is the additional 200,000 for the sexual violence funding and prevention program grants. Included in that is over 2 million dollars. If the Senate would be in agreement, we would like to reduce that to 100,000.

Senator Mathern: One of the things that we lack in our state or programming in the area of social services/behavioral health care, is an approach that supports prevention and wellness. You have seen as I have, these budgets just going up and up. Even in this area of violence and domestic violence and sexual violence. There are now programs of prevention. We didn't have these 25 years ago. We didn't have evidence based programs where we could prevent some of these. I would hope that we would keep the 200,000 in.

Chairman Kreidt; The concern that I have is that it is general fund dollars. We already have 11.2 million in general funds appropriated. I think that a fair compromise on the house side by reducing that by 100,000 is that the Senate could agree to that and we could wrap up the health department conference committee and move onto the other conference committee. I would still appreciate a motion.

Representative Meier: What was that 200,000 exactly meant to do?

Senator Mathern: Someone in the room could do that for you.

Janelle Moos, Executive Director of CAWS ND: There is only 200,000 of federal funding that is set aside to do the sexual violence prevention. It only does 2 out of our 20 programs in the state. So it only covers the Eastern side of the state. Only Fargo and Grand Forks receive funding currently to do this work. This 200,000 dollars would allow us to match our federal 200,000 and expand the prevention efforts beyond the Red River Valley area. We are seeing that by investing this little bit of money we are able to talk with communities about what sexual assault is and how we can prevent it. The long term costs of provide forensic medical costs after the fact of the sexual assault rather than putting in this 200,000 where we can know we can change the climate and help people stop the violence before it occurs.

Chairman Kreidt: Does this have a FMAP (federal medical assistance percentage) match to it?

Ms. Moos: No.

Representative Meier: So you are looking at covering a bigger part of the state?

Ms. Moos; That is correct. With only 2 covering the Eastern part of the state we aren't doing what we can to cover the state.

Representative Meier; I would think that that would be important to do.

Ms. Moos: Absolutely. When the oil boom exploded, our sexual assault crimes rose, and this investment would have significant long term benefits for the state in preventing the sexual assaults.

Senator Lee: I agree with what Senator Mathern said and Representative Meier and I will move to reduce it to 100,000.

Senator Sorvaag: Second.

Roll Call Vote 3: 3 Yes, 3 No, 0 Absent. Motion fails.

Senator Mathern: I would move that the House accede to the Senate on this item for the prevention grant so it would stay at 200,000.

Representative Meier; Second.

Senator Mathern: We are fortunate in Fargo to have this program. We are fortunate in Grand Forks. Much of this has helped in the community, educating men about respect and I think that it should be in Bismarck and Minot too. I think that this would essentially do, replicate these programs. When we have something that is tried and tested and works, it's not as much to move it out. We have spent many years in Fargo developing these programs and I tis finally clicking.

Chairman Kreidt: I can't support this motion. Money is always tight when we get to this point in the session. I realize its 100,000, but 100,000 here and 100,000 there in general funds; it turns into real money. So I will not be supporting this.

Roll Call Vote 4: 5 Yes, 1 No, 0 Absent. Motion carries.

Sheila Sadness, Legislative Council: There was the additional section, was that voted on by the conference committee? Would that be included in the amendments of the conference committee as well?

Chairman Kreidt: Yes.

Representative Meier; I move that the Senate recede from the Senate amendments and amend as follows.

Senator Sorvaag: Second.

Roll Call Vote 5: 6 Yes, 0 No, 0 Absent. Motion carries.

Chairman Kreidt: Where are we at now?

Ms. Sandness: We will draft the conference committee amendments, and then I don't think that you will need to meet again. You will get the conference committee report and make sure that it looks like what you want, and then it should be done.

Meeting closed.

DP 8/19/1
10/2

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

That the Senate recede from its amendments as printed on pages 1527 and 1528 of the House Journal and pages 1274-1276 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, remove lines 14 through 23

Page 2, replace line 1 with:

"Salaries and wages	\$36,371,434	\$1,348,140	\$37,719,574
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,679,322	3,867,813
Grants	46,441,941	6,815,351	53,257,292
Tobacco prevention	13,646,704	(744,640)	12,902,064
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	<u>1,465,704</u>	<u>(1,465,704)</u>	<u>0</u>
Total all funds	\$148,028,461	\$12,251,362	\$160,279,823
Less estimated income	<u>115,278,152</u>	<u>8,641,081</u>	<u>123,919,233</u>
Total general fund	\$32,750,309	\$3,610,281	\$36,360,590"

Page 2, replace line 11 with:

"Microbiology laboratory technology upgrades 0 483,000"

Page 2, replace lines 13 and 14 with:

"Total all funds \$3,254,286 \$2,057,554
Less estimated income 3,254,286 1,967,554"

Page 2, line 21, replace "\$1,250,000" with "\$1,125,000"

Page 3, after line 31, insert:

"SECTION 7. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health shall report to the legislative management before July 1, 2020, regarding the implementation of electronic access to vital records."

Page 4, line 1, replace "\$450,000" with "\$483,000"

Page 4, line 2, replace "and" with a comma

Page 4, line 2, replace "other funds" with "federal funds, and \$33,000 is from special funds from fee revenue"

Renumber accordingly

DP 4/18/20
2020

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	\$36,371,434	\$37,514,606	\$204,968	\$37,719,574	\$38,570,554	(\$850,980)
Operating expenses	27,714,187	32,753,080		32,753,080	34,008,080	(1,255,000)
Capital assets	2,188,491	3,834,813	33,000	3,867,813	4,027,813	(160,000)
Grants	46,441,941	53,057,292	200,000	53,257,292	56,157,292	(2,900,000)
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064	12,902,064	
WIC food payments	20,200,000	19,780,000		19,780,000	19,780,000	
Medical marijuana	1,465,704					
Total all funds	\$148,028,461	\$159,833,999	\$445,824	\$160,279,823	\$165,445,803	(\$5,165,980)
Less estimated income	115,278,152	123,781,185	138,048	123,919,233	129,085,213	(5,165,980)
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590	\$36,360,590	\$0
FTE	211.50	204.00	0.00	204.00	204.00	0.00

Department 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Salary Increases ¹	Increases Funding for Sexual Violence Primary Prevention Program ²	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ³	Total Conference Committee Changes
Salaries and wages	\$204,968			\$204,968
Operating expenses				
Capital assets			\$33,000	33,000
Grants		\$200,000		200,000
Tobacco prevention	7,856			7,856
WIC food payments				
Medical marijuana				
Total all funds	\$212,824	\$200,000	\$33,000	\$445,824
Less estimated income	105,048	0	33,000	138,048
General fund	\$107,776	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020, the same as the Senate version. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund, the same as the Senate version. The House did not provide this increase.

³ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue, the same as the Senate version.

The conference committee did not add \$5,165,980 of federal funds relating to an anticipated opioid grant, which the Senate had added. A section of legislative intent is added that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records. This section was also included in the Senate version.

2019 HOUSE CONFERENCE COMMITTEE
 ROLL CALL VOTES

BILL/RESOLUTION NO. 1004 as (re) engrossed

House Appropriations Human Services 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: Sen. Lee Seconded by: Sen. Sorvaag

Representatives	4/15	4/16	Yes	No	Senators	4/15	4/16	Yes	No
Chairman Kreidt	X	X	X		Senator Lee	X	X	X	
Representative Meier	X	X	X		Senator Sorvaag	X	X	X	
Representative Holman	X	X		X	Senator Mathern	X	X		X
Total Rep. Vote			2	1	Total Senate Vote			2	1

Vote Count Yes: 4 No: 2 Absent: 0
motion carries.

House Carrier _____ Senate Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Remove grant for opioid funding.

2019 HOUSE CONFERENCE COMMITTEE
 ROLL CALL VOTES

BILL/RESOLUTION NO. 1004 as (re) engrossed

House Appropriations Human Services 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. Meier Seconded by: Sen. Mathern

Representatives				Yes	No	Senators				Yes	No
Chairman Kreidt				X		Senator Lee				X	
Representative Meier				X		Senator Sorvaag				X	
Representative Holman				X		Senator Mathern				X	
Total Rep. Vote				3	0	Total Senate Vote				3	0

Vote Count Yes: 6 No: 0 Absent: 0

Motion Carries.

House Carrier _____ Senate Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Include \$33,000 for the microbiology lab technology upgrades.

2019 HOUSE CONFERENCE COMMITTEE
 ROLL CALL VOTES

BILL/RESOLUTION NO. 1004 as (re) engrossed

House Appropriations Human Services 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: Sen. Lee Seconded by: Sen. Sorvaag

Representatives				Senators			
		Yes	No			Yes	No
Chairman Kreidt		X		Senator Lee		X	
Representative Meier			X	Senator Sorvaag		X	
Representative Holman			X	Senator Mathern			X
Total Rep. Vote		1	2	Total Senate Vote		2	1

Vote Count Yes: 3 No: 3 Absent: 0
motion Fails.

House Carrier _____ Senate Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Reduce Sexual Assault Prevention Fund to \$100,000.

2019 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1004 as (re) engrossed

House Appropriations Human Services 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: Sen. Mathern Seconded by: Rep. Meier

Representatives				Senators			
	Yes	No		Yes	No		
Chairman Kreidt		X		Senator Lee	X		
Representative Meier	X			Senator Sorvaag	X		
Representative Holman	X			Senator Mathern	X		
Total Rep. Vote	2	1		Total Senate Vote	3	0	

Vote Count Yes: 5 No: 1 Absent: 0

Motion Carries.

House Carrier _____ Senate Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

House accede to Senate on this item for the prevention grant to stay at \$200,000.

2019 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1004 as (re) engrossed

House Appropriations Human Services 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. Meier Seconded by: Sen. Sorvaag

Representatives				Senators			
	Yes	No		Yes	No		
Chairman Kreidt	X		Senator Lee	X			
Representative Meier	X		Senator Sorvaag	X			
Representative Holman	X		Senator Mathern	X			
Total Rep. Vote	3	0	Total Senate Vote	3	0		

Vote Count Yes: 6 No: 0 Absent: 0

Motion Carries.

House Carrier Rep. Kreidt Senate Carrier Sen. Lee

LC Number 19. 0192 . 02004 of amendment

LC Number 19. 0192 . 04000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

- remove grant for opioid funding
- \$33,000 added for microbiology lab update
- \$200,000 for the sexual assault prevention program

Insert LC: 19.0192.02004
House Carrier: Kreidt
Senate Carrier: G. Lee

REPORT OF CONFERENCE COMMITTEE

HB 1004, as engrossed: Your conference committee (Sens. G. Lee, Sorvaag, Mathern and Reps. Kreidt, Meier, Holman) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1527-1528, adopt amendments as follows, and place HB 1004 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1527 and 1528 of the House Journal and pages 1274-1276 of the Senate Journal and that Engrossed House Bill No. 1004 be amended as follows:

Page 1, remove lines 14 through 23

Page 2, replace line 1 with:

"Salaries and wages	\$36,371,434	\$1,348,140	\$37,719,574
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,679,322	3,867,813
Grants	46,441,941	6,815,351	53,257,292
Tobacco prevention	13,646,704	(744,640)	12,902,064
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$12,251,362	\$160,279,823
Less estimated income	<u>115,278,152</u>	<u>8,641,081</u>	<u>123,919,233</u>
Total general fund	\$32,750,309	\$3,610,281	\$36,360,590"

Page 2, replace line 11 with:

"Microbiology laboratory technology upgrades 0 483,000"

Page 2, replace lines 13 and 14 with:

"Total all funds	\$3,254,286	\$2,057,554
Less estimated income	<u>3,254,286</u>	<u>1,967,554"</u>

Page 2, line 21, replace "\$1,250,000" with "\$1,125,000"

Page 3, after line 31, insert:

"SECTION 7. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health shall report to the legislative management before July 1, 2020, regarding the implementation of electronic access to vital records."

Page 4, line 1, replace "\$450,000" with "\$483,000"

Page 4, line 2, replace "and" with a comma

Page 4, line 2, replace "other funds" with "federal funds, and \$33,000 is from special funds from fee revenue"

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	\$36,371,434	\$37,514,606	\$204,968	\$37,719,574	\$38,570,554	(\$850,980)
Operating expenses	27,714,187	32,753,080		32,753,080	34,008,080	(1,255,000)
Capital assets	2,188,491	3,834,813	33,000	3,867,813	4,027,813	(160,000)
Grants	46,441,941	53,057,292	200,000	53,257,292	56,157,292	(2,900,000)
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064	12,902,064	
WIC food payments	20,200,000	19,780,000		19,780,000	19,780,000	
Medical marijuana	1,465,704					
Total all funds	\$148,028,461	\$159,833,999	\$445,824	\$160,279,823	\$165,445,803	(\$5,165,980)
Less estimated income	115,278,152	123,781,185	138,048	123,919,233	129,085,213	(5,165,980)
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590	\$36,360,590	\$0
FTE	211.50	204.00	0.00	204.00	204.00	0.00

Department 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Salary Increases ¹	Increases Funding for Sexual Violence Primary Prevention Program ²	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ³	Total Conference Committee Changes
Salaries and wages	\$204,968			\$204,968
Operating expenses				
Capital assets			\$33,000	33,000
Grants		\$200,000		200,000
Tobacco prevention	7,856			7,856
WIC food payments				
Medical marijuana				
Total all funds	\$212,824	\$200,000	\$33,000	\$445,824
Less estimated income	105,048	0	33,000	138,048
General fund	\$107,776	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020, the same as the Senate version. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund, the same as the Senate version. The House did not provide this increase.

³ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue, the same as the Senate version.

The conference committee did not add \$5,165,980 of federal funds relating to an anticipated opioid grant, which the Senate had added. A section of legislative intent is added that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records. This section was

Insert LC: 19.0192.02004
House Carrier: Kreidt
Senate Carrier: G. Lee

also included in the Senate version.

Engrossed HB 1004 was placed on the Seventh order of business on the calendar.

2019 TESTIMONY

HB 1004

**Department 301 - State Department of Health
House Bill No. 1004**

Executive Budget Comparison to Prior Biennium Appropriations

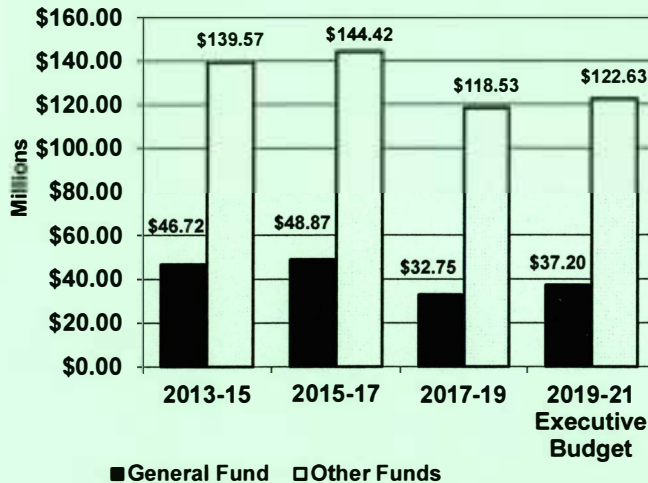
	FTE Positions	General Fund	Other Funds	Total
2019-21 Executive Budget	199.50	\$37,195,042	\$122,634,824	\$159,829,866
2017-19 Legislative Appropriations ¹	211.50	32,750,309	118,532,438	151,282,747
Increase (Decrease)	(12.00)	\$4,444,733	\$4,102,386	\$8,547,119

¹The 2017-19 biennium agency appropriation amounts include \$1,420,000 from special funds received from the Adjutant General for defraying law enforcement support expenses related to unlawful activity associated with the construction of the Dakota Access Pipeline, but do not include additional special funds authority of \$465,195 resulting from Emergency Commission action during the 2017-19 biennium.

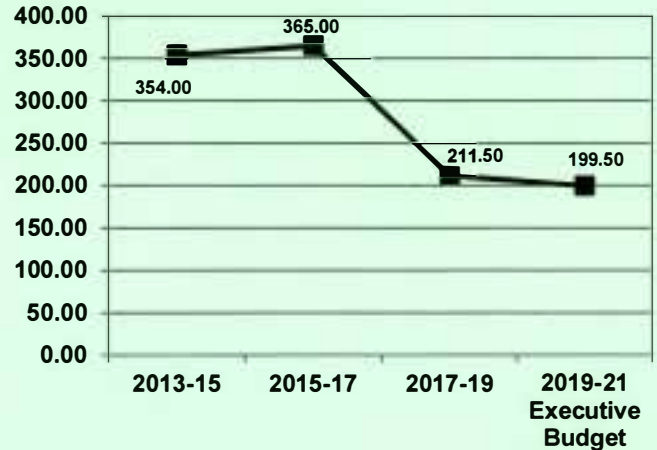
Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2019-21 Executive Budget	\$37,105,042	\$90,000	\$37,195,042
2017-19 Legislative Appropriations	32,750,309	0	32,750,309
Increase (Decrease)	\$4,354,733	\$90,000	\$4,444,733

Agency Funding¹



FTE Positions¹



¹The decrease in agency funding and FTE positions from the 2015-17 biennium to the 2017-19 biennium reflects the transfer of the Environmental Health Section of the State Department of Health to the new Department of Environmental Quality pursuant to Senate Bill No. 2327 (2017). Funding for the Department of Environmental Quality is provided in House Bill No. 1024.

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2019-21 Executive Budget	\$37,195,042	\$122,634,824	\$159,829,866
2019-21 Base Level	32,750,309	115,278,152	148,028,461
Increase (Decrease)	\$4,444,733	\$7,356,672	\$11,801,405

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
Fiscal and Operations			
1. Adds funding for state employee salary and benefit increases, of which \$266,546 is for salary increases, \$146,818 is for health insurance increases, and \$34,695 is for retirement contribution increases.	\$163,331	\$284,728	\$448,059
2. Adjusts base payroll.	\$374,485	(\$702,656)	(\$328,171)

3. Cost to continue program adjustments, including increases in operating expenses of \$36,280 and grants of \$944,360, including increases in the behavioral health loan repayment program of \$120,360 and the physician and midlevel loan repayment program of \$224,000. The veterinarian loan repayment program is reduced by \$50,000.	\$522,840	\$457,800	\$980,640
4. Removes funding for .5 FTE account technician position and reduces funding for salaries and wages (\$1,264,949) and operating expenses (\$396,402) to meet the Governor's 90 percent budget and FTE reduction guidelines. This reduction includes a decrease in funding from the general fund of \$1,542,106 related to changing the funding source for vital records to service fee revenue.	(\$1,566,724)	(\$94,627)	(\$1,661,351)
5. Increases vital records fees and restores funding for salaries and wages of \$1,218,501 and operating expenses of \$704,821 removed as part of the base budget reductions for the Vital Records Division from fee collections.	\$0	\$1,923,322	\$1,923,322
6. Removes .5 FTE undesignated position without funding and adds funding for information technology operating expenses related to the unification initiative.	\$162,501	\$577,832	\$740,333
7. Reduces funding from the student loan trust fund for the dental loan repayment program (\$36,000) to meet the Governor's 90 percent budget guidelines. In the department's cost to continue adjustments the remaining funding of \$324,000 from the student loan trust fund was changed to the community health trust fund. Funding from the general fund for the dental loan repayment program was increased by \$176,000 to provide a total of \$740,000, of which \$416,000 is from the general fund and \$324,000 is from the community health trust fund.	\$0	(\$36,000)	(\$36,000)
8. Adjusts the funding source of grants to local public health units to provide a total of \$4,725,000 from the general fund, \$525,000 less than the \$5,250,000 provided in the 2017-19 biennium, of which \$3,250,000 was from the general fund and \$2,000,000 was from the tobacco prevention and control trust fund.	\$1,475,000	(\$2,000,000)	(\$525,000)
9. Changes the funding source for the physician loan repayment program (\$480,000) and the behavioral health loan repayment program (\$243,640), to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$723,640	(\$723,640)	\$0
10. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses.	\$42,377	\$82,261	\$124,638
Medical Marijuana			
11. Adjusts base payroll.	(\$272,003)	\$404,158	\$132,155
12. Removes 1 FTE office assistant III position and reduces funding for the medical marijuana program to meet the Governor's 90 percent budget guidelines.	\$0	(\$742,435)	(\$742,435)
13. Removes funding related to the medical marijuana program. Funding for the program is provided through a continuing appropriation.	(\$451,267)	(\$404,157)	(\$855,424)
Medical Services			
14. Adds funding for state employee salary and benefit increases, of which \$361,402 is for salary increases, \$196,514 is for health insurance increases, and \$41,950 is for retirement contribution increases.	\$397,319	\$202,547	\$599,866
15. Adjusts base payroll.	(\$144,112)	\$68,327	(\$75,785)
16. Cost to continue program adjustments, including increases in operating expenses of \$1,604,629 and grants of \$1,808,193.	\$466,418	\$2,946,404	\$3,412,822
17. Transfers 1 FTE data processing coordinator III position to the Information Technology Department for the information technology unification initiative.	\$0	(\$170,357)	(\$170,357)
18. Removes 1 FTE epidemiologist II position.	(\$38,040)	(\$111,882)	(\$149,922)

19. Adds funding for grants related to a federal opioid program.	\$0	\$64,990	\$64,990
20. Adjusts funding for equipment over \$5,000 to provide a total of \$670,000 from other funds.	\$0	\$283,112	\$283,112
21. Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund.	\$93,843	\$761	\$94,604
22. Adds funding for extraordinary repairs.	\$55,650	\$97,009	\$152,659
23. Adds one-time funding from the strategic investment and improvements fund for microbiology laboratory capital improvements.	\$0	\$1,220,000	\$1,220,000
24. Adds one-time funding, including funding from federal funds, for microbiology laboratory information technology upgrades.	\$90,000	\$360,000	\$450,000

Health Resources

25. Adds funding for state employee salary and benefit increases, of which \$342,601 is for salary increases, \$181,395 is for health insurance increases, and \$43,417 is for retirement contribution increases.	\$270,961	\$296,452	\$567,413
26. Adjusts base payroll.	(\$79,533)	\$99,039	\$19,506
27. Adds 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185.	\$185,905	\$0	\$185,905
28. Cost to continue program adjustments in operating expenses.	\$111,096	(\$213,243)	(\$102,147)
29. Removes funding for 1 FTE administrative assistant I position and 1 FTE health care facility surveyor II position and reduces funding for salaries and wages (\$258,252) and operating expenses (\$8,574) to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$104,486)	(\$162,340)	(\$266,826)
30. Transfers 2 FTE data processing coordinator III positions to the Information Technology Department for the information technology unification initiative.	(\$48,601)	(\$279,391)	(\$327,992)

Healthy and Safe Communities

31. Adds funding for state employee salary and benefit increases, of which \$345,804 is for salary increases, \$204,648 is for health insurance increases, and \$44,136 is for retirement contribution increases. Of this total \$70,402 is related to tobacco prevention and control.	\$260,579	\$334,009	\$594,588
32. Adjusts base payroll, including an increase in salaries and wages of \$281,221 and a reduction in the tobacco prevention and control line item (\$38,622).	(\$183,103)	\$425,702	\$242,599
33. Cost to continue program adjustments, including increases in operating expenses and grants of \$2,462,307 and \$4,709,359, respectively and decreases in tobacco prevention and control (\$135,528) and Women, Infants, and Children food payments (\$420,000).	\$471,188	\$6,144,950	\$6,616,138
34. Removes 1 FTE administrative assistant I position, .5 FTE public health nurse consultant II position in health promotion, and .5 FTE public health nurse consultant II position in injury prevention, and reduces funding for operating expenses (\$64,480), grants (\$50,000), and tobacco prevention and control (\$706,280) to meet the Governor's 90 percent budget and FTE reduction guidelines. Salary funding was not reduced for these positions, but was reinvested in other programs.	(\$820,760)	\$0	(\$820,760)
35. Transfers the suicide prevention program, including 1 FTE health/human services program administrator III position, and funding for salaries and wages (\$319,503), operating expenses (\$259,993), and grants (\$1,265,000), from the State Department of Health to the Department of Human Services.	(\$1,260,512)	(\$583,984)	(\$1,844,496)
36. Adds funding for equipment over \$5,000 to provide a total of \$13,197 from other funds.	\$0	(\$5,553)	(\$5,553)

37. Transfers funding from the Department of Human Services for tobacco prevention and control expenses related to reporting of youth access to tobacco.	\$75,000	\$0	\$75,000
38. Adds funding for salaries and wages of \$24,600, operating expenses of \$10,505, and grants of \$8,800 related to a federal opioid program.	\$0	\$43,905	\$43,905
39. Adds one-time funding from federal funds for operating expenses related to the continuation of the electronic benefit transfer for the Women, Infants, and Children project.	\$0	\$354,554	\$354,554
40. Transfers 1 FTE data processing coordinator III position to the Information Technology Department for the information technology unification initiative.	(\$103,986)	(\$92,214)	(\$196,200)
41. Changes the funding source for cancer programs (\$644,804) and the domestic violence program (\$300,000), to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$944,804	(\$944,804)	\$0
42. Changes the funding source for the tobacco prevention and control program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$8,453,333	(\$8,453,333)	\$0
43. Changes the funding source for tobacco prevention and control grants from the general fund to the community health trust fund to provide a total of \$6.5 million from the community health trust fund.	(\$6,500,000)	\$6,500,000	\$0

Emergency Preparedness and Response

44. Adds funding for state employee salary and benefit increases, of which \$109,831 is for salary increases, \$79,355 is for health insurance increases, and \$13,757 is for retirement contribution increases.	\$76,406	\$126,537	\$202,943
45. Adjusts base payroll.	\$310,949	(\$239,524)	\$71,425
46. Cost to continue program adjustments, including increases in operating expenses of \$472,307 and grants of \$326,149.	(\$462,348)	\$1,260,804	\$798,456
47. Removes 1 FTE office assistant III position and reduces funding for salaries and wages (\$108,384), operating expenses (\$75,642), and grants (\$125,000) to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$129,834)	(\$179,192)	(\$309,026)
48. Adds funding related to a federal opioid program, including salaries and wages of \$13,315, operating expenses of \$23,905, and grants of \$179,500.	\$0	\$216,720	\$216,720
49. Adjusts funding for equipment over \$5,000 to provide a total of \$835,500 from other funds.	\$0	(\$523,500)	(\$523,500)
50. Adds funding for operating expenses related to the implementation of an emergency medical services data licensing and records management system.	\$126,000	\$0	\$126,000
51. Changes the funding source for the stroke and cardiac care program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$756,418	(\$756,418)	\$0

**Other Sections Recommended to be Added in the Executive Budget
(As Detailed in the Attached Appendix)**

Appropriation - Additional income - Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.

Transfers - Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.

Insurance tax distribution fund - Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Strategic investment and improvements fund - Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.

Vital records fees - Section 7 would provide statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.

Emergency - Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.

Continuing Appropriations

Medical marijuana - North Dakota Century Code Section 19-24.1-40 establishes the medical marijuana fund and requires the State Department of Health deposit in the fund all fees collected under the medical marijuana chapter. The department must administer the fund and money in the fund are appropriated to the department on a continuing basis for use in administering the medical marijuana chapter.

Combined purchasing with local public health units - Section 23-01-28 - Provides the State Department of Health may make combined or joint purchases with or on behalf of local public health units for items or services. Payments received by the State Department of Health from local public health units pursuant to a combined or joint purchase must be deposited in the operating fund and are appropriated as a standing and continuing appropriation to the department for purchases under the section.

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.

Cardiac ready community grant program - Section 23-38.1-03 - Provides the State Department of Health may accept any gifts, grants, or donations, whether conditional or unconditional. The department or local grantees may contract public or private entities and may expend any available money to obtain matching funds for the purposes of this chapter. All money received by the State Department of Health as gifts, grants, or donations under this section are appropriated on a continuing basis to the department's operations fund for the purpose of funding the grant program.

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 4 years.

Deficiency Appropriation

There are no deficiency appropriations for this agency.

Significant Audit Findings

The State Auditor reported one single audit finding related to the State Department of Health. The State Auditor recommended the State Department of Health ensure all subrecipients obtain the appropriate audits.

Major Related Legislation

Senate Bill No. 2134 - Relates to self-grown marijuana for qualifying patients.

Senate Bill No. 2143 - Relates to the health care professional student loan repayment program.

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation			Total
	FTE Position	General Fund	Other Funds	
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461
2019-21 Ongoing Funding Changes				
Base payroll changes		\$6,683	\$55,045	\$61,728
Salary increase		690,727	735,457	1,426,184
Health insurance increase		391,682	417,048	808,730
Retirement contribution increase		86,187	91,768	177,955
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses	(4.50)	9,913	35,870	45,783
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905
Adds funding related to a federal opioid program			325,615	325,615
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000
Adds funding for Microsoft Office 365 licensing expenses		42,377	82,261	124,638
Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund		93,843	761	94,604
Adds ongoing base budget funding for extraordinary repairs		55,650	97,009	152,659
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds			(245,941)	(245,941)
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services		75,000		75,000

Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium, including the tobacco prevention and control program (\$1,953,333), state aid to local public health units (\$2,000,000), the stroke and cardiac care program (\$756,418), cancer programs (\$644,804), medical and behavioral health loan repayment programs (\$723,640), and domestic violence offender treatment (\$300,000)	6,378,195	(6,378,195)	0	
Total ongoing funding changes	(12.00)	\$4,354,733	\$5,422,118	\$9,776,851
One-time funding items				
Women, Infants, and Children electronic benefit transfer project			\$354,554	\$354,554
Adds funding from the strategic investment and improvements fund for microbiology laboratory capital improvements			1,220,000	1,220,000
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades		\$90,000	360,000	450,000
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554
Total Changes to Base Level Funding	(12.00)	\$4,444,733	\$7,356,672	\$11,801,405
2019-21 Total Funding	199.50	\$37,195,042	\$122,634,824	\$159,829,866

Other Sections for State Department of Health - Budget No. 301

Executive Budget Recommendation

Appropriation - Additional income	Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.
Line item transfers	Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.
Insurance tax distribution fund	Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.
Strategic investment and improvements fund	Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.
Vital records fees	Section 7 would provide the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.

Other Sections for State Department of Health - Budget No. 301

Executive Budget Recommendation

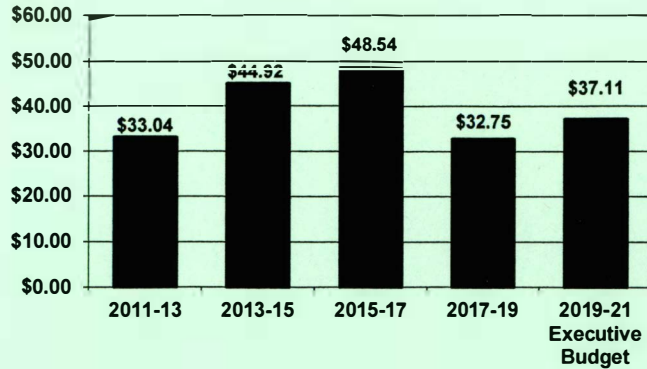
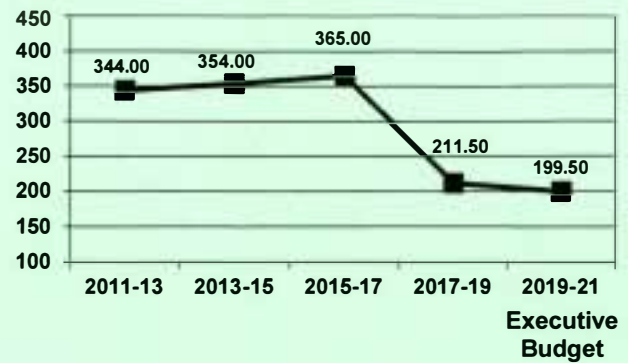
Emergency

Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.

Department 301 - State Department of Health

Historical Appropriations Information

Ongoing General Fund Appropriations Since 2011-13

Agency Funding (in Millions)¹FTE Positions¹

Ongoing General Fund Appropriations ¹					
	2011-13	2013-15	2015-17	2017-19	2019-21 Executive Budget
Ongoing general fund appropriations	\$33,039,780	\$44,921,508	\$48,535,568	\$32,750,309	\$37,105,042
Increase (decrease) from previous biennium	N/A	\$11,881,728	\$3,614,060	(\$15,785,259)	\$4,354,733
Percentage increase (decrease) from previous biennium	N/A	36.0%	8.0%	(32.5%)	13.3%
Cumulative percentage increase (decrease) from 2011-13 biennium	N/A	36.0%	46.9%	(0.9%)	12.3%

¹The decrease in agency funding and FTE positions from the 2015-17 biennium to the 2017-19 biennium is due mostly to the transfer of the Environmental Health Section of the State Department of Health to the new Department of Environmental Quality pursuant to Senate Bill No. 2327 (2017). Funding for the Department of Environmental Quality is provided in House Bill No. 1024.

Major Increases (Decreases) in Ongoing General Fund Appropriations

2013-15 Biennium

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Added funding for 1 FTE position and related operating expenses to establish and administer an autism spectrum disorder database. | \$235,732 |
| 2. Increased funding for local public health units to provide a total of \$4 million from the general fund to be distributed statewide. | \$1,000,000 |
| 3. Increased funding for the universal vaccine program to provide a total of \$2.5 million from the general fund. | \$1,000,000 |
| 4. Added funding for a loan repayment program for dentists who practice in a public setting or nonprofit dental clinic using a sliding fee scale schedule to bill patients. | \$180,000 |
| 5. Added funding for recommended followup colorectal screenings to provide a total of \$762,800 from the general fund for the colorectal screening initiative. | \$285,200 |
| 6. Added funding for FTE positions (\$1,137,068) in air quality (1 FTE position), municipal facilities (3 FTE positions), waste management (1 FTE position), and water quality (3 FTE positions) to meet increased demands in the oil-impacted areas, including operating expenses (\$602,963) and equipment over \$5,000 (\$272,000). | \$1,409,382 |
| 7. Increased funding for operating costs. | \$257,803 |
| 8. Added funding for 1 FTE position (\$135,000) to implement a community paramedic/community health care worker pilot project, including funding of \$141,600 for educational startup costs. | \$276,600 |
| 9. Increased funding for rural emergency medical services (EMS) grants to provide a total of \$7.34 million, of which \$1.25 million is from the insurance tax distribution fund. | \$2,150,000 |
| 10. Increased the veterinarian loan program to provide \$485,000 from the general fund. | \$350,000 |
| 11. Increased funding for the medical personnel loan repayment program to provide \$576,788 from the general fund. | \$231,788 |

12. Increased funding for continued implementation of the statewide integrated stroke system of care to provide a total of \$856,324 from the general fund.	\$383,000
13. Increased funding for the comprehensive state trauma system to provide a total of \$432,000 from the general fund.	\$332,000
2015-17 Biennium	
1. Increased funding for the universal vaccine program by \$576,853 to provide a total of \$3,076,853 from the general fund. (This funding was reduced as part of the general fund budget reductions approved in August 2016.)	\$576,853
2. Added funding 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. In addition, \$160,000 from the general fund was added to the budget of the University of North Dakota School of Medicine and Health Sciences for Department of Pathology services to provide a total of \$640,000 from the general fund, \$160,000 more than the 2013-15 biennium.	480,000
3. Added funding for costs related to the Environmental Protection Agency lawsuit.	\$500,000
4. Added funding for 1 FTE food and lodging inspector position, including salaries and wages and operating expenses.	\$149,975
5. Added funding for 10 FTE positions in the Environmental Health Section, including air quality (3 FTE positions), municipal facilities (2 FTE positions), waste management (2 FTE positions), and water quality (3 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages (\$1,388,986) and operating expenses (\$315,518).	\$1,204,494
6. Increased funding for the medical loan repayment program to provide a total of \$698,800 from the general fund. (This funding was reduced as part of the general fund budget reductions approved in August 2016.)	\$122,012
7. Increased funding for grants to local public health units to provide a total of \$4.25 million from the general fund. In addition, House Bill No. 1176 provides \$2 million from the oil and gas impact grant fund for grants to local district health units that are located in oil-producing counties to address the effects of oil and gas-related development activities.	\$250,000
8. Increased funding for rural 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 (\$7.5 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. (This funding was reduced as part of the general fund budget reductions approved in August 2016.)	\$1,100,000
9. Increased funding for domestic violence and rape crisis program grants to provide a total of \$2.25 million, of which \$1.91 million is from the general fund and \$340,000 is from special funds. (This funding was reduced as part of the general fund budget reductions approved in August 2016.)	\$200,000
2017-19 Biennium	
1. Reduced base budget, including salaries and wages, operating expenses, and grants.	(\$2,031,418)
2. Removed 6 undesignated FTE positions, including related funding for salaries and wages.	(\$475,736)
3. Increased funding for state aid grants to local public health units and adjusted the funding sources to provide a total of \$5.25 million, of which \$3.25 million is from the general fund and \$2 million is from the tobacco prevention and control trust fund.	(\$1,000,000)
4. Adjusted funding for the certain programs to provide \$2,224,862 from the tobacco prevention and control trust fund instead of the general fund	(\$2,224,862)
5. Reduced funding for EMS grants to provide a total of \$7,721,000. Emergency medical services rural assistance grants total \$6,875,000, of which \$5,625,000 is from the general fund and \$1,250,000 is from the insurance tax distribution fund. Emergency medical services training grants total \$846,000 from the general fund.	(\$561,820)
6. Added ongoing funding and authorization for 6 FTE positions to establish a Medical Marijuana Division, based on the fiscal note for Senate Bill No. 2344, to provide total ongoing funding of \$1,465,704, including funding provided for employee health insurance premium increases, of which \$723,270 is from the general fund and \$742,434 is from the medical marijuana fund.	\$723,270
2019-21 Biennium (Executive Budget Recommendation)	
1. Removes funding from the general fund related to changing the funding source for vital records to service fee revenue.	(\$1,542,106)
2. Removes funding for .5 FTE account technician position and reduces funding for salaries and wages.	(24,617)

3. Adjusts the funding source of grants to local public health units to provide a total of \$4,725,000 from the general fund, \$525,000 less than the \$5,250,000 provided in the 2017-19 biennium, of which \$3,250,000 was from the general fund and \$2,000,000 was from the tobacco prevention and control trust fund.	\$1,475,000
4. Changes the funding source for the physician loan repayment program and the behavioral health loan repayment program, to provide additional funding from the general fund rather than the tobacco prevention and control trust fund.	\$723,640
5. Removes funding for 1 FTE epidemiologist II position.	(\$38,040)
6. Adds 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185.	\$185,905
7. Removes funding for 1 FTE administrative assistant I position and 1 FTE health care facility surveyor II position and reduces funding for salaries and wages and operating expenses to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$104,486)
8. Transfers 4 FTE data processing coordinator III positions and a .5 undesignated position to the Information Technology Department for the information technology unification initiative.	(\$152,587)
9. Adds funding for information technology operating expenses related to the unification initiative.	\$162,501
10. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses.	\$42,377
11. Removes 1 FTE administrative assistant I position, .5 FTE public health nurse consultant II position in health promotion, and .5 FTE public health nurse consultant II position in injury prevention, and reduces funding for operating expenses (\$64,480), grants (\$50,000), and tobacco prevention and control (\$706,280) to meet the Governor's 90 percent budget and FTE reduction guidelines. Salary funding was not reduced for these positions, but was reinvested in other programs.	(\$820,760)
12. Transfers the suicide prevention program, including 1 FTE health/human services program administrator III position, and funding for salaries and wages, operating expenses, and grants, from the State Department of Health to the Department of Human Services.	(\$1,260,512)
13. Removes 1 FTE office assistant III position and reduces funding for salaries and wages, operating expenses, grants to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$129,834)
14. Adds funding for operating expenses related to the implementation of an EMS data licensing and records management system.	\$126,000
15. Adds one-time funding, including funding from federal funds, for microbiology laboratory information technology upgrades.	\$90,000
16. Changes the funding source for cancer programs (\$644,804) and the domestic violence program (\$300,000), to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$944,804
17. Changes the funding source for the tobacco prevention and control program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$8,453,333
18. Changes the funding source for tobacco prevention and control grants from the general fund to the community health trust fund to provide a total of \$6.5 million from the community health trust fund.	(\$6,500,000)
19. Changes the funding source for the stroke and cardiac care program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$756,418

**GOVERNOR'S RECOMMENDATION FOR THE
STATE DEPARTMENT OF HEALTH AS SUBMITTED
BY THE OFFICE OF MANAGEMENT AND BUDGET**

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the state department of health for the purpose of defraying the expenses of the state department of health, for the biennium beginning July 1, 2019, and ending June 30, 2021, as follows:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$36,371,434	\$931,238	\$37,302,672
Operating expenses	27,714,187	5,779,226	33,493,413
Capital assets	2,188,491	1,671,322	3,859,813
Grants	46,441,941	6,040,351	52,482,292
Tobacco prevention	13,646,704	(735,028)	12,911,676
WIC food payments	20,200,000	(420,000)	19,780,000
Medical Marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$11,801,405	\$159,829,866
Less estimated income	115,278,152	7,356,672	122,634,824
Total general fund	\$32,750,309	\$4,444,733	\$37,195,042
Full-time equivalent positions	211.50	(12.00)	199.50

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-fifth legislative assembly for the 2017-19 biennium and 2019-21 one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
WIC system upgrade	\$1,739,220	\$354,554
Medical marijuana	95,066	
Microbiology lab capital projects		\$1,220,000
Microbiology lab IT upgrade		\$450,000
Total all funds	\$1,834,286	\$2,024,554
Less estimated income	1,834,286	1,934,554
Total general fund	\$0	\$90,000

The 2019-21 one-time funding amounts are not a part of the entity's base budget for the 2021-23 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 3. APPROPRIATION - In addition to the amounts appropriated to the state department of health in section 1 of this Act, there is appropriated any additional income from federal or other funds which may become available to the agency for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 4. FUNDING TRANSFERS – EXCEPTION – AUTHORIZATION. Notwithstanding section 54-16-04, the agency may transfer between line items within section 1 of this Act up to ten percent of the total appropriation contained in section 1 during the biennium beginning July 1, 2019, and ending June 30, 2021. The agency shall notify the office of management and budget and the legislative council of any transfer made pursuant to this section.

SECTION 5. INSURANCE TAX DISTRIBUTION FUND. The estimated income line item included in section 1 of this Act includes \$1,125,000, or so much of the sum as may be necessary, to be made available to the state department of health from the insurance tax distribution fund for rural emergency medical services grants, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 6. STRATEGIC INVESTMENT AND IMPROVEMENT FUND. The estimated income line item included in section 1 of this Act includes \$1,220,000 or so much of the sum as may be necessary, to be made available to the state department of health from the strategic investment and improvement fund for microbiology lab capital improvements, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 7. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall prescribe the fees, if any, not to exceed ~~five~~ fifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, ~~legitimation,~~ ~~or determination of paternity.~~
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - g. ~~A noncertified informational copy of a death or marriage record.~~The fee for each additional copy of the same document, a death or fetal death record, requested at the same time, may not exceed ~~two~~ ten dollars.

2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the general fund of this state the operating fund of the department of health, according to procedures established by the state treasurer.

3. The state department of health shall ~~charge a fee~~ quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, in addition to those fees authorized by subsection 1, in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.

4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the close of each biennium.

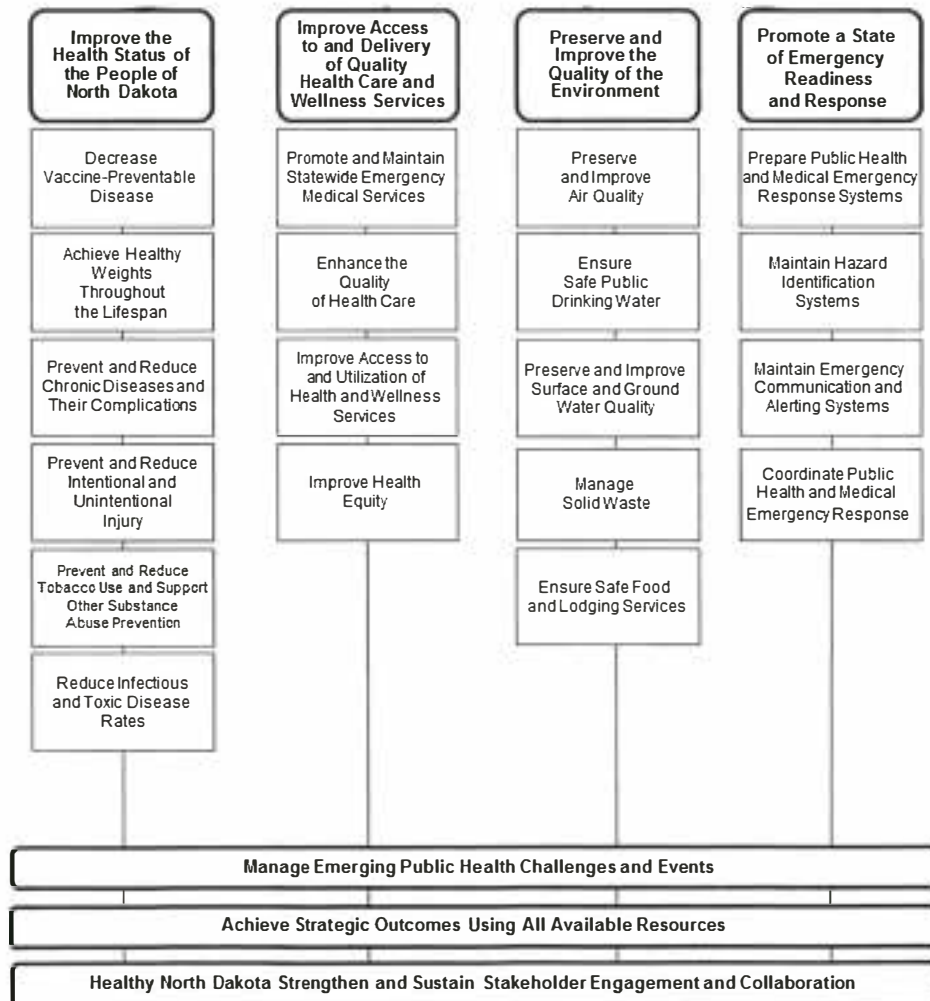
SECTION 8 EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 from other funds, for the microbiology lab technology update appropriated in section 1 of this Act is declared to be an emergency measure.

*HB 1004
 1-10-19
 Attachment A
 Page 1*

Good morning Chairman Nelson and members of the House Appropriations Committee. My name is Mylynn Tufte and I am the State Health Officer for the North Dakota Department of Health (NDDoH). I am here today to testify in support of House Bill 1004.

Mission

The mission of the Department of Health is to **improve the length and quality of life for all North Dakotans**. To accomplish our mission, we focus on seven major goals. Each of our goals is supported by a list of objectives and outcome performance measures that help us assess our progress toward our goals. Below is the department’s 2016-2020 strategic plan which details our mission, goals and objectives. We’ve already begun the process of creating a new strategic plan.



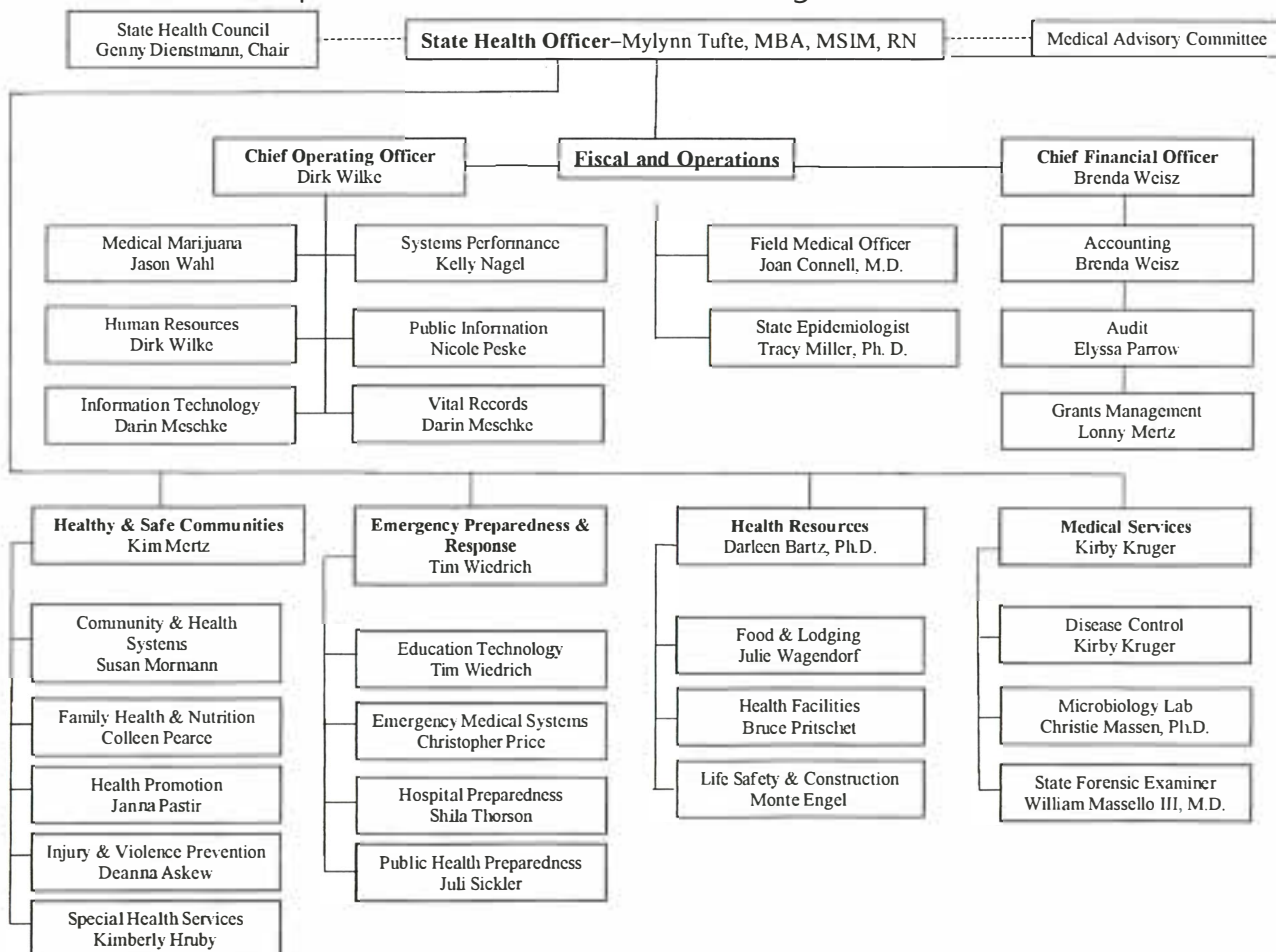
Department Overview

The department pursues its goals and objectives through five departmental sections:

- Fiscal and Operations
- Healthy and Safe Communities
- Emergency Preparedness and Response
- Health Resources
- Medical Services

During the 2017 Legislative Session, the Department of Environmental Quality was established. They are on target to complete their separation by the July 1, 2019 deadline.

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 below. Descriptions of the sections, divisions and programs are available in our biennial report on our website at ndhealth.gov.



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 **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 division of **Disease Control** monitors infectious diseases, identifies and contains disease outbreaks, educates the public, and manages state vaccination data.
- Our **Healthy and Safe Communities** section manages programs that help North Dakotans quit smoking; receive breast, cervical and colorectal cancer screening; improve diet and physical activity 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 women, infants and children; and reduce injuries, suicide, and domestic and sexual violence.
- Our **Emergency Preparedness and Response** section ensures that our public health system is prepared and able to respond to emergencies, such as Zika, 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.

Accomplishments

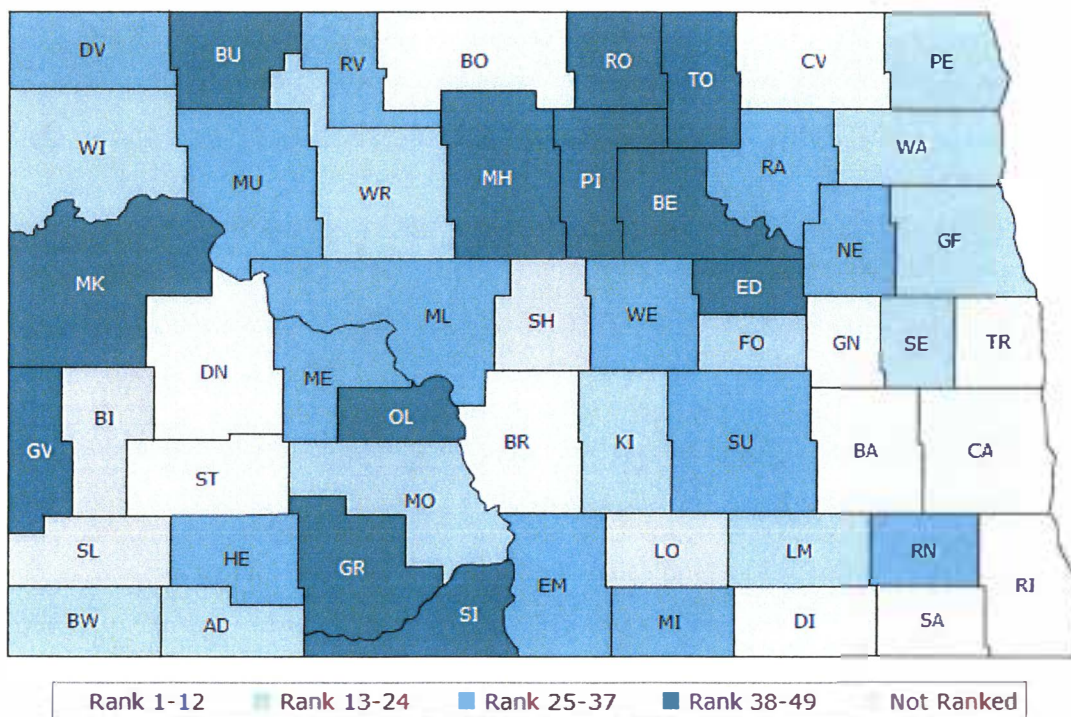
At the close of the 65th Legislative Session, we were asked to focus on 3 main items. I'm pleased to report we are expecting a successful execution of these tasks:

- SB 2344 asked the Department of Health to implement a Medical Marijuana Program. At this time, the Division of Medical Marijuana is accepting patient and designated caregiver applications, will start issuing cards next week and has selected 4 dispensaries and 2 manufacturing facilities for certification. The application for the remaining 4 dispensaries is opening at the end of the month and usable medical marijuana is anticipated to be available in February.

- SB 2024 eliminated the Center for Tobacco Prevention and Control and transferred the accountability for tobacco prevention to the Department of Health.
- SB 2327 established the North Dakota Department of Environmental Quality, formerly the North Dakota Department of Health's Division of Environmental Health. DEQ is on track to officially complete their separation by July 1.

Main Street Initiative

The North Dakota Department of Health has been a champion for the Main Street Initiative, chairing the Healthy & Vibrant Communities Workgroup and helping local communities become healthier. When our communities are healthy, our state is healthy. This chart from the North Dakota County Health Rankings illustrates the diversity in health across our state.



Source: 2017 County Health Rankings North Dakota
http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_ND.pdf

The Main Street Initiative has three pillars: Healthy & Vibrant Communities, 21st Century Workforce and Smart & Efficient Infrastructure. Our commitment to Main Street makes sense because public health touches each of these pillars. Here is just a sampling of our success:

Healthy & Vibrant Communities

- Supported over 30 regional, tribal and local community suicide prevention projects. Screened over 40,000 patients on depression and suicide; 518 received follow-up care and 340 were referred for symptoms of substance abuse disorder.
- Provided funding to 20 domestic violence/rape crisis agencies to provide crisis intervention, shelter and other services.
- Created the Cardiac Ready Communities designation. Currently five communities have reached this designation and 21 have signed letters of intent.
- NDQuits served 7,000 tobacco users in the last biennium. More than 36 percent were tobacco free seven months after completing the program.

21st Century Workforce

- Placed 42 health professionals in shortage areas through the State Loan Repayment Program.

Smart & Efficient Infrastructure

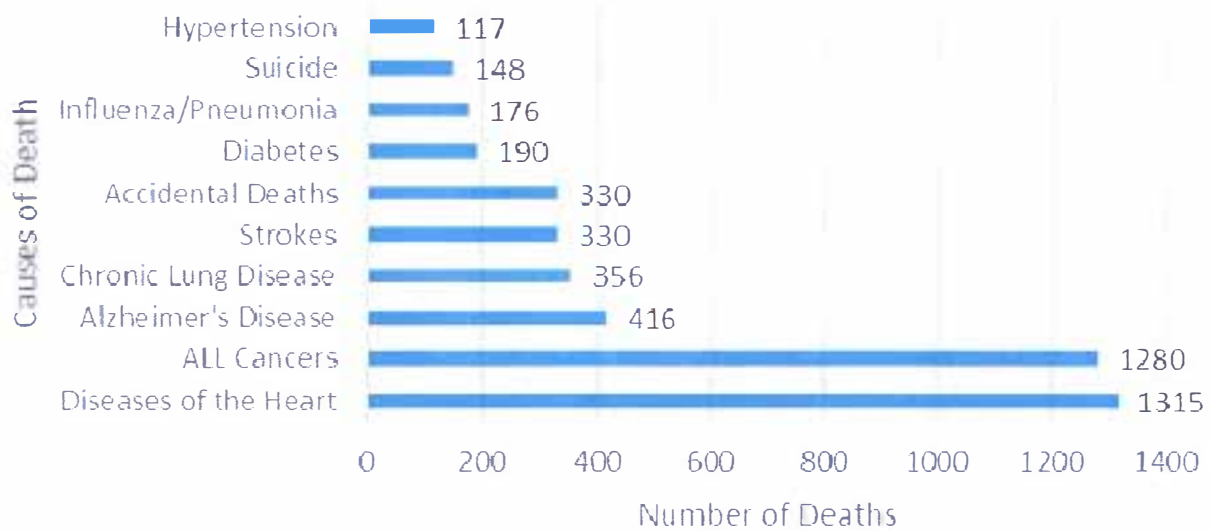
- Included Naloxone administration into the scope of practice for all EMS. Currently 75 percent of ambulance services in ND carry naloxone or have staff trained to use it.
- The Division of Food and Lodging conducted over 6,000 inspections of licensed facilities.

Health Statistics Overview

This past December, North Dakota's 2018 Health Rankings were released by America's Health Rankings. We were thrilled to see North Dakota rose 5 spots from 18 to the number 13 healthiest state in the nation. We were praised for our high immunization rates among adolescents, our clean air and our low levels of low birthweights. While this trend is something to celebrate, we also know we have work to do. As the chart below shows, the five most common causes of death in North Dakota remain heart disease, cancer, Alzheimer's disease, chronic lung disease and stroke.

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. 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.

Top 10 Causes of Death
North Dakota, 2017



Social Determinants of Health

Social Determinants of Health have a major impact on health outcomes – especially for our most vulnerable populations. In fact, the Kaiser Family Foundation noted in research that “based on a meta-analysis of nearly 50 studies, researchers found that social factors, including education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the United States in a year.”

The World Health Organization describes social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources. In

the past year, the Department of Health hired a Health Equity Coordinator to improve efforts departmentwide to bridge the gap for these individuals.



In closing, I'd like to express gratitude to you for your service and thank you in advance for your support as we strive to create a healthier North Dakota that improves our citizens length and quality of life. At this time, I'd like to turn it over to Brenda Weisz our Chief Financial Officer to continue with information about the Governor's Budget Recommendation.

Budget Overview

Good morning Chairman Nelson and members of the committee. I am Brenda Weisz, Chief Financial Officer for the Department of Health. The total budget recommended by the Governor for the Department of Health for the 2019 - 2021 biennium and reflected in House Bill 1004 is \$159,829,866. I have included Attachment A for ease in following my testimony in support of the Governor's recommended budget. I will first address the base budget for 2017 -2019, walk you through the budget changes to arrive at the Governor's Recommendation and close with a final summary.

2017 - 2019 Base Budget

The department pursues its goals and objectives through five departmental sections – Fiscal & Operations, Healthy and Safe Communities, Health Resources, Medical Services, and Emergency Preparedness and Response. Each section is composed of several divisions that house the individual programs that carry out the work within the section.

The base level budget reflected in HB 1004 is the first time the budget for the Department of Health will not contain the Environmental Health Section. During the 2017 Legislative Session, SB 2327 established the Department of Environmental Quality (DEQ). While DEQ will be a separate state agency, the Department of Health will continue to provide shared services comprised of the following: accounting, budgeting, contracting, federal grant review, payroll and human resources / personnel management.

Also reflected in the base budget is the continuation of the Tobacco Prevention and Control Program, with the additional funding included in the budget as passed during the 2017 Legislative Session after the elimination of the state agency - Tobacco Prevention and Control Executive Committee on Tobacco. The program continues to improve and protect the health of North Dakotans by reducing the negative health and economic consequences of the state's number-one cause of preventable disease and death - tobacco use.

The base budget also reflects the new Medical Marijuana Program. To date we have developed administrative rules, registered two manufacturing facilities, awarded four dispensaries in the cities of Bismarck, Fargo, Grand Forks and Williston. Beginning in October, the Department of Health also began to accept applications from qualifying patients and designated caregivers with approximately 150 applications by the beginning of January. We anticipate printing registry identification cards for these individuals by the middle of January and having product available in February. Finally, on Tuesday of this week the Department of Health released draft dispensary application materials for the Devils Lake, Dickinson, Jamestown, and Minot dispensary regions.

2019 – 2021 Budget Changes as Recommended by the Governor

In April 2018, the Governor released budget guidelines requesting the Department of Health to submit a 90 percent general fund budget, a 90 percent special fund budget, and 5 percent reduction in FTE. Below is an overview of the net effect of those reductions along with other changes made to the 2017 – 2019 base budget to arrive at the Governor's recommended budget for the 2019 – 2021 biennium.

FTE – 5 Percent Reduction - General Fund - \$221,000; Special Funds - \$57,000

- Fiscal and Operations – reduces a .50 Account Technician in the Accounting Division as result of streamlining workflow and processes, as well as a 1.0 Office Assistant in the Medical Marijuana Division due to the capabilities of the new Information Management System selected for the program.
- Medical Services – reduces a 1.0 Field Epidemiologist due to streamlining and serving the western portion of North Dakota with one field epidemiologist.
- Health Resources – reduces a 1.0 Administrative Assistant as a result of planned automation to the Nurse Aid Registry and a 1.0 FTE Health Care Surveyor in the Health Facilities Division as we look for efficiencies in the survey process.

- Healthy and Safe Communities:
 - Reduces a 1.0 Administrative Assistant as a result of efficiencies being implemented with the administrative assistant staffing throughout the section. The funding from this position which was 100 percent federal funds is being reinvested in the breast and cervical cancer program.
 - Reduces a .50 Public Health Nurse consultant position in the Health Promotion Division. The funding from this position was 100 percent special funds and was reinvested in the school sealant program.
 - Reduces a .50 Public Health Nurse consultant position in the Injury and Violence Prevention Division. The funding from this position was a combination of general fund and federal funds

and was reinvested as the newly established Health Equity Coordinator.

- Emergency Preparedness and Response - reduces a 1.0 Administrative Assistant in anticipation of efficiencies being proposed within the section.

Other Changes by Section

Fiscal and Operations

- Reduces \$525,000 in general fund for grants to Local Public Health State Aid with the intent to encourage efficiencies among local public health units and coordination of services among regions. With this change, the budget reflects total Local Public Health State Aid of \$4,725,000.
- Increases the fees charged for birth and death certificates and the retaining of those fees in our operating fund to cover the costs of operations for the Vital Records Division. This will result in a decrease of \$1.5 million in the general fund needed for operations, which would be subsequently replaced with \$1.9 million in special funds to self-fund the services provided to North Dakota citizens. This change reflects an increase for both death and birth certificate fees, which have remained unchanged since 1983. Birth certificates will increase from \$7 per birth certificate to \$15 per certificate. Death certificates will increase from \$5 to \$15 for the first copy and \$10 for subsequent copies when requested at the same time. This change in fees will be more consistent with fees charged in the Midwest region. Any collections that exceed the amount appropriated will be transferred to the general fund at the conclusion of each biennium. The Governor's Recommendation also includes technology projects to enhance reporting functionality and training for registrations of state deaths along with reengineering the methods to order birth certificates to improve accessibility by customers. The changes required by North Dakota Century Code to support this action are reflected in Attachment A, Section 7.
- Reduces just over \$740,000 in special funds due to the Medical Marijuana program being appropriated with a continuing appropriation, and therefore, no longer requiring a special fund appropriation. Beginning in the 2019 – 2021 biennium, the Medical Marijuana program

will be supported by registration and application fees. The expected budget for this area for the 2019-21 biennium is \$1.4 million with five staff.

- Reduces \$260,000 in miscellaneous special fund grant sources that have ended or will no longer be pursued.

Medical Services

- Reinstates the Forensic Examiner's Office, including the 3.0 FTE which were initially proposed to be transferred to the UND Pathology Department. During our budget strategy review with the Governor's Office and OMB in May 2018, we did have discussions regarding the UND Pathology Department performing all forensic examinations for ND for the following reasons:
 - UND is better positioned to leverage research grants to assist in the funding for forensic examiner services for the state.
 - UND may be able to initiate a forensic pathology fellowship.
 - UND generally employs 4 forensic pathologists on staff and perform autopsies for 21 eastern ND counties through contract with the Department of Health.
 - UND utilizes an electronic forensic reporting system, while the Department of Health currently utilizes a manual recordkeeping system.
 - While distance/ transportation costs to Grand Forks could be an issue for western counties, the Bismarck facility could be a satellite.

After discussions with UND and OMB, we did not move forward with the proposal since the level of efficiency we had hoped to gain could not be realized at this time.

- Adds funding of \$1,220,000 to the Microbiology Lab to update the HVAC system in the south annex and replace the roof in the north building. Heating and air issues have been constant at the Lab during the current biennium, along with water issues from a leaking roof. These improvements will allow the team at the Lab to focus less on facility management issues (such as addressing alarms and system shutdowns), and direct their full attention to being microbiologists and

managers. These upgrades are funded from the Strategic Investment and Improvements Fund as outlined in Attachment A, Section 2, One-Time Funding and Section 6, Strategic Investment and Improvement Fund.

- Adds funding of \$450,000 to upgrade the Laboratory Information Management System (LIMS). The current system was purchased and placed into production in 2004. The current version will sunset in the fall of 2019 and will no longer be supported by the vendor unless upgraded. The project is funded with \$360,000 from federal grants and \$90,000 from the general fund. An emergency clause has been recommended due to one of the federal grants being available for the upgrade until July 31, 2019 and will no longer be accessible after that time. This amount is reflected in Attachment A, Section 2, as One-Time Funding and the emergency clause is included in Section 8.

Health Resources

- Adds funding for one FTE and corresponding operating costs in the Food & Lodging Division to provide additional supervision, monitoring and oversight in the amount of \$186,000 from the general fund.

Healthy and Safe Communities

- Reduces general fund by \$64,480 for professional services related to the colorectal cancer program due to changes in the program with more efficient screening methods.
- Reduces general fund for grants of \$50,000 for the Domestic Violence Offender treatment program to align with current spending levels and with department priorities.
- Reduces general fund by \$845,000 in the Tobacco Program with a majority of the reduction made in media services. The goal of tobacco cessation will still be met with planned grants and contracts included in the Governor's Recommendation.
- Includes one-time funding of \$354,554 for the continuation of the WIC EBT project. The WIC EBT project started in the current biennium with the goal to convert the distribution of benefits from a paper process to an electronic benefit transfer. The funding for this change is supported by federal funding and is to be completed by October 1, 2020. The

request for additional one-time funding is due to costs for the completion of the project being more than estimated after receiving the bids for the system implementation. This amount is reflected in Attachment A, Section 2, as One-Time Funding.

- Funds tobacco grants for cessation to Local Public Health (LPU) from the Community Health Trust Fund, which are currently funded in the base budget from the Tobacco Prevention Control Trust Fund. The funding for LPH tobacco cessation is being held even at \$6.5 million.
- Shifts funding from the Department of Human Services (DHS) to the Department of Health Tobacco Program to comply with Synar Program enforcement requirements. We are currently completing these requirements for DHS through a contract - \$75,000.
- Transfers the Suicide Prevention Program to DHS along with 1.0 FTE. General fund of \$1.2 million will be included in the Behavioral Health Division of the Governor's recommended budget for DHS. Both agencies are in support of this move. The Centers of Disease Control and Prevention has reported that the suicide rate in North Dakota has increased more than any other state since 1999 at 58 percent. Suicide continues to be the second leading cause of death among individuals ages 10 - 34. Combining resources will allow ND to continue to advance suicide prevention efforts.

Emergency Preparedness and Response

- Reduces general fund by \$75,600 in professional services for stroke and cardiac care training funds since training in this manner is no longer being requested or utilized.
- Reduces general fund by \$125,000 from the Insurance Tax Distribution which supports the Rural EMS Grant Program. This reduction was offset by general fund savings in the stroke mini grant and the community paramedic program that were reinvested in the Rural EMS Grant Program. The reinvestment of funding allows the department to continue to provide funding for Rural EMS grants at the same level as the current biennium which is at \$6,875,000 - \$1,125,000 from the Insurance Tax Distribution Fund and \$5,750,000 from the general fund.
- Adds \$126,000 in general fund to convert and implement a comprehensive emergency medical services (EMS) personnel licensing,

agency licensing and records management system, including a public facing portal for licensure application and training program registration.

Agencywide

- Reflects a net funding switch to increase general fund by \$6,378,195, which is offset by a decrease to authority in special funds to replace the funding from the Tobacco Prevention and Control Trust Fund (TPCTF) that is currently reflected in the base budget. This adjustment was made since sufficient funding did not exist in the TPCTF to continue supporting ongoing expenditures into the 2019 – 2021 biennium.
- Incorporates IT unification by moving salary funding to the operating line and shifting 4.5 FTE to ITD for approximately \$700,000. The goal of this change is to better meet current and future technology and security needs in a unified approach.
- Incorporates the executive compensation package of a 4 percent and a 2 percent salary increase for years one and two, respectively, in addition to covering the increased cost in health insurance and a one percent increase in the state's share toward the retirement contribution - \$2.4 million total funds; \$1.17 general fund; \$1.14 federal funds; \$100,000 special funds.
- Adds funding for Microsoft 365 functionality for all staff - \$125,000.
- Incorporates federal funding of \$325,000 for the Public Health Opioid Crisis Response federal grant. The funding included in the Governor's Recommendation is targeted toward interventions by public safety personnel and others and monitoring and evaluating opioid crisis activity through our Office of the State Epidemiologist.

For your reference, Attachment B identifies the specific reductions submitted to meet the budget guidelines of a 90 percent general fund and a 90 percent special fund budget.

The Governor's Recommendation also includes flexibility in the 2019 - 2021 biennium as included in Attachment A, sections 3 and 4. First, section 3 provides for the ability to accept additional federal or other fund revenue should such funding become available. There are times during the biennium when the total grant amount we have estimated and built in the budget for a specific grant is awarded at an amount different than anticipated. This

flexibility would allow for the Department of Health to immediately accept the funds. This option will become increasingly important with the separation of the Department of Health and the Department of Environmental Quality. When both agencies were combined as one agency, we had a larger base in which to manage federal and other authority. Secondly, section 4 provides for the ability to transfer between line items up to 10 percent of the total appropriation. This flexibility is beneficial when contracting and issuing grant awards. When building the budget, an estimate is used to determine whether the funds will be extended as a purchase of service contract, which is funded in the operating line item, or whether the funds will be extended under a grant award, which is funded in the grants line item. Should circumstances change from the time the budget was built to the time the funds are extended, the inability to move between line items causes inefficiencies. In the past, this flexibility has been extended to other state agencies or areas of government such as the Legislative Assembly, the Judicial Branch, and the Department of Human Services. To date, I do believe the flexibility has been appreciated and used appropriately.

2019 – 2021 Summary of the Governor’s Recommendation

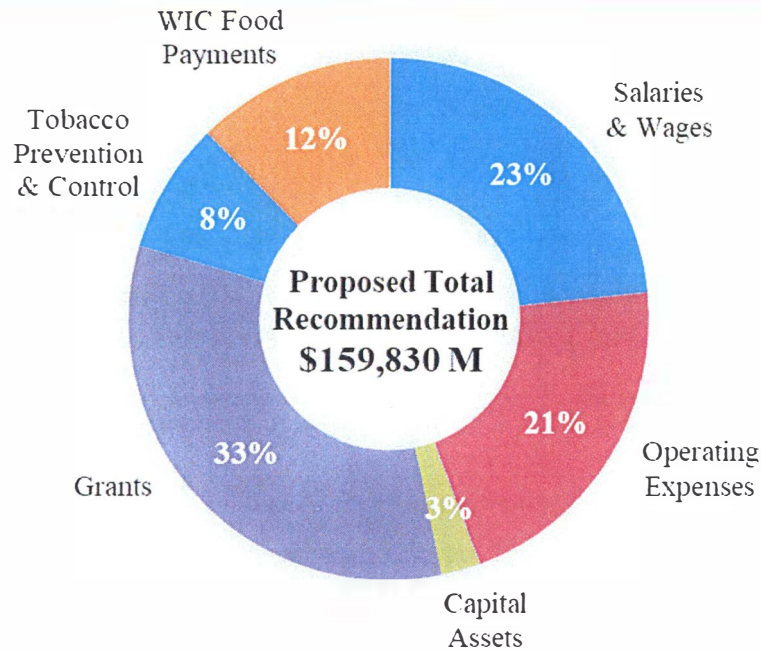
The budget before you for the Department of Health addresses many important community public health needs. It provides much needed medical resources in the form of professional loan repayments, state medical cache and emergency medical services grants. It also provides resources to the local public health units under state aid, tobacco grants, and federal pass through funding, and it allows us to systematically work together to meet our public health goals.

A network of 28 local public health units and many other local entities provide a varying array of public health services with funding provided by the Department of Health. 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 \$75.6 million or 47 percent of our budget are planned to be passed through to the local public health units and other local entities to provide public health services. Approximately \$28.2 million is budgeted to go to local public health units, and

\$15.9 million goes to other local entities. The remaining \$31.5 million goes to state agencies, medical providers, tribal units and various other entities.

Overall the Governor's Recommendation includes a total of \$159,829,866 and is comprised of the following elements.

2019-21 EXECUTIVE RECOMMENDATION BY LINE ITEM



Salaries and Wages

Salaries and wages make up \$37,302,672 or 23 percent of our budget. The increase to the salaries line item is essentially attributed to the executive compensation package.

Operating Expenses

The operating budget recommendation of \$33,493,413 makes up 21 percent of our budget. Operating Expenses has been increased primarily as a result of the additional services and supplies that are proposed based on increased federal awards which will be addressed below.

Capital Assets

Capital assets of \$3,859,813 make up only 3 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, equipment costs in excess of \$5,000, along with the new projects at the Lab previously identified are included here.

Grants

Grants, which are provided to many local entities across the state, are at \$52,482,292 and make up 33 percent of our budget. The majority of grants (78%) are in the Healthy and Safe Communities and Emergency Preparedness and Response Sections. This area has been increased as a result of the funds that will be passed through based on increased federal awards which will be addressed below.

Special Line Items

There are two special line items included in the Governor's Recommendation.

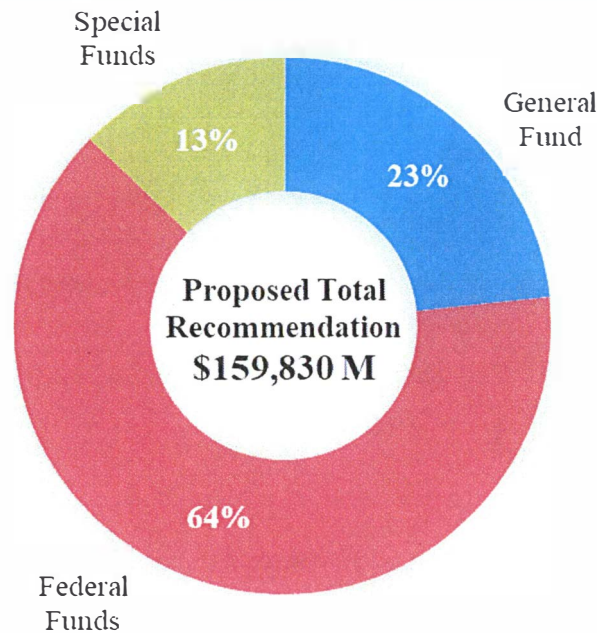
Tobacco Prevention and Control is at \$12,911,676 or 8 percent of our budget. This line item is down slightly in order to meet the goals outlined in the budget guidelines.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up \$19,780,000 or 12 percent of our budget. The Governor's Recommendation is based on current participation rather than enrollment. This decrease from the base budget is rightsizing the budget rather than a decrease in the individuals being served. Administration by the local WIC sites is included in the grants line item and remains unchanged.

In the 2017-19 biennium, the Department had a third special line item, Medical Marijuana. Beginning with the 2019-2021 biennium we are pleased to inform this Committee that we will be able to support the program with the fees collected and eliminated the need for a general fund appropriation in the area.

Finally, the breakdown by funding source of the Governor's Recommendation for the Department of Health is as follows.

2019-21 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE



Federal Funding Changes

As noted in the above chart the Department of Health is funded predominantly with federal funds with 64 percent of the budget supported by the federal government in the form of approximately 90 federal grants. Our budget request includes an increase of just over \$11.4 million in federal funding. The changes and impact are as follows:

- The Healthy and Safe Communities Section has budgeted for over half of the increase which is primarily due to the Centers for Disease Control and Prevention funding (CDC) under new programs that have replaced former federal programs at enhanced levels of funding for Oral Health Outcomes, Diabetes, Hypertension and Stroke Prevention programs, and Physical Activity and Nutrition \$4,560,000. The budget also reflects new funding from the Telehealth for Pediatric Mental Health Care Access Grant \$890,000; and anticipated Health Equity funding \$500,000. We are also expecting to receive increased funding from the CDC for Breast and Cervical Cancer / Comprehensive Cancer of \$598,300 and \$345,000 from National Violent Death Registry System funding.

- The Medical Services Section has included an overall increase in funding from the following areas: Ryan White program for \$2,895,000; the Epidemiology and Lab Capacity grant for \$529,000; and a slight increase in the Immunization grants totaling \$189,000. These increases are offset by the decreases expected in the Occupational Health grant and Ebola funding combined at \$448,000.
- The Emergency Preparedness and Response Section has budgeted for just under a \$500,000 increase in federal funds primarily from the Public Health Emergency Preparedness grant due to additional funds that were awarded recently.
- Finally, \$1.1 million of the increase is attributed to the executive compensation package included in the Governor's Recommendation.

As in the past, the status of our federal funding is often uncertain. With that uncertainty, we prepared our budget by assuming that the remaining federal grant amounts will hold even, other than those noted above. We recognize that as we proceed through the next biennium we will have to adjust our budget, operations and possibly staffing if federal funding changes from the amounts included in our budget request.

Financial Audit Findings

Finally, during our most recently completed financial audit for the period covering July 1, 2015 through June 30, 2017, there were no financial audit findings reflected in the audit report.

Conclusion

Chairman Nelson and members of the Committee, this concludes the North Dakota Department of Health's testimony on House Bill 1004. In the upcoming weeks, we look forward to working with you on the detail of the Governor's recommended appropriation for the Department of Health. I or other members of Department of Health team would be happy to address any questions you may have at this time.

HB 1004
1/10/2019
Attachment A

Sixty-sixth
Legislative Assembly
of North Dakota

**HOUSE BILL NO. 1004
(Governor's Recommendation)**

Introduced by

Appropriations Committee

(At the request of the Governor)

A bill for an act to provide an appropriation for defraying the expenses of the state department of health; to create a special fund; amend and reenact section 23-02.1-29 of the North Dakota Century Code; and provide a transfer.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the state department of health for the purpose of defraying the expenses of the state department of health, for the biennium beginning July 1, 2019, and ending June 30, 2021, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	\$36,371,434	\$931,238	\$37,302,672
Operating expenses	27,714,187	5,779,226	33,493,413
Capital assets	2,188,491	1,671,322	3,859,813
Grants	46,441,941	6,040,351	52,482,292
Tobacco prevention	13,646,704	(735,028)	12,911,676
WIC food payments	20,200,000	(420,000)	19,780,000
Medical Marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$11,801,405	\$159,829,866
Less estimated income	<u>115,278,152</u>	<u>7,356,672</u>	<u>122,634,824</u>
Total general fund	\$32,750,309	\$4,444,733	\$37,195,042
Full-time equivalent positions	211.50	(12.00)	199.50

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-fifth legislative assembly for the 2017-19 biennium and 2019-21 one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
WIC system upgrade	\$1,739,220	\$354,554
Medical marijuana	95,066	
Microbiology lab capital projects		\$1,220,000
Microbiology lab IT upgrade		<u>\$450,000</u>
Total all funds	\$1,834,286	\$2,024,554
Less estimated income	<u>1,834,286</u>	<u>1,934,554</u>
Total general fund	\$0	\$90,000

The 2019-21 one-time funding amounts are not a part of the entity's base budget for the 2021-23 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 3. APPROPRIATION - In addition to the amounts appropriated to the state department of health in section 1 of this Act, there is appropriated any additional income from federal or other funds which may become available to the agency for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 4. FUNDING TRANSFERS – EXCEPTION – AUTHORIZATION. Notwithstanding section 54-16-04, the agency may transfer between line items within section 1 of this Act up to ten percent of the total appropriation contained in section 1 during the biennium beginning July 1, 2019, and ending June 30, 2021. The agency shall notify the office of management and budget and the legislative council of any transfer made pursuant to this section.

SECTION 5. INSURANCE TAX DISTRIBUTION FUND. The estimated income line item included in section 1 of this Act includes \$1,125,000, or so much of the sum as may be necessary, to be made available to the state department of health from the insurance tax distribution fund for rural emergency medical services grants, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 6. STRATEGIC INVESTMENT AND IMPROVEMENT FUND. The estimated income line item included in section 1 of this Act includes \$1,220,000 or so much of the sum as may be necessary, to be made available to the state department of health from the strategic investment and improvement fund for microbiology lab capital improvements, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 7. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall prescribe the fees, if any, not to exceed ~~five~~ fifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, ~~legitimation,~~ or determination of paternity.
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - g. ~~A noncertified informational copy of a death or marriage record.~~
The fee for each additional copy of the same document, a death or fetal death record, requested at the same time, may not exceed two ten dollars.
2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the ~~general fund of this state~~ the operating fund of the department of health, according to procedures established by the state treasurer.
3. The state department of health shall ~~charge a fee quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, in addition to those fees authorized by subsection 1, in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.~~
4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the close of each biennium.

SECTION 8 EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 from other funds, for the microbiology lab technology update appropriated in section 1 of this Act is declared to be an emergency measure.

House Bill 1004
House Appropriations Committee – Human Resources Division
Thursday, January 10, 2019
North Dakota Department of Health

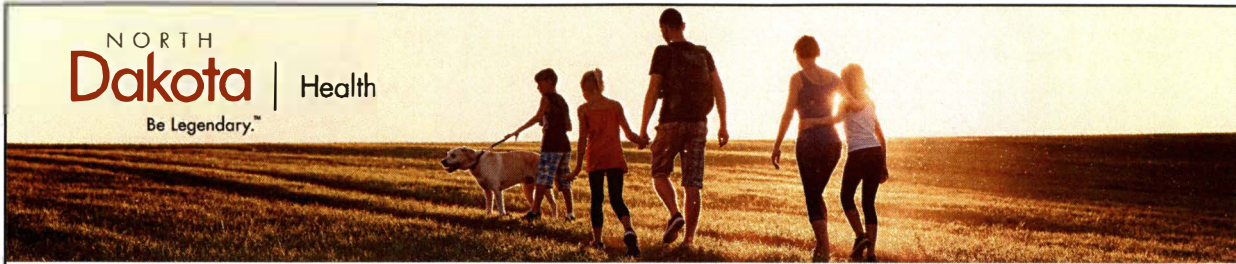
HB 1004
1/10/2019
Attachment A

General Fund Only	Reduction
<i>Fiscal & Operations</i>	
Reduction of .50 FTE in Accounting Division	(24,617)
Reduction in State Aid to LPHU	(525,000)
Fund operations of Vital Records with collections	(1,542,106)
Total	(2,091,723)
<i>Medical Services</i>	
UND to perform forensic examinations for all ND including 3 FTE	(1,861,602)
Reduction of 1 FTE Field Epidemiologist	(37,294)
Total	(1,898,896)
<i>Health Resources</i>	
Reduction of 2 FTE	(104,486)
<i>Healthy & Safe Communities</i>	
Reduction of Domestic Violence Offender Treatment	(50,000)
Reduction in Cancer Programs	(64,480)
Reduction in Tobacco Programs	(706,280)
Total	(820,760)
<i>Emergency Preparedness and Response</i>	
Reduction of 1 FTE	(54,191)
Reduction in Stroke Programs	(75,642)
Total	(129,833)
Overall reduction to meet 90%	(5,045,698)
Required reduction	4,627,475
Amount reinvested	(418,223)
Student Loan Repayment Program	270,000
Rural Emergency Medical Systems (EMS) grants	125,000
Microbiology Lab shortfall	23,233
Total	418,233

Special Fund Only	Reduction
<i>Fiscal & Operations</i>	
Medical Marijuana including 1 FTE	(742,434)
Indirect grants offset by new revenue	(152,534)
Foundation / other grants	(108,797)
Total	(1,003,765)
<i>Health Resources</i>	
Reduction of 2 FTE	(57,081)
Travel reduction	(8,574)
Total	(65,655)
<i>Emergency Preparedness and Response</i>	
Insurance Tax Distribution Fund (Rural EMS Grants)	(125,000)
Overall reduction to meet 90%	(1,194,420)
Required reduction	1,186,956
Amount reinvested	(7,464)

22

Attachment B



Improving the length and quality of
life for all North Dakotans



5 STRATEGIC INITIATIVES



Reinventing Government Behavioral Health & Addiction Tribal Engagement Transforming Education Main Street Initiative

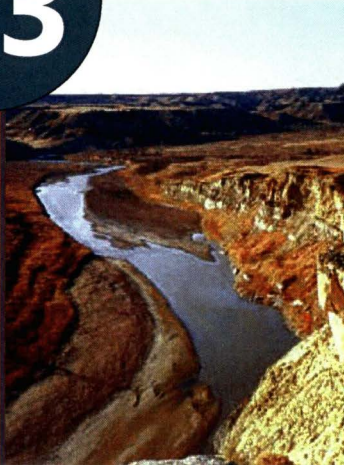

← CORE AGENCY MISSIONS →

North Dakota Ranks

#13

Strengths

- ✓ High immunization coverage among adolescents
- ✓ Low level of low birthweights
- ✓ Low air pollution
- ✓ Low violent crime
- ✓ High HPV immunization



2018 America's Health Rankings

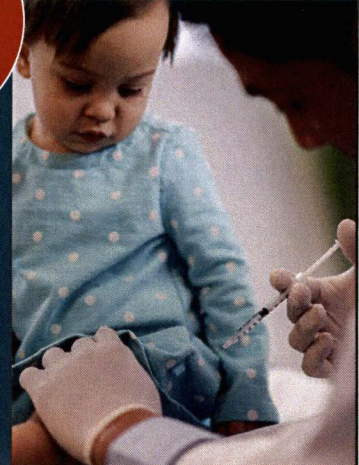
americashealthrankings.org

North Dakota Ranks

#13

Weaknesses

- ✓ High levels of binge drinking
- ✓ High levels of obesity
- ✓ High occupational fatality rate
- ✓ Low immunization rates among children 19-35 months

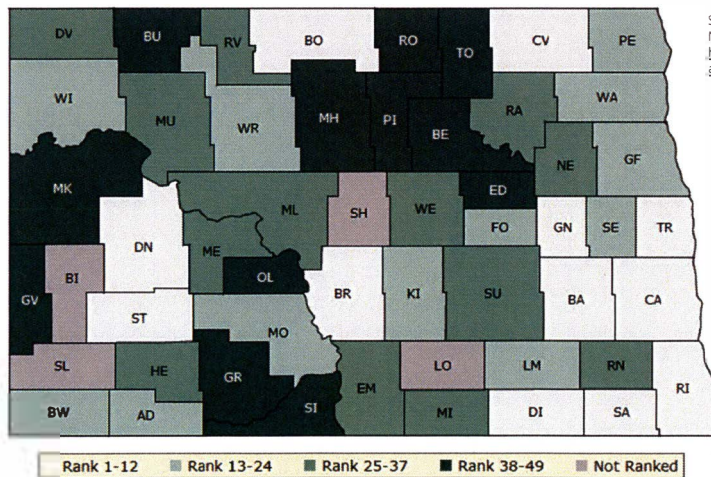


2018 America's Health Rankings

americashealthrankings.org

ND HEALTH OUTCOMES BY COUNTY

Life expectancy and quality of life could vary substantially based on your zip code





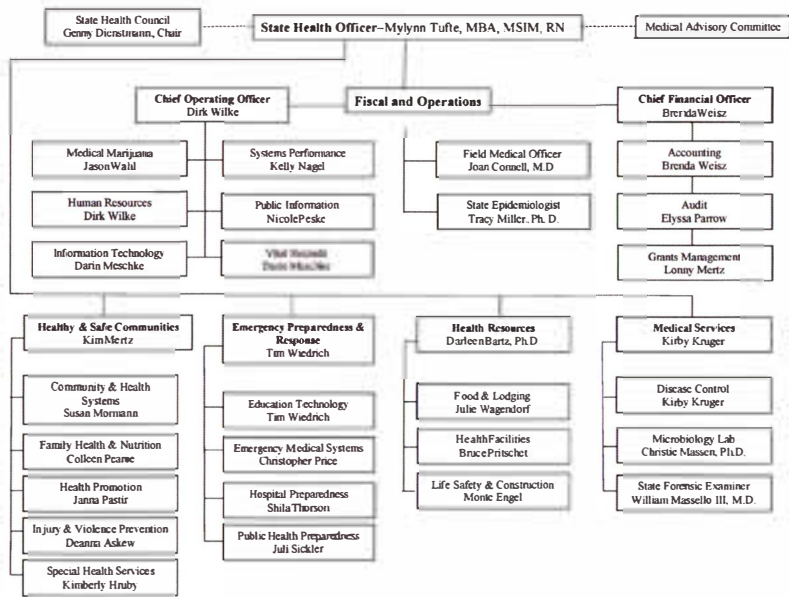
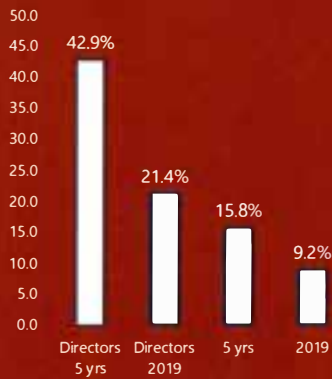
WHO WE ARE

NORTH
Dakota

Be Legendary.™

STRUCTURED FOR SUCCESS

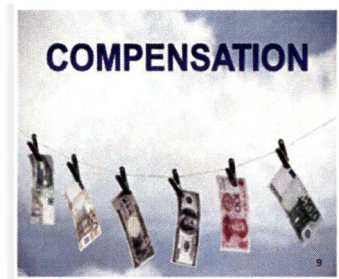
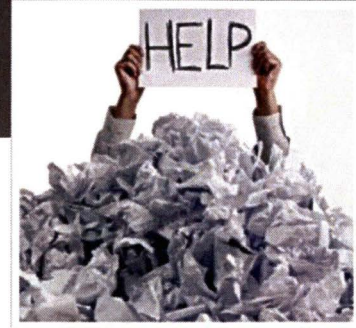
RETIREMENT ELIGIBLE



TEAM COMMENTS

Most Frequently Mentioned:

- Compensation
- Workload
- Career Advancement



5 CULTURAL ASPIRATIONS



Citizen
Focused



Growth
Mindset



Leadership
Everywhere



Work
As One



Make A
Difference



Empower People | Improve Lives | Inspire Success



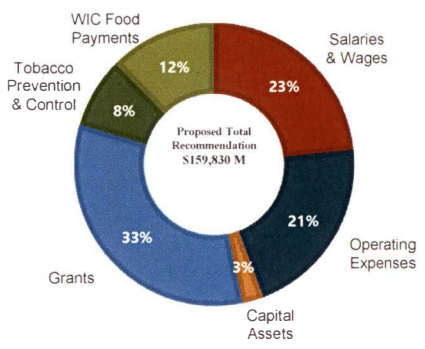
NDDOH BUDGET SUMMARY 2019-2021 EXECUTIVE RECOMMENDATION

Description	2017-19	2017-19	2019-21	2019-21	2019-21	% Change From
	Biennium Appropriation	Budget Changes	Budget Request	Executive Budget Changes	Executive Budget	2017 - 19 to 2019 -2021
Salaries and Wages	36,371,434	(2,744,423)	33,627,011	3,675,661	37,302,672	2.6%
Operating Expenses	27,714,187	3,358,647	31,072,834	2,420,579	33,493,413	20.9%
Capital Assets	2,188,491	1,322	2,189,813	1,670,000	3,859,813	76.4%
Grants	46,441,941	7,052,061	53,494,002	(1,011,710)	52,482,292	13.0%
Tobacco Prevention & Control	13,646,704	(880,321)	12,766,383	145,293	12,911,676	(5.4%)
WIC Food Payments	20,200,000	(420,000)	19,780,000	0	19,780,000	(2.1%)
Medical Marijuana	1,465,704	(1,465,704)	0	0	0	n/a
Total By Line Item	148,028,461	4,901,582	152,930,043	6,899,823	159,829,866	8.0%
General Fund	32,750,309	8,648,811	41,399,120	(4,204,078)	37,195,042	13.6%
Federal Funds	90,742,098	10,107,106	100,849,204	1,339,844	102,189,048	12.6%
Special Funds	24,536,054	(13,854,335)	10,681,719	9,764,057	20,445,776	(16.7%)
Total By Fund	148,028,461	4,901,582	152,930,043	6,899,823	159,829,866	8.0%
FTEs	211.50	(10.50)	201.00	(1.50)	199.50	(5.7%)

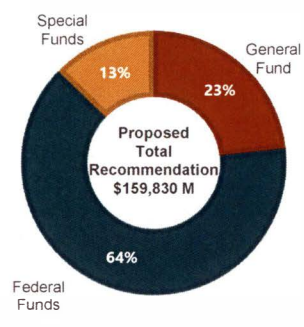
Note: Medical Marijuana is funded by a continuing appropriation and the program will be fully supported with fees in the 2019-2021 biennium.

2019 – 2021 EXECUTIVE RECOMMENDATION

2019-21 EXECUTIVE RECOMMENDATION BY LINE ITEM



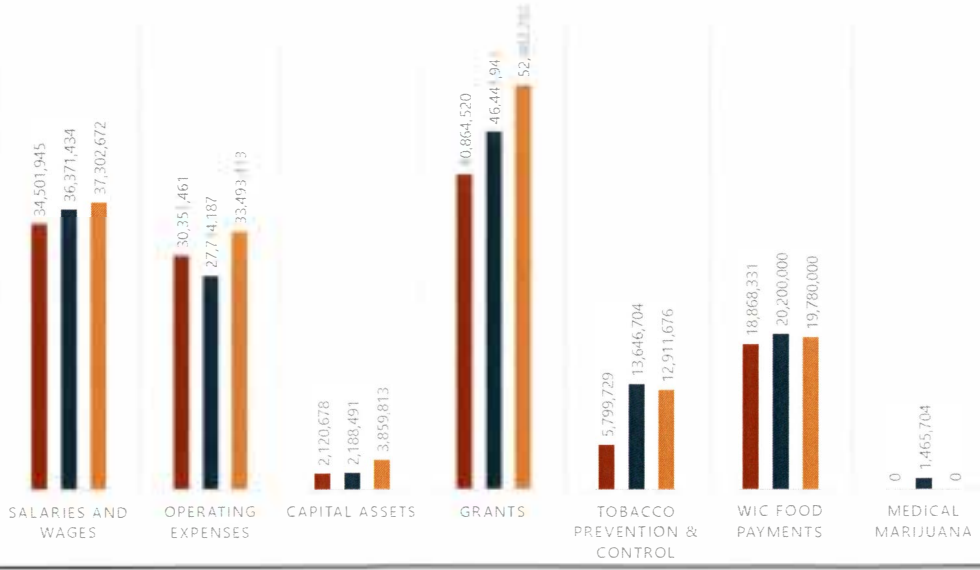
2019-21 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE



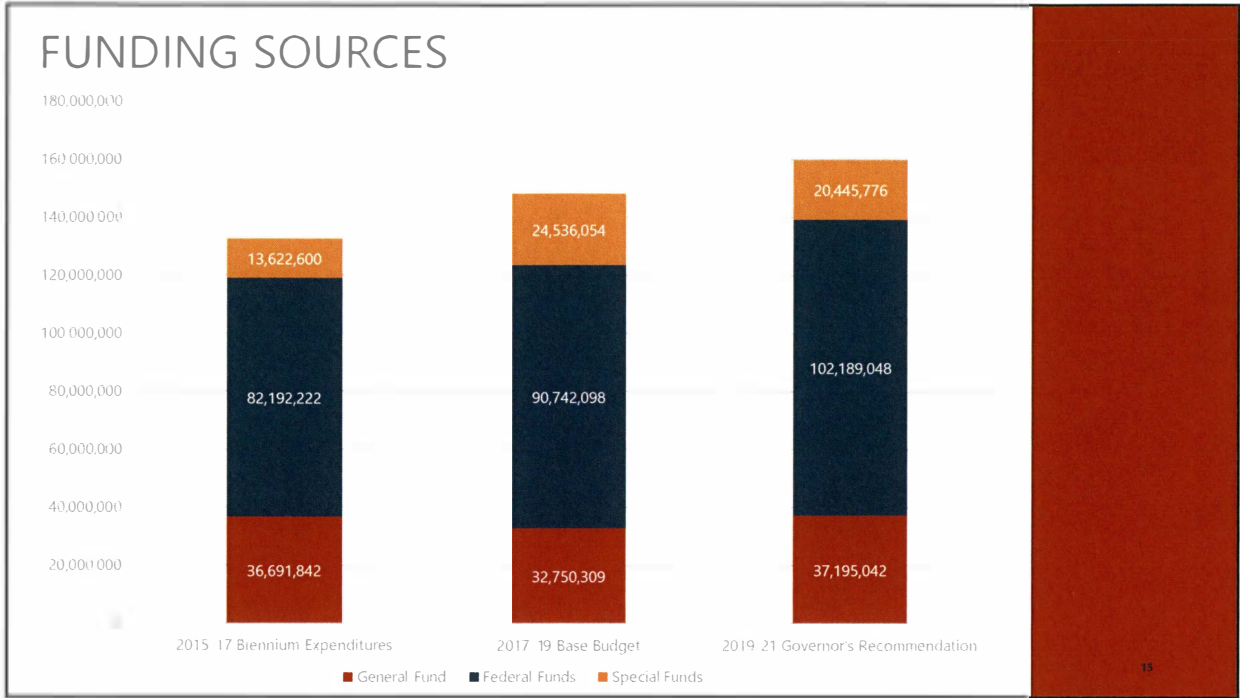
13

EXPENDITURE & APPROPRIATION SUMMARY

■ 2015-17 Biennium Expenditures ■ 2017-19 Base Budget ■ 2019-21 Governor's Recommendation



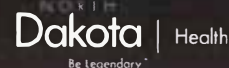
*Not Including DEQ



FISCAL & OPERATIONS SECTION

NORTH
Dakota
Be Legendary.™

Fiscal & Operations Section



Accounting



- Accounts Payable
- Budgeting
- Grants Management
- Contracts
- Auditing

Human Resources



- Recruitment
- Workforce Development
- Classification
- Salary & Benefit Administration
- Worksite Wellness
- HIPAA

Public Information



- Public & Internal Communications
- Social Media
- Branding
- Media Relations
- Open Record Requests

17

Fiscal & Operations Section



State Epidemiologist



- Provides Data Analysis to Support All Programs & Divisions
- Ensures Data Validity
- Improves Data

Systems Performance



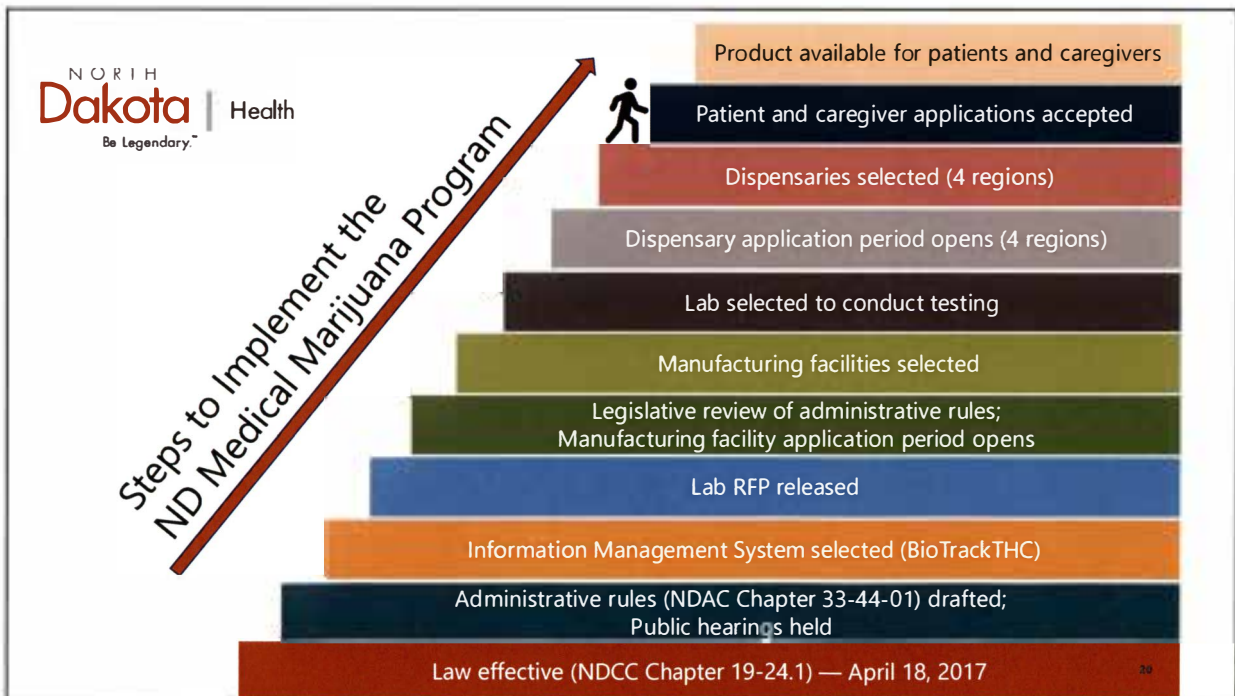
- Builds Capacity
- Improves Performance
- Liaison to Local Public Health Units
- Manages Department Accreditation
- Executes Load Repayment Program

Vital Records



- Provides Registration and Certification of Vital Events (Births, Deaths, Fetal Deaths, Marriages & Divorces)
- Provides Statistical Information

18



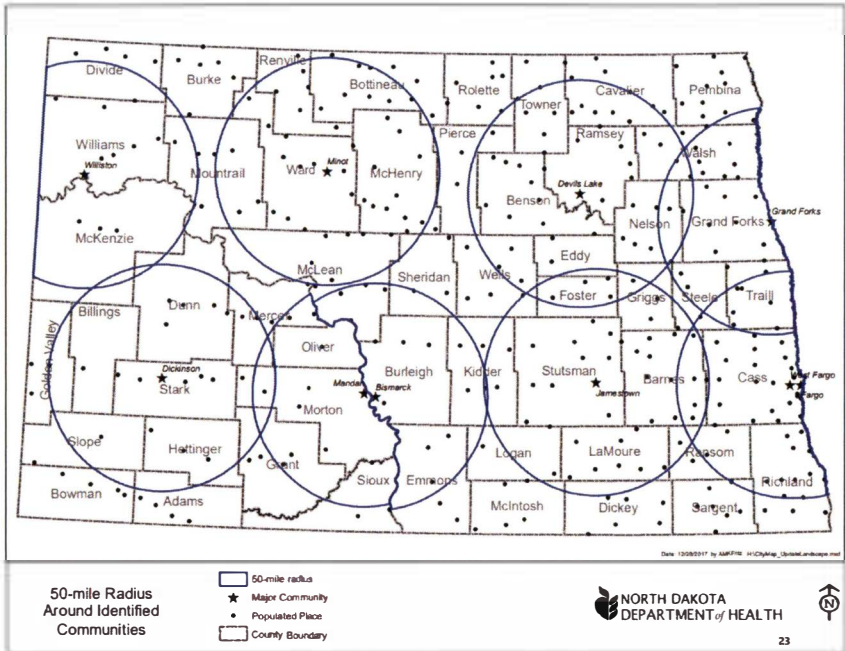
MEDICAL MARIJUANA ONLINE PORTAL

The screenshot shows the ND Medical Marijuana Registration Portal. On the left is a navigation menu with categories: Program Information (Common Definitions and FAQs, Presentations and Annual Reports, New Status Updates and Press Releases, State Laws, Administrative Rules and Attorney General's Opinion, User Guide and Forms), Dispensary Application Materials (Federal Updates), General Information (Contact Us, Security Policy, Disclaimer), and a FEEDBACK section. The main content area is titled "ND Medical Marijuana Registration Portal" and features four image-based buttons: "Patients (19 years and older)", "Minor Patients (Under 19 years old)", "Designated Caregivers", and "Health Care Providers". A central green button reads "Sign In or Create an Account". Below this is a note: "A list of qualifying debilitating medical conditions can be found here." On the right is an "Archive Folder" with a "Press Releases" link and a "Subscribe / Unsubscribe to Updates" button. A "Program Implementation Snapshot" section follows, containing text about the Department of Health's role in establishing the program and the current application period for dispensary regions in Devils Lake, Dickinson, Jamestown, and Minot. A "21" page number is visible in the bottom right corner.

The image shows a "North Dakota Medical Marijuana Patient Card". The top half is labeled "Front Side" and includes a patient photo, the text "NORTH DAKOTA MEDICAL MARIJUANA", and patient details: "PATIENT NAME: Sample", "DATE OF ISSUE: printed", "DATE OF EXPIRATION: 10-17-2018", "ID NUMBER: 8R87UBP5T5", and "DRIED LEAVES AND FLOWER: NO". It also features the North Dakota Department of Health logo and a large "SAMPLE" watermark. The bottom half is labeled "Back Side" and contains the text "NORTH DAKOTA MEDICAL MARIJUANA PATIENT", contact information for the Division of Medical Marijuana, a warning against counterfeiting, a barcode, and the ID number "8 R 8 7 U B P 5 T 5".

PATIENT CARD

DISPENSARY REGIONS



HEALTHY & SAFE
COMMUNITIES SECTION

NORTH
Dakota
Be Legendary.™



MCH Maternal & Child Health
Making Change Happen!
Maternal and Child Health (MCH)

EQUALITY EQUITY
Health Equity


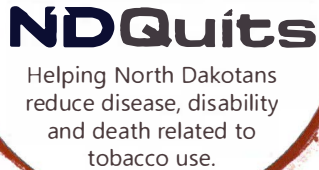

Children's Mental Health Matters!
Pediatric Mental Health Care Access

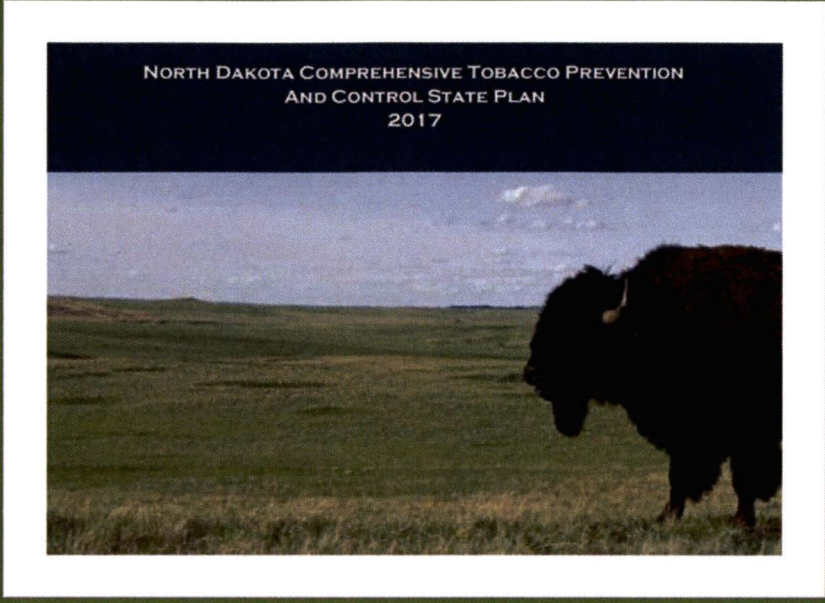
Title V / Health Equity

25

COMMUNITY & HEALTH SYSTEMS

- Colorectal Cancer Screening
- Comprehensive Cancer Control
- *Women's Way*
- Tobacco Prevention & Control





TOBACCO
PREVENTION
& CONTROL
STATE PLAN

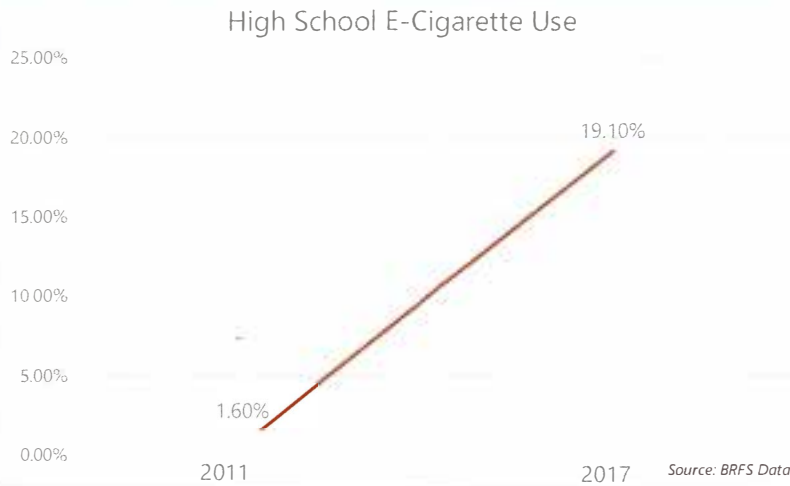
[State Plan Link](#)

BABY & ME – Tobacco Free Program

- Average birthweight for babies born to BMTF participants was 8 ounces heavier than other pregnant smokers.
- Lowered pregnancy smoking rate from 18.3 in 2008 to 11.5 in 2017



YOUTH USE OF ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

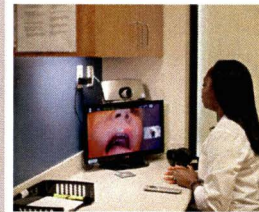


- Electronic Nicotine Delivery Systems include e-cigarettes, vaping, JUUL, etc.
- FDA has declared youth use "an epidemic"
- NDDoH increased community and school education efforts

29

FAMILY HEALTH & NUTRITION

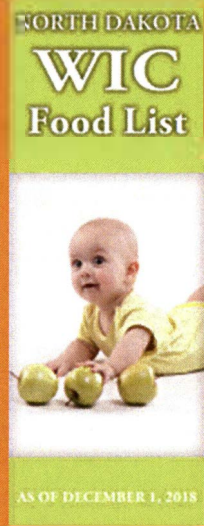
- Breastfeeding
- Child & Adolescent Obesity Prevention
- Reproductive Health/Family Planning
- School Health/School Nursing
- WIC (Women's, Infants and Children)



WOMEN, INFANTS & CHILDREN (WIC)

For pregnant, breastfeeding and postpartum women, infants, and children 1-5 years old who are low-income and are at nutritional risk.

WIC offers nutrition and breastfeeding education and support; makes referrals to community and health-care organizations and provides healthy foods.



In 2017, North Dakota WIC served 6,454 infants, which represents about 57% of all North Dakota live births. In this same year, about 72% of WIC infants were breastfed.

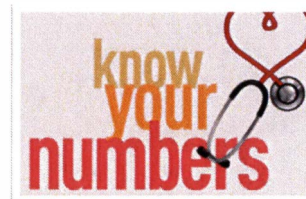
31

HEALTH PROMOTION



■ Diabetes Prevention & Control

- ✓ Diabetes is the seventh leading cause of death in North Dakota.



■ Heart Disease & Stroke Prevention

- ✓ Diseases of the heart are the number one cause of death in North Dakota. In 2017, 1,315 people died due to these conditions

32

WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?

- HEART DISEASE
- MOUTH CANCER
- DIABETES
- GUM DISEASE
- TOOTH LOSS
- BAD BREATH
- DENTAL DECAY
- LUNG CONDITIONS
- STROKES

ORAL HEALTH

NEW
Initiatives

- Hygienist at UND Family Medicine
- Comprehensive Case Management
- Community Clinical Coordinator: bi-directional referrals processes

33

INJURY & VIOLENCE PREVENTION

- Child Passenger Safety
- Domestic Violence/ Rape Crisis
- Infant & Child Death Services
- Injury Prevention
- Suicide Prevention

KEEPING NORTH DAKOTA KIDS SAFE IN VEHICLES

For car seats to be effective during a crash, they need to be used correctly.

Car seat misuse 73%

Tip: Read your car seat instructions!

Most misuse errors are due to car seat installation.

58% were not installed correctly

36% did not use the tether

The second highest misuse with car seats relates to securing the child in the harness.

53% of harnesses are misused

Most misuse found:

- Harness loose 35%
- Wrong slots 22%

Tip: The harness should be snug on the child with no slack, and you should not be able to pinch excess webbing.

Car seats reduce the risk of fatal injury by:

- 71%** for infants
- 54%** for toddlers

Need help with your car seat? Talk to a Certified Technician in your community

For a technician near you, go to IHSA.gov or call the North Dakota Department of Health at 800.472.2285, press 1

For information about car seat checkups in North Dakota, visit: <http://www.ndhealth.gov/injury/prevention/childpassenger/>

*Key Findings from 2017 North Dakota Car Seat Checkups

NORTH DAKOTA DEPARTMENT OF HEALTH VISION ZERO

34

SPECIAL HEALTH SERVICES

- Coordinated Services
- Financial Coverage
- Newborn Screening & Follow-up
- Children with Special Health Care Needs System Enhancement



Special Health Services

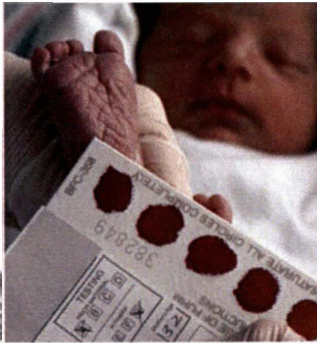
2018

Multidisciplinary Clinic Directory



NEWBORN SCREENING

Bloodspot



Critical Congenital Heart Disease (CCHD)



Hearing



EMERGENCY PREPAREDNESS &
RESPONSE SECTION

NORTH
Dakota
Be Legendary.™

Emergency Preparedness & Response Section

EMS



- Licenses Ambulance Services
- Trains EMS Personnel

Hospital Preparedness



- Coordinates & Supports Emergency Preparedness Activities Across the Health Care Continuum

Public Health Preparedness



- Provides Assistance in Large Scale Emergencies
- Manages the Local Medical Cache

Education Technology



- Provides Video Conferencing, Web Casting & Audio/Video Production Services

39



RURAL EMERGENCY MEDICAL SERVICES ASSISTANCE (REMSA)

- Committee of the Emergency Medical Service Advisory Council (EMSAC)
- Participants include members of EMSAC and NDEMSA, interested stakeholders and legislators representing rural areas
- Tasked with recommending a formula to distribute rural EMS assistance grant funding

40



HEALTH RESOURCES SECTION



Health Resources Section



Food & Lodging



- Licenses & Inspects
- Provides Education
- Reviews Plans for new establishments
- Investigates Foodborne Illnesses

Health Facilities



- Surveys Inpatient & Outpatient Health Care Centers
- Maintains the Nurse Aide Registry
- Provides State & Federal Licensures

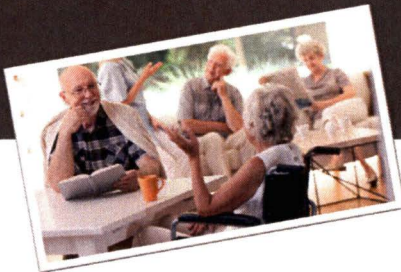
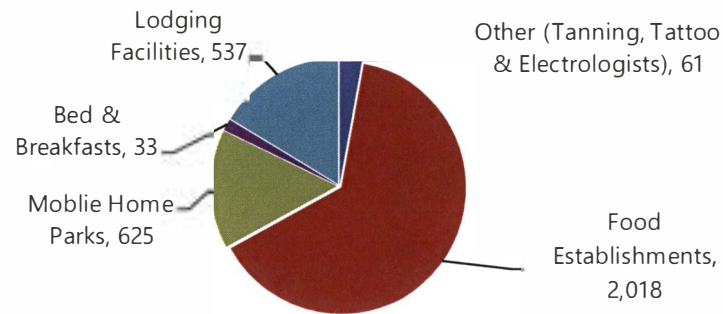
Life Safety & Construction



- Conducts Life Safety Code Inspections
- Reviews Plans & Inspects Construction for Licensed Health Care Facilities

FOOD & LODGING DIVISION

Establishments Licensed by the Division of Food & Lodging



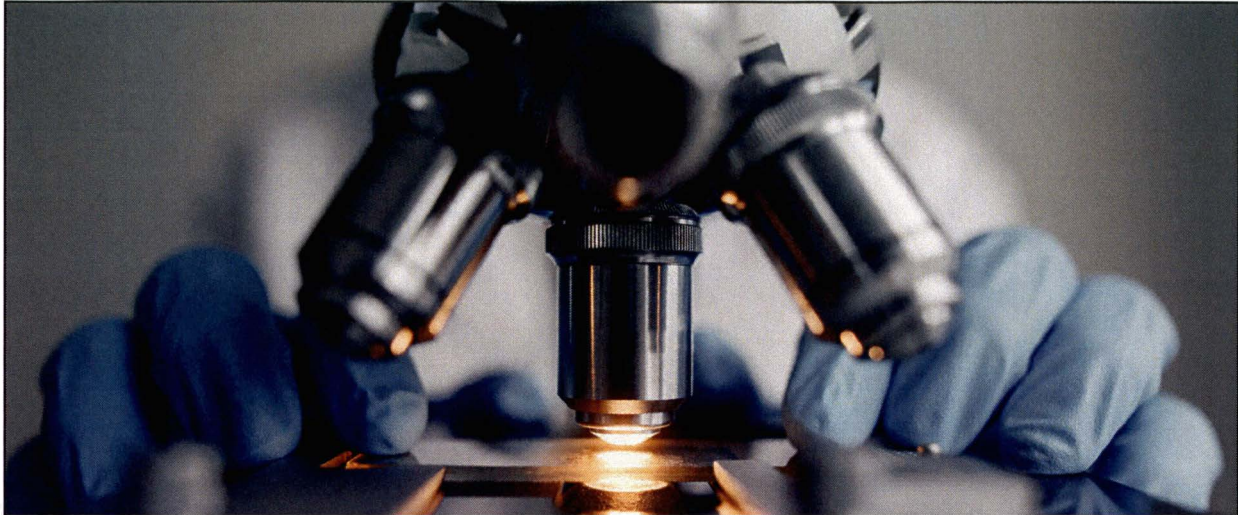
HEALTH FACILITIES DIVISION

State Licensure

- General acute, primary care, and specialized hospitals – 52
- Nursing facilities – 80
- Home Health Agencies – 21
- Hospice Programs – 13
- Basic Care Facilities – 63
- State Nurse Aide Registry

Federal Certification

- Skilled/Nursing Facilities – 80
- Hospitals – 51
- ICF/IID – 73
- Home Health Agencies – 18
- Hospice Programs – 13
- Rural Health Clinics – 51
- Clinical Laboratories – 697
- Ambulatory Surgical Centers – 12
- End State Renal Dialysis Units – 16
- PRTFs – 6
- Certified Nurse Aide Registry



MEDICAL SERVICES SECTION



Medical Services Section



Disease Control



- Monitors & Investigates Diseases
- Educates the Public

Microbiology Lab

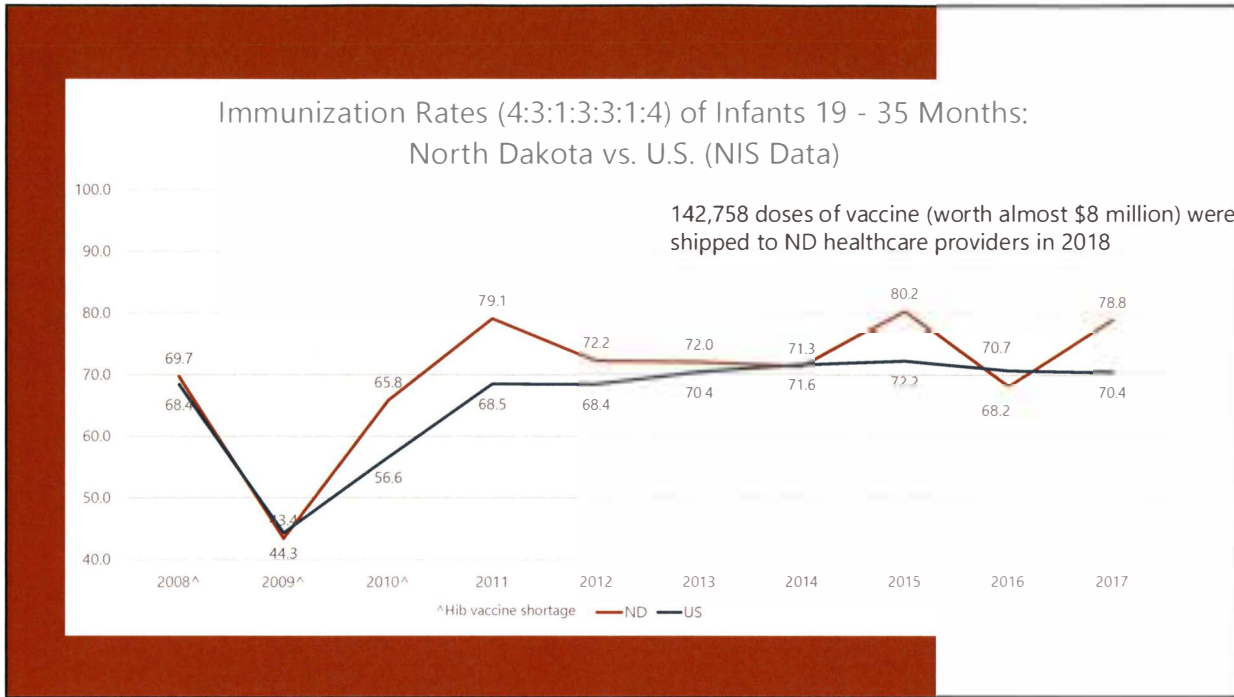


- Conducts Disease Testing
- Provides Support for Disease Prevention & Control Activities

State Forensic Examiner

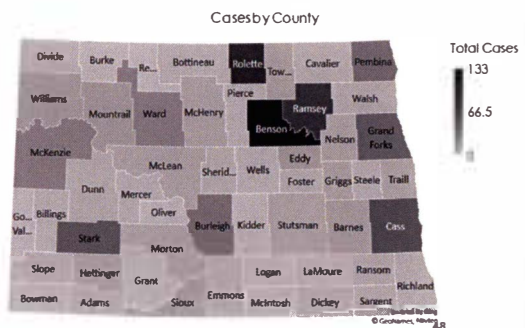
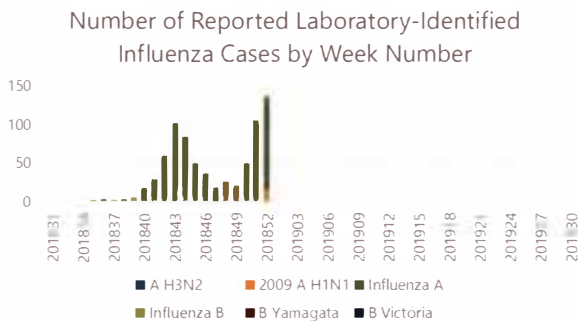


- Investigates Death
- Provides Consultation



2018-2019 INFLUENZA SURVEILLANCE

Week Ending 12/29/2018	This season (2018-19)	Last season (2017-18)
Cases reported for the week	136	404
Cumulative cases for season	750	1477
Activity level	Regional	Widespread





THANK YOU

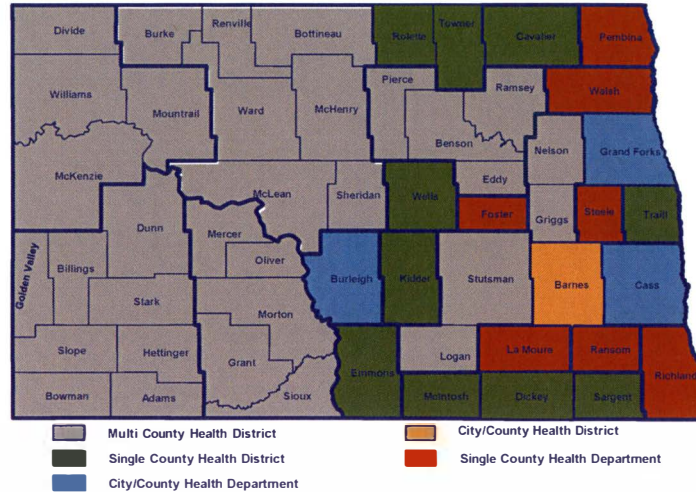
Improving the length and quality of life for all North Dakotans



APPENDIX

NORTH
Dakota
Be Legendary.™

LOCAL PUBLIC HEALTH UNITS



51

MEDICAL MARIJUANA MEDICAL CONDITIONS

Debilitating Medical Condition

In my professional opinion the patient is likely to receive a therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate one or more of the following debilitating medical conditions (check all that apply)

- Cancer
- Positive status for Human Immunodeficiency Virus
- Acquired Immune Deficiency Syndrome
- Decompensated Cirrhosis caused by Hepatitis C
- Amyotrophic Lateral Sclerosis
- Post-traumatic Stress Disorder
- Agitation of Alzheimer's Disease or related Dementia
- Crohn's disease
- Fibromyalgia
- Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Glaucoma
- Epilepsy
- A Terminal Illness
- Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following
 - Cachexia or Wasting Syndrome
 - Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
 - Intractable Nausea
 - Spasms
 - Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis

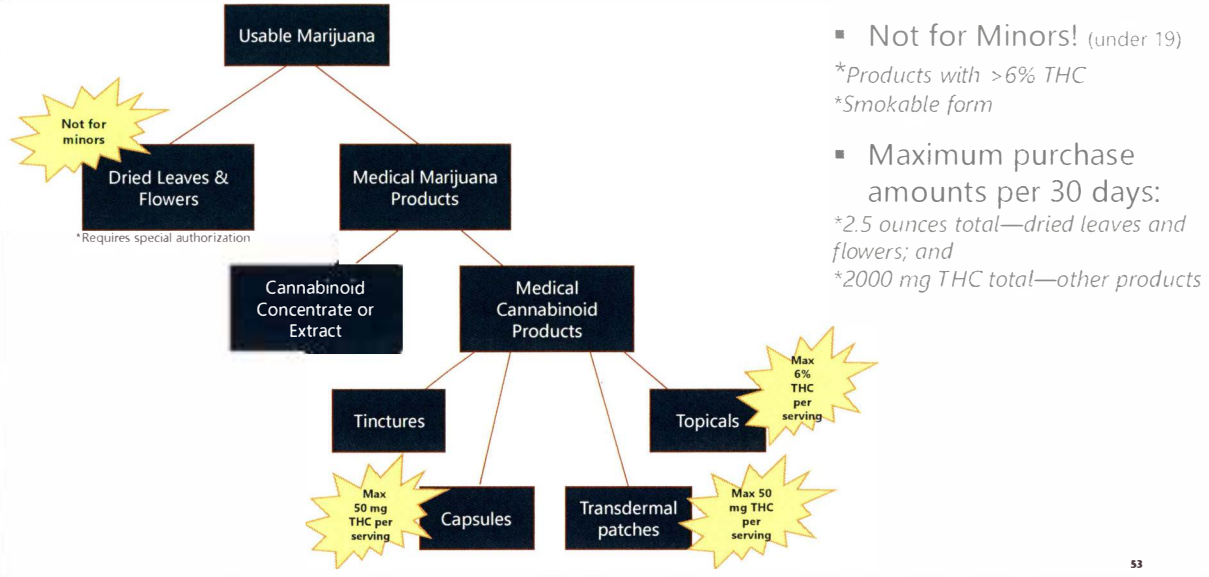
How long do you anticipate the patient would benefit from the medical use of marijuana?

- One year or longer
- Less than one year
- If less than one year, specify the date

MM-DD-YYYY
 52

HB 1004
1/10/2019
Attachment B

TYPES OF USABLE MARIJUANA



53

EMERGENCY MEDICAL SYSTEMS



Service Licenses

- 105 Quick Response Units
- 122 Ground Ambulance Services
- 6 Air Ambulance Services

Provider Licenses

- 2,449 Emergency Medical Responders
- 2,168 Emergency Medical Technicians
- 97 Advanced Emergency Medical Technicians
- 659 Paramedics
- 262 Nurses

Facility Designations

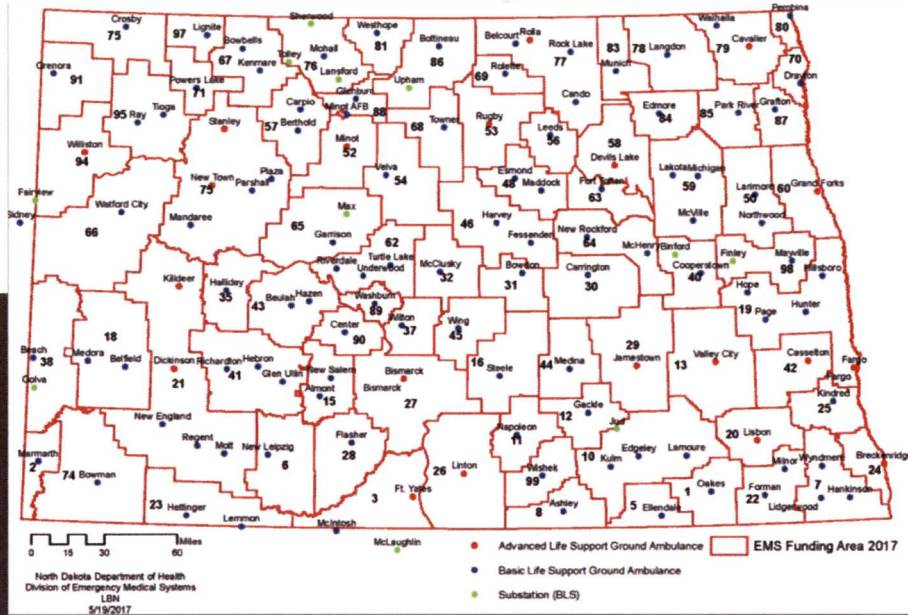
- 43 Trauma Centers
- 36 Stroke Centers

54

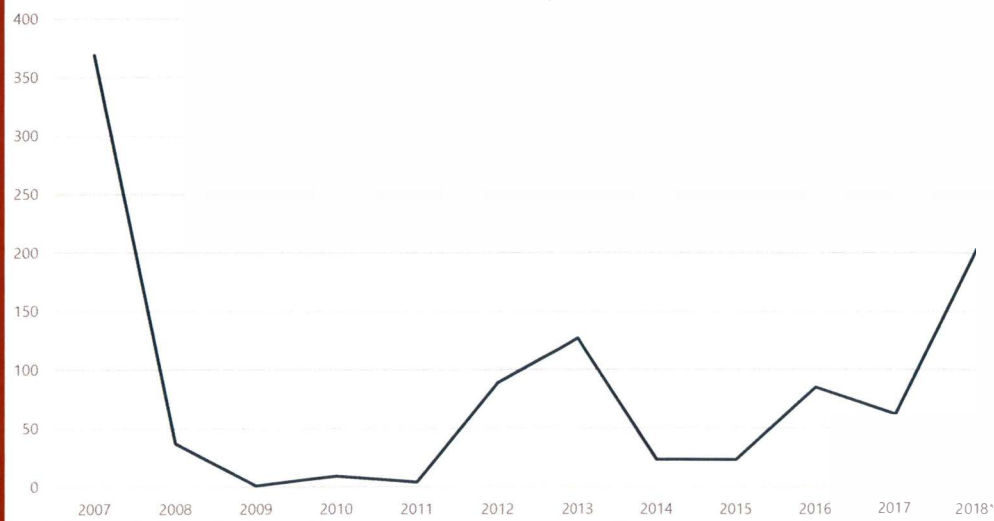
EMERGENCY MEDICAL SYSTEMS FUNDING AREAS

- 97 Ambulance Services in 80 Funding Areas received Rural EMS Assistance grants this year totaling \$3,266,660
- \$470,000 in EMS Training Grants will be awarded this year

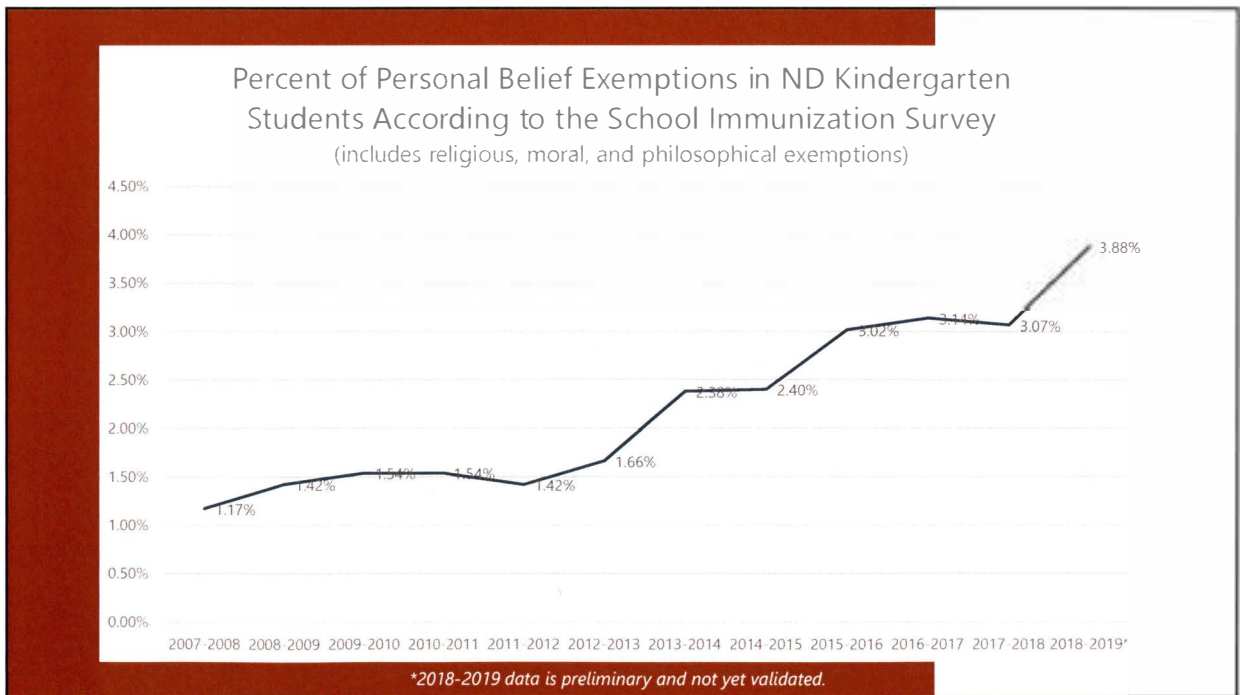
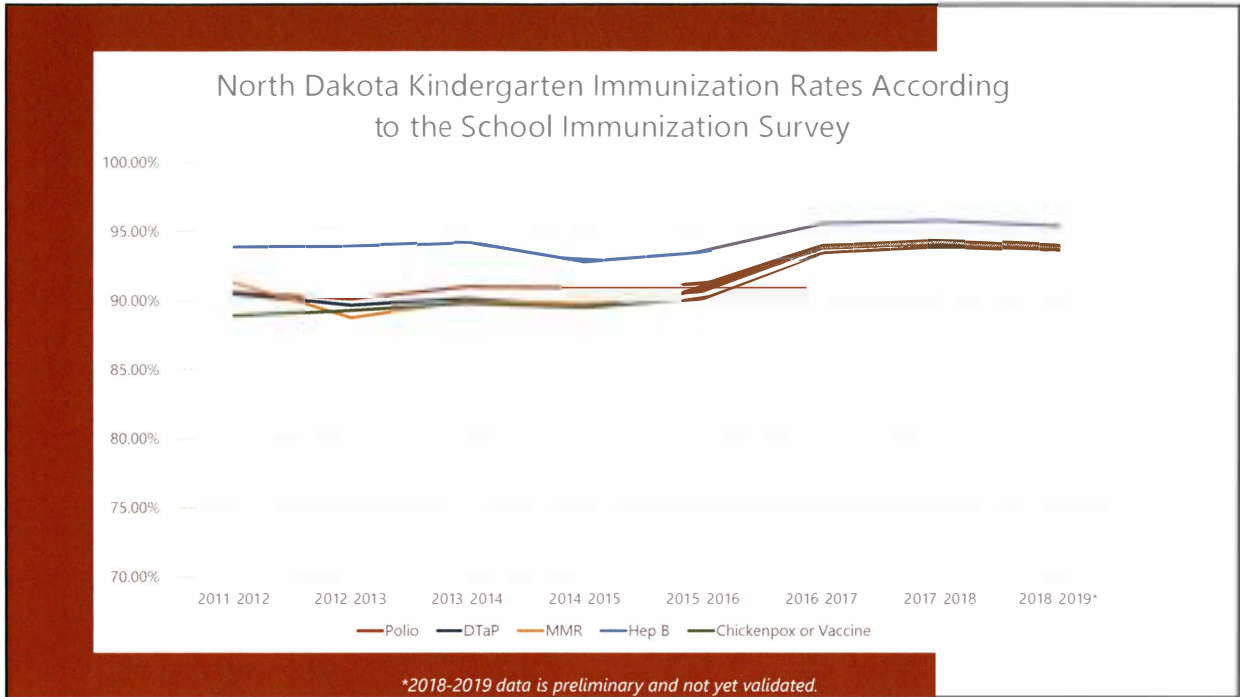
77,025 Ambulance Runs Per Year

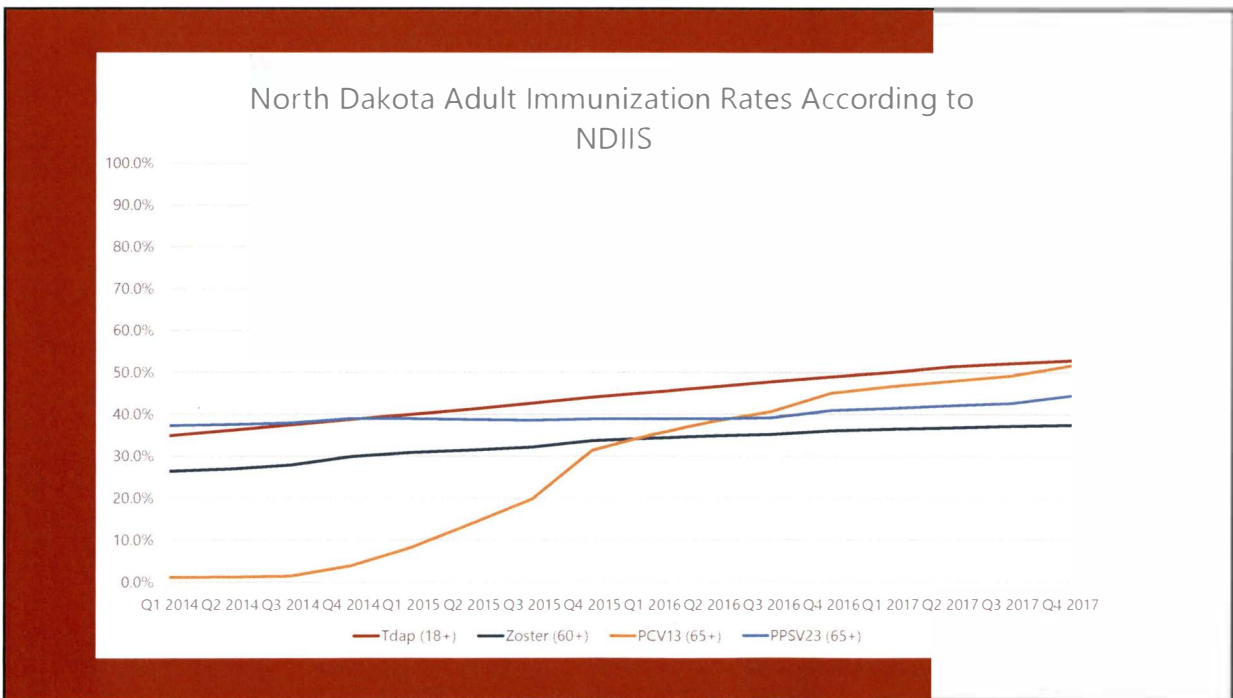
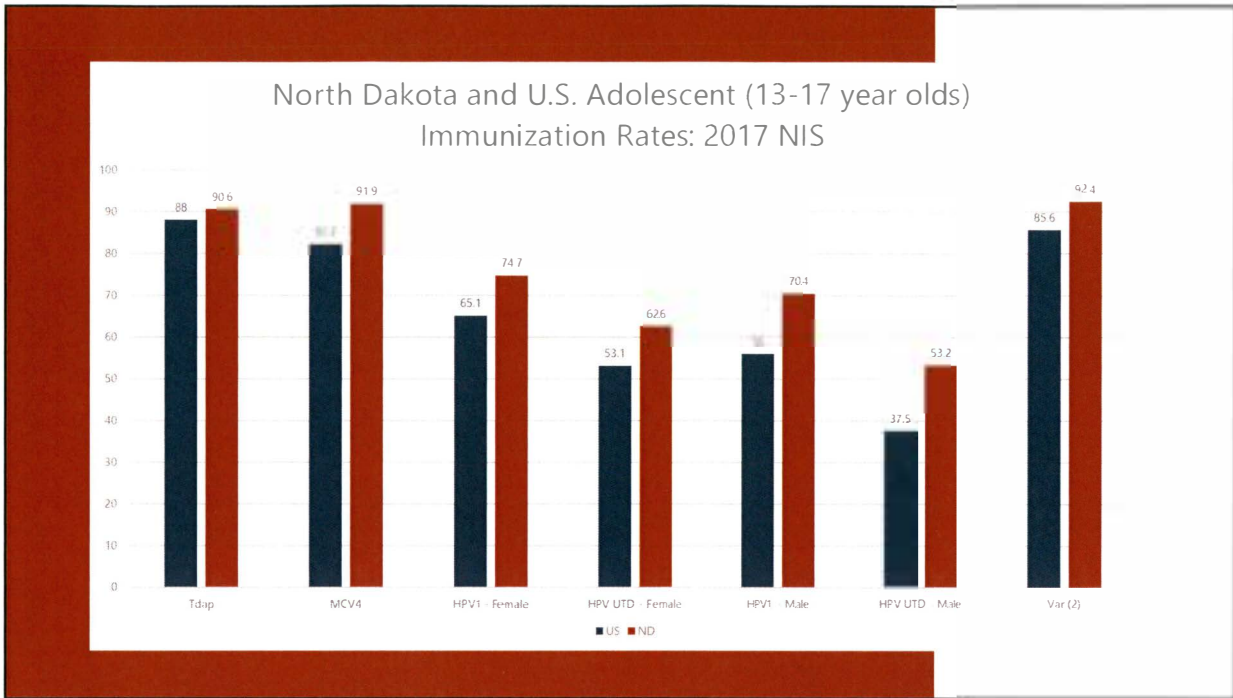


Number of West Nile Virus Cases Reported to the NDDoH by Year



*preliminary





HB 1004
1/10/2019
Attachment B

HIV.STD.TB.VIRAL HEPATITIS PROGRAM HIGHLIGHTS

- Developed **Syringe Service Program (SSP)** guidance and authorized three SSPs in North Dakota.
- In 2018, Provided 4,791 free **HIV** and 1,313 rapid **hepatitis C** tests to at-risk persons.
 - Nine of 38 **New HIV Diagnoses** were found at ND HIV Testing Sites.
- Addressed a rise in **syphilis** among women by revising screening recommendations in pregnant women to include three tests during pregnancy to reduce the risk of congenital syphilis.
 - In 2018, five women were diagnosed with syphilis during pregnancy and were appropriately and promptly treated. Subsequently there were zero (0) transmissions of syphilis to their babies.
- Ensured prompt and appropriate treatment was delivered to all 13 persons diagnosed with **tuberculosis disease**.

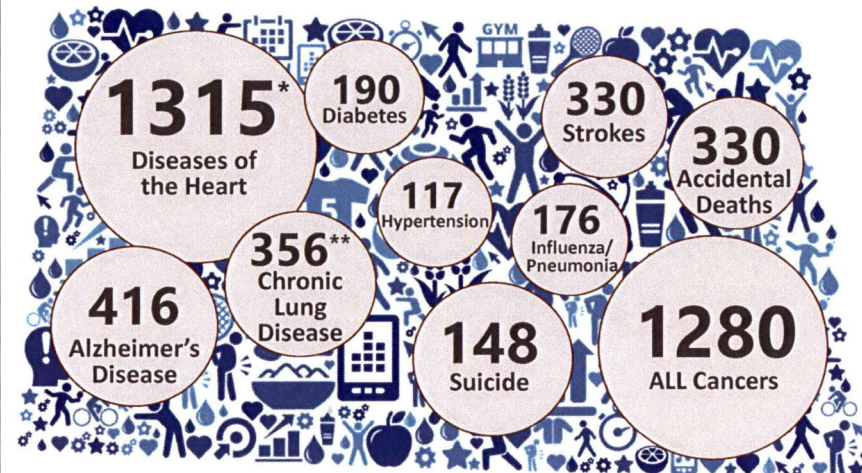
61

TOTAL AUTOPSIES IN NORTH DAKOTA 2004-2018



Forensic Examiner's Office and University of North Dakota

TOP 10 CAUSES OF DEATH



* Includes Congestive Heart Failure, Myocardial Infarction, Atherosclerotic Heart Disease, etc.

** Includes Chronic Obstructive Pulmonary Disease (COPD), Asthma, Emphysema, etc.

Data: Vital Records 2016 Data

63

NORTH Dakota | Health

Be Legendary.™



OUR MISSION

Improve the length and quality of life for all North Dakotans

OUR TEAM

Mylynn Tufte
MBA, MSIM, RN
State Health Officer
mylynn.tufte@nd.gov
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OUR VALUES

Credibility
in providing accurate information and appropriate services.

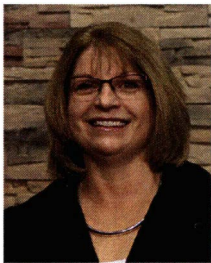
Respect
for our employees, our coworkers, our stakeholders and the public.

Creativity
in developing solutions to address our strategic initiatives.

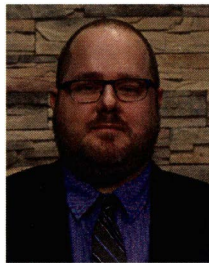
Excellence
in providing services to the citizens of North Dakota.

Efficiency and effectiveness
in achieving strategic outcomes.

Fiscal & Operations Section



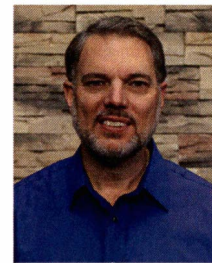
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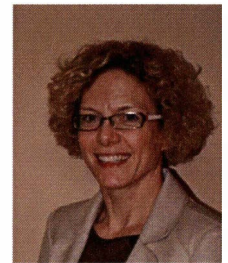
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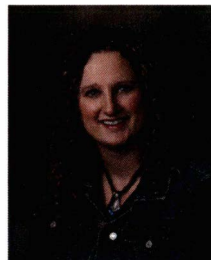
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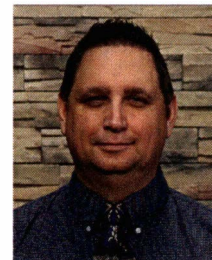
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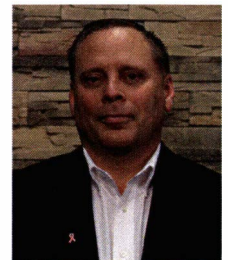
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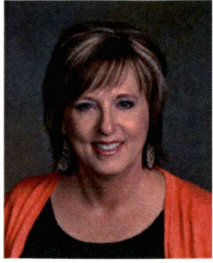
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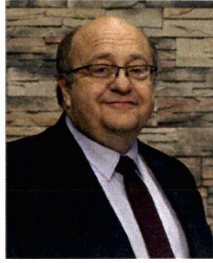
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HB 1004
1/10/2019
C

NDDoH Section Chiefs



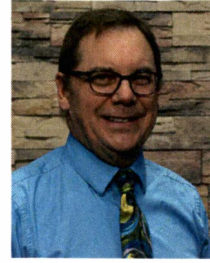
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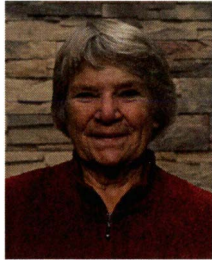


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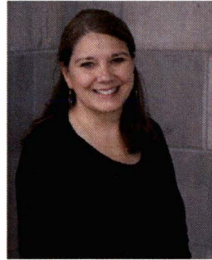
Healthy & Safe Communities Section



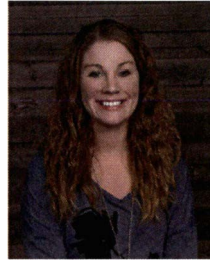
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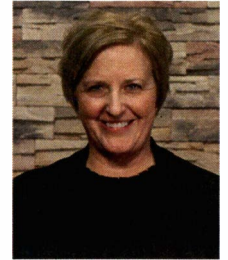
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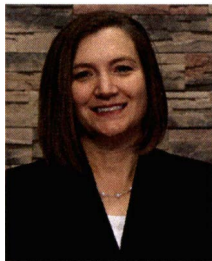


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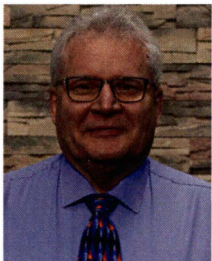


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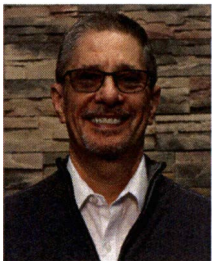
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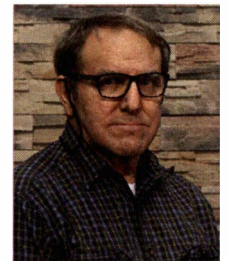
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Assistant Director
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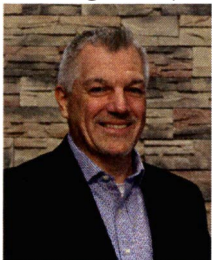
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HB 1004
1/10/2019
Attachment D
Page 1

Testimony

January 20, 2019

HB 1004

Good morning Representative Jon Nelson and members of the House Human Resources Division, I am Robin Iszler, Administrator at Central Valley Health District. I am here in support of HB 1004.

Central Valley Health District is the local public health agency for Stutsman and Logan Counties. Central Valley works closely with the ND Department of Health on a variety of programs such as Emergency preparedness, injury prevention, immunizations, Family Planning, WIC Women's Way, Tobacco prevention and chronic disease and more. We are appreciative of the continued level support to the Tobacco Prevention program in the Health Departments budget, however, I am asking you to restore the State Aid to local public health, currently listed at **4,725,000** in the health departments budget, back to the 2017-2019 funding amount or 5,250,000. Please refer to the handout I have provided that shows the funding history of Local Public Health State Aid. Funding at the local public health level comes from a variety of sources. In the hand out you will also see a pie chart to showing you the funding breakdown from Local Public Health agencies in North Dakota. The North Dakota survey was completed **by 21 health units** and shows funding for the calendar year 2017. You can see Federal and Local (mil levy funding) make up the majority of our funding sources, while the State Aid funding is only 9 percent.

You may think that since state aid is a small proportion of funding the fund how does it make a difference in our daily operations? State Aid provides local agencies a flexible funding source to fill gaps not covered by other funding. What does State Aid mean for North Dakota People? Currently 5,250,000 million is distributed to 28 local public health agencies based on a formula. For CVHD we receive per biennium \$75,000 for regional environmental health services to provide environmental health in the counties of Barnes, LaMoure, McIntosh, Dickey, Foster and Wells. Central Valley also receives \$143,583 per biennium for program support for immunizations, injury prevention, school health and public health nursing visits. \$5,250,000 mil equates to .15 cents per North Dakota resident. It may be hard to see how this small amount of funding supports residents of Stutsman and Logan Counties. Let me give you a few examples.

Car Seat Program - we provided 79 car seats in 2018. Some of the seats provided were paid for by Central Valley and given to clients at a reduced rate. **Kids Safety Day** – we hosted a community kids safety day – in 2018, 300 kids participated in the Jamestown event. They learned about fire, bike and weather safety this event brings together many community partners to work on a common goal. **Chronic Disease management** - we provide medication management for over 68 clients throughout the county. We may see these clients weekly or monthly to manage their medications helping them be productive in the community. Many clients are referred to us from the human service center or state hospital. **School nursing** each year we provide vision screenings in our county and city schools. In 2018 - 1335 children were screened and provided referrals if needed.

Regional Services. Since 2010 you have encouraged and provided funding for local public health to explore regional networks in order to improve efficiencies. In my region we have 7 individual local agencies and 8 counties. We have worked on many projects since 2010.

Currently we are working together on substance abuse prevention. This work will increase the number of drug take back events and individuals trained in the use of Narcan. Another recent example of our collaboration was the assistance we provided to 90 year woman in rural Logan/McIntosh County. This woman lives on the farm 16 miles from Napoleon and Wishek. There is no home health or hospice service in this area. The family needed some help and reassurance from a nurse for the care of their mother at home. Central Valley and McIntosh County Health District worked together to provide visits to this family. This work helped save mileage by not having a nurse drive all the way from Jamestown to help this family. Our collaborative work ensures that funding from you is being used in the most efficient manner.

Thank you for your past support to local public health state aid – I again ask that you consider restoring the funding to the 5,250,000 million. This concludes my testimony and I would be happy to answer any questions you may have.



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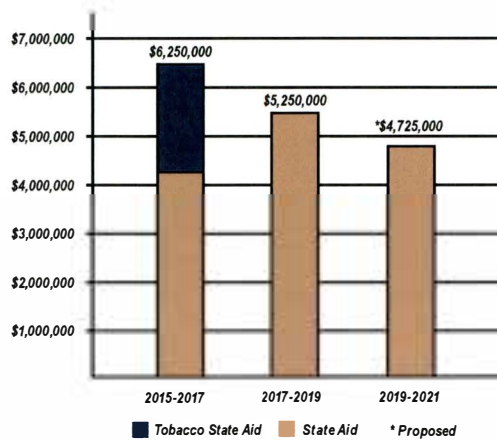
North Dakota State Association of City & County Health Officials

LOCAL PUBLIC HEALTH PRIORITIES 2019

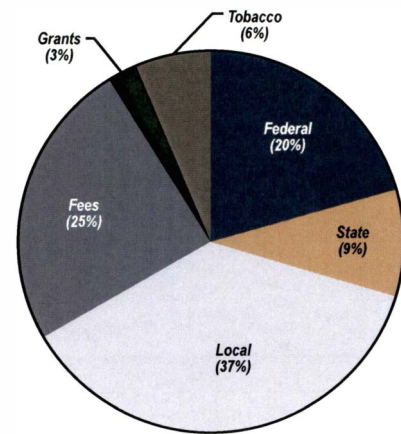
PRIORITIES

1 STATE AID FUNDING

- Local public health units seek restoration of \$5,250,000 in the Department of Health budget to fund local efforts.
- State Aid flexible funding helps provide essential and additional services identified by Community Health Assessments, is used for non-programmatic and gap funding due to loss of Federal grants.
- Local public health receives less than 10% of its funding from the State .



Local Public Health Unit Revenues by Category - Calendar Year 2017
(21 of 28 Units responding)



State Aid helps provide funding for:

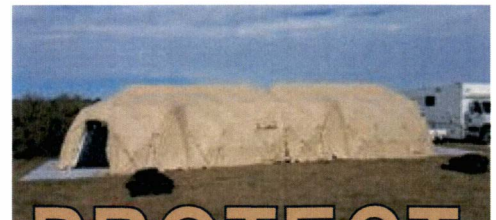
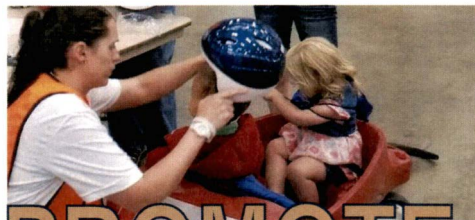
- Immunizations
- Tobacco Assessments & Treatment
- Maternal & Child Health
- Environmental Health
- Emergency Preparedness & Response
- Injury Prevention
- Community Health Needs & Engagement
- Administration
- School Health
- PH nursing home visits
- Jail Health

2 TOBACCO PREVENTION & EDUCATION

- Increase tobacco tax for all products.
- Increase tobacco purchasing age.

3 BEHAVIORAL HEALTH & SUBSTANCE ABUSE PREVENTION

Local public health units support investments and efforts for additional community-based behavioral health services and substance abuse prevention activities.

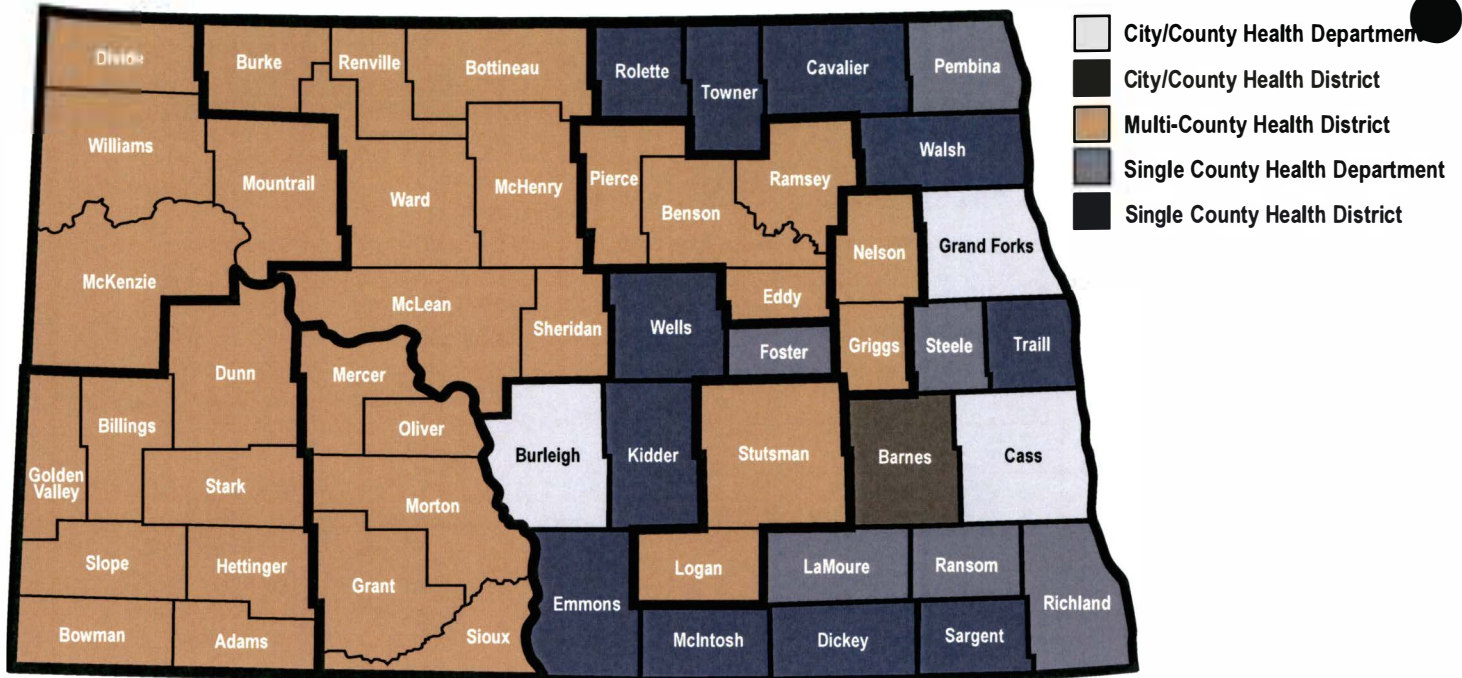


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HB 1004
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D

North Dakota Local Public Health Units



Local Public Health Contacts

Bismarck-Burleigh Public Health	Renae Moch	rmoch@bismarcknd.gov	(701) 355-1540
Cavalier County Health District	Terri Gustafson	tgustafs@nd.gov	(701) 256-2402
Central Valley Health District	Robin Iszler	riszler@nd.gov	(701) 252-8130
City-County Health District	Theresa Will	twill@barnescounty.us	(701) 845-8518
Custer Health Unit	Keith Johnson	keith.johnson@custerhealth.com	(701) 667-3370
Dickey County Health District	Roxanne Holm	rholm@nd.gov	(701) 349-4348
Emmons County Public Health	Bev Voller	bvoller@nd.gov	(701) 254-4027
Fargo/Cass Public Health	Desi Fleming	dfleming@fargond.gov	(701) 241-1360
First District Health Unit	Lisa Clute	lclute@nd.gov	(701) 852-1376
Foster County Public Health	Lisa Hillbert	lhillbert@nd.gov	(701) 652-3087
Grand Forks Public Health Dept	Debbie Swanson	dswanson@grandforksgov.com	(701) 787-8100
Kidder County District Health Unit	Janel Brousseau	jabrousseau@nd.gov	(701) 475-2582
Lake Region District Health Unit	Allen McKay	amckay@nd.gov	(701) 662-7035
LaMoure County Public Health Dept	Tony Hanson	tony.hanson@bhshealth.org	(701) 883-5356
McIntosh District Health Unit	Cheryl Reis-Schilling	crschilling@nd.gov	(701) 288-3957
Nelson-Griggs District Health Unit	Julie Ferry	jferry@nd.gov	(701) 322-5624
Pembina County Health Dept	Jeanna Kujava	jkujava@nd.gov	(701) 265-4248
Ransom County Public Health Dept	Brenna Welton	brenna.welton@co.ransom.nd.us	(701) 683-6140
Richland County Health Dept	Debra Flack	dflack@co.richland.nd.us	(701) 642-7735
Rolette County Public Health Dist	Barbara Frydenlund	bfrydenlund@nd.gov	(701) 477-5646
Sargent County District Health Unit	Brenda Peterson	brenda.peterson@co.sargent.nd.us	(701) 724-3725
Southwestern District Health Unit	Sherry Adams	sladams@nd.gov	(701) 483-0171
Steele County Public Health Dept	Samantha Thykeson	sthykeson@nd.gov	(701) 524-2060
Towner County Public Health Dist	Sherry Walters	swalters@nd.gov	(701) 968-4353
Traill District Health Unit	Brenda Stallman	brenda.stallman@co.traill.nd.us	(701) 636-4434
Upper Missouri District Health Unit	Javayne Oyloe	joyloe@umdhu.org	(701) 774-6400
Walsh County Health District	Wanda Kratochvil	wkratoch@nd.gov	(701) 352-5139
Wells County District Health Unit	Joye Stolz	rstolz@nd.gov	(701) 547-3756

**NDCC 54-27-25
Tobacco Settlement Trust Fund - Fund 407**

*HB 100A
1/10/2019
E*

1/10/2019

Date	Total Amount Received	Community Health Trust Fund - 55%	Commons School Trust Fund - 0 %	Water Development Trust Fund - 45%	Attorney General Appropriation
12/14/99	9,036,985.38	903,698.54	4,066,643.42	4,066,643.42	
1/3/00	7,871,639.19	787,163.91	3,542,237.64	3,542,237.64	
4/18/00	12,875,523.14	1,287,552.32	5,793,985.41	5,793,985.41	
4/19/00	169,475.62	16,947.56	76,264.03	76,264.03	
5/4/00	984.72	98.48	443.12	443.12	
9/13/00	363.38	36.34	163.52	163.52	
1/2/01	8,011,307.29	801,130.73	3,605,088.28	3,605,088.28	
1/17/01	1,505.95	150.59	677.68	677.68	
4/17/01	14,690,317.34	1,469,031.74	6,610,642.80	6,610,642.80	
4/27/01	221,405.57	22,140.55	99,632.51	99,632.51	
6/15/01	21,277.38	2,127.74	9,574.82	9,574.82	
11/19/01	181,556.56	18,155.66	81,700.45	81,700.45	
1/2/02	7,115,019.43	711,501.95	3,201,758.74	3,201,758.74	
1/14/02	2,071.14	207.12	932.01	932.01	
4/16/02	18,872,853.92	1,887,285.40	8,492,784.26	8,492,784.26	
4/23/02	609,210.48	60,921.04	274,144.72	274,144.72	
1/2/03	5,869,683.32	586,968.34	2,641,357.49	2,641,357.49	
1/16/03	1,960,169.68	196,016.96	882,076.36	882,076.36	
4/16/03	18,051,398.80	1,805,139.88	8,123,129.46	8,123,129.46	
4/23/03	668,581.37	66,858.13	300,861.62	300,861.62	
7/1/03	305,817.91	30,581.79	137,618.06	137,618.06	
10/3/03	230,963.18	23,096.32	103,933.43	103,933.43	
4/15/04	21,899,894.49	2,189,989.45	9,854,952.52	9,854,952.52	
4/21/04	852,398.02	85,239.80	383,579.11	383,579.11	
8/30/04	255,371.41	25,537.15	114,917.13	114,917.13	
4/19/05	22,261,451.85	2,226,145.19	10,017,653.33	10,017,653.33	
4/20/05	809,930.77	80,993.07	364,468.85	364,468.85	
10/6/05	262,051.11	26,205.11	117,923.00	117,923.00	
4/17/06	19,898,716.49	1,989,871.65	8,954,422.42	8,954,422.42	
4/19/06	1,253,301.83	125,330.19	563,985.82	563,985.82	
2/22/06	196,418.35	19,641.83	88,388.26	88,388.26	
4/17/07	20,664,718.59	2,066,471.85	9,299,123.37	9,299,123.37	
4/19/07	1,379,744.44	137,974.44	620,885.00	620,885.00	
6/5/07	173,167.26	17,316.72	77,925.27	77,925.27	
4/16/08	34,965,293.50	3,496,529.34	15,734,382.08	15,734,382.08	
4/17/08	1,515,783.61	151,578.37	682,102.62	682,102.62	
7/7/08	91.50	9.14	41.18	41.18	
2/26/09	1,978,845.20	197,884.52	890,480.34	890,480.34	
4/20/09	23,035,384.29	2,303,538.43	10,365,922.93	10,365,922.93	
4/15/10	19,759,434.19	1,975,943.41	8,891,745.39	8,891,745.39	
4/19/10	1,057,430.92	105,743.10	475,843.90	475,843.90	
4/20/11	19,736,098.42	1,973,609.84	8,881,244.29	8,881,244.29	
4/20/12	20,127,216.58	2,012,721.66	9,057,247.46	9,057,247.46	
4/17/13	20,099,831.57	2,009,983.15	9,044,924.21	9,044,924.21	
4/24/13	13,067.04	1,306.70	5,880.17	5,880.17	
4/22/14	22,756,378.89	2,275,637.89	10,240,370.50	10,240,370.50	
4/15/15	19,220,022.57	1,922,002.25	8,649,010.16	8,649,010.16	
5/15/15	254,078.67	25,407.87	114,335.40	114,335.40	
5/18/16	20,466,444.08	2,026,644.40	9,119,899.84	9,119,899.84	200,000.00
4/20/17	20,196,746.52	2,019,674.66	9,088,535.93	9,088,535.93	
4/20/18	53,096,556.03	29,093,105.82	0.00	23,803,450.21	200,000.00
Totals:	474,953,978.94	71,258,848.09	189,745,840.31	213,549,290.53	400,000.00

Effective 2017- 2019 Biennium:

Effective 2019- 2021 Biennium:

Community Health Trust Fund:	55%	10%
Water Development Trust Fund:	45%	45%
Common Schools Trust Fund:	0%	45%
Total %:	100%	100%

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E

Tobacco Settlement Trust Fund Status Statement

	2015-17	2017-19		2019-21
	Actual ¹	Legislative Appropriation	Revised Estimate	Executive Budget
Beginning Balance	\$0	\$0	\$0 ¹²	\$0
Revenue:				
Fiscal Year 1 Payments	\$20,466,444	\$20,100,000	\$15,365,747 ¹³	\$18,000,000 ¹⁴
Fiscal Year 2 Payments	20,196,747	20,100,000	18,000,000 ¹⁴	18,000,000 ¹⁴
Additional Payment			37,730,809 ¹⁵	
Total Revenue	<u>\$40,663,191</u>	<u>\$40,200,000</u>	<u>\$71,096,556</u>	<u>\$36,000,000</u>
Transfers:				
Attorney General	(\$200,000)	(\$200,000)	(\$200,000)	(\$200,000)
Transfer to Community Health Trust Fund	(4,046,319)	(22,000,000)	(38,993,106)	(3,580,000)
Transfer to Water Development Trust Fund	(18,208,436)	(18,000,000)	(31,903,450)	(16,110,000)
Transfer to Common Schools Trust Fund	(18,208,436)			(16,110,000)
Total Expenditures and Transfers	<u>(\$40,663,191)</u>	<u>(\$40,200,000)</u>	<u>(\$71,096,556)</u>	<u>(\$36,000,000)</u>
Ending Balance	\$0	\$0	\$0	\$0

¹ Final revenues and expenditures per state accounting system reports dated June 30, 2017.

¹² Actual July 1, 2017 balance.

¹³ Actual revenues received during fiscal year 2018.

¹⁴ Estimated revenues reflect lower anticipated payments due to the settlement payment received in April 2018.

¹⁵ Additional payment received per an agreement to settle prior year payments that had been withheld. In April 2018 the state received a tobacco settlement payment of \$37.7 million from an escrow account related to the settlement of the ongoing dispute between the states and major tobacco companies over enforcement of the 1998 Tobacco Master Settlement Agreement.

Notes:

North Dakota Century Code Section 54-27-25, enacted in 1999, establishes the Tobacco Settlement Trust Fund. The fund is to be used for the deposit of tobacco settlement dollars obtained by the state under the master settlement agreement and consent agreement adopted by the east central judicial district court. All moneys received by the state pursuant to the judgment and for enforcement of the judgment, except amounts relating to the Strategic Contribution Fund, must be deposited in the Tobacco Settlement Trust Fund. Strategic Contribution Fund moneys received by the state are deposited directly into the Tobacco Prevention and Control Trust Fund. The principal of the Tobacco Settlement Trust Fund must be allocated as follows:

- 10.0 percent to the Community Health Trust Fund
- 45.0 percent to the Common Schools Trust Fund
- 45.0 percent to the Water Development Trust Fund

All transfers out of the fund must be made within 30 days of receipt of the tobacco settlement moneys.

In November 2008, voters approved Measure No. 3, which created a Tobacco Prevention and Control Trust Fund. All tobacco settlement strategic contribution fund payments received by the state will be deposited directly into that fund and are not reflected on this statement.

The 2015 Legislative Assembly, in Senate Bill 2003, amended NDCC Section 57-27-25 to allow expenses related to the enforcement of the Master Settlement Agreement to be paid from the fund.

The 2017 Legislative Assembly, in House Bill 1012, amended NDCC Section 54-27-25 to increase the distribution to the Community Health Trust Fund to 55.0 percent and to eliminate the distribution to the Common Schools Trust Fund for the 2017-19 biennium only.

HB 1004
1/10/2019
E

Community Health Trust Fund Status Statement

	2015-17 Actual ¹¹	2017-19		2019-21 Executive Budget
		Legislative Appropriation	Revised Estimate	
Beginning Balance	\$429,184	\$602,257	\$602,257 ¹²	\$17,595,363
Revenue:				
Transfers from the Tobacco Settlement Trust	\$4,046,319	\$22,000,000	\$38,993,106 ¹⁵	\$3,580,000 ¹⁶
Total Revenue	\$4,046,319	\$22,000,000	\$38,993,106	\$3,580,000
Expenditures:				
Department of Human Services - Medical Services	\$0	(\$18,000,000)	(18,000,000) ¹⁴	\$0
Dental Loan Program	0			(324,000)
Behavioral Health Loan Repayment	0			(200,000)
Tobacco Prevention and Control	(3,413,271)	(3,200,000)	(3,200,000) ¹³	(3,200,000)
Women's Way Program	(336,024)	(329,500)	(329,500) ¹³	(329,500)
Behavioral Risk Factor State Survey (BRFSS)	(123,951)	(470,500)	(470,500) ¹³	(270,500)
Tobacco Prevention Grants (Local Public Health)	0	0	0	(6,500,000)
Total Expenditures	(\$3,873,246)	(\$22,000,000)	(\$22,000,000)	(\$10,824,000)
Ending Balance	\$602,257	\$602,257	\$17,595,363	\$10,351,363

¹¹ Final revenue and expenditures per state accounting system reports dated June 30, 2017.

¹² Actual July 1, 2017 balance.

¹³ Estimated expenditures for the 2017-19 biennium projected by the Health Department.

¹⁴ Estimated expenditures for the 2017-19 biennium projected by the Department of Human Services.

¹⁵ A settlement by the Attorney General resulted in additional revenue during the 2017-19 biennium.

¹⁶ Estimated revenues based on average actual receipts.

Notes:

The Community Health Trust Fund originated in 1999. The purpose of the fund is to provide for public health programs, including those emphasizing prevention or reduction of tobacco usage in this state. The revenue source for the Community Health Trust Fund is the Tobacco Settlement Trust Fund (North Dakota Century Code Section 54-27-25). All tobacco settlement monies received by the state are to be deposited in the Tobacco Settlement Trust Fund. Monies in the fund must be transferred, within 30 days of deposit in the fund as follows:

- 10.0 percent to the Community Health Trust Fund
- 45.0 percent to the Common Schools Trust Fund
- 45.0 percent to the Water Development Trust Fund

In 2017, HB 1012 suspended transfers from the Tobacco Settlement Trust Fund to the Common Schools Trust Fund during the 2017-19 biennium and increased transfers from the Tobacco Settlement Trust Fund to the Community Health Trust Fund from 10.0 percent to 55.0 percent of the tobacco settlement revenues.

In November 2008, voters approved Measure No. 3, which creates a Tobacco Prevention and Control Trust Fund that will receive all tobacco settlement strategic contribution fund payments to the state. Strategic contribution fund payments are estimated by OMB at \$14.1 million per year through 2017. After 2017, no additional strategic contribution fund payments are anticipated.

The Community Health Trust Fund is administered by the Department of Health and may use monies in the fund subject to legislative appropriation.

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1/10/2019

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Tobacco Prevention and Control Trust Fund Status Statement

	2015-17	2017-19		2019-21
	Actual ¹¹	Legislative Appropriation	Revised Estimate	Executive Budget
Beginning Balance	\$49,341,421	\$57,417,844	\$58,216,127 ¹²	\$8,468,773
Revenue:				
Tobacco Settlement Revenues	\$22,907,729	\$0	\$0	\$0
Investment Income	1,728,202	365,000	910,000 ¹³	250,000
Total Revenue	<u>\$24,635,931</u>	<u>\$365,000</u>	<u>\$910,000</u>	<u>\$250,000</u>
Expenditures:				
Tobacco Center - Appropriated Expenditures	(\$15,761,225)	\$0 ¹⁴	\$0 ¹⁴	\$0
<i>Department of Health:</i>				
Local Public Health Units		(2,000,000)	(2,000,000)	
Cancer Programs		(644,804)	(644,804)	
Stroke and Cardiac Care		(756,418)	(756,418)	
Physician Loan Repayment		(480,000)	(480,000)	
Behavioral Health Loan Repayment		(243,640)	(243,640)	
Tobacco Program Grant		(8,453,333)	(8,453,333)	
Domestic Violence Grant		(300,000)	(300,000)	
<i>Department of Human Services:</i>				
Medicaid Expansion		(13,300,000)	(13,300,000)	
Medicaid Cost and Caseload		(22,175,000)	(22,175,000)	
Increased Funding for Basic Care		(450,000)	(450,000)	
Tobacco Prevention Related Activities		(75,000)	(75,000)	
Behavioral Health		(1,779,159)	(1,779,159)	
Total Expenditures	<u>(\$15,761,225)</u>	<u>(\$50,657,354)</u>	<u>(\$50,657,354)</u>	<u>\$0</u>
Ending Balance	\$58,216,127	\$7,125,490	\$8,468,773	\$8,718,773

¹¹ Final revenue and expenditures per state accounting system reports dated June 30, 2017.

¹² Actual July 1, 2017 balance.

¹³ Estimated revenues based on actuals through October 31, 2018.

¹⁴ NDCC 23-42 is repealed, which dissolves the Tobacco Prevention and Control agency. Funding provided to Department of Health: \$12,878,195 and DHS: \$37,779,159.

Notes:

In November 2008, voters approved Measure No. 3, which created a Tobacco Prevention and Control Trust Fund. All tobacco settlement strategic contribution fund payments received by the state will be deposited in the fund. After 2017, no additional strategic contribution fund payments are anticipated.

House Bill 1015 (2009), based on the intent of Measure No. 3, created the Tobacco Prevention and Control Committee as a state agency. Section 35, appropriates funding for the 2009-11 biennium. Section 36, provides retroactive funding for expenditures that occurred during the period of January 1, 2009, through June 30, 2009. Section 39 changes language in the measure concerning the ability to spend funding from the Water Development Trust Fund. The legislature required that Water Development Trust Fund moneys may only be spent pursuant to legislative appropriation.

2017 SB2024 repeals NDCC 23-42 eliminating the Tobacco Prevention and Control Program. Section 15 of 2017 HB1015 provides that the Office of Management and Budget will administer this fund.

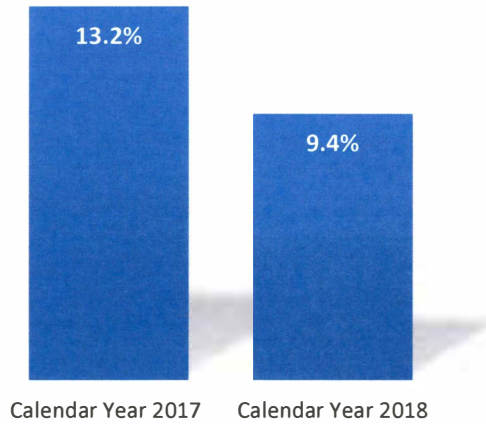
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A

North Dakota Department of Health
HB 1004
House Appropriations Committee - Human Resources Division
2019 – 2021 Biennium

Turnover Rate





**North Dakota Department of Health
Health Resources
2019-21 Executive Budget**

*HB 1004
1/22/2019
B*

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	48.50		49.50	46.50	(3.00)	-6%
511 Salaries	5,639,395	3,925,406	5,833,384	5,789,256	(44,128)	-1%
513/514 Temporary, Overtime	98,021	49,710	105,000	160,000	55,000	52%
516 Benefits	2,304,866	1,769,918	2,693,274	2,842,797	149,523	6%
TOTAL	8,042,282	5,745,034	8,631,658	8,792,053	160,395	2%
General Fund	2,335,490	1,535,644	2,365,696	2,563,757	198,061	8%
Federal Funds	4,330,497	3,093,242	4,641,218	4,664,164	22,946	0%
Special Funds	1,376,295	1,116,148	1,624,744	1,564,132	(60,612)	-4%
OPERATING EXPENSES						
521 Travel	681,007	475,172	808,227	761,253	(46,974)	-6%
531 IT - Software/Supp.	24,459	11,635	48,869	27,869	(21,000)	-43%
532 Professional Supplies & Materials	8,688	6,639	12,245	9,845	(2,400)	-20%
533 Food & Clothing	699	0	133	133	0	0%
534 Buildings/Vehicle Maintenance Supplies	41,739	6,404	10,763	8,429	(2,334)	-22%
535 Miscellaneous Supplies	6,682	6,354	4,951	5,451	500	10%
536 Office Supplies	27,422	17,422	36,603	27,803	(8,800)	-24%
541 Postage	24,076	9,894	29,713	17,713	(12,000)	-40%
542 Printing	18,449	15,194	25,131	25,131	0	0%
551 IT Equip Under \$5000	47,850	53,600	50,170	51,400	1,230	2%
552 Other Equip Under \$5000	6,895	0	2,792	2,500	(292)	-10%
553 Office Equip Under \$5000	50,967	5,034	12,300	18,750	6,450	52%
561 Utilities	0	0	0	0	0	
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	2,334	2,138	2,499	2,499	0	0%
582 Lease \Rentals-- Buildings./Land	138,845	121,332	170,654	165,795	(4,859)	-3%
591 Repairs	5,144	745	6,208	5,822	(386)	-6%
601 IT-Data Processing	160,511	126,420	176,091	176,396	305	0%
602 IT-Telephone	54,718	40,081	73,148	63,820	(9,328)	-13%
603 IT - Contractual Services	26,000	62,093	52,000	91,350	39,350	76%
611 Professional Development	51,191	34,171	58,754	33,754	(25,000)	-43%
621 Operating Fees & Services	110,699	89,280	139,988	140,288	300	0%
623 Professional Services	42,710	154,484	69,698	70,400	702	1%
625 Medical, Dental, and Optical	56	0	0	0	0	
TOTAL	1,531,141	1,238,092	1,790,937	1,706,401	(84,536)	-5%
General Fund	362,524	219,251	209,883	347,164	137,281	65%
Federal Funds	875,773	764,410	1,134,660	980,829	(153,831)	-14%
Special Funds	292,844	254,431	446,394	378,408	(67,986)	-15%
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	
684 Extraordinary Repairs	0	0	0	0	0	
691 Equipment >\$5000	6,953	0	0	0	0	
693 IT Equip >\$5000	0	0	0	0	0	
TOTAL	6,953	0	0	0	0	
General Fund	435	0	0	0	0	
Federal Funds	6,518	0	0	0	0	
Special Funds	0	0	0	0	0	
SPECIAL LINES						
-71 Tobacco Prevention/Control	0	0	0	0	0	
-72 WIC Food Payments	0	0	0	0	0	
-78 Food & Lodging IMS	231,016	0	0	0	0	
-79 Medical Marijuana	0	0	0	0	0	
TOTAL	231,016	0	0	0	0	
General Fund	0	0	0	0	0	
Federal Funds	47,876	0	0	0	0	
Special Funds	183,140	0	0	0	0	
TOTAL	9,811,392	6,983,126	10,422,595	10,498,454	75,859	1%
General Fund	2,698,449	1,754,895	2,575,579	2,910,921	335,342	13%
Federal Funds	5,260,664	3,857,652	5,775,878	5,644,993	(130,885)	-2%
Special Funds	1,852,279	1,370,579	2,071,138	1,942,540	(128,598)	-6%

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Health Resources
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Summary of Federal & Special Funds

Federal Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Medicaid Title 19	2,206,091	(63,784)	2,142,307
Medicare Title 18	3,361,798	(221,154)	3,140,644
Clinical Laboratory Improvement Amendments Program	122,642	(1,172)	121,470
Hospice Impact	46,762	(12,536)	34,226
Food and Drug Administration (FDA) Retail Program Cooperative Agreement	17,085	50,942	68,027
FDA - Association of Food and Drug Officials - Retail Standards	21,500	48,500	70,000
Unallocated Executive IT Unification		(227,603)	(227,603)
Unallocated Executive Compensation Package		295,922	295,922
Total Federal Funds	\$ 5,775,878	\$ (130,885)	\$ 5,644,993

Special Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Hospital Licensing Fees	199,085	(1,627)	197,458
Basic Care Fees	35,600	4,960	40,560
Nurse Aid Registry Fees	121,775	27,551	149,326
Health Care Trust Fund (Nurse Aid Registry)	93,768	(93,768)	-
Food & Lodging Licensure Fees	1,014,798	(29,810)	984,988
National Association of County and City Health Officials Mentorship	-	16,000	16,000
Construction & Plan Review Fees	606,112	-	606,112
Unallocated Executive IT Unification		(51,788)	(51,788)
Unallocated Executive Compensation Package		(116)	(116)
Total Special Funds	\$ 2,071,138	\$ (128,598)	\$ 1,942,540

**North Dakota Department of Health
Health Resources
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Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Legal Fees - Administrative Hearings	16,000	4,000	20,000	2,500	17,500	-
Legal Fees - Attorney General's Office	31,500	(3,000)	28,500	9,850	8,750	9,900
Contractual Assistance - Independent Informal Dispute Resolution (IIDR) Review by outside entity	1,000	1,400	2,400	300	2,100	-
Professional Services - shredding, scanning, advertising	10,500	(5,000)	5,500	500	4,500	500
Southwestern District Health Unit - inspections	4,000	-	4,000	2,200	-	1,800
Risk Factor Survey to Local Public Health Units	6,698	3,302	10,000	-	10,000	-
Total Professional Services	\$ 69,698	\$ 702	\$ 70,400	\$ 15,350	\$ 42,850	\$ 12,200

Information Technology Contractual Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Licensing Management - maintenance fees	52,000	8,000	60,000	17,700	26,000	16,300
Computer Aid - Enhancements	-	31,350	31,350	-	31,350	-
Total IT Contractual Services	\$ 52,000	\$ 39,350	\$ 91,350	\$ 17,700	\$ 57,350	\$ 16,300

**North Dakota Department of Health
Health Resources
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Temporary / Overtime Salaries

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Surveyor - Provides ongoing services to augment existing staff to complete the required federal workload related to Health Facilities survey and Nurse Aid Registry needs (2 individuals as needed) (ongoing)	50,000	-	50,000	7,500	35,000	7,500
Overtime in the Food and Lodging Division (ongoing)	5,000	5,000	10,000	5,000		5,000
Temporary Part time Plan Reviewer and Environmental Health Inspector (ongoing)		50,000	50,000	20,000		30,000
Temporary Plans Reviewers/Onsite Construction (ongoing)	50,000	-	50,000			50,000
Total Temporary and Overtime	\$ 105,000	\$ 55,000	\$ 160,000	\$ 32,500	\$ 35,000	\$ 92,500

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North Dakota Department of Health

**Procedure for Construction or Renovation Plans Review for Facilities
Subject to Licensure by the Division of Health Facilities
Effective April 5, 2018**

Procedure:

1. The health care facility subject to licensure by the Division of Health Facilities submits directly, or through an architect or engineer, construction or renovation project plans for review by the Department. The estimated cost of the project is to accompany the submission of the project plans.
2. Based on the estimated cost of the project, a letter is sent to the facility administrator or designee indicating the plans review fee that needs to be submitted.
3. Effective April 5, 2018, the fee schedule is:

Plan Review Fee Scale Based on Size and Project Cost (PC)		
Small (PC \$0 - \$50,000)	Medium (PC 50,001- \$4,000,000)	Large (PC > \$4,000,000)
Minimum - \$750	Range - \$750 - \$40,250 (\$750 + 1.0% PC \$50,001 - \$4,000,000)	Range - Over \$40,250 (\$40,250 + 0.25% PC > \$4,000,000)

4. Review of the fee schedule is completed annually and adjusted as necessary.
5. If plans are submitted in phases, each phase is considered as a separate project and fees are charged consistent with the above fee schedule.
6. A copy of the letter from the department and fee to be remitted is to be sent from the facility administrator or designee to:

North Dakota Department of Health
Division of Accounting
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
7. Plans are reviewed in the order received. If plans are received in phases, each project phase is considered separately and reviewed in the order received along with the other plans received by our office.
8. The fee for plans review must be received by the department prior to approval of plans.
9. An exception to the sequence of plans review may occur at the discretion of the department, when plans are submitted in response to a Life Safety Code (LSC) certification survey citation. If the plans review related to deficiency citations meets the small project criteria, no fee will be charged. If the plans are submitted prior to the LSC survey or are larger than a small review, the fee schedule is applied.
10. Changes to plans previously submitted and reviewed are not charged an additional fee for review.



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**SALARIES AND WAGES
FTE EMPLOYEES (Number)**

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
FTE EMPLOYEES (Number)	38.85	41.35	41.35	39.35	(2.00)	-5%
511 Salaries	4,671,486	3,081,280	4,660,554	4,626,005	(34,549)	-1%
513/514 Temporary, Overtime	14,276	201,946	397,522	323,760	(73,762)	-19%
516 Benefits	1,900,320	1,358,894	2,114,041	2,295,790	181,749	9%
TOTAL	6,586,082	4,642,120	7,172,117	7,245,555	73,438	1%
General Fund	2,977,691	2,251,912	3,306,057	2,600,753	(705,304)	-21%
Federal Funds	3,093,061	2,125,205	3,481,629	3,114,114	(367,515)	-11%
Special Funds	515,330	265,003	384,431	1,530,688	1,146,257	298%
OPERATING EXPENSES						
521 Travel	76,880	50,243	115,396	106,288	(9,108)	-8%
531 IT - Software/Supp.	51,775	22,464	37,063	63,063	26,000	70%
532 Professional Supplies & Materials	16,781	25,053	13,536	19,782	6,246	46%
533 Food & Clothing	21	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	123,373	1,556	3,309	3,309	0	0%
535 Miscellaneous Supplies	24,346	3,140	16,414	8,414	(8,000)	-49%
536 Office Supplies	97,885	39,380	94,929	94,929	0	0%
541 Postage	196,253	132,143	231,420	231,420	0	0%
542 Printing	40,875	23,268	49,107	39,107	(10,000)	-20%
551 IT Equip Under \$5000	25,119	15,879	38,800	32,900	(5,900)	-15%
552 Other Equip Under \$5000	0	0	0	0	0	
553 Office Equip Under \$5000	103,189	9,992	3,000	0	(3,000)	
561 Utilities	0	0	0	0	0	
571 Insurance	43,222	33,149	47,929	32,324	(15,605)	-33%
581 Lease/Rentals - Equipment	9,810	8,631	10,642	10,642	0	0%
582 Lease/Rentals-- Buildings./Land	9,727	3,870	7,061	7,061	0	0%
591 Repairs	33,692	1,423	15,039	15,039	0	0%
601 IT-Data Processing	288,182	238,304	302,578	1,604,668	1,302,090	430%
602 IT-Telephone	55,446	39,176	52,358	59,917	7,559	14%
603 IT - Contractual Services	115,481	13,260	81,000	107,000	26,000	32%
611 Professional Development	117,428	46,455	115,388	128,888	13,500	12%
621 Operating Fees & Services	94,586	25,982	76,963	79,231	2,268	3%
623 Professional Services	485,174	78,529	236,330	113,950	(122,380)	-52%
625 Medical, Dental, and Optical	0	0	0	0	0	
TOTAL	2,009,245	811,897	1,548,262	2,757,932	1,209,670	78%
General Fund	586,475	303,126	587,937	754,707	166,770	28%
Federal Funds	987,799	349,332	669,575	981,041	311,466	47%
Special Funds	434,971	159,439	290,750	1,022,184	731,434	252%
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	
684 Extraordinary Repairs	0	0	0	0	0	
691 Equipment >\$5000	7,260	0	0	0	0	
693 IT Equip >\$5000	0	0	0	0	0	
TOTAL	7,260	0	0	0	0	
General Fund	7,260	0	0	0	0	
Federal Funds	0	0	0	0	0	
Special Funds	0	0	0	0	0	
GRANTS						
712 Grants - Non State	6,377,190	5,410,577	7,719,640	8,213,000	493,360	6%
722 Grants - In State	0	0	334,000	224,000	(110,000)	-33%
TOTAL	6,377,190	5,410,577	8,053,640	8,437,000	383,360	5%
General Fund	5,347,533	3,408,157	4,053,017	6,489,000	2,435,983	60%
Federal Funds	669,657	612,583	909,186	1,424,000	514,814	57%
Special Funds	360,000	1,389,837	3,091,437	524,000	(2,567,437)	-83%
SPECIAL LINES						
-71 Tobacco Prevention/Control	0	0	0	0	0	
-72 WIC Food Payments	0	0	0	0	0	
-78 Food & Lodging IMS	0	0	0	0	0	
-79 Medical Marijuana	77,305	607,754	1,465,704	0	(1,465,704)	
TOTAL	77,305	607,754	1,465,704	0	(1,465,704)	
General Fund	77,305	515,246	723,270	0	(723,270)	
Federal Funds	0	0	0	0	0	
Special Funds	0	92,508	742,434	0	(742,434)	
TOTAL	15,057,082	11,472,348	18,239,723	18,440,487	200,764	1%
General Fund	8,996,264	6,478,441	8,670,281	9,844,460	1,174,179	14%
Federal Funds	4,750,517	3,087,120	5,060,390	5,519,155	458,765	9%
Special Funds	1,310,301	1,906,787	4,509,052	3,076,872	(1,432,180)	-32%

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Summary of Federal & Special Funds

Federal Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Preventive Health Block Grant	78,880	(76,920)	1,960
Maternal and Child Health Block Grant	40,570	(15,570)	25,000
Public Health Emergency Preparedness Grant	155,448	(55,029)	100,419
Hospital Preparedness Grant		17,537	17,537
Emergency Medical Services for Children Grant		10,879	10,879
Diabetes, Hypertension, Stroke, Physical Activity (Formerly DHDOSH) CDC funding	47,581	(15,638)	31,943
Family Planning Services Grant	9,075	2,683	11,758
Maternal & Child Health Services Block Grant	24,962	(9,285)	15,677
WIC - Supplemental Food Program	9,075	724	9,799
Breast & Cervical Cancer Grant	9,050	(9,050)	-
Comprehensive Cancer Grant	5,671	8,047	13,718
Oral Disease Prevention Program	2,268	(2,268)	-
HRSA Oral Health Workforce Grant	5,671	208	5,879
STOP Violence Against Women Formula Grants	5,671	208	5,879
Federal Contract from Department of Environmental Quality		637,000	637,000
Epidemiology and Lab Capacity Grant	90,604	(90,604)	-
National Center for Health Statistics/Social Security Administration	404,234	(565)	403,669
Primary Care Services - Resource Coordination & Development Grant	334,373	(2,684)	331,689
Public Health Systems Grant	25,935	(25,935)	-
Health Equity Grant	102,933	(102,933)	-
Indirect Rate Collection	3,092,389	(1,167,638)	1,924,751
Federal State Loan Repayment Program (SLRP)	616,000	584,000	1,200,000
Unallocated Executive M365 Productivity		68,551	68,551
Unallocated Executive IT Unification		522,478	522,478
Unallocated Executive Compensation Package		180,569	180,569
Total Federal Funds	\$ 5,060,390	\$ 458,765	\$ 5,519,155

Special Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Environmental Health Practitioner License	1,750	260	2,010
UND Contract	214,800	-	214,800
Vital Records Postage	150,000	-	150,000
National Association for Public Health Statistics & Information Systems	35,000	(35,000)	-
Vital Records Fees		1,923,322	1,923,322
Cross Jurisdictional Sharing	30,000	(30,000)	-
Institutional Review Board Contract		12,000	12,000
Tobacco Prevention & Control Trust Fund - Medical / Behavioral Health Loan Repayment Program	723,640	(723,640)	-
Tobacco Prevention & Control Trust Fund - Local Public Health	2,000,000	(2,000,000)	-
Indirect Rate Collection	251,428	(172,588)	78,840
Medical Marijuana Fees	742,434	(742,434)	-
Dental Loan Repayment Program - Student Loan Trust Fund	360,000	(360,000)	-
Dental Loan Repayment Program - Community Health Trust Fund (CHTF)		324,000	324,000
Behavioral Health Loan - CHTF		200,000	200,000
Unallocated Executive M365 Productivity		13,710	13,710
Unallocated Executive IT Unification		55,354	55,354
Unallocated Executive Compensation Package		102,836	102,836
Total Special Funds	\$ 4,509,052	\$ (1,432,180)	\$ 3,076,872

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Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Legal - Attorney General	29,950	-	29,950	12,450	12,500	5,000
Audit	82,500	(12,500)	70,000	35,000	35,000	
Misc. Professional - Strategic Plan	20,000	(20,000)	-			
Healthy ND - Ehren's Consulting	58,880	(58,880)	-			
National Assn Public Hlth Stats & Info - State & Territorial Exchange of Vital Events (STEVE) System	15,000	(1,000)	14,000		5,500	8,500
Cross Jurisdictional Sharing	30,000	(30,000)	-			
Total Professional Services	\$ 236,330	\$ (122,380)	\$ 113,950	\$ 47,450	\$ 53,000	\$ 13,500

Information Technology Contractual Services

Description	2017-19 Current Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Nexus - Program Reporting System (PRS) Maintenance	26,000	26,000	52,000	26,000	26,000	
Nexus - PRS Enhancement	55,000	-	55,000	27,500	27,500	
Total IT Contractual Services	\$ 81,000	\$ 26,000	\$ 107,000	\$ 53,500	\$ 53,500	\$ -

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Grant Line Item

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Health Equity - NDSU	104,000	(104,000)	-			
Primary Care Grant - UND	230,000	(6,000)	224,000		224,000	
Local Public Health - State Aid	5,250,000	(525,000)	4,725,000	4,725,000		
Dental Loan Repayment Program	600,000	140,000	740,000	416,000		324,000
Medical Personnel Loan Repayment Program	480,000	224,000	704,000	704,000		
Behavioral Health Loan Repayment Program	243,640	120,360	364,000	164,000		200,000
Veterinarian Loan Repayment Program	530,000	(50,000)	480,000	480,000		
Federal State Loan Repayment Program (SLRP)	616,000	584,000	1,200,000		1,200,000	
Total Grants	\$ 8,053,640	\$ 383,360	\$ 8,437,000	\$ 6,489,000	\$ 1,424,000	\$ 524,000

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Temporary / Overtime Salaries

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Provide medical related expertise in situations that may arise within the Department. This is an ongoing cost.	15,000	-	15,000	7,500	7,500	
Overtime for staff in the accounting division during heavy workload periods. This is an ongoing cost.	15,000	-	15,000	7,500		7,500
Compensation for Health Council members. This is an ongoing cost.	16,000	-	16,000	16,000		
Additional time for Field Medical Officer. This is an ongoing cost.	56,400	21,360	77,760	38,880		38,880
Grant Management Coordinator (2) - Provides ongoing fiscal services for the Emergency Preparedness and Response Section by monitoring local public health and ambulance provider activity to ensure that activity is aligned with the grant's expectation. Also, assists with the federal financial reporting of the Public Health Preparedness and Hospital Preparedness grant awards and conducts program audits with sub awardees. This is an ongoing cost.	213,362	(23,362)	190,000	89,300		100,700
Provide staffing for scanning in Vital Records if the work extends beyond current biennium. This is not an ongoing cost.	40,000	(30,000)	10,000			10,000
Additional time for staff to assist in Public Health projects.	41,760	(41,760)	-			
Total Temporary and Overtime	\$ 397,522	\$ (73,762)	\$ 323,760	\$ 159,180	\$ 164,580	\$ -

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House Appropriations Committee
Human Resources Division

Loan Repayment Program

2019-2021 Biennium

LOAN REPAYMENT PROGRAM FACTS

NORTH DAKOTA HEALTH CARE PROFESSIONAL Student Loan Repayment Program

ELIGIBLE DISCIPLINES

- Physicians
- Advanced Practice Registered Nurses
- Physician Assistants
- Clinical Psychologists
(licensed by the State Board of Psychologist Examiners)
- Behavioral Health Professionals:
- Licensed Addiction Counselors
- Licensed Social Workers
- Registered Nurses
- Specialty Practice Registered Nurses

WHERE PROVIDERS SERVE

Providers must serve in areas of the state with a defined need for such services.

FINANCIAL BENEFITS

Providers can enter into an agreement up to 5 years.

Discipline	State Match	Community Match
Physician	\$100,000	\$50,000
APRN, PA	\$20,000	\$2,000
Clinical Psychologist	\$60,000	\$15,000
Behavioral Health	\$20,000	\$2,000

PROVIDER SELECTION CRITERIA

- Health care professional's specialty
- Need for the specialty in the area
- Education and experience
- Date of availability and anticipated term of availability
- Willingness to accept Medicaid and Medicare patients
- Length of residency in North Dakota
- Attendance at an in-state or out-of-state institution

COMMUNITY SELECTION CRITERIA

Public and private entities are eligible for this program.

Site criteria is based on the following factors:

- Located in an area that is statistically under served
- Located at least 20 miles outside the boundary of a city with more than 40,000

NORTH DAKOTA DENTAL Loan Repayment Program

ELIGIBLE DISCIPLINES

General/Pediatric Dentistry (DDS, DMD)

WHERE PROVIDERS SERVE

Dentists must serve a public health clinic, practice with a focus on an under served population, or a nonprofit clinic.

FINANCIAL BENEFITS

Providers can enter into an agreement up to 5 years for a total award of \$100,000.

PROVIDER SELECTION CRITERIA

- Be fully licensed to practice in North Dakota;
- Dentist located in a federally designated Dental Health Professional Shortage Area or a state-defined critical shortage area;
- Dentists trained in general or pediatric dentistry or in a dental specialty where such services are needed in the identified city or surrounding areas;
- Accept Medicare and Medicaid patients; and
- A dentist selected for loan repayment who practices within fifteen miles (24.14 kilometers) of the city limits of one of the three largest cities in the state must:
 - have received dental medical payments of twenty thousand dollars in the form of medical assistance reimbursement; or
 - have practiced at least two full workdays per week at a public health clinic or a nonprofit dental clinic that uses a sliding fee schedule for patient billing.

COMMUNITY SELECTION CRITERIA

- Priority is given to sites or clinics in the following categories: dental services provided in a public health clinic, a practice with a focus on an under served population, or a nonprofit dental clinic.



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 North Dakota State Loan Repayment Programs
<http://www.ndhealth.gov/pco/main.asp>
<https://ruralhealth.und.edu/projects/primary-care-office>

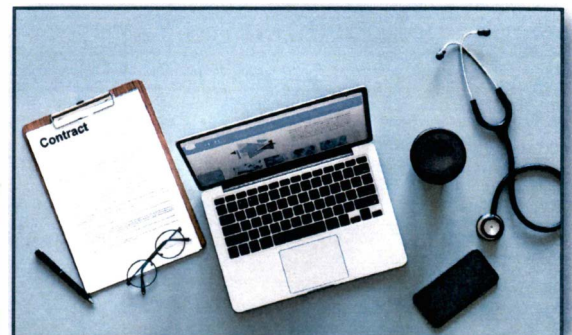
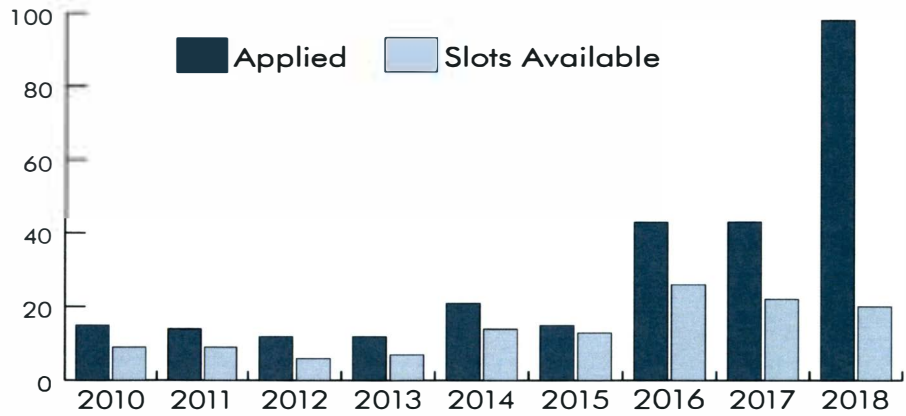


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LOAN REPAYMENT APPLICATIONS RECEIVED VS SLOTS AVAILABLE

Summary of total loan repayment applicants verses the number of awards available based on funding for the years 2010 through 2018.

Includes Dentists, Physicians, Advanced Practice Providers (PA & NP), Psychologists and Behavioral Health Providers.



THE NEED VS FUNDING AVAILABLE

	Dentists	Physicians	Advanced Practice Providers (PA & NP)	Psychologists	Behavioral Health Providers
2010					
Number Applied	8	4	3	n/a	n/a
Number Available to Award based on funding	3	4	2	n/a	n/a
2011					
Number Applied	8	3	3	n/a	n/a
Number Available to Award based on funding	3	3	3	n/a	n/a
2012					
Number Applied	8	4	0	n/a	n/a
Number Available to Award based on funding	3	3	info unavailable	n/a	n/a
2013					
Number Applied	8	4	0	n/a	n/a
Number Available to Award based on funding	3	4	info unavailable	n/a	n/a
2014					
Number Applied	5	12	4	n/a	n/a
Number Available to Award based on funding	3	7	4	n/a	n/a
2015					
Number Applied	5	3	7	n/a	n/a
Number Available to Award based on funding	3	3	7	n/a	n/a
2016					
Number Applied	8	7	11	1	16
Number Available to Award based on funding	8	3	4	1	10
2017					
Number Applied	9	11	12	1	10
Number Available to Award based on funding	4	4	4	1	9
2018					
Number Applied	7	7	15	5	64
Number Available to Award based on funding	4	4	4	2	6

<p>PHYSICIANS 1993-2018</p> <p>55 CONTRACTS COMPLETED</p> <p>71%</p> <p>OF THE CONTRACTED REMAIN IN ND</p>	<p>DENTISTS 2001-2018</p> <p>43 CONTRACTS COMPLETED</p> <p>86%</p> <p>OF THE CONTRACTED REMAIN IN ND</p>	<p>PHYSICIAN ASSISTANTS 1994-2018</p> <p>14 CONTRACTS COMPLETED</p> <p>79%</p> <p>OF THE CONTRACTED REMAIN IN ND</p>	<p>NURSE PRACTITIONERS 1997-2018</p> <p>15 CONTRACTS COMPLETED</p> <p>87%</p> <p>OF THE CONTRACTED REMAIN IN ND</p>
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ND Department of Health
HB 1004
House Appropriations Committee - Human Resources Division
Loan Repayment Program

HB 1004
1/22/2019
E

Description	2017 - 2019 Final Budget				2019 - 2021 Executive Budget					Change from 2017 -19 Final Budget to 2019 -21 Executive Budget				
	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total
Dental	240,000	360,000	-	600,000	416,000	-	-	324,000	740,000	176,000	(360,000)	-	324,000	140,000
Medical			480,000	480,000	704,000	-	-	-	704,000	704,000	-	(480,000)	-	224,000
Behavioral Health			243,640	243,640	164,000	-	-	200,000	364,000	164,000	-	(243,640)	200,000	120,360
Veterinarians	530,000			530,000	480,000	-	-	-	480,000	(50,000)	-	-	-	(50,000)
Total	770,000	360,000	723,640	1,853,640	1,764,000	-	-	524,000	2,288,000	994,000	(360,000)	(723,640)	524,000	434,360

Medical Personnel Loan Repayment Program

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2017-19
Executive Budget

General Funds	0
Special Funds	480,000
Total	480,000

2019-21
Executive Budget

General Funds	704,000
Special Funds	0
Total	704,000

Participants

		2017-19 Executive Budget				2019-21 Estimated Expenditures				Total		
		FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date	Contract		
PHYSICIANS:												
Fargo SEHSC	Molly Orcutt-Woods, DO		#2							0		
Devils Lake	Stephanie Foughty, MD	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000		
Minot	Jacqueline Bell, DO		#4							0		
Minot	Michael Dallolio, ND	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000		
ADVANCED PRACTICE												
Underwood/Wash	Kerri Benning, FNP-C		FY 17 #1	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Mohall	Ruth Stanley, FNP-C		#2	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Crosby	Christine Knudsvig, ANP		#3	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Elgin	Arthur Renner, PA-C		#4							4,000		
Subtotal		\$52,000		\$52,000		\$52,000		\$52,000		476,900		
PRIOR BIENNIUM LOANS TOTAL				\$104,000				\$104,000				
PHYSICIANS:												
Fargo Prairie St.	Eric Tee, MD		FY18 #1	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Grafton	Matthew Viscito, MD		#2	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Jamestown RMC	Bailey Runkles, MD		#3	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Minot	Jessie Fountleroy, MD		#4	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Jamestown Sanfc	Justin Rosenau, MD		#5	20,000	Jun-18	10,000	Jun-19					30,000
ADVANCED PRACTICE:												
Cavalier	Laura Ermer, PA		FY18 #1	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Dickinson CHI	DesiRae Dinius, PA		#2	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Dickinson Sanfor	Whitney Champa, PA		#3	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Hettinger	Megan Oase, NP		#4	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Subtotal		\$116,000		\$106,000		\$96,000		\$96,000		510,000		
PRIOR BIENNIUM LOANS TOTAL				\$222,000				\$192,000				

Participants		2017-19 Executive Budget				2019-21 Estimated Expenditures				Total Contract
		FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date	
		PHYSICIANS:								
Various	Tara Mertz-Hack	FY19	#1	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	89,420.00
Fargo - SEHSC	Lori Jo Esprit		#2	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	65,859.00
Bismarck	Stephanie Jallen		#3	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000.00
Entire State	Justin Horner		#4	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000.00
		ADVANCED PRACTICE:								
Rugby	Chelsey Wyatt	FY19	#1	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
various	Nicole Lemieux		#2	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Tioga	Jeffrey Moberg		#3	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
ND State Hos.	Candida Hoggarth-Baldwin		#4	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
		Subtotal		<u>\$0</u>		<u>\$96,000</u>		<u>\$96,000</u>		435,279
		CURRENT BIENNIUM LOANS TOTAL				<u>\$96,000</u>		<u>\$192,000</u>		
		PHYSICIANS:								
	New Physician Contracts (3)	FY20				60,000	Jun-20	60,000	Jun-21	300,000
	New Physician Contracts (3)	FY21						60,000	Jun-21	300,000
		ADVANCED PRACTICE:								
	New Advanced Practice Contracts (3)	FY20				12,000	Jun-20	12,000	Jun-21	60,000
	New Advanced Practice Contracts (3)	FY21						12,000	Jun-21	60,000
		Subtotal				<u>\$72,000</u>		<u>\$144,000</u>		720,000
		PROPOSED 2019-21 LOANS TOTAL						<u>\$216,000</u>		
TOTAL MEDICAL PERSONNEL LOAN REPAYMENT PROGRAM						<u>\$422,000</u>		<u>\$704,000</u>		

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Dental Loan Repayment Program

2017-19 Executive Budget	
General Funds	240,000
Special Funds	360,000
Total	600,000

2019-21 Executive Budget	
General Funds	416,000
Special Funds	324,000
Total	740,000

Participants			2017-19 Executive Budget				2019-21 Estimated Expenditures				Total Contract
			FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date	
Minot	Hensen, Jerik	#2	20,000	Jun-18							80,000
Fargo/Grand Forks	Trout, Carl	#3	20,000	Jun-18							80,000
		Subtotal	\$40,000		\$0						\$520,000
PRIOR BIENNIUM LOANS TOTAL					\$40,000						
Turtle Lake	Whitney Bruins, DDS	FY 16 #1		Jun-18		Jun-19					0
Beulah	Jessica Weiss, DDS	#2	20,000	Jun-18	20,000	Jun-19					80,000
Williston	Jordan York, DDS	#3	20,000	Jun-18	20,000	Jun-19					80,000
Watford City	Monti Bulzomi, DDS	FY 17 #1	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Bowman	Weston Hafner, DDS	#2	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Harvey	Clinton Miller, DDS	#3	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Dickinson	Samuel Sticka, DMD	#4	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Dickinson	April Robinson, DMD	#5	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Bismarck	Drew Goebel, DDS	#6	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Bis. Bridging Dental Gap	Alexa Carlson, DDS	#7									
Bis. Bridging Dental Gap	Sarah Mertz, DDS	#8									
		Subtotal	\$160,000		\$160,000		\$120,000		\$120,000		\$760,000
PRIOR BIENNIUM LOANS TOTAL					\$320,000				\$240,000		
Bis. Bridging Dental Gap	Alexa Carlson, DDS	FY18 #1	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Bis. Bridging Dental Gap	Sarah Mertz, DDS	#2	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Rugby	Sara Kleven, DDS	#3	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Cavalier	Joseph Allred, DDS	#4	20,000	Jun-18	20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
		Subtotal	\$80,000		\$80,000		\$80,000		\$80,000		\$400,000
PRIOR BIENNIUM LOANS TOTAL					\$160,000				\$160,000		
Family Hlth Ctr Fargo	Amanda Terveen	FY19 #1			20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Family Hlth Ctr Fargo	Devin Walker	#2			20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Minot	Taylor Zmoos	#3			20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
Park River, Grafton	Paul Dusek	#4			20,000	Jun-19	20,000	Jun-20	20,000	Jun-21	100,000
		Subtotal	\$0		\$80,000		\$80,000		\$80,000		\$400,000
CURRENT BIENNIUM LOANS TOTAL					\$80,000				\$160,000		
	New Dental Contracts (3)	FY20					60,000	Jun-20	60,000	Jun-21	100,000
	New Dental Contracts (3)	FY21							60,000	Jun-21	100,000
		Subtotal					\$60,000		\$120,000		\$200,000
PROPOSED 2019-21 LOANS TOTAL									\$180,000		
TOTAL DENTAL PERSONNEL LOAN REPAYMENT PROGRAM					\$600,000				\$740,000		

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Veterinarian Loan Repayment Program

2017-19 Executive Budget		2019-21 Executive Budget	
General Funds	530,000	General Funds	480,000
Special Funds		Special Funds	
Total	530,000	Total	480,000

Participants

Participants	2017-19 Executive Budget				2019-21 Estimated Expenditures				Total Vet. Loan		
	FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date			
Steele	Christina Burgard, Steele	FY 14	#1	25,000	Mar-18				80,000		
NDSU	Brent Webb, NDSU		#2						55,000		
Watford City	Seth Neinhueser, Watford City		#3	25,000	Mar-18				80,000		
Hettinger	Lindy West, Hettinger		#4	25,000	Mar-18				80,000		
Towner	Clayton Thorson	FY 15	#1	25,000	Feb-18	25,000	Feb-19		80,000		
Beulah	Casey Cloutier		#2						30,000		
Beulah	Adrien Cloutier		#3						30,000		
W Burleigh / E Morton	Tyler Bennett		#4	25,000	Feb-18	25,000	Feb-19		80,000		
	Subtotal			\$125,000		\$50,000			\$515,000		
	PRIOR BIENNIUM LOANS TOTAL					\$175,000					
Ashley	Andrew Ludvigson, DVM	FY 16	#1	15,000	Mar-18	25,000	Mar-19	25,000	Mar-20	80,000	
McClusky	Andrea Schlafmann, DVM		#2	15,000	Mar-18	25,000	Mar-19	25,000	Mar-20	80,000	
Steele	Nickolas Hart, DVM		#3	15,000	Mar-18	25,000	Mar-19	25,000	Mar-20	80,000	
New Salem	Blake Aiton, DVM	FY 17	#1	15,000	Oct-17	15,000	Mar-19	25,000	Mar-20	80,000	
Glen Ullin	Colin Bell, DVM	FY 17	#2	15,000	Oct-17	25,000	Mar-19	25,000	Mar-20	90,000	
Mandan / surrding counties	Andrea Rusch, DVM	FY 17	#3	15,000	Oct-17	15,000	Mar-19	25,000	Mar-20	80,000	
	Subtotal			\$ 90,000		\$ 130,000		\$ 150,000	\$ 75,000	490,000	
	PRIOR BIENNIUM LOANS TOTAL					\$220,000		\$ 225,000			
Amanda Uran, DVM		FY18	#1			15,000	Oct-18	15,000	Mar-20	25,000	80,000
Katie Findlay, DVM		FY18	#2			15,000	Oct-18	15,000	Mar-20	25,000	80,000
Sara Fridrych, DVM		FY18	#3			15,000	Oct-18	15,000	Mar-20	25,000	80,000
New Vet Contracts (3)		FY19						45,000	Oct-19	45,000	240,000
	Subtotal			\$0		\$45,000		\$90,000	\$120,000	480,000	
	CURRENT BIENNIUM LOANS TOTAL					\$45,000		\$210,000			
New Vet Contracts (3)		FY20							45,000	Oct-20	240,000
New Vet Contracts (3)		FY21									240,000
	Subtotal							\$0	\$45,000	\$480,000	
	PROPOSED 2019-21 LOANS TOTAL								\$45,000		
TOTAL VETERINARIAN LOAN REPAYMENT PROGRAM						\$440,000			\$480,000		

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Behavioral Health Loan Repayment Program

2017-19 Executive Budget		2019-21 Executive Budget	
General Funds		General Funds	164,000
Special Funds	243,640	Special Funds	200,000
Total	243,640	Total	364,000

Participants

				2017-19 Executive Budget				2019-21 Estimated Expenditures				Total Contract			
				FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date				
LSW, Licensed Prof. Couns.															
Addiction Couns., RN, LPNs															
Minot	Kiley Andreas	FY 17	#1	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Fort Totten/ DL	Lisa Shuster, LICSW		#2	3,377	Jun-18							7,377			
State Hospital - James Leigh McKenzie, RN			#3	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Walsh Co Social Servi	Seri Gerszewski, LSW		#4	4,000	Jun-18	3,006	Jun-19					11,006			
Sentinnel Butte Home	Jodi Ebel, LAC		#5	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Sentinnel Butte Home	Jessica Veroline, LICSW		#6									0			
Sentinnel Butte Home	Tara Losinski, LAC		#7	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Dickinson HS	Lauren Roemmich, LCSW		#8	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Jamestown SCHSC	Chelsea Modlin, LCSW		#9	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Bismarck - State Pen	Brian Williams, LAC		#10	4,000	Jun-18	1,257	Jun-19					9,257			
Mandan Youth Correct	Jenna Johnson, LPC		#11	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Psychologists															
Fargo	Robyn Maley, PsyD	FY 17	#1	12,000	Jun-18	12,000	Jun-19	12,000	Jun-20	12,000	Jun-21	60,000			
	not filled - expended above		#2	0		0						0			
	not filled - expended above		#3	0		0						0			
Subtotal				\$51,377		\$44,263		\$40,000		\$40,000		\$227,640			
PRIOR BIENNIUM LOANS TOTAL						\$95,640				\$80,000					
LSW, Licensed Prof. Couns.															
Addiction Couns., RN, LPNs															
Drake Counseling Sen	Jamie Johnson, LAC/LPC	FY 18	#1	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Dakota Boys & Girls R	Nikki Lambert, RN		#2	2,667	Jun-18		Jun-19		Jun-20		Jun-21	2,667			
Dakota Boys & Girls R	Jamie Barnett, LAC/LPC		#3	2,667	Jun-18		Jun-19		Jun-20		Jun-21	2,667			
Bottineau Good Samai	Nancy Stute, LSW		#4	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Creative Therapy Valle	Jennifer Eberle, LPC		#5	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Valley Community Hea	Kayla Hochstetler, LSW		#6	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
Sanford Health Valley	Antonia Popo, LSW		#7	4,000	Jun-18	4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000			
ND Youth Correctional	Rhianon Korbyn, NP		#8	4,000	Jun-18	4,000	Jun-19	2,000	Jun-20			10,000			
Psychologists															
Dakota Boys & Girls R	Meryl Willert, PhD		#1	12,000	Jun-18	12,000	Jun-19	2,000	Jun-20			26,000			
Subtotal				\$41,334		\$36,000		\$24,000		\$20,000		\$141,334			
CURRENT BIENNIUM LOANS TOTAL						\$77,334				\$44,000					

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Participants			2017-19 Executive Budget				2019-21 Estimated Expenditures				Total Contract
			FY 2018	Pmt Date	FY 2019	Pmt Date	FY 2020	Pmt Date	FY 2021	Pmt Date	
<u>LSW, Licensed Prof. Couns.</u>											
<u>Addiction Couns., RN, LPNs</u>											
NEHSC - Grand Forks	Cynthia McMillan	FY19 #1			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
WCHSC - Bismarck	Justun Kitzan	#2			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
BLHSC - Dickinson	Kori Stockie	#3			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
SEHSC - Fargo	Randi Berglund	#4			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Park River	Emily Koenig	#5			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
Hettinger	Jacquelyn Hedstrom	#6			4,000	Jun-19	4,000	Jun-20	4,000	Jun-21	20,000
<u>Psychologists</u>											
Red River Valley	Nicola Herting	FY19 #1			12,000	Jun-19	12,000	Jun-20	12,000	Jun-21	52,668
Fargo	Nicole Hillman	#2			12,000	Jun-19	12,000	Jun-20	12,000	Jun-21	60,000
	New Psychologist Contracts (2)										
		Subtotal			<u>\$0</u>		<u>\$48,000</u>		<u>\$48,000</u>		<u>\$232,668</u>
<u>CURRENT BIENNIUM LOANS TOTAL</u>							<u>\$48,000</u>		<u>\$96,000</u>		
<u>LSW, Licensed Prof. Couns.</u>											
<u>Addiction Couns., RN, LPNs</u>											
	New Behavioral Health Contracts (6)	FY20					24,000	Jun-20	24,000	Jun-21	120,000
	New Behavioral Health Contracts (6)	FY21							24,000	Jun-21	120,000
<u>Psychologists</u>											
	New Psychologist Contracts (2)	FY20					24,000	Jun-20	24,000	Jun-21	120,000
	New Psychologist Contracts (2)	FY21							24,000	Jun-21	120,000
		Subtotal					<u>\$48,000</u>		<u>\$96,000</u>		<u>\$480,000</u>
<u>PROPOSED 2019-21 LOANS TOTAL</u>									<u>\$144,000</u>		
TOTAL BEHAVIORAL HEALTH LOAN REPAYMENT PROGRAM									<u>\$364,000</u>		



**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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**SALARIES AND WAGES
FTE EMPLOYEES (Number)**

511 Salaries
513/514 Temporary, Overtime
516 Benefits

TOTAL

General Fund
Federal Funds
Special Funds

OPERATING EXPENSES

521 Travel
531 IT - Software/Supp.
532 Professional Supplies & Materials
533 Food & Clothing
534 Buildings/Vehicle Maintenance Supplies
535 Miscellaneous Supplies
536 Office Supplies
541 Postage
542 Printing
551 IT Equip Under \$5000
552 Other Equip Under \$5000
553 Office Equip Under \$5000
561 Utilities
571 Insurance
581 Lease/Rentals - Equipment
582 Lease \Rentals-- Buildings./Land
591 Repairs
601 IT-Data Processing
602 IT-Telephone
603 IT - Contractual Services
611 Professional Development
621 Operating Fees & Services
623 Professional Services
625 Medical, Dental, and Optical

TOTAL

General Fund
Federal Funds
Special Funds

CAPITAL ASSETS

683 Other Capital Payments
684 Extraordinary Repairs
691 Equipment >\$5000
693 IT Equip >\$5000

TOTAL

General Fund
Federal Funds
Special Funds

GRANTS

712 Grants - Non State
722 Grants - In State

TOTAL

General Fund
Federal Funds
Special Funds

TOTAL

General Fund
Federal Funds
Special Funds

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
FTE EMPLOYEES (Number)	17.00	16.50	16.50	15.50	(1.00)	-6%
511 Salaries	1,868,188	1,145,482	1,764,531	1,834,417	69,886	4%
513/514 Temporary, Overtime	699,160	708,755	770,717	809,698	38,981	5%
516 Benefits	997,358	638,394	1,099,506	1,169,938	70,432	6%
TOTAL	3,564,706	2,492,631	3,634,754	3,814,053	179,299	5%
General Fund	1,138,528	720,240	957,322	1,290,485	333,163	35%
Federal Funds	2,273,042	1,316,956	2,577,432	2,523,568	(53,864)	-2%
Special Funds	153,136	455,435	100,000	0	(100,000)	
OPERATING EXPENSES						
521 Travel	398,624	192,675	179,640	149,649	(29,991)	-17%
531 IT - Software/Supp.	130,005	89,228	95,896	95,896	0	0%
532 Professional Supplies & Materials	73,289	44,818	26,904	26,904	0	0%
533 Food & Clothing	354,828	334	3,655	3,655	0	0%
534 Buildings/Vehicle Maintenance Supplies	129,778	84,473	99,997	99,997	0	0%
535 Miscellaneous Supplies	36,309	12,478	41,170	42,675	1,505	4%
536 Office Supplies	19,794	11,247	14,939	14,939	0	0%
541 Postage	13,628	10,880	11,538	11,538	0	0%
542 Printing	22,726	19,956	26,130	26,130	0	0%
551 IT Equip Under \$5000	39,235	168,441	23,475	89,950	66,475	283%
552 Other Equip Under \$5000	93,772	36,271	0	0	0	
553 Office Equip Under \$5000	4,947	535	0	0	0	
561 Utilities	43,138	28,947	54,403	54,403	0	0%
571 Insurance	82,823	45,166	84,400	87,400	3,000	4%
581 Lease/Rentals - Equipment	24,435	18,852	15,046	15,046	0	0%
582 Lease \Rentals-- Buildings./Land	1,034,977	882,389	1,191,117	1,199,092	7,975	1%
591 Repairs	130,373	185,310	119,052	119,052	0	0%
601 IT-Data Processing	274,058	152,737	229,466	242,571	13,105	6%
602 IT-Telephone	154,083	117,516	159,010	159,010	0	0%
603 IT - Contractual Services	50,470	32,810	56,050	348,300	292,250	521%
611 Professional Development	60,001	28,838	43,751	57,251	13,500	31%
621 Operating Fees & Services	1,605,672	132,522	74,709	74,709	0	0%
623 Professional Services	998,675	325,642	959,210	840,300	(118,910)	-12%
625 Medical, Dental, and Optical	1,085,852	226,105	174,967	472,628	297,661	170%
TOTAL	6,861,492	2,848,170	3,684,525	4,231,095	546,570	15%
General Fund	1,292,950	516,728	1,282,789	1,134,217	(148,572)	-12%
Federal Funds	3,047,388	1,987,869	2,178,826	2,866,878	688,052	32%
Special Funds	2,521,154	343,573	222,910	230,000	7,090	3%
CAPITAL ASSETS						
683 Other Capital Payments	264,933		0	0	0	
684 Extraordinary Repairs	58,285		0	0	0	
691 Equipment >\$5000	218,212	107,277	859,000	835,500	(23,500)	-3%
693 IT Equip >\$5000	319,847	310,817	500,000	0	(500,000)	
TOTAL	861,277	418,094	1,359,000	835,500	(523,500)	-39%
General Fund	561,713	8,651	0	0	0	
Federal Funds	136,253	134,831	859,000	835,500	(23,500)	-3%
Special Funds	163,311	274,612	500,000	0	(500,000)	
GRANTS						
712 Grants - Non State	13,339,114	7,959,855	14,246,223	14,447,372	201,149	1%
722 Grants - In State	0		0	179,500	179,500	100%
TOTAL	13,339,114	7,959,855	14,246,223	14,626,872	380,649	3%
General Fund	7,081,340	4,015,581	6,471,000	6,964,000	493,000	8%
Federal Funds	5,033,035	3,024,012	6,091,715	6,307,872	216,157	4%
Special Funds	1,224,739	920,262	1,683,508	1,355,000	(328,508)	-20%
TOTAL	24,626,589	13,718,750	22,924,502	23,507,520	583,018	3%
General Fund	10,074,531	5,261,200	8,711,111	9,388,702	677,591	8%
Federal Funds	10,489,718	6,463,668	11,706,973	12,533,818	826,845	7%
Special Funds	4,062,340	1,993,882	2,506,418	1,585,000	(921,418)	-37%

**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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Summary of Federal & Special Funds

Federal Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Public Health Emergency Preparedness Grant	8,158,255	321,348	8,479,603
Opioid Crisis Response Grant		216,720	216,720
Hospital Preparedness Grant	1,888,598	82,411	1,971,009
Hospital Preparedness Grant - Ebola	1,376,098	-	1,376,098
Emergency Medical Services for Children Grant	257,045	26,983	284,028
DOT Traffic Analyst	26,977	53,023	80,000
Unallocated Executive Compensation Package		126,360	126,360
Total Federal Funds	\$ 11,706,973	\$ 826,845	\$ 12,533,818

Special Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Insurance Tax Distribution Fund - Rural Assistance for Local Ambulance	1,250,000	(125,000)	1,125,000
Helmsley Foundation Grant	500,000	(40,000)	460,000
Tobacco Prevention & Control Trust Fund - Cardiac System of Care	150,000	(150,000)	-
Tobacco Prevention & Control Trust Fund - Stroke System Funding	606,418	(606,418)	-
Total Special Funds	\$ 2,506,418	\$ (921,418)	\$ 1,585,000

**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Consulting for Health Alert Network	12,000	-	12,000		12,000	
Opioid Crisis Response Contracts		22,400	22,400		22,400	
Kreisers-Pharmaceutical Supply	3,110	1,890	5,000		5,000	
Legal	9,500	-	9,500	9,500		
Stroke System of Care - Training	138,700	(113,700)	25,000	25,000		
Cardiac System of Care - Training	150,000	(120,000)	30,000	30,000		
Cardiac / Stroke Site Visits	96,000	-	96,000	96,000		
Trauma - Medical Director	166,250	-	166,250	166,250		
Trauma - Advance Life Support Training	57,000	(20,000)	37,000	37,000		
Trauma - Site Visits	96,000	-	96,000	96,000		
Trauma - Development Course	71,250	-	71,250	71,250		
Trauma - Registry	39,900	-	39,900	39,900		
Community Paramedic Training	119,500	(119,500)	-			
Stroke / Cardiac Services to Communities	-	230,000	230,000			230,000
Total Professional Services	\$ 959,210	\$ (118,910)	\$ 840,300	\$ 570,900	\$ 39,400	\$ 230,000

Information Technology Contractual Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Health Alert Network		30,000	30,000		30,000	
Trauma Maintenance Clinical Data Management	35,550	(3,250)	32,300	32,300		
Emergency Medical Systems - Personnel and Service Registry	20,500	139,500	160,000	80,000	80,000	
Emergency Medical Systems - Data System		126,000	126,000	126,000		
Total IT Contractual Services	\$ 56,050	\$ 292,250	\$ 348,300	\$ 238,300	\$ 110,000	\$ -

**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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Grant Line Item

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Public Health Emergency Preparedness LPHU	3,470,792	-	3,470,792		3,470,792	
Public Health Emergency Preparedness Tribal Health Agencies	39,000	-	39,000		39,000	
Public Health Emergency Preparedness City Readiness Initiative	305,280	-	305,280		305,280	
Public Health Emergency Preparedness Health Alert Network	251,800	-	251,800		251,800	
Opioid Crisis Response Grants	-	179,500	179,500		179,500	
Hospital Preparedness Program Grants to Associations	743,572	11,428	755,000		755,000	
Hospital Preparedness Program Ebola	1,281,271	25,229	1,306,500		1,306,500	
Emergency Medical Systems Stroke Registry & Data Extraction	357,508	(29,508)	328,000	328,000		
Emergency Medical Systems Stroke Mini Grants	76,000	(76,000)	-			
Emergency Medical Systems Training Grants for Local Ambulance	846,000	-	846,000	846,000		
Emergency Medical Systems Rural Assistance Grants for Local Ambulance	6,875,000	-	6,875,000	5,750,000		1,125,000
Emergency Medical Systems Cardiac Registry		40,000	40,000	40,000		
Emergency Medical Systems Stroke / Cardiac Grants to Communities		230,000	230,000			230,000
Total Grants	\$ 14,246,223	\$ 380,649	\$ 14,626,872	\$ 6,964,000	\$ 6,307,872	\$ 1,355,000

**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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Equipment > \$5,000

Description\Narrative	Quantity	Base Price	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Emergency Response Health & Medical Trailers (53')	7	9,500	66,500		66,500	
Liftgates for Emergency Response Health & Medical Trailers (53')	7	8,000	56,000		56,000	
Refrigerated/Heated Emergency Health & Medical Trailers with Liftgates (53')	3	12,000	36,000		36,000	
Radio Frequency Identification System for State Medical Cache	1	35,000	35,000		35,000	
Off-Road Utility Vehicles for Field Operations	4	7,500	30,000		30,000	
Disaster Relief Rapid Response Mobile Kitchen (53')	3	110,000	330,000		330,000	
Emergency Response Mobile Sleeping Quarters (53')	4	54,000	216,000		216,000	
Emergency Response Health & Medical Trailers (32')	4	16,500	66,000		66,000	
Total Equipment > \$5,000			\$ 835,500	\$ -	\$ 835,500	\$ -

**North Dakota Department of Health
Emergency Preparedness and Response
2019-21 Executive Budget**

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Temporary / Overtime Salaries

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
CDL Driver - Operates semi tractors for transportation of medical cache assets and operates ambulance bus (ambus) vehicles. This is an ongoing cost.	35,992	35,992	71,984		71,984	
Warehouse Worker - Assists the warehouse manager who is responsible for maintaining the state's medical cache warehouse activity. This is an ongoing cost.	143,024	(71,512)	71,512		71,512	
Program Representatives (2) - Assists with implementing all preparedness and planning activities as related to Public Health Preparedness capabilities. This is an ongoing cost.	210,640	(10,640)	200,000		200,000	
Administrative Assistant - Provides ongoing administrative support to staff in Emergency Preparedness and Response.	64,271	(8,271)	56,000		56,000	
Network Engineer - Provides ongoing services by configuring communications networks for the program and assists with programming and installation of a variety of equipment used for emergency deployments.	17,140	-	17,140		17,140	
Overtime for Staff - There are times when it will be necessary to have staff work additional hours to prepare for Emergency Preparedness and Response grant award activity. This is an ongoing cost.	53,760	16,383	70,143	14,383	55,760	
Pager Pay - Provides ongoing services for the North Dakota Department of Health which utilizes emergency pagers which require 24/7 response.	52,404	7,200	59,604	7,200	52,404	
IT Support Specialist - Provides technical support and equipment maintenance to end users and software systems used by hospitals and long term care.		10,000	10,000		10,000	
Program Representative for Opioid Crisis Response Grant - Assists with coordination of the Opioid grant. This is a one-time cost.		13,315	13,315		13,315	
Emergency Medical Systems Community Paramedic Coordinator - Provides ongoing services with establishing and defining the Community Paramedic Program and career for the state.	53,486	(53,486)	-			
Emergency Medical Systems Stroke Prevention - Provides ongoing services with establishing and defining the Stroke Prevention Program and career for the state.	140,000	-	140,000	140,000		
Emergency Medical Services for Children Coordinator - manages the federal EMSC project. This is an ongoing cost		100,000	100,000		100,000	
Total Temporary and Overtime	\$ 770,717	\$ 38,981	\$ 809,698	\$ 161,583	\$ 648,115	\$ -



North Dakota Department of Health
HB 1004
House Appropriations Committee
Human Resources Section
2019-2021 Biennium

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	<u>Location</u>	<u>Sq. Ft.</u>	<u>Rate/Sq. Ft.</u>	<u>Monthly</u>	<u>Annual</u>	<u>Biennium</u>
<u>Office Space</u>						
Aetna Life Insurance Co.	1720 Burlington, Suite 102, Bismarck	19,840	11.90	19,675	236,096	472,192
<u>Warehouse</u>						
HD Partners LLP	1509 Grumman Lane, Bismarck	41,417	7.40	25,541	306,486	612,972
Division of Emergency Services	Highway 10, Bismarck			380	4,560	9,120
Total Rent: Office and Warehouses						1,094,284
Sullivans (Trailers)						26,400
Estimated Share of Real Estate Taxes						78,408
Total Rent / Leases Building in Executive Recommendation						\$ 1,199,092

Note: Effective July 1, 2019 rental rate will increase to \$12.50 per square foot with change in landlord.

<i>Bismarck Industries</i>	<i>1720 Burlington, Suite 102, Bismarck</i>	<i>19,840</i>	<i>12.50</i>	<i>20,667</i>	<i>248,000</i>	<i>496,000</i>
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Health

North Dakota Department of Health
 HB 1004
 House Appropriations Committee - Human Resources Division
 History of Emergency Medical Services Funding

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	Biennium Appropriated Funds														Executive Budget	
	1989-91	1991-93	1993-95	1995-97	1997-99	1999-01	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17		2017-19
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	846,000	846,000
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	7,500,000	6,875,000	6,875,000
	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	8,440,000	7,721,000	7,721,000
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	7,190,000	6,471,000	6,596,000
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	1,250,000	1,125,000
	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	8,440,000	7,721,000	7,721,000
												See Note 1	See Note 2	See Note 3		

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: For the 2015-17 biennium, \$6 million of additional funding for EMS providers has been included in HB 1176. The funding is appropriated from the Oil and Gas Impact Grant Fund. Additionally, Legislative intent included in HB 1004 requires that at least 85% of the Rural EMS Assistance Grants be distributed to EMS providers that do not receive an oil impact grant.



ND Department of Health
HB 1004
House Appropriations Committee - Human Resources Division
History of Funding for Local Public Health

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	2007-09	2009-11	Biennium		2015-17	2017-19	Executive Budget 2019-21
			2011-13	2013-15			
Department of Health (DOH)							
STATE AID							
General Fund	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	3,250,000	4,725,000
Tobacco Prevention & Control Trust Fund						2,000,000	0
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	4,725,000
TOBACCO PREVENTION & CONTROL GRANTS							
Community Health Trust Fund							6,500,000
Tobacco Prevention & Control Trust Fund						6,500,000	
Total						6,500,000	6,500,000
Total Overall Funding to LPH From DOH	\$ 1,900,000	\$ 2,400,000	\$ 3,000,000	\$ 4,000,000	\$ 4,250,000	\$ 11,750,000	\$ 11,225,000
Tobacco Prevention and Control Executive Committee							
Tobacco Grants to Local Public Health Units		6,120,368	6,120,368	7,526,501	5,453,669		
Tobacco State Aid	#	940,000	940,000	1,071,600	2,112,996	#	#
Total	\$ -	\$ 7,060,368	\$ 7,060,368	\$ 8,598,101	\$ 7,566,665	\$ -	\$ -
Total Overall Funding to LPHU	\$ 1,900,000	\$ 9,460,368	\$ 10,060,368	\$ 12,598,101	\$ 11,816,665	\$ 11,750,000	\$ 11,225,000

- The Tobacco Prevention and Control Executive Committee not in existence.

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Testimony
House Bill 1004
House Appropriations Committee—Human Resources Division
January 23, 2019
Southwestern District Health Unit

Good morning, Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am in support of Bill 1004 with adding the \$525,000 back into local public health state aid.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. Local public health units serve as the foundation to the local public health system and are an extension (arm) of the state health department, providing the direct services that are commonly administered by the state health department. Robin Iszler, Central Valley Health District, previously mentioned the many programs that have linkage to the state health department.

The number one priority for local public health units continues to be keeping our State Aid. Southwestern District Health Unit relies on State Aid Funding for a multitude of services which we provide to our communities. Some of the services and programs we offer include environmental health/sanitation,

emergency preparedness, behavioral health, community health nursing, immunizations, communicable diseases, WIC and Tobacco prevention and control. Each health department uses state aid funding as needed to fill gaps in their region. See the circle graph on where state aid has been spent last biennium. SWDHU uses state aid primarily for administration.

When State Aid is decreased, local health units have one of several options to consider:

1. Cut staff hours or positions
2. Allow no salary increases
3. Increase Fees
4. Cut programs/or return programs to the state
5. Go to County/City government and ask for increase in funding, which often has to result in an increase of Mill Levy (See Mill Levy Sheet).

In the last biennium, we did take a million dollar cut, due to changes with tobacco state aid funding. See the graph on the flyer. Because of that cut, in my 2018 budget I had to increase my request to the counties by \$138,000. In part due to decrease in state aid, but also an increase in health insurance. There were no raises given. My 2019 budget, I held even because I didn't want to ask the counties for yet another increase. We will lose about \$33,000 with the current proposal, which for SWDHU will likely mean no additional raises again.

Five percent of my budget comes from state aid, while 44% comes from our counties. We cannot continue to take decreases in state aid. It is even challenging not to get an increase. Eventually something will have to be cut, and

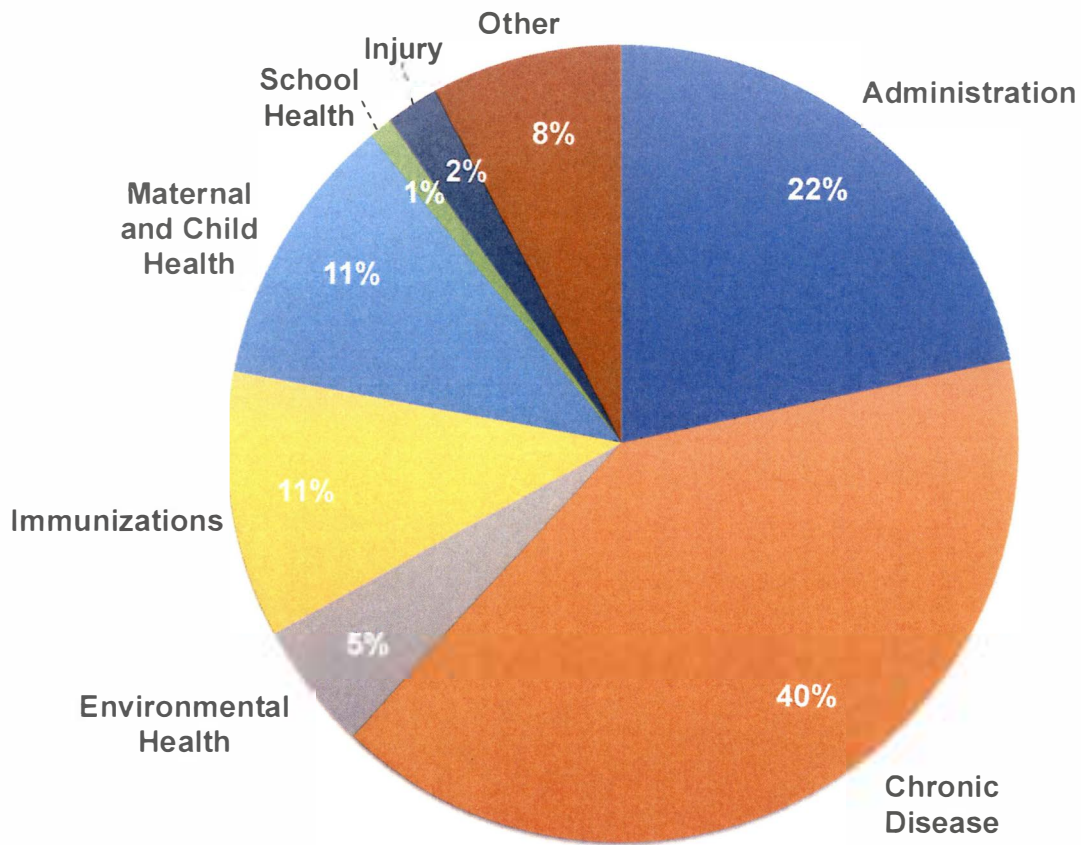
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that will come down to less services or less staff...both of which will affect the population we serve. I ask that you restore the \$525,000 into LPHU state aid.

Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

HOUSE BILL 1004
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION

STATE AID FOR THE PERIOD OF
7/1/2017-12/31/2018



H.B. 1004
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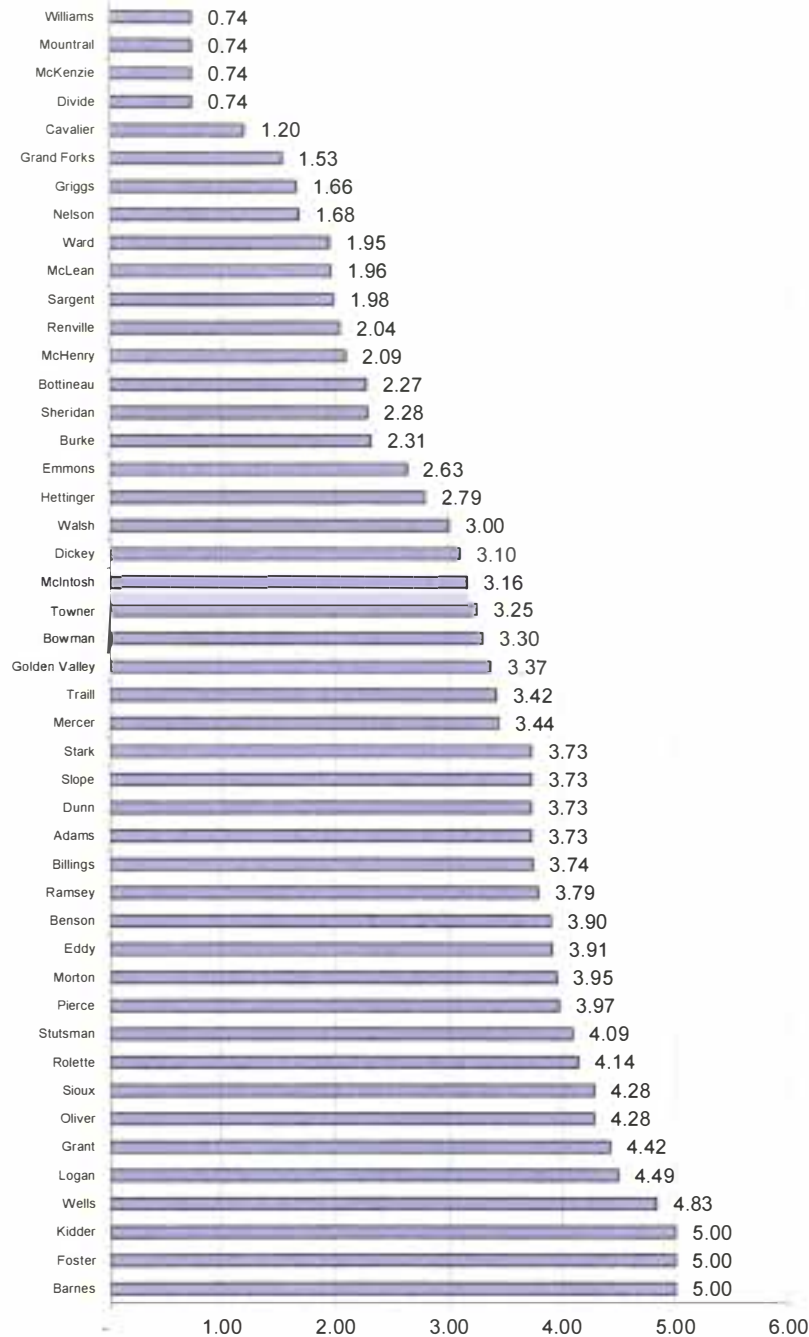
Unfunded needs:

- Collaboration with tribes
- Case management
- Environmental Health services paid by State Aid
- Maternal and Child Health
- Vaccine chart review, entry and follow-up with clients, especially school-aged
- Balance of Family Planning practitioner salary and benefits not paid by insurance
- Nuisance inspection for community members
- Community Health Assessment
- Behavioral Health education and referral

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E

County Health Mill Rates 2017

Barnes	5.00
Foster	5.00
Kidder	5.00
Wells	4.83
Logan	4.49
Grant	4.42
Oliver	4.28
Sioux	4.28
Rolette	4.14
Stutsman	4.09
Pierce	3.97
Morton	3.95
Eddy	3.91
Benson	3.90
Ramsey	3.79
Billings	3.74
Adams	3.73
Dunn	3.73
Slope	3.73
Stark	3.73
Mercer	3.44
Traill	3.42
Golden Valley	3.37
Bowman	3.30
Towner	3.25
McIntosh	3.16
Dickey	3.10
Walsh	3.00
Hettinger	2.79
Emmons	2.63
Burke	2.31
Sheridan	2.28
Bottineau	2.27
McHenry	2.09
Renville	2.04
Sargent	1.98
McLean	1.96
Ward	1.95
Nelson	1.68
Griggs	1.66
Grand Forks	1.53
Cavalier	1.20
Divide	0.74
McKenzie	0.74
Mountrail	0.74
Williams	0.74
Burleigh	-
Cass	-
LaMoure	-
Pembina	-
Ransom	-
Richland	-
Steele	-



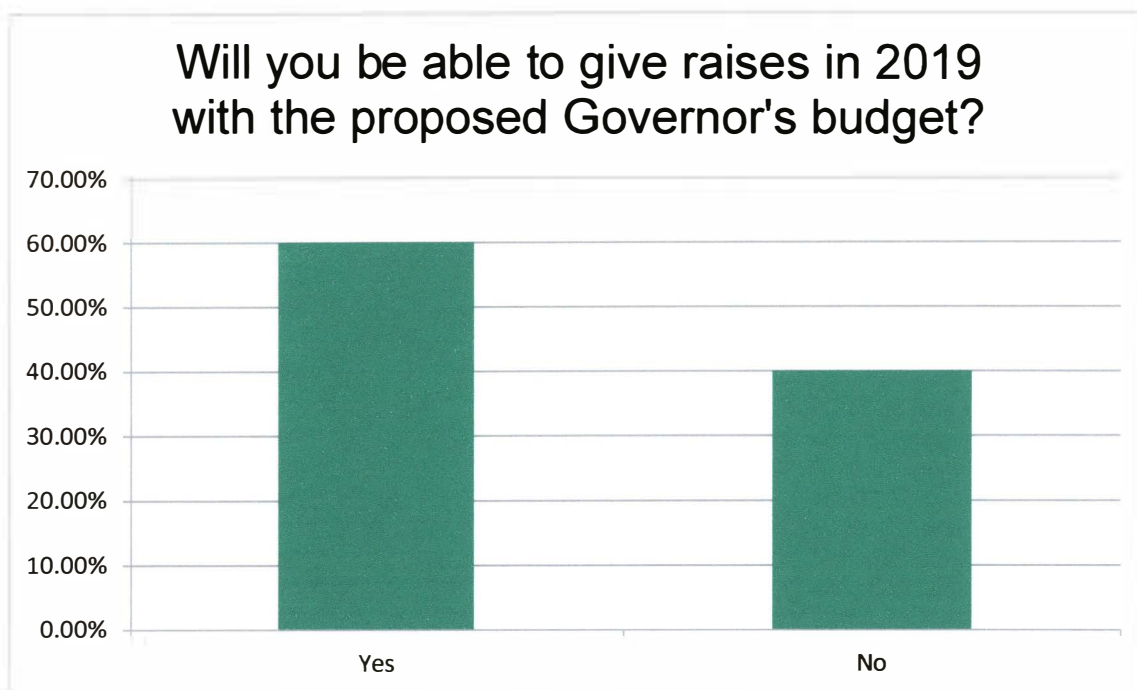
2017 Taxes for 2018 Budget	Taxable Value	Mills	Levy in Dollars	Levy in %	2018 Taxes for 2019 Budget Estimate	Increase in Dollars		
					Taxable Value	Mills	Levy in Dollars	
Divide	40,309,219	0.740000	29,829	5.18%	40,309,219	0.800000	35,538	5,709
McKenzie	246,824,904	0.740000	182,650	31.69%	246,824,904	0.800000	217,609	34,959
Mountrail	131,193,525	0.740000	97,083	16.85%	131,193,525	0.800000	115,665	18,582
Williams	360,441,470	0.740000	266,727	46.28%	360,441,470	0.800000	317,777	51,050
	778,769,118	0.740000	576,289		778,769,118	0.800000	686,589	

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2019 LPHU Revenue percentages

Will you be able to give raises in 2019 with the proposed Governor's budget?

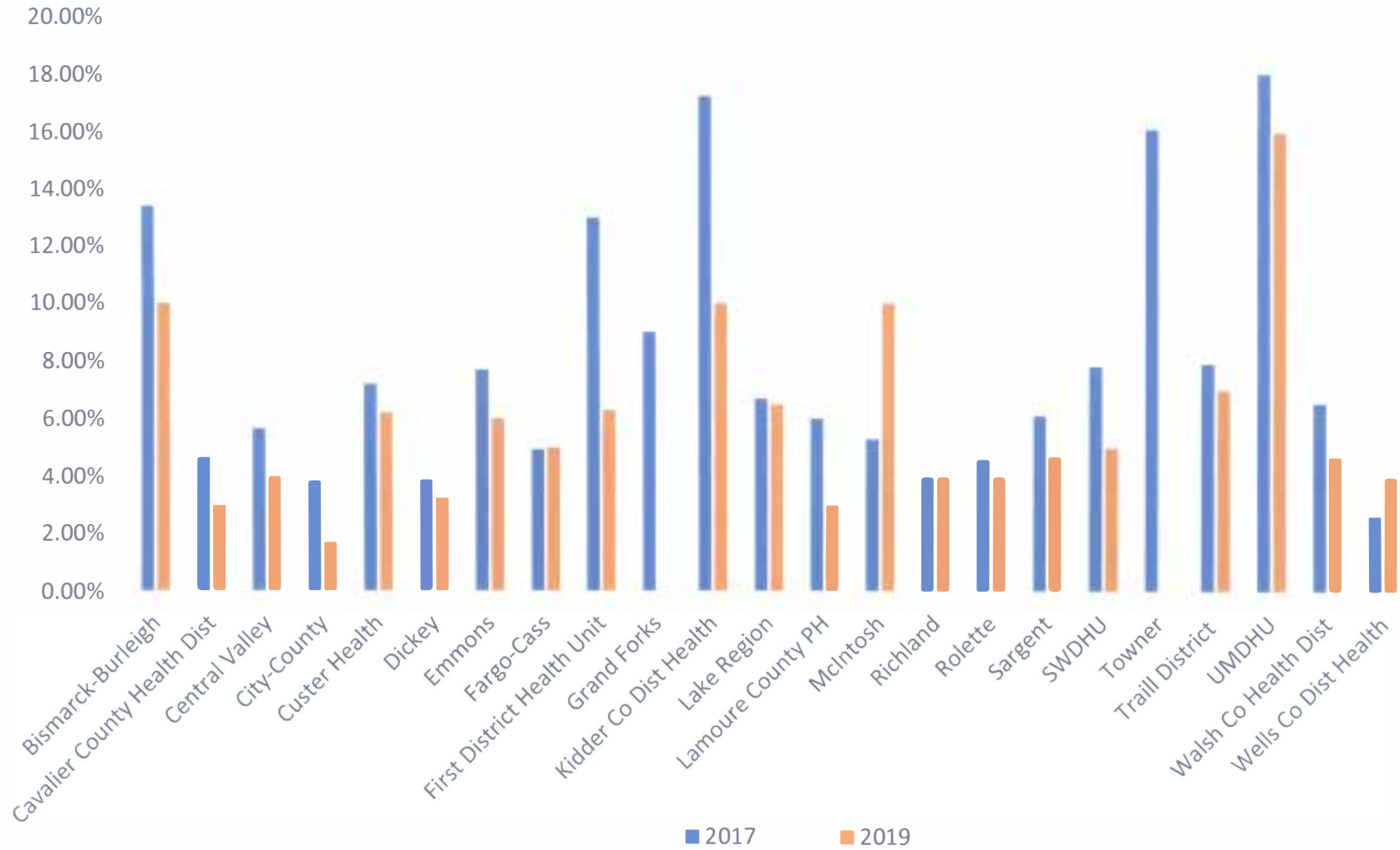
Answer Choices	Responses	
Yes	60.00%	12
No	40.00%	8
	Answered	20
	Skipped	0



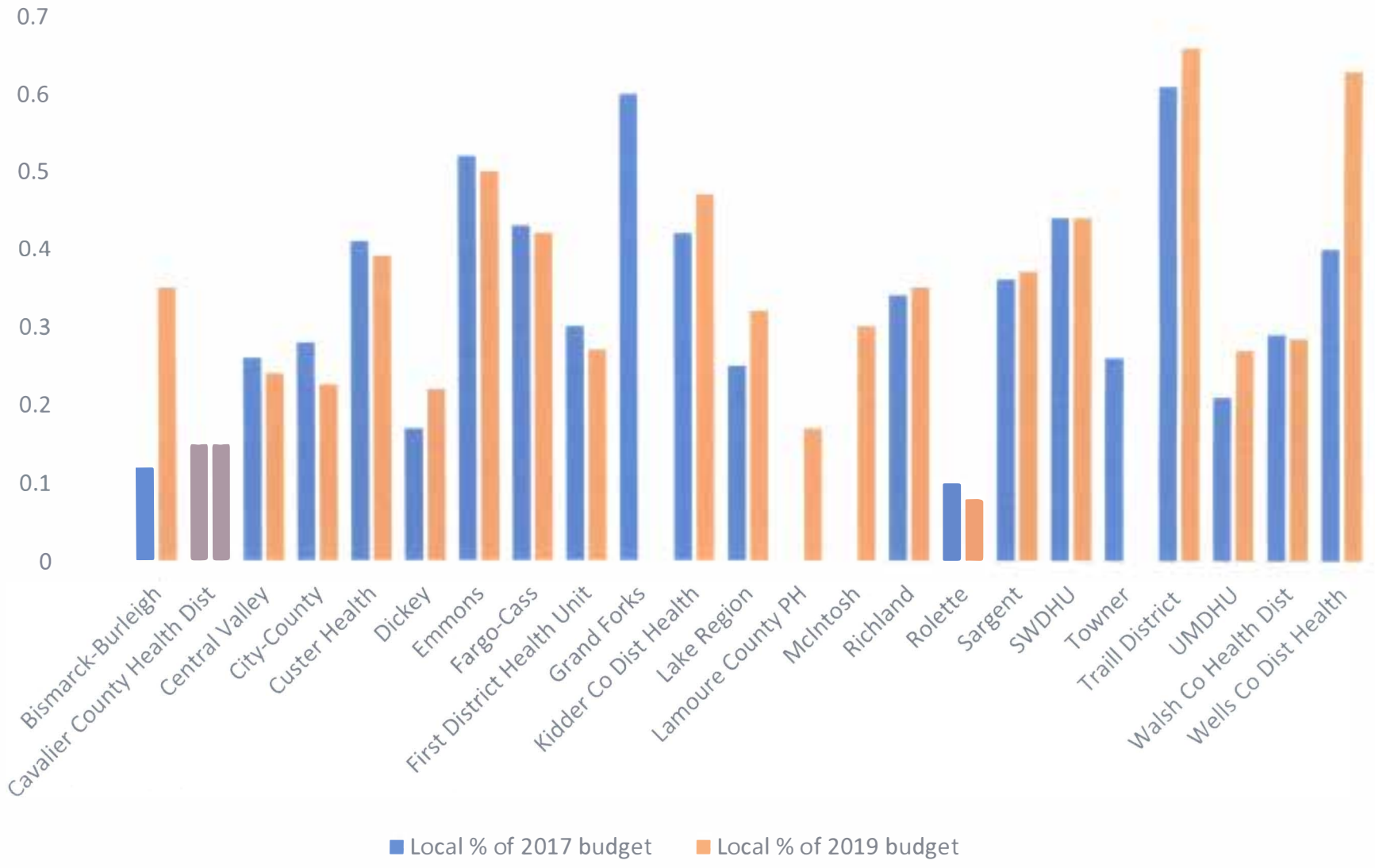
Comments:

- With proposed budget cuts, LPH has had to look elsewhere for funding sources. Wrote five new grant projects in past year to keep staff on board. Grants are competitive so not all were awarded. While receipt of new grant money allowed for current staffing levels, grants are problematic in that they are usually short term and add more work to an already full workload.
- Several responded they will give raises but ends up falling to local coverage.
- The governor's budget will take effect July 1; LPHU 2019 budget took effect Jan 1 with proposed raises already approved. Raises for this year were submitted and approved last fall.
- Several responded unable to give 2019 salary increases if Governor's proposed budget holds.
- Already difficult to compete with private industry salaries; creativity with benefits can only cover so much.

State Aid % of Budgets



Local % of Budgets



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<u>LPHU</u>	<u>Local % of 2017 budget</u>	<u>Local % of 2019 budget</u>
Bismarck-Burleigh	12%	35%
Cavalier County Health Dist	15%	15%
Central Valley	26%	24%
City-County	28%	23%
Custer Health	41%	39%
Dickey	17%	22%
Emmons	52%	50%
Fargo-Cass	43%	42%
First District Health Unit	30%	27%
Grand Forks	60%	
Kidder Co Dist Health	42%	47%
Lake Region	25%	32%
Lamoure County PH		17%
McIntosh		30%
Richland	34%	35%
Rolette	10%	8%
Sargent	36%	37%
SWDHU	44%	44%
Towner	26%	
Traill District	61%	66%
UMDHU	21%	27%
Walsh Co Health Dist	29%	29%
Wells Co Dist Health	40%	63%



Public Health
Prevent. Promote. Protect.

North Dakota SACCHO

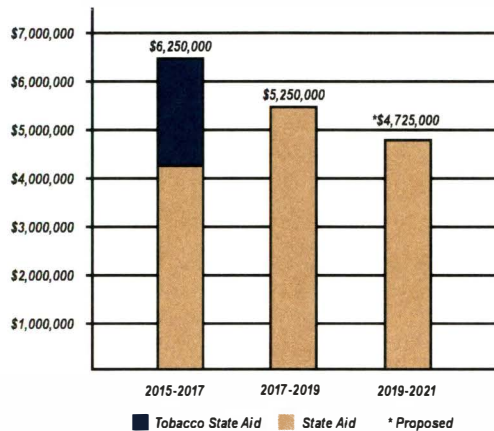
North Dakota State Association of City & County Health Officials

LOCAL PUBLIC HEALTH PRIORITIES 2019

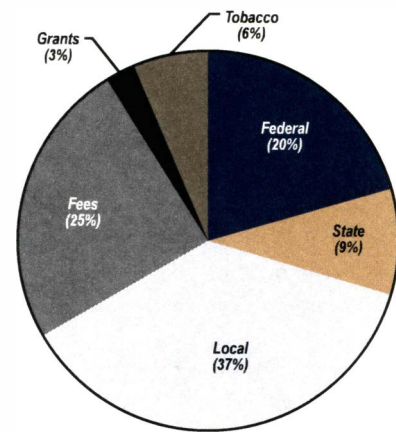
PRIORITIES

1 STATE AID FUNDING

- Local public health units seek to restore \$5,250,000 in the Department of Health budget for State Aid.
- State Aid funding provides essential services identified by Community Health Assessments and is used for non-programmatic and gap funding due to loss of federal grants.
- Local public health receives less than 10% of its funding from the State.



Local Public Health Unit Revenues by Category - Calendar Year 2017
(23 of 28 Units responding)



State Aid provides funding for:

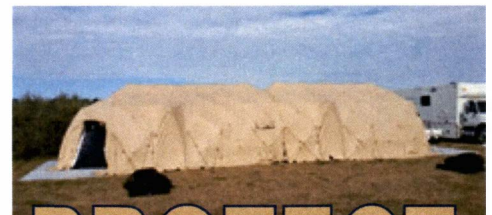
- Immunizations
- Tobacco Assessments & Treatment
- Maternal & Child Health
- Environmental Health
- Emergency Preparedness & Response
- Public Health Nurse Home Visits
- Community Health Needs & Engagement
- Agency Administration
- School Health
- Injury Prevention
- Jail Health

2 TOBACCO PREVENTION & EDUCATION

- Increase tobacco tax for all products, including e-cigarettes/vaping products.
- Increase tobacco purchasing age to 21.

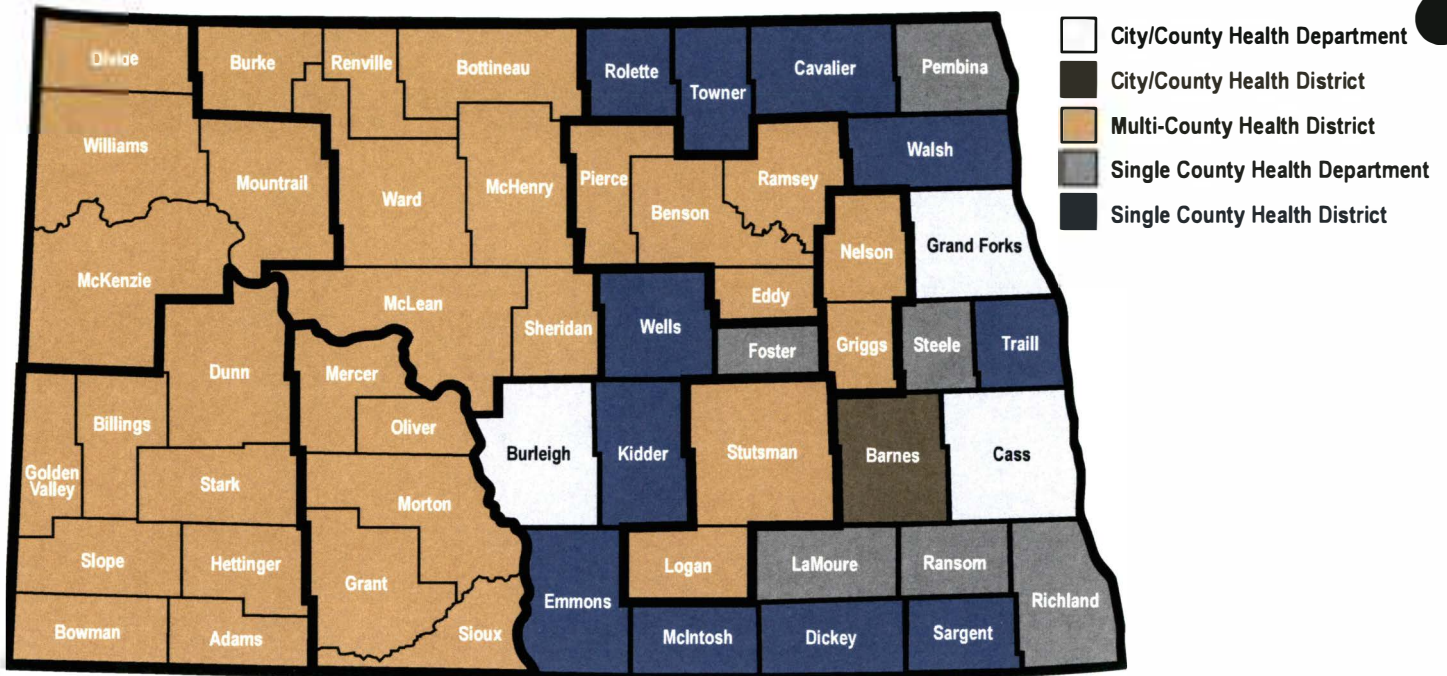
3 BEHAVIORAL HEALTH & SUBSTANCE USE PREVENTION

Local public health units support investments and efforts for additional community-based behavioral health services and substance use prevention activities.



PREVENT. PROMOTE. PROTECT.

North Dakota Local Public Health Units

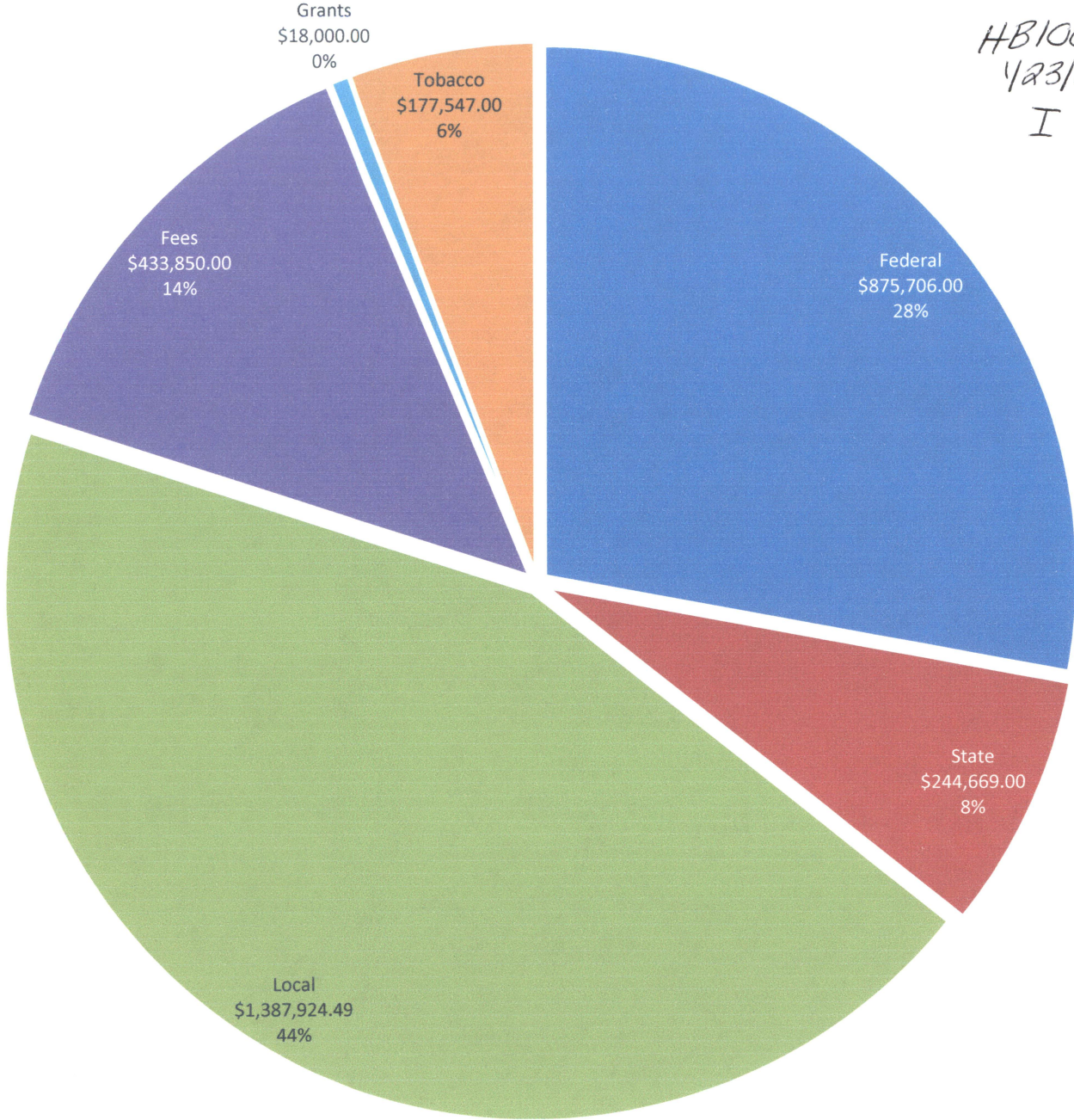


Local Public Health Contacts

Bismarck-Burleigh Public Health	Renae Moch	rmoach@bismarcknd.gov	(701) 355-1540
Cavalier County Health District	Terri Gustafson	tgustafs@nd.gov	(701) 256-2402
Central Valley Health District	Robin Iszler	riszler@nd.gov	(701) 252-8130
City-County Health District	Theresa Will	twill@barnescounty.us	(701) 845-8518
Custer Health Unit	Keith Johnson	keith.johnson@custerhealth.com	(701) 667-3370
Dickey County Health District	Roxanne Holm	rholm@nd.gov	(701) 349-4348
Emmons County Public Health	Bev Voller	bvoller@nd.gov	(701) 254-4027
Fargo/Cass Public Health	Desi Fleming	dfleming@fargond.gov	(701) 241-1360
First District Health Unit	Lisa Clute	lclute@nd.gov	(701) 852-1376
Foster County Public Health	Lisa Hillbert	lhilbert@nd.gov	(701) 652-3087
Grand Forks Public Health Dept	Debbie Swanson	dswanson@grandforksgov.com	(701) 787-8100
Kidder County District Health Unit	Janel Brousseau	jabrousseau@nd.gov	(701) 475-2582
Lake Region District Health Unit	Allen McKay	amckay@nd.gov	(701) 662-7035
LaMoure County Public Health Dept	Tony Hanson	tony.hanson@bhshealth.org	(701) 883-5356
McIntosh District Health Unit	Cheryl Reis-Schilling	crschilling@nd.gov	(701) 288-3957
Nelson-Griggs District Health Unit	Julie Ferry	jferry@nd.gov	(701) 322-5624
Pembina County Health Dept	Jeanna Kujava	jkujava@nd.gov	(701) 265-4248
Ransom County Public Health Dept	Brenna Welton	brenna.welton@co.ransom.nd.us	(701) 683-6140
Richland County Health Dept	Debra Flack	dflack@co.richland.nd.us	(701) 642-7735
Rolette County Public Health Dist	Barbara Frydenlund	bfrydenlund@nd.gov	(701) 477-5646
Sargent County District Health Unit	Brenda Peterson	brenda.peterson@co.sargent.nd.us	(701) 724-3725
Southwestern District Health Unit	Sherry Adams	sladams@nd.gov	(701) 483-0171
Steele County Public Health Dept	Samantha Thykeson	sthykeson@nd.gov	(701) 524-2060
Towner County Public Health Dist	Sherry Walters	slwalters@nd.gov	(701) 968-4353
Traill District Health Unit	Brenda Stallman	brenda.stallman@co.traill.nd.us	(701) 636-4434
Upper Missouri District Health Unit	Javayne Oylo	joylo@umdhu.org	(701) 774-6400
Walsh County Health District	Wanda Kratochvil	wkratoch@nd.gov	(701) 352-5139
Wells County District Health Unit	Joye Stolz	rstolz@nd.gov	(701) 547-3756

SWDHU Revenue Sources
2017

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4/23/2019
I



■ Federal ■ State ■ Local ■ Fees ■ Grants ■ Tobacco

HB 1004
House Appropriation Committee
Human Resources Division
State Aid Distribution Comparison

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		Current						Proposed		
		\$5,250,000 Projected Distribution for State Aid with \$600,000 EH Component								
		\$6,000 Base Allotment per 53 Counties/Biennium 2017-19								
		2016* Population Estimates	\$6,000 Base Allotment/County				EH Component	Total Combined State Aid & EH	Proposed Change	
			Base Allotment	Per Capita Amount	Total Before EH Reduction	Total State Aid Without EH				
Upper Missouri	Divide	2,413	6,000	15,701	21,701	19,221	70,000	89,221	87,487	(1,734)
	McKenzie	12,621	6,000	82,125	88,125	78,054		78,054	69,303	(8,751)
	Mountrail	10,242	6,000	66,645	72,645	64,343		64,343	57,227	(7,116)
	Williams	34,337	6,000	223,431	229,431	203,210		203,210	179,533	(23,677)
	Total	59,613	\$24,000	\$387,902	\$411,902	\$364,828	\$70,000	\$434,828	\$393,550	(41,278)
Southwestern District	Adams	2,305	6,000	14,999	20,999	18,599	70,000	88,599	86,938	(1,661)
	Billings	934	6,000	6,078	12,078	10,698		10,698	9,979	(719)
	Bowman	3,241	6,000	21,089	27,089	23,993		23,993	21,689	(2,304)
	Dunn	4,366	6,000	28,410	34,410	30,477		30,477	27,400	(3,077)
	Golden Valley	1,817	6,000	11,823	17,823	15,786		15,786	14,462	(1,324)
	Hettinger	2,629	6,000	17,107	23,107	20,466		20,466	18,583	(1,883)
	Slope	763	6,000	4,965	10,965	9,712		9,712	9,111	(601)
	Stark	31,199	6,000	203,012	209,012	185,125		185,125	163,605	(21,520)
	Total	47,254	\$48,000	\$307,483	\$355,483	\$314,856	\$70,000	\$384,856	\$351,767	(33,089)
First District	Bottineau	6,579	6,000	42,810	48,810	43,232	80,000	123,232	118,634	(4,598)
	Burke	2,198	6,000	14,302	20,302	17,982		17,982	16,395	(1,587)
	McHenry	5,963	6,000	38,801	44,801	39,681		39,681	35,506	(4,175)
	McLean	9,729	6,000	63,307	69,307	61,386		61,386	54,623	(6,763)
	Renville	2,550	6,000	16,593	22,593	20,011		20,011	18,182	(1,829)
	Sheridan	1,322	6,000	8,602	14,602	12,933		12,933	11,949	(984)
	Ward	70,210	6,000	456,857	462,857	409,959		409,959	361,626	(48,333)
	Total	98,551	\$42,000	\$641,272	\$683,272	\$605,184	\$80,000	\$685,184	\$616,915	(68,269)
Central Valley	Logan	1,941	6,000	12,630	18,630	16,501	75,000	91,501	90,091	(1,410)
	Stutsman	21,128	6,000	137,480	143,480	127,082		127,082	112,485	(14,597)
	Total	23,069	\$12,000	\$150,110	\$162,110	\$143,583	\$75,000	\$218,583	\$202,576	(16,007)
Custer District	Grant	2,377	6,000	15,467	21,467	19,014	70,000	89,014	17,304	(71,710)
	Mercer	8,694	6,000	56,572	62,572	55,421		55,421	49,369	(6,052)
	Morton	30,809	6,000	200,474	206,474	182,877		182,877	231,625	48,748
	Oliver	1,870	6,000	12,168	18,168	16,092		16,092	14,730	(1,362)
	Sioux	4,469	6,000	29,080	35,080	31,071		31,071	27,923	(3,148)
	Total	48,219	\$30,000	\$313,761	\$343,761	\$304,475	\$70,000	\$374,475	\$340,951	(33,524)
Lake Region District	Benson	6,739	6,000	43,851	49,851	44,154	75,000	119,154	114,445	(4,709)
	Eddy	2,358	6,000	15,344	21,344	18,905		18,905	17,207	(1,698)
	Pierce	4,267	6,000	27,765	33,765	29,906		29,906	26,898	(3,008)
	Ramsey	11,547	6,000	75,136	81,136	71,863		71,863	63,851	(8,012)
	Total	24,911	\$24,000	\$162,096	\$186,096	\$164,828	\$75,000	\$239,828	\$222,401	(17,427)
Nelson/Griggs District	Nelson	2,960	6,000	19,261	25,261	22,374		22,374	20,263	(2,111)
	Griggs	2,277	6,000	14,816	20,816	18,437		18,437	16,796	(1,641)
	Total	5,237	\$12,000	\$34,077	\$46,077	\$40,811	\$0	\$40,811	\$37,059	(3,752)
Multi-county total		306,854	\$192,000	\$1,996,701	\$2,188,701	\$1,938,565	\$440,000	\$2,378,565	\$2,165,219	(213,346)

HB 1004
House Appropriation Committee
Human Resources Division
State Aid Distribution Comparison

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\$5,250,000 Projected Distribution for State Aid with \$600,000 EH Component											
\$6,000 Base Allotment per 53 Counties/Biennium 2017-19											
	2016* Population Estimates	\$6,000 Base Allotment/County						Current		Proposed	
		Base Allotment	Per Capita Amount	Total Before EH Reduction	Total State Aid Without EH	EH Component	Total Combined State Aid & EH	Total Combined State Aid & EH	Proposed Change		
Counties Single Co. Districts City/County											
Barnes(City County)	10,926	6,000	71,096	77,096	68,285		68,285	70,699	2,414		
Burleigh	94,487	6,000	614,828	620,828	549,876	10,000	559,876	484,856	(75,020)		
Cavalier	3,827	6,000	24,902	30,902	27,370		27,370	24,664	(2,706)		
Dickey	5,064	6,000	32,951	38,951	34,499		34,499	30,943	(3,556)		
Emmons	3,346	6,000	21,772	27,772	24,598		24,598	22,223	(2,375)		
Fargo/Cass	175,249	6,000	1,140,347	1,146,347	1,015,336	80,000	1,095,336	974,805	(120,531)		
Foster	3,303	6,000	21,493	27,493	24,351		24,351	22,004	(2,347)		
Grand Forks	71,083	6,000	462,538	468,538	414,991	70,000	484,991	436,057	(48,934)		
Kidder	2,414	6,000	15,708	21,708	19,227		19,227	17,492	(1,735)		
LaMoure	4,111	6,000	26,750	32,750	29,007		29,007	26,106	(2,901)		
McIntosh	2,656	6,000	17,283	23,283	20,622		20,622	18,720	(1,902)		
Pembina	7,069	6,000	45,998	51,998	46,055		46,055	41,121	(4,934)		
Ransom	5,404	6,000	35,164	41,164	36,460		36,460	32,669	(3,791)		
Richland	16,353	6,000	106,409	112,409	99,562		99,562	88,246	(11,316)		
Rolette	14,659	6,000	95,386	101,386	89,799		89,799	79,648	(10,151)		
Sargent	3,890	6,000	25,312	31,312	27,733		27,733	24,984	(2,749)		
Steele	1,962	6,000	12,767	18,767	16,624		16,624	15,195	(1,429)		
Towner	2,263	6,000	14,725	20,725	18,356		18,356	16,725	(1,631)		
Trail	8,030	6,000	52,251	58,251	51,594		51,594	45,998	(5,596)		
Walsh	10,904	6,000	70,952	76,952	68,157		68,157	60,587	(7,570)		
Wells	4,098	6,000	26,666	32,666	28,933		28,933	26,039	(2,894)		
Single county total	451,098	\$126,000	\$2,935,298	\$3,061,298	\$2,711,435	\$160,000	\$2,871,435	\$2,559,781	(311,654)		
Multi-county total	306,854	\$192,000	\$1,996,701	\$2,188,701	\$1,938,565	\$440,000	\$2,378,565	\$2,165,219	(213,346)		
GRAND TOTAL	757,952	\$318,000	\$4,932,000	\$5,250,000	\$4,650,000	\$600,000	\$5,250,000	\$4,725,000	(525,000)		

*2016 Population Estimates obtained from the ND Dept. of Commerce Census Office website on April 25, 2017.

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HB 1004
House Appropriations – Human Resources Division Committee
Representative Jon Nelson, Chair
Representative Gary Kreidt, Vice-Chair
Sakakawea Room
January 23, 2019 - 8:30 AM

Chairman Nelson, Members of the Committee:

My name is Renae Moch and I am the Director for Bismarck-Burleigh Public Health. We are a City/County Health Department serving residents of Bismarck and Burleigh County.

I am here today to express concern regarding the \$525,000 reduction in state aid funding for local public health. As one of the larger public health departments in the state, this reduction impacts us and others of similar size very significantly. Bismarck-Burleigh Public Health would be faced with a reduction of \$75,020 which would negatively impact the services we provide for residents in our community. To put this in perspective, the average annual salary for a full-time RN in our office is approximately \$61,000 per year.

A majority of our state aid funding is used for salaries for the health maintenance program where registered nurses provide physical assessments and medication management services in the client's home. The Health Maintenance Program has a positive impact not only on the individual receiving the care, but on the community as a whole. Health Maintenance visits keep people in their homes longer, decrease emergency room visits and hospital admissions and reduce the overall cost of healthcare in our community.

The demand for health maintenance services continues to increase. In addition to the population increases, the complexity of the cases being referred to the Health Maintenance Program have increased. Clients referred to our Health Maintenance Program require a considerable amount of time to effectively manage. 100% of health maintenance clients have a chronic condition (diabetes, CHF, kidney disease, COPD, stroke, etc.) and 96% of our health maintenance clients have a behavioral health diagnosis (major depression, anxiety disorder, schizophrenia, bipolar, OCD, mood disorders, alcohol and or opioid abuse issues) in addition to a chronic disease.

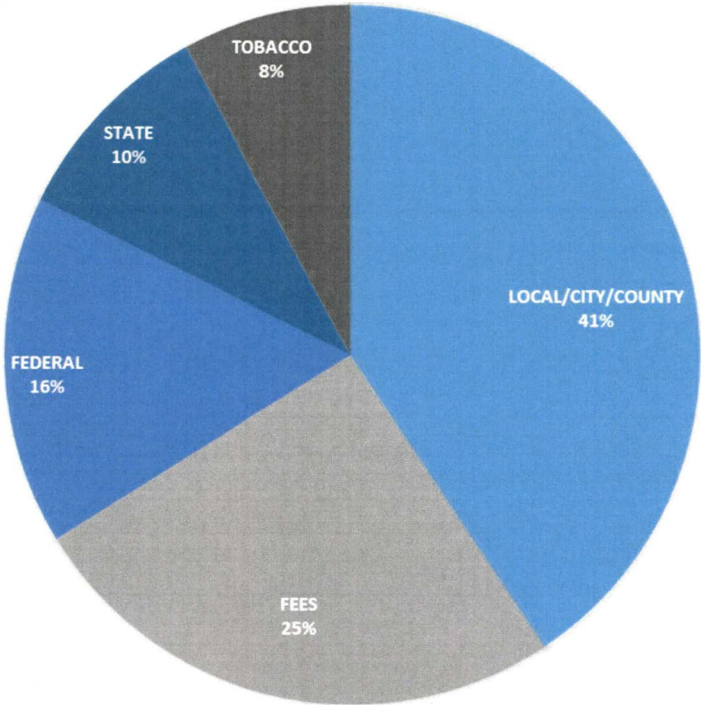
Due to the nature and complexity of these clients, we are often the only source of consistent health care these clients receive. We have been unable to keep up with the demand for this service with the current nursing staff we employ and put a hold on admissions when necessary. We are currently at an all-time high of 55 clients on our waiting list. A reduction to our state aid funding would negatively impact this program and our ability to continue to provide these services for those in need.

Thank you for the opportunity to express my concerns. I am available to answer any questions you have.

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Rena Moch, MBA, FACMPE
Director, Bismarck-Burleigh Public Health
500 E. Front Avenue, Bismarck, ND 58504
701-355-1540
rmoch@bismarcknd.gov

BBPH FUNDING SOURCES 2017



01/23/2019

House Appropriations
Human Resources

HB 1004 - State Aid
Local Health Departments

Good a.m. Representative Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Brenda Stallman, and I am the Administrator of Traill District Health Unit. Our local health department serves the communities of Mayville, Portland, Hillsboro, Hatton, Reynolds, and Buxton.

By now, you know that local health departments favor reinstating state aid funding in the Health Department's budget by \$525,000 for a total of \$5.25 million. This is necessary to fund local efforts and is crucial to not only keep our services going, but also gives our departments flexibility that allows us to respond to identified needs that can, at times, differ across the state.

Our local health department's current budget is \$348,000. Projected state aid to Traill District Health Unit is \$46,000 for the biennium. This amounts to 6.5% of our budget. 2 years ago, state aid contributed 11% of our budget.

These percentages are similar to what has been presented to you by my colleagues.

What I would like to emphasize to you is how we have been efficient in managing our budget and the ongoing reductions in federal and state funds.

To do that, I would like to introduce you to my staff. I am a registered nurse, as well as administrator, so I share in nursing tasks as well as the management duties. One other full time RN splits her time between tobacco prevention activities and visiting home clients, trying to keep them out of the nursing home and safe at home. We have a full time LPN that does nursing duties as well as book keeping duties. To help pay for her position, we have contracted with Mayville State University to provide student health nursing services on a limited basis. While at Mayville State, she is able to serve public health clients, as well. And finally, I would like to introduce you to our receptionist

Will
Return
At 2:30 p.m.

(White Board). In trying to keep our cost of doing business down, we did not fill the position of our receptionist after her retirement. So if you come to our office, it's best to call first, as you may meet this sign and a locked door instead of the quick service our residents may prefer.

Because of funding and staff limitations, we have strengthened our relationships with our regional partners. As public health departments across the state have done, we are able to offer core environmental health and emergency planning functions in cooperation with Fargo Cass Public Health and other health departments in the SE Region. Sharing of resources and personnel has been invaluable for providing septic evaluations and installer licensing, swimming pool inspections in some of our counties, nuisance abatement assistance, and coordinated planning for public health disasters.

As you have learned, we use our limited resources responsibly and look for areas to share services and assist other departments when possible. Public health services are vital to our communities, and will be negatively impacted by cuts to our state aid.

Reinstating our state aid funding to \$5.25 million won't put a human receptionist in our office or allow local health departments to expand services, but it can help save us from another staffing change from this



to this.

Please
Leave a
Message

(White Board)

I thank you for your consideration of restoring \$525,000 to Local Health Departments' State Aid in the Dept. of Health Budget. Thank you for your time.

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1/23/2019
A

66th Legislative Session
Testimony
House Appropriations
January 23, 2019

Chairman and other members of the Committee. I am Mandi-Leigh Peterson, I serve as a senior research analyst with the Healthcare Workforce Group at the University of North Dakota School of Medicine and Health Sciences.

The Primary Care Office, which administers the North Dakota State Loan Repayment Program, has provided, and continues to provide, a valuable recruitment and retention tool in the form of loan repayments for health professionals. This program requires providers to serve in an area that has a defined need based on population or geography which can improve access to care in rural and underserved communities where services may not otherwise be provided. In the *Loan Repayment Facts* document that was presented by Bobbie Will, the Director of the North Dakota Primary Care Office, you will find excellent retention rates for those professions with available outcome data.

In 2016, behavioral health providers and psychologists were added to the eligible professions. As the contract time frame for state loan repayment is five years, outcome data are not available at this time. However, the trend of applicants for behavioral health loan repayment increased at a rate of 5 times from 2017 to 2018. This is indicative of a need for behavioral health professional loan repayment. Thank you for your time and I welcome any questions.

Respectfully submitted
Mandi-Leigh Peterson
Healthcare Workforce Group
University of North Dakota, School of Medicine and Health Sciences

LOAN REPAYMENT PROGRAM FACTS

NORTH DAKOTA HEALTH CARE PROFESSIONAL Student Loan Repayment Program

ELIGIBLE DISCIPLINES

- Physicians
- Advanced Practice Registered Nurses
- Physician Assistants
- Clinical Psychologists
(licensed by the State Board of Psychologist Examiners)
- Behavioral Health Professionals:
- Licensed Addiction Counselors
- Licensed Social Workers
- Registered Nurses
- Specialty Practice Registered Nurses

WHERE PROVIDERS SERVE

Providers must serve in areas of the state with a defined need for such services.

FINANCIAL BENEFITS

Providers can enter into an agreement up to 5 years.

Discipline	State Match	Community Match
Physician	\$100,000	\$50,000
APRN, PA	\$20,000	\$2,000
Clinical Psychologist	\$60,000	\$15,000
Behavioral Health	\$20,000	\$2,000

PROVIDER SELECTION CRITERIA

- Health care professional's specialty
- Need for the specialty in the area
- Education and experience
- Date of availability and anticipated term of availability
- Willingness to accept Medicaid and Medicare patients
- Length of residency in North Dakota
- Attendance at an in-state or out-of-state institution

COMMUNITY SELECTION CRITERIA

Public and private entities are eligible for this program. Site criteria is based on the following factors:

- Located in an area that is statistically under served
- Located at least 20 miles outside the boundary of a city with more than 40,000

NORTH DAKOTA DENTAL Loan Repayment Program

ELIGIBLE DISCIPLINES

General/Pediatric Dentistry (DDS, DMD)

WHERE PROVIDERS SERVE

Dentists must serve a public health clinic, practice with a focus on an under served population, or a nonprofit clinic.

FINANCIAL BENEFITS

Providers can enter into an agreement up to 5 years for a total award of \$100,000.

PROVIDER SELECTION CRITERIA

- Be fully licensed to practice in North Dakota;
- Dentist located in a federally designated Dental Health Professional Shortage Area or a state-defined critical shortage area;
- Dentists trained in general or pediatric dentistry or in a dental specialty where such services are needed in the identified city or surrounding areas;
- Accept Medicare and Medicaid patients; and
- A dentist selected for loan repayment who practices within fifteen miles (24.14 kilometers) of the city limits of one of the three largest cities in the state must:
 - have received dental medical payments of twenty thousand dollars in the form of medical assistance reimbursement; or
 - have practiced at least two full workdays per week at a public health clinic or a nonprofit dental clinic that uses a sliding fee schedule for patient billing.

COMMUNITY SELECTION CRITERIA

- Priority is given to sites or clinics in the following categories: dental services provided in a public health clinic, a practice with a focus on an under served population, or a nonprofit dental clinic.



Center for Rural Health

University of North Dakota
School of Medicine & Health Sciences

NORTH
Dakota | Health

Be Legendary.™

Bobbie Will • blwill@nd.gov • 701-328-4908
North Dakota State Loan Repayment Programs
<http://www.ndhealth.gov/pco/main.asp>
<https://ruralhealth.und.edu/projects/primary-care-office>

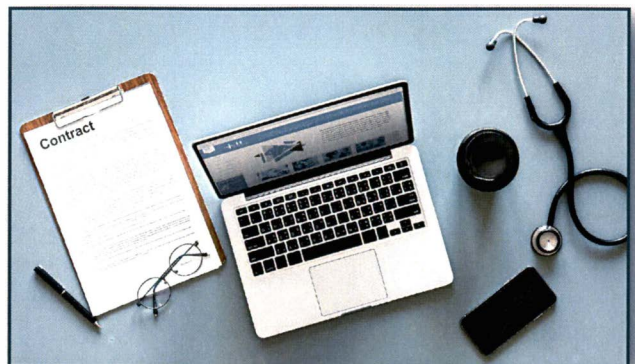
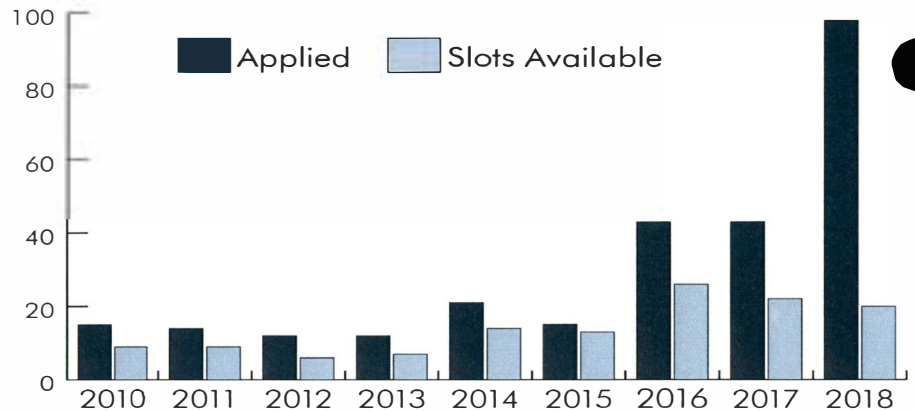


Photo by rawpixel on Unsplash

LOAN REPAYMENT APPLICATIONS RECEIVED VS SLOTS AVAILABLE

Summary of total loan repayment applicants verses the number of awards available based on funding for the years 2010 through 2018.

Includes Dentists, Physicians, Advanced Practice Providers (PA & NP), Psychologists and Behavioral Health Providers.



THE NEED VS FUNDING AVAILABLE

	Dentists	Physicians	Advanced Practice Providers (PA & NP)	Psychologists	Behavioral Health Providers
2010					
Number Applied	8	4	3	n/a	n/a
Number Available to Award based on funding	3	4	2	n/a	n/a
2011					
Number Applied	8	3	3	n/a	n/a
Number Available to Award based on funding	3	3	3	n/a	n/a
2012					
Number Applied	8	4	0	n/a	n/a
Number Available to Award based on funding	3	3	info unavailable	n/a	n/a
2013					
Number Applied	8	4	0	n/a	n/a
Number Available to Award based on funding	3	4	info unavailable	n/a	n/a
2014					
Number Applied	5	12	4	n/a	n/a
Number Available to Award based on funding	3	7	4	n/a	n/a
2015					
Number Applied	5	3	7	n/a	n/a
Number Available to Award based on funding	3	3	7	n/a	n/a
2016					
Number Applied	8	7	11	1	16
Number Available to Award based on funding	8	3	4	1	10
2017					
Number Applied	9	11	12	1	10
Number Available to Award based on funding	4	4	4	1	9
2018					
Number Applied	7	7	15	5	64
Number Available to Award based on funding	4	4	4	2	6

PHYSICIANS 1993-2018 55 CONTRACTS COMPLETED 71% OF THE CONTRACTED REMAIN IN ND	DENTISTS 2001-2018 43 CONTRACTS COMPLETED 86% OF THE CONTRACTED REMAIN IN ND	PHYSICIAN ASSISTANTS 1994-2018 14 CONTRACTS COMPLETED 79% OF THE CONTRACTED REMAIN IN ND	NURSE PRACTITIONERS 1997-2018 15 CONTRACTS COMPLETED 87% OF THE CONTRACTED REMAIN IN ND
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Strengthening North Dakota Families

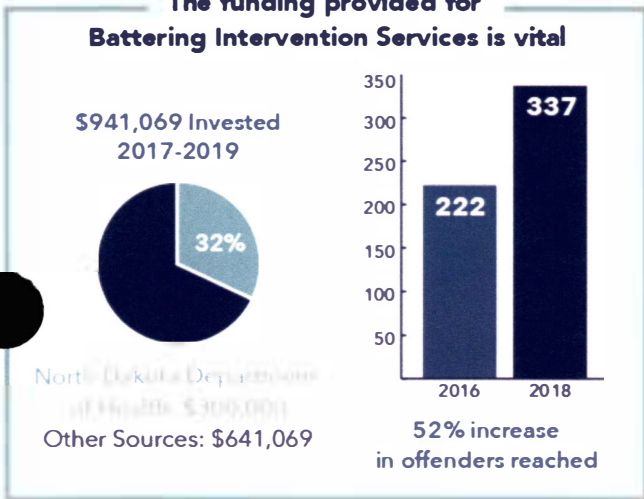


Domestic Violence Offender Treatment Funding made it possible to:

- Expand services to four new regions in ND
- Increase the number of affordable groups offered statewide
- Ensure all programs funded are compliant with the ND Batterers' Treatment Standards and implementing evidence-based programming

FB1004
 1/23/2019
 8

The funding provided for Battering Intervention Services is vital



Comments from participants:

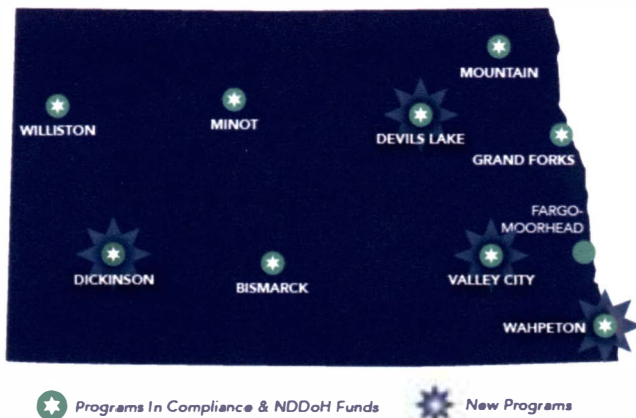


"I didn't think my [abusive] reactions were having such an impact on my children . . . I don't want them thinking it's ok to treat people this way because they've seen me set the example."



"Before this class, I was not able to recognize the severity of the abuse; I was not even willing to consider it. I was in complete denial. This class has helped me become more aware and honest with myself."

Battering Intervention Services have been expanded to four regions in ND



The Community Violence Intervention Center's Coordinated Community Response Project (Grand Forks, ND) conducted a study that tracked 343 male offenders who completed the New Choices program from 2004-2015. Offenders experienced:

- 73% decrease in law enforcement involvement
- 89% decrease in criminal charges
- 87% decrease in protection orders filed

The initial investment of evidence-based intervention leads to tax dollar savings in the criminal justice system along with a new generation of children that are positively impacted.

All programs funded are compliant with the North Dakota Batterers' Treatment Standards which requires: collaboration with criminal justice agencies; attention to lethality; policies incorporating accountability and safety planning with victims.

All programs use an evidence-based model that has been proven to reduce violent offenses (*more information available on crimesolutions.gov*).



North Dakota Veterinary Medical Association

2304 Jackson Avenue
Bismarck, ND 58501

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E-mail: execdir@ndvma.com • Website: www.ndvma.com

HB1004
1/23/2019

A

Testimony of Deana Wiese In Support of HB 1004 January 23, 2019

Chairman Nelson and Members of the Committee:

My name is Deana Wiese, and I am representing the North Dakota Veterinary Medical Association (NDVMA). I am voicing support for HB 1004, specifically as it relates to the Veterinarian Loan Repayment Program.

NDVMA has spent more than a century representing the interests of veterinarians, their clients and patients. Today, the organization has more than 275 members representing small, large animal, exotic, bovine and equine practitioners, and those veterinarians working in research, academic and government capacities.

The purpose of the Veterinarian Loan Repayment Program is to attract new food-animal veterinarians to the state to practice in areas of need, specifically rural communities. The program has been successful in doing just that. Since 2007, when the program was authorized by the legislature, 35 veterinarians have been selected with 31 completing or currently completing their terms of service. Of those 31, all but one continue to practice in North Dakota with 30 in mixed or large animal practice. At least 14 are practice owners, either sole or in partnership.

According to the State Board of Animal Health, the number of applicants each year greatly exceeds the funding. We are currently aware of six openings in rural North Dakota communities. These are additional indications of the value of the program.

In addition, according to the American Veterinary Medical Association, the debt-to-income ratio (DIR) for 2018 graduates in veterinarian medicine was 2.3:1 with average debt of \$143,111 and average salary of \$76,633. In comparison, a 2011 report from the Congress' Joint Economic Committee indicates that of students with outstanding debt, the ratio is .6:1. There currently is a national effort in the veterinary industry to decrease the DIR to 1.4:1 to ensure the financial viability of the profession. This program helps meet that objective for veterinarians serving in rural areas in North Dakota with high demand for food-animal services.

NDVMA has greatly appreciated your support of the program in the past and strongly encourages its continued funding.

HB 1004
1/23/2019
A

Testimony of Charly Stansbery, DVM
Red Barn Veterinary Services, Sheldon, N.D.
701-680-5073 (c) • charlystansbery@gmail.com

In Support of HB 1004
January 23, 2019

Chairman Nelson and Members of the Committee,

I am writing in support of HB 1004 specifically as it relates to the Veterinarian Loan Repayment Program (VLRP). I am the president of the North Dakota Veterinary Medical Association (NDVMA) and am a mixed animal rural practitioner in Sheldon, N.D.

I was a 2011 recipient of the Veterinarian Loan Repayment Program and completed my four-year contract. I would like to thank you for the valuable program and explain the opportunities it created for me and my family. I was focused on moving to a rural area to start my career to support my husband's farming career. The reason we were able to return to North Dakota and pursue both mine and my husband's dreams was due to North Dakota's financial assistance. It was because of my four-year VLRP contract that I bought into my rural community and stayed. We were able to establish our home, I was able to open my own practice, and we are able raise our family in rural North Dakota. Without the VLRP, the financial burden of over \$200,000 in student loans and an interest rate of 6.8 percent would have proved insurmountable and may very well have forced me to leave the state or take a higher paying job in an urban area and abandon my rural community.

Without this program, North Dakota would lose its new veterinarians to other states and urban communities as the economics, culture and environment of rural practice prove challenging and don't lend to fulfilling loan payments while caring for a family or funding retirement. These veterinarians are responsible, financially conscious, and many want to return to work in rural areas, but the economics are not in their favor. Veterinary education has become tremendously expensive with an average debt-to-income ratio of 2.3:1. Rural veterinary practices are unable to match salaries required to pay for this level of debt. This makes the Veterinarian Loan Repayment Program very important in recruiting veterinarians to the state's rural communities.

I am grateful for being a participant in the Veterinarian Loan Repayment Program and strongly encourage your favorable consideration of its continuation so North Dakota can continue to meet the veterinarian needs in its rural areas.

Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503



HB1004 1/23/2019 B

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Testimony
House Bill 1004
House Appropriations Committee – Human Resources Division
Wednesday, January 23 2019; 2 p.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Nelson and members of the committee. My name is Kelly Dollinger, I am the President of the North Dakota Emergency Medical Services Association. I am here today in support of HB 1004.

The Health Department's budget includes \$6.875 million in assistance to rural ambulance services to offset operational costs that are not recovered through the billing process. A recent collection of ambulance budget information found that, on average, it costs an ambulance service \$1,106.02 per call while the average reimbursement averages only \$857.88. Therefore, it is clear that rural ambulance services do not have the economies of scale sufficient to be self-sustainable and require support from their local communities and the State to remain operational.

Additionally, there is \$846,000 allocated for training grants. These grants are important to offset the cost of recruiting and training new volunteers to staff rural ambulances.

We greatly appreciate the Legislatures commitment to rural ambulances. Your continued support is needed to ensure that the residents and visitors of North Dakota have reliable, high quality access to emergency medical services.

This concludes my testimony, I am happy to answer any questions you may have.

HB1004
1/23/2019
C

North Dakota Stockmen's Association
Testimony to the House Appropriations Subcommittee on HB 1004
Jan. 23, 2019

Good afternoon, Mr. Chairman and members of the Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association, an 89-year-old beef cattle trade organization representing more than 3,000 cattle-ranching families in our state.

We appear here in support of HB 1004 and, specifically, 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 places they are needed. North Dakota cattle producers regard their veterinarians as critical partners in their operations, helping them maintain a healthy herd and, ultimately, a profitable business.

For these reasons, we ask for your favorable consideration of this program as you work through this budget.



HB1004
1/23/2019

D

American Cancer Society
Cancer Action Network
2401 46th Ave SE, Ste. 102, Mandan,
ND
701.471.2859
Deb.knuth@cancer.org

North Dakota
Sakakawea Room
January 24, 2019
House Appropriations Committee
HB 1004

My name is Deb Knuth and I am the Government Relations Director in North Dakota for the American Cancer Society Cancer Action Network (ACS CAN).

ACS CAN is the nonprofit, non-partisan advocacy affiliate of the American Cancer Society. We advocate for public policies that reduce death and suffering from cancer including policies around tobacco control and prevention. ACS CAN supports the appropriation of funding for tobacco prevention and cessation programs in HB 1004 of \$13,646,704, a bill relating to Department of Health Budget and its tobacco control program.

ACS CAN supports legislation that provides sustainable prevention and cessation funding for evidence-based tobacco control interventions statewide in accordance with CDC best practices.ⁱ We support a plan to restore the previous program budget of \$22.7 million which was in the 2015-17 biennium and was in close alignment with CDC-recommended funding levels for our state. When the "Center" was dissolved, the Legislature reduced tobacco and prevention funding to the current 2017-18 level of \$13.6 million, about a 40% reduction. In regards to HB 1004, and towards that end, we support the bill's recommended appropriation of \$13,646,704 and oppose further cuts.

Now that the tobacco control program has been reorganized with reduced funding under the Department of Health, I have been monitoring the effects of all the changes and mindful of ongoing public policy gaps in our state related to all aspects of tobacco control best practices. As part of my ongoing work, in the summer of 2017, I was invited to attend the Tobacco Control Action Planning Academy, hosted by the U.S. Centers for Disease Control, which trained local tobacco control leaders in North Dakota in how to improve state and local tobacco prevention and cessation policies. I'm also involved in strategic planning for the North Dakota state tobacco prevention and cessation plan. Last fall, the Department of Health asked me to be a member of the State Health Officer Executive Leadership Team for North Dakota's Comprehensive Tobacco Control. My collaborative efforts, combined with what we know works for reducing tobacco use, have led me to the conclusion that we can be saving more lives and saving more money for the state on preventable health care costs if we were to restore funding to the previous \$22.7 million. To the extent we are able to help prevent and treat tobacco-related addiction now, just think what we would see in the reduction in tobacco disease and death if funding were restored.

ACS CAN appreciates the opportunity to be closely involved with our state's tobacco prevention and control program because lung cancer is the leading cause of cancer death for our citizens.ⁱⁱ

HB1004
4/23/2019

Please help us further reduce tobacco use and disease by funding HB 1004 and ND Department of Health's tobacco prevention and cessation programs at a minimum of \$13,646,704, and please also join us as we continue our work to restore the previous funding of \$22.7 million for these life-saving programs that are so critical to reducing the current burden of cancer in North Dakota.

Thank you for allowing me to testify. Are there any questions?

ⁱ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

ⁱⁱ American Cancer Society. Cancer Facts and Figures 2019. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>



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Bismarck, ND 58502
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www.tfnd.org

HB1004
1/23/2019
E

January 23, 2019

2:00 pm CST

House Appropriations - Human Resources Division Committee for the 66th ND Legislative Assembly

Chairman Nelson, and members of the House Appropriations - Human Resources Division Committee, hello, my name is Heather Austin, and I am the Executive Director for Tobacco Free North Dakota. Thank you so much for your time this morning.

Today I am here to encourage a sustainable and sufficient funding for the State Tobacco Prevention and Control Program in HB 1004 of \$13,646,704, a bill relating to Department of Health Budget and its tobacco control program. The mission of Tobacco Free North Dakota is to improve and protect the public health of all North Dakotans by reducing the serious health and economic consequences of tobacco use, the state's number one cause of preventable disease and death. We work to facilitate coalitions and promote policy discussions across North Dakota, along with providing education and resources that are used to help prevent kids from ever starting the dangerous addiction to tobacco and nicotine.

Since the tobacco control program with reduced funding was restructured under the Department of Health, TFND has been much more involved and utilized along with other Partners to accomplish the goals outlined in our State Plan. As the organizer of the statewide tobacco prevention coalition TFND was invited to participate and attend the Tobacco Control Action Planning Academy, hosted by the U.S. Centers for Disease Control, which trained local tobacco control leaders in North Dakota in how to improve state and local tobacco prevention and cessation policies. Along with multiple other partners and stakeholders, I'm also involved in strategic planning for the North Dakota state tobacco prevention and cessation plan. And, last fall, it was my honor to join as a member of the State Health Officer Executive Leadership Team for North Dakota's Comprehensive Tobacco Control.

And, now, TFND is taking a lead on educating and advocating policy that would reduce e-cigarettes and vaping (ENDS) among our youth. With the "epidemic" announced recently by the FDA, we know that there is much work to be done to save the newest generation from the serious health and economic consequences of a lifelong addiction.

I cite all this to say that there is much being done for tobacco prevention and cessation policy in North Dakota, and that there is much to still do, and I think these combined efforts and collaborations are so important to continue to support. And, further, it is my belief, combined with my knowledge in tobacco prevention, that I propose that we could be accomplishing even more if we were to restore funding to the previous \$22.7 million from the 2015-2017 biennium. Just think of the health impacts and potential for lives saved.

Along with my testimony, you are also receiving our Tobacco Prevention and Control Program Highlights Booklet, featuring TFND and all 28 Local Public Health Units across North Dakota. I hope it will touch on the scope of work being accomplished under this great program.

With continued funding, and at a minimum at least no further reductions, we can lead the way in protecting our kids, and that creates healthier youth and a healthier state, and that saves lives.

Again, thank you for this time in front of you, Chairman Nelson, and the Committee. It is very appreciated. Please vote Do Pass with continued funding for Tobacco Prevention and Control in HB 1004.

May I take any questions?

Heather Austin
Executive Director, Tobacco Free North Dakota
Cell: 701-527-2811
heather@tfnd.org
www.tfnd.org

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.



Tobacco Free
North Dakota

2017-2018

TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS—HIGHLIGHTS OF 2018

- Served with state and national partners to form, and implement, a strategic action plan to draft and promote tobacco price increase, and ENDS tobacco classification, legislation for the 2019 ND Legislative Session.
- TFND hosted a Video Essay Contest for high school seniors for the opportunity to win a \$,1000 scholarship.
- TFND Partnered with Bismarck-Burleigh Public Health to host the first Statewide Youth Tobacco Prevention Summit.
- Sponsored prizes for the Bismarck-Burleigh Public Health second annual Big Tobacco Exposed College Graphic Designer Contest.

DISPLAYS AT EVENTS

- Annual Pride in the Park in Fargo to raise awareness for the LGBT Community on how Tobacco Companies target the community.
- Displayed a booth at the University of Mary Community Fair
- Displayed a booth at the Dental Association Annual Session.
- Displayed information at the Jamestown Community Night Block Party

PRESENTED AT CONFERENCES EDUCATING ON ENDS & TOBACCO PREVENTION POLICIES

- ND Dental Association Winter Conference
- Respiratory Care Altru Hospital Nicotine Dependency Conference in Fargo, ND.
- CHI/Sanford/Mayo Nicotine Dependency Conference in Bismarck, ND
- Association of Chiropractic Colleges National Conference (TFND Board Member)
- Presented to Interim ND Legislative Health Services Committee about tobacco prevention policies to consider for ND
- Bismarck Tobacco Free Coalition Annual Meeting
- NDSU Nursing Students Class
- Chronic Disease Partnership Annual Meeting
- Statewide Tobacco Prevention Youth Summit – 130 students from across ND
- American Cancer Society Annual Cancer Summit
- Presented to Harvey student leadership group alongside State Representative Jon Nelson
- Carrington High School (grades 7-12)
- Grafton Junior High School (grades 7-8)
- Park River High School (grades 7-12)



Tobacco Free
North Dakota

2017-2018

TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS—HIGHLIGHTS OF 2018

COMMUNITY INVOLVEMENT & OTHER ACCOMPLISHMENTS

- Published monthly newsletter and social media posts to keep local public health units, partners, members, and the general public connected and informed.
- Partnered with all local public health units in North Dakota as a resource, presenter, and facilitator.
- Attended the North Dakota Economic Security & Prosperity Alliance (NDESPA) Summit for State and Federal policy initiatives.
- Drafted and presented a Resolution of Support for Tobacco Price Increase to the partners and organizations across ND for ratification.
- Met with state and local Policy Makers throughout the year to promote tobacco prevention policies.
- Attended quarterly ND Health Care Access Network Luncheons in 2018 and partnered to present Senator Heidi Heitkamp with 2018 Champion of Health Care Innovation Award and the 2018 Champion for Healthy Seniors Award.
- Served on the Executive Leadership Team for North Dakota Comprehensive Tobacco Control.
- Participated in Giving Hearts Day 2018.
- Presented to 7 – 12 graders at 3 ND schools warning the youth about the dangers of vaping and e-cigarettes. 589 Students, Teachers, Administrators, and Parents attended in total.
- Secured new office space and hired part-time communications coordinator and additional part-time legislative lobbyist to support coalition efforts in ND.
- Participated in ND Tobacco Prevention & Control Sustainability Planning hosted by Washington University in St. Louis and the Center for Disease Control.
- Provided testimony letter of support for ND State Fair to go tobacco free alongside STAMP Coalition of Minot.
- Provided testimony letter of support for City of Lincoln Council to consider raising the purchase age of tobacco and banning flavored tobacco products.
- Provided testimony letter of support for Bismarck Parks and Recreation to have Bismarck Parks go tobacco free alongside Bismarck-Burleigh Public Health.
- Served on the ND Tobacco Prevention and Control Health Communications Team.
- Served on the ND Tobacco Coalition Work Group, helping to identify and survey 19 other Tobacco Prevention Coalitions in ND.



Public Health
Prevent. Promote. Protect.

Bismarck-Burleigh Public Health

2017-2018 BISMARCK BURLEIGH PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

CITY OF BISMARCK ORDINANCE STRENGTHEN

Bismarck City Commission passed an amendment to prohibit mobile tobacco units. This is included in Chapter 5-11-03.

11TH ANNUAL TOBACCO PREVENTION YOUTH SUMMIT

October 11th area students, from 7 different middle and high schools in Bismarck and Burleigh County attended the annual Youth Summit. Students engaged in various activities aimed at educating their peers and learned about effective tobacco prevention policy strategies.

SMOKE-FREE HOUSING PROJECT

BBPH assists property managers, owners and tenants interested in adopting a 100% smoke free building policy. There are 234 buildings and 2,390 units covered by smoke free policies in Bismarck. For more information visit www.smokefreehousingND.com

NDQUITS

24 enrolled in ND. 340 of these from Burleigh County. 36.1% success rate.



100% of Bismarck/Burleigh County students are covered by tobacco-free school policies.
● 15 Total School Districts



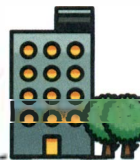
100% of college students are covered by tobacco-free campus policies.
● University of Mary
● Bismarck State College
● United Tribes Technical College



Tobacco-Free Park and Outdoor Area Policies
● BisMarket
● Buckstop Junction



Tobacco-Free Workplace Policies added this Year
● Ruth Meier's Hospitality House & Daycare
● Bismarck Veterans Memorial Public Library
● Missouri Slope Lutheran Care Center and Valley View Heights



MUH Policies added this Year:
● Valley Rentals
● Ruth Meier's Transitional Housing
● Valley View Heights

CURRENT INITIATIVES

- Big Tobacco Exposed - College Project
- Smoke-free Housing Project
- Maintaining Comprehensive Tobacco-Free School Policies
- Education About the Latest Tobacco Products



Public Health
Prevent. Promote. Protect.

2017-2018 CAVALIER COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Kick Butts Day event at Langdon HS - snapchat geofilter used as part of the school event.
- Popcorn Bag Sticker project: stickers thanking patrons for observing Langdon and Munich Schools' tobacco-free were given to both schools to put on popcorn bags for sporting events.



100% of students are protected with comprehensive tobacco-free school policies.

2 school districts



Tobacco-Free Park and Outdoor Area Policies

Langdon City Parks, Boyd Block
Langdon City Pond



Tobacco-free Workplace Policies added this year:

Daycare

CESSATION SERVICES

AAR in clinic practice,
Sponsoring TTS training
for hospital provider.



Multi-Unit Housing Policies

Added this Year:

Sunnyside Rentals (4 units)

COALITION INVOLVEMENT

Healthy Cavalier County, Healthy Cavalier
County Behavioral and Mental Health Taskforce,
Cavalier County Health District Board of Health



Public Health
Prevent. Promote. Protect.

2017-2018 CENTRAL VALLEY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Nicotine poisoning at Jamestown High School emphasized the dangers of these products
- Has a Mayo Clinic trained tobacco treatment specialist on staff and is providing cessation services for clients.
- Steering committee for the tobacco-free grounds at South Central Human Service Center



85% of students are covered by tobacco-free school policies.

11 school districts



100% of college students are covered by tobacco-free campus policies.

University of Jamestown

Tobacco-Free Park and Outdoor Area Policies

Peppers Dog Park



COALITION INVOLVEMENT

Community Health Partnership,
Jamestown Tobacco Free Coalition

CESSATION SERVICES

AAR in clinic practice (Ask a client if they have use tobacco products, Advise them to quit, Refer client to NDQuits.



Public Health
Prevent. Promote. Protect.
City-County Health District

2017-2018 CITY COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Challenges with Smoke-free state law compliance
- AAR outreach to alternative health care providers
- Improving TPCP presence in Barnes on the Move coalition
- Implemented a coaching session with individuals receiving NRT
- Ongoing monitoring of existing policies and ordinances
- Youth Outreach



100% of students are protected with comprehensive tobacco-free school policies.
3 school districts



College is covered by tobacco-free campus policy at:
Valley City State University



Tobacco-Free Park and Outdoor Area Policies:
Valley City Parks and Recreation



Multi-Unit Housing Policies Added this Year:
Century Condominiums

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice,
Developing TTS services

Valley City has an ordinance banning the sale of flavored e-cigarette products

CCHD Awarded Baby and Me Tobacco Free funding to specifically help pregnant women become tobacco-free, This will provide treatment coaching and nicotine replacement therapy for those in need.

COALITION INVOLVEMENT

Barnes on the Move, Barnes County Behavioral Health Coalition, Barnes County Tobacco Free Network



2017-2018 CUSTER HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Outreach to Sitting Bull nursing students on AAR (Ask Client if her or she uses tobacco, Advise to quit, Refer to NDQuits.
- Collaboration with Coal Country Community Health Center to advance cessation
- E-Cigarette education to Hazen School Staff and Beulah School Staff
- Collaboration with Beulah Education Association as well as Hazen Education for the proposal of a tobacco tax as well as getting e-cigarettes labeled as a tobacco product.
- Video Production Class composed PSA on e-cigarettes in Hazen.



82% of students are covered by tobacco-free school policies.



Tobacco-Free Park and Outdoor Area Policies

- Beulah Park District
- Hazen Winter Sports Arena
- Hazen Park Board
- Mandan Parks and Recreation

COALITION INVOLVEMENT

Mandan Wellness Coalition, Hazen Task Force, Beulah Task Force

CESSATION SERVICES

AAR in clinic practice (Ask a client if they have use tobacco products, Advise them to quit, Refer client to NDQuits.

Collaboration with Sakakawea Medical Center to advance cessation.



Public Health
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Dickey County Health District

2017-2018 DICKEY COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Ellendale adopted a tobacco free park policy
- Established a database for multi-unit housing



100% of students are covered by tobacco-free school policies.



100% of college students are covered by tobacco-free campus policies.

Trinity Bible College



Tobacco-Free Park and Outdoor Area Policies

- Dickey County Fairgrounds
- Dickey County Parks
- Ellendale City Parks

COALITION INVOLVEMENT

Dickey County Tobacco Free Coalition

CESSATION SERVICES

AAR in clinic practice (Ask a client if they have use tobacco products, Advise them to quit, Refer client to NDQuits.



Public Health
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2017-2018 EMMONS COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Cessation Grant collaboration with Linton Hospital
- Outreach to HUD properties
- Addition of 5 new park policies
- New multi-unit housing policy
- Outreach to Dakota Eye Institute to utilize AAR



100% of students are covered by tobacco-free school policies



Tobacco-Free Park and Outdoor Area Policies:

Linton City Swimming Pool and Park
 Lawrence Welk Swimming Pool and Park
 Hazelton City Park
 Legions Baseball Park
 Emmons County 4-H grounds

COALITION INVOLVEMENT

Emmons County Interagency Committee



Multiple-Unit Housing Policies Added this Year:

HLM Management Co (55 units)

CESSATION SERVICES

AAR in clinic practice, collaboration with Linton Hospital and Linton Clinic for referrals to TTS provider service, bridge NRT products



Public Health
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Fargo Cass Public Health

2017-2018 FARGO CASS PUBLIC HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Compliance checks are completed for Fargo and West Fargo and greater Cass County.
- Working to improve compliance of Smoke-free law with the Environmental Health Division
- City Ordinance to prohibit mobile vendors
- Successfully strengthened the City of Fargo tobacco licensing ordinance as it pertains to youth access.
- Television, Radio and Facebook live interviews - Recognized as tobacco experts in the community
- Tobacco Education Program for minors cited for tobacco use/possession
- 3rd Annual Nicotine Dependence Conference – Co-sponsor
- Local grant awards to Southeast Human Service Center, American Lung Association and Sharehouse
- Quarterly newsletter to coalition members, legislators, health department employees and school resource officers in Fargo/ West Fargo/ Cass County



Tobacco-Free Park and Outdoor Area Policies:

- Casselton Park District
- Kindred City Parks
- Mapleton Park Board Facilities



Multiple-Unit Housing Policies Added this Year

- Lux Properties (718 units)
- Roers Property Management (395 units)

COALITION INVOLVEMENT

Level Up (youth community coalition), Fargo Homeless Coalition, Rethink Mental Health, Successful Outcomes for Tenants and Landlords SOFTL, Smoke-free Air for Everyone - SAFE

CESSATION SERVICES

TTS provider counseling, Break Away from Nicotine program, Counseling for FCPH in-home nurse clients

First District



Health Unit

www.fduh.org

2017-2018 FIRST DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Outreach to multiple community groups
- Sawyer school district adopted a comprehensive tobacco-free policy
- Ongoing work to advance a tobacco-free policy at the ND State Fair Grounds
- National Prevention Awareness week lunch and learn
- ND Fire Danger Guide Information
- Open Arms Transitional Living tobacco free policy
- Health care provider training on pharmacotherapy, AAR and the role they can play in changing tobacco policy
- Providing more education/signage for downtown Minot DBPA
- Provided electronic nicotine device training to local fire departments, school administration and emergency response professionals.



43% of students are covered by tobacco-free school policies.



100% of students are covered by tobacco-free school policies.

Minot State University
Dakota College of Bottineau



Tobacco-Free Park and Outdoor Area Policies:
Garrison City Parks



Workplace Policies Added this Year:
Open Arms Transitional Living Home

COALITION INVOLVEMENT

Minot Area SAFE Communities, Minot Area Team Wellness, Minot STAMP, Mayors Committee on Addiction, Renville SAFE Communities, McLean Interagency Task Force, Bottineau SAFE Communities, Minot State ATOD, Minot Downtown Business Professionals Association, Minot Area Housing Collaborative

CESSATION SERVICES

CTTS provider counseling, Baby and Me Tobacco Free, Kickstart classes onsite and at North Central Human Service Center, NRT



Public Health
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Foster County Public Health

2017-2018 FOSTER COUNTY PUBLIC HEALTH

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHT OF 2018

- Smoke free policy for Foster County vehicles



100% of Foster County Public Health students are covered by tobacco-free school policies.



Tobacco Free Work Place Policies Added this Year:
Foster County vehicles
Golden Acres Manor and Estates

CESSATION SERVICES

AAR in clinic practice
(Ask clients if they use tobacco products, Advise them to quit, Refer them to NDQuits.

Developing TTS provider services



Public Health
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Grand Forks Public Health

2017-2018 GRAND FORKS PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- 25th Anniversary Celebration of the Grand Forks Tobacco Free Coalition
- Expanded relationships and increased outreach to local behavioral health settings.
- Increased compliance with local and state tobacco retailer licensing policies through retailer outreach and education. (Over 80+ site visits conducted)
- Increased compliance with local hospitality venues by conducting outreach explaining provisions of the local smoke free law regarding outdoor patios and smoking.
- Collaborated with the Grand Forks Police Department and the Department of Human Services to implement a new local SYNAR Tobacco Compliance Check Program.
- Addressed the electronic cigarette epidemic among youth by educating various community stakeholders (schools, parents, providers, policy makers) on products such as Juul and its harmful effects on the brain.



78% of school districts within Grand Forks County protect students with comprehensive tobacco-free school policies.



College is covered by tobacco-free campus policy at:

University of North Dakota



Tobacco-Free Park and Outdoor Area Policies:

Grand Forks Parks and Recreation

Grand Forks Golf Courses (smoke-free)

City of Thompson Parks (comprehensive)



Multi-Unit Housing Policies Added this Year:

Oxford Realty LaGrave on First (913 units)

COALITION INVOLVEMENT

Grand Forks Tobacco Free Coalition, Polk County Wellness Coalition

Substance Abuse Prevention Coalition

Live Well Grand Cities

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice



2017-2018 KIDDER COUNTY DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Sponsor of North Dakota Rodeo Event in Devils Lake
- St. Joseph Catholic School adopted a Tobacco-Free policy
- Compliance Checks
- Minnewaukan Schools adopted a Tobacco Free policy.
- Provided Juul educational presentations to teachers and over 900 students.
- Developed Quick Quit Kits to jump start cessation and refer to ND Quits further help.



84% of students are covered by tobacco-free school policies.



Colleges are covered by tobacco-free campus policy at:
Lake Region State College



Tobacco-Free Park and Outdoor Area Policies:
Devils Lake Park Board



MUH Policies Added this Year:
Klemestrud (40 units) Shirek (12 units)
Leiphon (50 units)

COALITION INVOLVEMENT

Safe Communities, Lake Region Recovery Efforts

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice



Public Health
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Lake Region District Health Unit

2017-2018 LAKE REGION DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

Sponsor of North Dakota Rodeo Event in Devils Lake

- St. Joseph Catholic School adopted a Tobacco-Free policy
- Compliance Checks
- Minnewaukan Schools adopted a Tobacco Free policy.
- Provided Juul educational presentations to teachers and over 900 students.
- Developed Quick Quit Kits to jump start cessation and refer to ND Quits further help.



84% of students are covered by tobacco-free school policies.



Colleges are covered by tobacco-free campus policy at:
Lake Region State College



Tobacco-Free Park and Outdoor Area Policies:
Devils Lake Park Board



MUH Policies Added this Year:
Klemestrud (40 units) Shirek (12 units)
Leiphon (50 units)

COALITION INVOLVEMENT

Safe Communities, Lake Region Recovery Efforts

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice



Public Health
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2017-2018 LAMOURE COUNTY PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Collaboration with PFS for messaging at the HS post prom party.
- Joining PFS to provide consistent messaging to the La Moure County youth. The message they chose was
- “Stay Above the Influence” and this was used when working with youth in all areas such as advertising in schools, messaging to youth and on promotional items.
- Light the Night – graduation party in collaboration with PFS. Worked in collaboration to create a substance free social event to be held on the night of graduation in efforts to give kids a safe, healthy environment in which they could celebrate.
- Tobacco-Free Park Policies adopted in Edgeley, Kulm, Verona, and Marion



44% of students are covered by tobacco-free school policies.

Four school districts



Tobacco-Free Park and Outdoor Area Policies

- Edgeley Parks and Recreation
- Verona City Park
- Kulm City Park
- Marion Parks and Recreation

COALITION INVOLVEMENT

LaMoure County Health Board, Mental Health and Wellness coalition

CESSATION SERVICES

All public health programs utilize AAR (ask advise refer) in client-based programs.



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2017-2018 MCINTOSH DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018



Discussed tobacco risks at Babysitting classes with 20 kids ages 11 through 5. During the public health presentation we incorporated discussions on tobacco use and the harm it can cause to yourself and others.

61% of students are covered by tobacco-free school policies.

Three school districts.

- Participated in the EMS night out event, TRI-County Fair, and in the Dairy Days event. Set up a display and provided education on vaping devices, chew and various tobacco items.

CESSATION SERVICES

AAR in clinic practice, Developed "Kick-off Kits" to give to clients wanting to quit tobacco.



Public Health
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2017-2018 NELSON-GRIGGS DISTRICT HEALTH UNIT TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Displays at Nelson County Health Fair and Cooperstown Medical Center Health Fair and 2 Back to School Night Events in Lakota and McVile.
- Outreach with Lakota School District to develop YouTube videos for Raider Vision Channel. Worked with them to create 4 educational videos.
- Presentations at Lakota School and Dakota Prairie Teacher In-services, focusing on ENDS (Electronic Nicotine Delivery System)
- Provided education to all tobacco retailers about need for age verification to ensure youth are not able to purchase products if less than 18 years of age. Preliminary survey results indicate all tobacco retailers in Nelson and Griggs Counties passed the compliance checks.
- Participated in statewide Youth Summit with 6 Dakota Prairie SADD students and their advisor.



100% of students are covered by tobacco-free school policies.

Four school districts



Tobacco-Free Park and Outdoor Area Policies

Cooperstown City Park
Griggs Co. Fairgrounds
Stump Lake Park
Pioneer Village



MUH Policies added this year:

Nelson Co. Housing Authority implemented smoke free policies that also included electronic cigarettes. Signage was provided to 8 properties

COALITION INVOLVEMENT

Board of Health

CESSATION SERVICES

All public health programs utilize AAR (ask advise refer) in client-based programs. Quit Kits: 21 distributed in 2017 5 in 2018.



Public Health
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2017-2018 PEMBINA COUNTY HEALTH DEPARTMENT TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Networking for tobacco free policy at Frost Fire Ski Area
- Cessation outreach to the prison population, providing NDQuits information
- State law compliance checks
- Providing Quit kits to local hospital and clinics
- Since those who are incarcerated have shown to have higher rates of tobacco use we refer them to NDQuits.
- Quarterly educational site visits to businesses regarding the state smoke-free law.



100% of students are covered by tobacco-free school policies.

Five school districts

Tobacco-Free Park and Outdoor Area Policies



Hager Park
St. Thomas Park

Policy given to Walhalla and Cavalier Park Board members for consideration in passing Spring 2019.



MUH Policies added this year:

Oakwood Apartments and Oakwood Condominiums in Walhalla, ND

COALITION INVOLVEMENT

Pembina County Coalition, Pembina County Behavioral Health Coalition

CESSATION SERVICES

AAR in clinic practice, Quit Kits (a kit that includes NDQuits information and cessation reimbursement program guidelines), NRT reimbursement program (\$200/year)



Public Health
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2017-2018 RANSOM SARGENT COLLABORATIVE

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Collaboration between the counties to address tobacco prevention efficiently
- New tobacco coordinator – Briana Spellerberg
- Sargent Central School adopted a Tobacco-Free policy
- Engaging with SADD chapters for student advocacy
- Outreach to local clinics
- ND Veterans Home Health Fair Booth
- State law packets delivered to area businesses
- Synar training was completed and will start conducting compliance checks in 2019.
- Educating students and staff in schools on electronic cigarettes.



86% of students are covered by tobacco-free school policies.

Five school districts



Tobacco-Free Park and Outdoor Area Policies

Milnor City Parks

Forman City Parks

COALITION INVOLVEMENT

Health Sargent County Coalitist and
Aging in the Sheyenne Valley Coalition

CESSATION SERVICES

AAR in clinic practice, Developing TTS services (Tobacco Treatment Specialist) Certified to provide cessation counseling to people who want to quit tobacco use.



Public Health
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Richland County Health Department

2017-2018 RICHLAND COUNTY HEALTH DEPARTMENT TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

Presentation to Dental hygiene students about AAR

- Work with State's Attorney to update countywide tobacco ordinance
- Assistance and Outreach to NDSCS
- Did educational visits at all 23 tobacco retailers to provide education and compliance information in regards to tobacco laws, regulation and local ordinance.
- Vaping education packets sent to all Richland County K-12 school administrations.
- Gave vaping 101 presentations.



100% of students are covered by tobacco-free school policies.



100% of college students are covered by tobacco-free campus policies.

North Dakota State College of Science



Tobacco-Free Park and Outdoor Area Policies :

Fairmont City Parks

Wahpeton Park Board Facilities

COALITION INVOLVEMENT

Project Yes (Wahpeton Youth Substance Abuse Prevention Coalition), ATOD Taskforce at NDSCS

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice TTS Services by becoming certified tobacco treatment specialist. Will be incorporating in person cessation services to Richland County Residents who want to quit tobacco use.



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2017-2018 ROLETTE COUNTY PUBLIC HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- The Dale and Martha Hawk Museum adopted a tobacco-free ground policy.
- Outreach to the crisis center Presentation – Kalix Wellness Health Day



75% of the county schools are covered by tobacco-free school policies.



Tobacco-Free Park and Outdoor Area Policies

Rolette City Park and Swimming Pool
Dale and Martha Hawk Museum
St. Johns Historical Society

COALITION INVOLVEMENT

Rolette County Wellness Coalition,
Turtle Mountain Tobacco Coalition, Turtle Mountain Wellness Planning Committee,
Turtle Mountain Safety Clan

CESSATION SERVICES

AAR in clinic practice (Ask Advise Refer)

Southwestern District
Health Unit



PublicHealth
Prevent Promote Protect

2017-2018 SOUTHWESTERN DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

Support and assistance to Badlands Regional Human Service Center and Residential Care Center during tobacco free transition – prior to state wide implementation

- Roughriders Home growers Association adopted a tobacco free policy for the farmers market
- Dickinson Tobacco Retailer Training
- Golden Valley Manor adopted a tobacco free policy



85% of students in the Southwestern District are covered by tobacco-free school policies.



100% of college students are covered by tobacco-free campus policies.
Dickinson State University



Tobacco-Free Park and Outdoor Area Policies :

Dickinson Park Board Facilities
Roughriders' Home growers Association



Tobacco-Free Workplace Policies Added this Year:

Golden Valley Manor Assisted Living



MUH Policies Added this Year:

Peaceful Pioneer Haven (100 units)

COALITION INVOLVEMENT

Rolette County Wellness Coalition, Turtle Mountain Tobacco Coalition, Turtle Mountain Wellness Planning Committee, Turtle Mountain Safety Clan

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice
TTS Services, NRT



Public Health
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Steele County Public Health

2017-2018 STEELE COUNTY PUBLIC HEALTH DEPARTMENT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018



100% of students are covered by tobacco-free school policies.

- New tobacco coordinator – Aurora Moore
- World No Tobacco Day – Tobacco Education Youth Event. Celebrated the event on May 31, 2018 with a movie presentation and a small exhibit on tobacco education to help raise awareness of it's dangers and harmful effects especially on the youth.
- Sponsored FCCLA team to attend the nation conference to present on the dangers of tobacco and smoking.
- Finley City parks adopted a tobacco free policy



Tobacco-Free Park and Outdoor Area Policies:
Finley City Parks: which includes owned parks and recreational parks, RV campground and the city pool.

CESSATION SERVICES

AAR in clinic practice (Ask Advise Refer)



Public Health
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Towner County Public Health District

2017-2018 TOWNER COUNTY PUBLIC HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018



100% of students are covered by tobacco-free school policies.

- Working with FCCLA and SADD youth activities.
Popcorn Bag campaign
- Compliance checks- Supporting businesses community with efforts in maintaining smoke free law compliance
- Expanded relationships and increased outreach to local behavioral health settings.
- Addressed the electronic cigarette epidemic among youth by educating various people in the community about e-cigarettes.



MUH Policies Added this Year:
JH Rentals (24 units)

COALITION INVOLVEMENT

Safe Communities Coalition

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice
TTS certified staff in December 2018



Public Health
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2017-2018 TRAIL DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- 'Support Tobacco Free Parks' campaign
- Partnering with 4-H to promote tobacco prevention at Achievement Days
- Gave talks to residents on the ND smoke free law and the smoke free policy at a MUH complex at the request of their manager. I have worked with this manager a great deal on resident compliance and their smoke free policy.
- Kelly became TTS certified and they have added cessation counseling and NRT to their offered services.
- NDQuits materials are included with the newborn information packets sent to each child born in Trail County.



100% of students are covered by tobacco-free school policies.



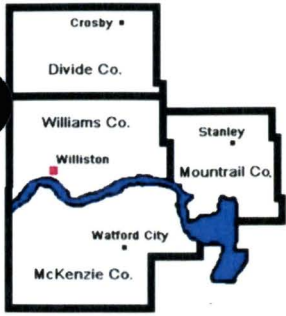
100% of college students are covered by tobacco-free campus policies.
Mayville State University



Tobacco-Free Park and Outdoor Area Policies:
Mayville Parks

CESSATION SERVICES

AAR in clinic practice (All of Trail District Health Units clients based programs utilize Ask Advise Refer), Developing TTS Services



2017-2018 UPPER MISSOURI DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018



16/19 school districts covered by tobacco-free school policies.

Healthcare provider visits. Uses the AAR process (Ask Advise and Refer). We ask the client whether or not they use tobacco products. We advise them to quit and we refer them to ND Quits.



Williston State College is covered by a tobacco-free campus policy.



Tobacco-Free Park and Outdoor Area Policies:
Williston Park District

- Smoke free law compliance checks.



MUH Policies Added this Year:

- Tioga Medical Center passed a Tobacco-Free policy.

Prairie Property Management adopted a smoke free policy for property in Watford City, Brookledge at Fox Hills.

- Assisting Property Managers to adopt smoke-free housing policies.

CESSATION SERVICES

AAR (Ask Advise Refer) in clinic practice

UMDHU provides direct cessation services at all offices and enrolls clients to NDQuits.



Public Health
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Walsh County Health District

2017-2018 WALSH COUNTY HEALTH DISTRICT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Successfully closed down two butt-huts in Walsh County that were not following regulations.
- 10th Anniversary Celebration Walsh County Tobacco Free Coalition
- Through with Chew week – Ask Advice Refer outreach provided to local dental offices. This is a week that spreads awareness about the dangers of smokeless tobacco.
- Lankin Parks and Recreation adopted a tobacco free policy.
- Pisek Park and Adams Park adopted a tobacco free policy.
- Actively worked with Walsh County schools to help address the vaping and e-cigarette epidemic.



100% of students are covered by tobacco-free school policies.
Four school districts.



Tobacco-Free Park and Outdoor Area Policies
Fordville Parks and Recreation
Hoople Parks and Recreation
Park River Parks and Recreation
Lankin Parks and Recreation
Pisek Park
Adams Park



Workplace Policies Added this Year:
Lutheran Sunset Home
Good Samaritan Society
Community Health Service Inc.

COALITION INVOLVEMENT

Walsh County Tobacco Free Coalition

CESSATION SERVICES

AAR in clinic practice, cessation counseling services, NRT product refund program, Baby and Me Tobacco Free Program



Public Health
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Wells County District Health Unit

2017-2018 WELLS COUNTY DISTRICT HEALTH UNIT

TOBACCO PREVENTION AND CONTROL PROGRAM

ACHIEVEMENTS

HIGHLIGHTS OF 2018

- Daycare adopted a tobacco-free policy
- Building a program for youth engagement- networking with Bismarck Burleigh Public Health
- Tobacco Education outreach in the schools
- Seven students from Wells County attended the Tobacco Youth Summit in Bismarck this year. They received great education on E-cigs and advocacy. They have since taken a stand against all forms of tobacco and a more organized approach to e-cig/JUUL education in their schools.
- Harvey High School Youth are standing up to the JUUL epidemic in their school by educating their peers and going out in the community to educate. They are preparing to testify at the state legislature this upcoming 2019 session.



100% of students are covered by tobacco-free school policies.



Tobacco-Free Park and Outdoor Area Policies

Fessenden City Parks
Harvey - Centennial Park



Workplace Policies Added this Year

Community Childcare Center

CESSATION SERVICES

AAR in clinic practice, Developing TTS services, bridge NRT

Tobacco use is **STILL** an issue in ND, especially among youth...

NEW PRODUCTS



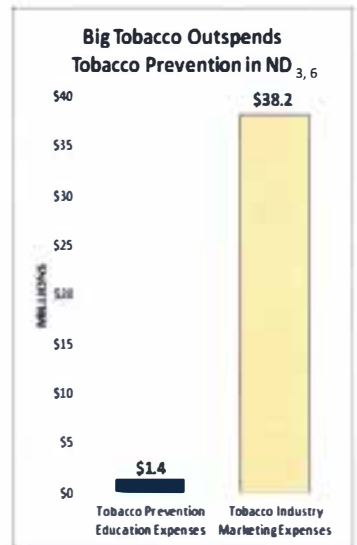
MORE FLAVORS



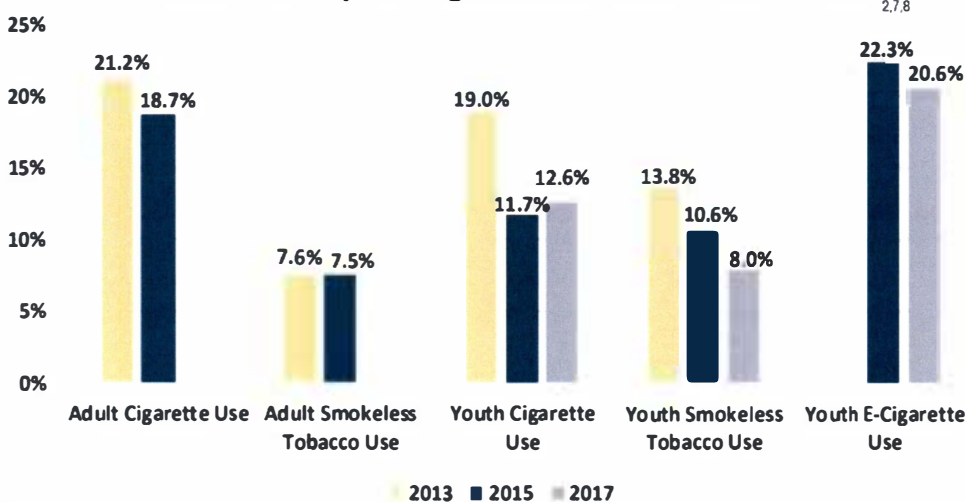
Big Tobacco and the vaping industry are constantly trying to come up with new ways to target youth. Between flavors and high tech/sleek designs its no wonder these products appeal to kids. Their latest products have been showing up in Bismarck/Burleigh County schools. These products **CONTAIN NICOTINE** which is highly addictive and harmful to youth brain development. According to a recent study by TRUTH Initiative, 63% of youth did **NOT** know that one JUUL pod contains the same amount of nicotine equal to one pack of cigarettes or 200 puffs.^{1,4-6}

What can North Dakota do to protect youth?

-  Increase the price on ALL tobacco products including e-cigarettes, vapes, and MODS
-  Ban flavored tobacco products
-  Fund tobacco prevention and control programs at levels recommended by the CDC
-  Implement Multi Unit Housing Smoke-Free Policy
-  Maintain the ND Smoke-Free Law
-  Raise the legal age to purchase tobacco to 21



Tobacco Use by ND High School Students and Adults



North Dakota ranked in **top 10 states** for high youth e-cigarette usage.

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Public Health
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Bismarck-Burleigh Public Health



**North Dakota Department of Health
Healthy and Safe Communities
2019-21 Executive Budget**

HB 1004
1/24/2019

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**SALARIES AND WAGES
FTE EMPLOYEES (Number)**

511 Salaries
513/514 Temporary, Overtime
516 Benefits
TOTAL

General Fund
Federal Funds
Special Funds

OPERATING EXPENSES

521 Travel
531 IT - Software/Supp.
532 Professional Supplies & Materials
533 Food & Clothing
534 Buildings/Vehicle Maintenance Supplies
535 Miscellaneous Supplies
536 Office Supplies
541 Postage
542 Printing
551 IT Equip Under \$5000
552 Other Equip Under \$5000
553 Office Equip Under \$5000
561 Utilities
571 Insurance
581 Lease/Rentals - Equipment
582 Lease \Rentals-- Buildings./Land
591 Repairs
601 IT-Data Processing
602 IT-Telephone
603 IT - Contractual Services
611 Professional Development
621 Operating Fees & Services
623 Professional Services
625 Medical, Dental, and Optical
TOTAL

General Fund
Federal Funds
Special Funds

CAPITAL ASSETS

683 Other Capital Payments
684 Extraordinary Repairs
691 Equipment >\$5000
693 IT Equip >\$5000
TOTAL

General Fund
Federal Funds
Special Funds

GRANTS

712 Grants - Non State
722 Grants - In State
TOTAL

General Fund
Federal Funds
Special Funds

SPECIAL LINES

-71 Tobacco Prevention/Control
-72 WIC Food Payments
-78 Food & Lodging IMS
-79 Medical Marijuana
TOTAL

General Fund
Federal Funds
Special Funds
TOTAL

General Fund
Federal Funds
Special Funds

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
FTE EMPLOYEES (Number)	54.65		55.15	51.15	(4.00)	-7%
511 Salaries	5,214,982	3,504,719	5,199,856	5,173,586	(26,270)	-1%
513/514 Temporary, Overtime	238,038	117,273	233,036	457,600	224,564	96%
516 Benefits	2,213,466	1,571,325	2,588,712	2,704,722	116,010	4%
TOTAL	7,666,486	5,193,317	8,021,604	8,335,908	314,304	4%
General Fund	1,760,814	832,805	2,107,331	2,173,047	65,716	3%
Federal Funds	5,855,518	4,220,072	5,862,478	6,162,861	300,383	5%
Special Funds	50,154	140,440	51,795	0	(51,795)	
OPERATING EXPENSES						
521 Travel	553,902	282,672	620,075	673,618	53,543	9%
531 IT - Software/Supp.	157,038	63,120	120,550	120,550	0	0%
532 Professional Supplies & Materials	326,584	131,740	244,901	269,901	25,000	10%
533 Food & Clothing	162,112	115,449	181,810	203,138	21,328	12%
534 Buildings/Vehicle Maintenance Supplies	55,605	4,921	611	611	0	0%
535 Miscellaneous Supplies	80,031	54,716	44,309	73,269	28,960	65%
536 Office Supplies	49,918	24,319	46,680	44,922	(1,758)	-4%
541 Postage	43,803	25,808	54,487	54,487	0	0%
542 Printing	215,215	145,442	195,423	215,423	20,000	10%
551 IT Equip Under \$5000	42,354	35,649	47,420	30,600	(16,820)	-35%
552 Other Equip Under \$5000	995	9,097	22,998	17,425	(5,573)	-24%
553 Office Equip Under \$5000	158,687	11,824	9,460	1,000	(8,460)	-89%
561 Utilities	0	20	20	20	0	0%
571 Insurance	0	0	0	0	0	0%
581 Lease/Rentals - Equipment	10,313	7,004	11,947	11,947	0	0%
582 Lease \Rentals-- Buildings./Land	199,702	179,028	255,285	251,834	(3,451)	-1%
591 Repairs	2,072	1,962	12,471	12,471	0	0%
601 IT-Data Processing	184,674	127,298	212,114	369,068	156,954	74%
602 IT-Telephone	109,445	61,949	92,999	92,327	(672)	-1%
603 IT - Contractual Services	344,057	116,912	346,299	1,061,059	714,760	206%
611 Professional Development	138,762	103,664	149,587	149,587	0	0%
621 Operating Fees & Services	464,297	170,359	211,287	291,287	80,000	38%
623 Professional Services	3,932,690	2,554,036	5,685,636	6,775,903	1,090,267	19%
625 Medical, Dental, and Optical	52,716	43,178	109,246	458,061	348,815	319%
TOTAL	7,284,972	4,270,167	8,675,615	11,178,508	2,502,893	29%
General Fund	1,212,651	377,049	835,428	1,067,054	231,626	28%
Federal Funds	5,577,567	3,424,113	6,428,987	8,858,554	2,429,567	38%
Special Funds	494,754	469,005	1,411,200	1,252,900	(158,300)	-11%
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	0%
684 Extraordinary Repairs	0	0	0	0	0	0%
691 Equipment >\$5000	0	5,700	18,750	13,197	(5,553)	-30%
693 IT Equip >\$5000	0	0	0	0	0	0%
TOTAL	0	5,700	18,750	13,197	(5,553)	-30%
General Fund	0	0	0	0	0	0%
Federal Funds	0	0	18,750	13,197	(5,553)	-30%
Special Funds	0	5,700	0	0	0	0%
GRANTS						
712 Grants - Non State	19,815,563	14,508,985	22,796,036	26,329,237	3,533,201	15%
722 Grants - In State	333,564	159,652	330,042	200,000	(130,042)	-39%
TOTAL	20,149,127	14,668,637	23,126,078	26,529,237	3,403,159	15%
General Fund	4,652,694	2,502,704	4,177,343	4,033,544	(143,799)	-3%
Federal Funds	15,028,160	11,575,936	17,943,342	22,155,693	4,212,351	23%
Special Funds	468,273	589,997	1,005,393	340,000	(665,393)	-66%
SPECIAL LINES						
-71 Tobacco Prevention/Control	5,799,729	7,943,880	13,646,704	12,911,676	(735,028)	-5%
-72 WIC Food Payments	18,868,331	12,277,619	20,200,000	19,780,000	(420,000)	-2%
-78 Food & Lodging IMS	0	0	0	0	0	0%
-79 Medical Marijuana	0	0	0	0	0	0%
TOTAL	24,668,060	20,221,499	33,846,704	32,691,676	(1,155,028)	-3%
General Fund	0	0	0	1,183,000	1,183,000	100%
Federal Funds	20,754,789	13,491,370	22,193,371	21,808,676	(384,695)	-2%
Special Funds	3,913,271	6,730,129	11,653,333	9,700,000	(1,953,333)	-17%
TOTAL	59,768,645	44,359,320	73,688,751	78,748,526	5,059,775	7%
General Fund	7,626,159	3,712,558	7,120,102	8,456,645	1,336,543	19%
Federal Funds	47,216,034	32,711,491	52,446,928	58,998,981	6,552,053	12%
Special Funds	4,926,452	7,935,271	14,121,721	11,292,900	(2,828,821)	-20%

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Summary of Federal & Special Funds

Federal Funds	2017-19	2019-21	
	Base Budget	Inc / (Dec)	Executive Budget
Maternal and Child Health Services Block Grant (MCH)	4,073,005	23,494	4,096,499
National Breast and Cervical Cancer Early Detection Program	3,350,754	699,089	4,049,843
Comprehensive Cancer	785,531	(141,142)	644,389
Diabetes, Heart Disease, Stroke, Obesity and School Health (DHDOSH)	2,156,011	(2,156,011)	-
Diabetes, Hypertension and Stroke Prevention Programs Grant	-	3,879,255	3,879,255
State Physical Activity and Nutrition Plan Grant	-	1,774,896	1,774,896
State Actions to Improve Oral Health Outcomes Grant	-	1,044,057	1,044,057
Preventive Health Block Grant	808,454	14,055	822,509
Oral Disease Prevention Program	551,487	(551,487)	-
Health Resources & Services Admin. (HRSA) - Oral Health Workforce Activities	896,944	(84,428)	812,516
Health Equity Grant	-	500,000	500,000
Telehealth for Pediatric Mental Health Care Access Grant	-	890,000	890,000
Family Violence & Prevention Services Grant	1,508,991	23,396	1,532,387
Child Safety Program	291,562	23,205	314,767
STOP Violence Against Women Formula Grants	1,727,170	4,268	1,731,438
Sexual Violence Prevention and Education	399,600	69,527	469,127
Consumer Product Safety	4,668	(2,324)	2,344
Sexual Assault Service Grant Program	695,976	370	696,346
Falls for Older Adults	85,983	48,705	134,688
Safe Routes to Schools	61,361	(61,361)	-
Women, Infant and Children (WIC) - Supplemental Food/Admin Services	28,543,849	(135,429)	28,408,420
WIC Electronic Benefits Transfer (EBT) Implementaion	-	354,554	354,554
WIC - Peer Counseling	249,477	(49,477)	200,000
Breastfeeding Collaboration	60,000	(30,000)	30,000
Family Planning Services	2,017,216	127,967	2,145,183
School Health - Department of Public Instruction Cooperative Agreement	-	70,000	70,000
Abstinence Grant	180,963	(180,963)	-
Telehealth Network Grant	505,635	(505,635)	-
DHS Parent Newsletter	4,868	(4,868)	-
Newborn Screening	300,000	-	300,000
Behavioral Risk Factor Surveillance System (BRFSS)	659,178	88,060	747,238
State Systems Development Initiative (SSDI)	217,418	(34,340)	183,078
Pregnancy Risk Assessment Monitoring System (PRAMS)	317,456	70,706	388,162
National Violent Death Reporting System (NVDRS)	-	344,923	344,923
Youth in Agriculture	-	96,733	96,733
Public Health Opioid Crisis Response Grant	-	43,905	43,905
Unallocated Executive Compensation Package	-	333,341	333,341
CDC Tobacco	1,763,371	(34,988)	1,728,383 *
Quitline Capacity	100,000	-	100,000 *
Medicaid Quitline Grant	130,000	-	130,000 *
Total Federal Funds	\$ 52,446,928	\$ 6,552,053	\$ 58,998,981

* These funds are in the Tobacco Prevention and Control Special Line Item

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Summary of Federal & Special Funds

Special Funds	2017-19		2019-21
	Base Budget	Inc / (Dec)	Executive Budget
Women's Way - Community Health Trust Fund (CHTF)	329,500	-	329,500
Colorectal Cancer - Tobacco Prevention & Control Trust Fund (TPCTF)	546,804	(546,804)	-
Cancer Registry - TPCTF	98,000	(98,000)	-
DentaQuest	306,249	(206,249)	100,000
Delta Dental of Minnesota		75,000	75,000
Otto Bremer		200,000	200,000
Robert Wood Johnson Foundation		50,000	50,000
Healthcare Research and Quality Foundation Grant		50,000	50,000
Medicaid Oral Health Fee for Services		110,000	110,000
Domestic Violence Fund	340,000	-	340,000
Domestic Violence - Offender Treatment Program - TPCTF	300,000	(300,000)	-
Sudden Infant Death Syndrome (SIDS)	10,000	(10,000)	-
Injury Prevention Community Innovation (Green Dot)		10,000	10,000
Bush Foundation Community Innovation (Hunger Free)	30,000	-	30,000
At Cost Metabolic Medical Food Orders (PKU)	37,335	(9,435)	27,900
BRFSS (CHTF)	470,500	(200,000)	270,500
Tobacco Prevention (CHTF)	3,200,000	-	3,200,000 *
Tobacco Prevention - Grants to Local Public Health Units (CHTF)		6,500,000	6,500,000 *
Tobacco CDC Best Practice (Tobacco Prevention & Control Trust Fund-TPCTF)	500,000	(500,000)	- *
Tobacco Prevention (TPCTF)	7,953,333	(7,953,333)	- *
Total Special Funds	\$ 14,121,721	\$ (2,828,821)	\$ 11,292,900

* These funds are in the Tobacco Prevention and Control Special Line Item

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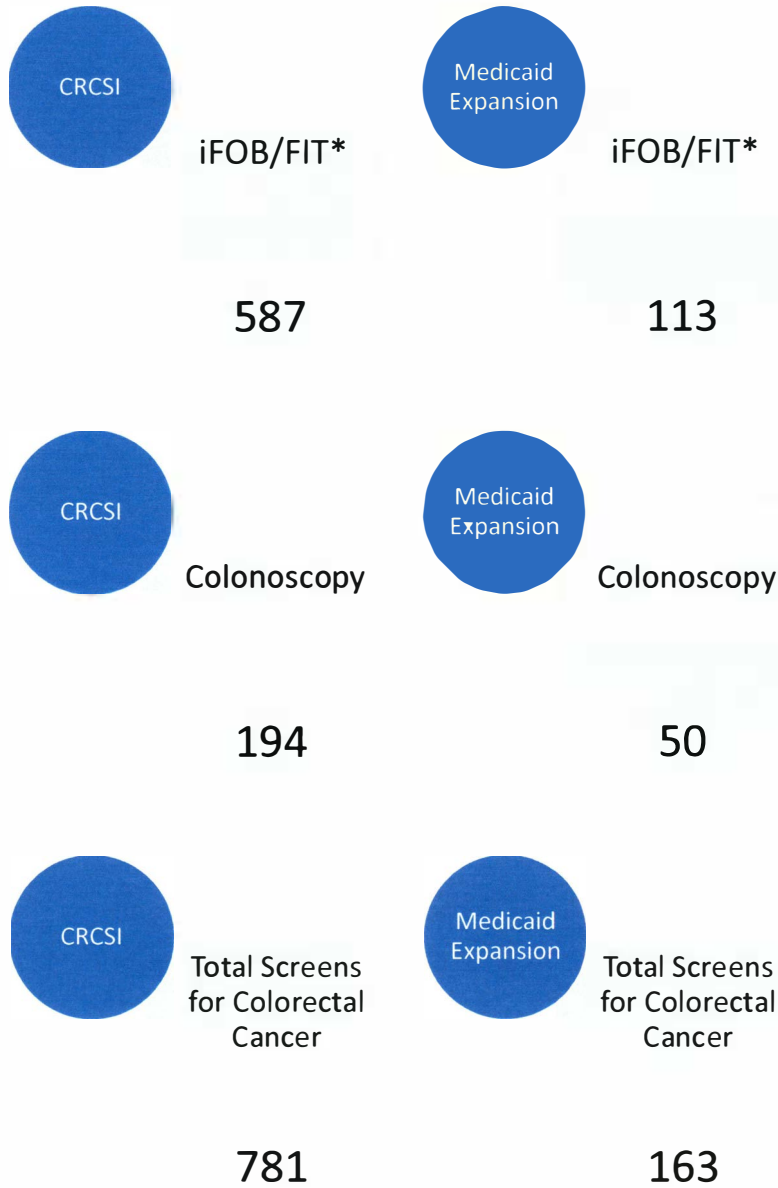
Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Community & Health Systems						
Legal- Attorney General	5,055	9,515	14,570	4,874	9,696	
Colorectal Cancer Screening Initiative-Provider Training	12,000	3,250	15,250	15,250		
Colorectal Cancer Screening Initiative-Blue Cross Blue Shield North Dakota	325,800	(125,800)	200,000	200,000		
Colorectal Cancer Screening Initiative-Grant Contracts Manager		50,000	50,000	50,000		
Cancer Registry-Contract to University of North Dakota	98,000	-	98,000	98,000		
Women's Way-Blue Cross Blue Shield North Dakota	921,302	(23,234)	898,068		813,568	84,500
Women's Way-Local Public Health Units	1,429,212	(140,058)	1,289,154		1,044,154	245,000
Women's Way-Motivational Interviewing (MI) Training Part 2	20,000	(20,000)	-			
Women's Way-Cultural Awareness Training	25,000	(25,000)	-			
Women's Way-Provider Regional Roundtables	20,000	(20,000)	-			
Women's Way-Tribal Lay Patient Navigators (Ft Berthold, Standing Rock, Spirit Lake)		234,000	234,000		234,000	
Women's Way-GoodHealthTV (KAT Marketing)		200,000	200,000		200,000	
Women's Way-Local Coordinating Units (LCUs) Communication Consultant		40,000	40,000		40,000	
Women's Way-Media Buy (radio, TV, social media)		137,246	137,246		137,246	
Women's Way-Graphic Support		14,000	14,000		14,000	
Women's Way-Behavioral Risk Factor Surveillance System (BRFSS) Support		10,000	10,000		10,000	
Comprehensive Cancer Control-Policy, Systems and Environmental (PSE) Trainer	20,000	(20,000)	-			
Comprehensive Cancer Control-Graphic Support	7,000	-	7,000		7,000	
Comprehensive Cancer Control-Behavioral Risk Factor Surveillance System (BRFSS)	20,000	10,000	30,000		30,000	
Comprehensive Cancer Control-Training to support State Plan	25,000	(1,911)	23,089		23,089	
Health Promotion						
DentaQuest older adult program implementation	43,571	(43,571)	-			
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DHDOSH) - Consultation (Kim Crawford)	113,100	(113,100)	-			
DHDOSH-Diabetes Services	55,000	(55,000)	-			
DHDOSH - School Health / Physical Activity / Nutrition	20,000	(20,000)	-			
DHDOSH - Hypertension Summit	20,000	(20,000)	-			
DHDOSH- Website development/maintenance for Heart Program	20,000	(20,000)	-			
State Physical Activity and Nutrition -Crawford Consulting		30,000	30,000		30,000	
State Physical Activity and Nutrition - Nutritionist		50,000	50,000		50,000	
State Physical Activity and Nutrition - Blue Zones		80,000	80,000		80,000	
State Physical Activity and Nutrition - Media Campaign		60,000	60,000		60,000	
Diabetes and Hypertension - Crawford Consulting		135,000	135,000		135,000	
Diabetes and Hypertension - Referral Specialist		160,000	160,000		160,000	
Diabetes and Hypertension - Graphic Design		40,000	40,000		40,000	
Diabetes and Hypertension - Media Campaign		121,653	121,653		121,653	
Diabetes and Hypertension - Behavioral Risk Factor Surveillance System (BRFSS)		60,000	60,000		60,000	
Centers for Disease Control and Prevention (CDC) State Actions to Improve Oral Health-Graphic Designer		10,000	10,000		10,000	
CDC State Actions to Improve Oral Health-Data Collection and Analysis		200,000	200,000		200,000	
CDC State Actions to Improve Oral Health - Dental Services for School Sealant Program		105,198	105,198		105,198	
Preventive Health Block Grant - Behavioral Risk Factor Surveillance System (BRFSS)		40,000	40,000		40,000	
Preventive Health Block Grant - Hunger Free		60,000	60,000		60,000	
Preventive Health Block Grant - Worksite Wellness Speakers		20,000	20,000		20,000	

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Health Resources and Services Administration (HRSA) Oral Health - Behavioral Risk Factor Surveillance System (BRFSS)		40,000	40,000		40,000	
Title V / Health Equity Office						
Legal- Attorney General	3,500	4,515	8,015	3,446	4,569	
Maternal and Child Health Block Grant (MCH)-Misc. (e.g., Media, Communications)	54,404	1,996	56,400	24,252	32,148	
Maternal and Child Health Block Grant(MCH)-On-line Connections Directory		25,000	25,000	10,750	14,250	
Health Equity - Training and Evaluation		125,000	125,000		125,000	
Telehealth for Pediatric Mental Health Care Access - Training		100,000	100,000		100,000	
Injury & Violence Prevention						
Legal- Attorney General	1,500	-	1,500	1,500		
Poison Control Hotline	189,000	-	189,000	189,000		
Suicide Prevention-Training and Evaluation	50,000	(50,000)				
Suicide Prevention-Media Campaign	100,000	(100,000)				
Sudden infant death syndrome (SIDS) Education Curriculum training (Impact Teen Drivers) to decrease motor vehicle crashes	40,000	(5,947)	34,053		34,053	
Child Passenger Safety Outreach	74,000	71,000	145,000		145,000	
Sexual Violence Prevention and Education - Empowerment Evaluator	128,000	(48,000)	80,000		80,000	
ND Department of Human Services - Falls Prevention	12,000	48,000	60,000		60,000	
Family Health & Nutrition						
Legal- Attorney General	10,500	4,500	15,000		15,000	
Bush Foundation - Hunger Summit Consultant	30,000	-	30,000			30,000
Family Planning-Clinical Consultant	32,400	(14,400)	18,000		18,000	
Family Planning-Medical Director	5,600	-	5,600		5,600	
Family Planning-Ahlers and Data Software Support	53,200	(2,000)	51,200		51,200	
Preventive Health Block Grant - Baby Friendly Hospital Maternity training	288,000	(288,000)				
Women, Infants, and Children (WIC) -Nutrition Education Service (Western Michigan University) online nutrition education	22,000	-	22,000		22,000	
WIC training, speaker professional development	10,000	-	10,000		10,000	
WIC - Professional Services	2,500	-	2,500		2,500	
WIC - Automated Appointment Reminder System (One Call)	123,700	(105,700)	18,000		18,000	
WIC - Management Information System (MIS) support - Apgar	30,000	(433)	29,567		29,567	
Telehealth Network Training to schools on network	27,776	(27,776)				
Coffective, breastfeeding consulting		172,000	172,000		172,000	
School Health-North Dakota Department of Public Instruction Cooperative Agreement for evaluation (Crawford Consulting)		5,000	5,000		5,000	
Special Health Services						
Maternal and Child Health (MCH) Newborn Screening- Medical Director	20,000	(20,000)				
Graphic Design/Resource Development	12,500	7,793	20,293	8,726	11,567	
Special Health Services Family Advisory Consultants	4,500	-	4,500	1,935	2,565	
Special Health Services Technical Assistance, Training, and Education for County Social Service	2,000	23,000	25,000	10,750	14,250	
Newborn Screening Medical Consultation	51,160	-	51,160	51,160		
Newborn Screening Health Care Provider Education and Quality Improvement Initiatives	137,000	23,000	160,000		160,000	
Newborn Screening Timeliness Initiative - Media	108,000	(108,000)				
Office of the State Epidemiologist						
Behavioral Risk Factor Surveillance System (BRFSS)- Behavior Risk Survey - University of Pittsburgh	842,714	(192,714)	650,000		579,500	70,500
Legal - Attorney General	1,563	477	2,040	2,040		
Pregnancy Risk Assessment Monitoring System (PRAMS) Call-back-University of Missouri		75,000	75,000		75,000	
National Violent Death Reporting System		105,352	105,352		105,352	
Influenza Education Program	8,079	(8,079)				
Opioid Crisis Response Contracts		7,495	7,495		7,495	
Total Professional Services	\$ 5,685,636	\$ 1,090,267	\$ 6,775,903	\$ 671,683	\$ 5,674,220	\$ 430,000

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Report for Colorectal Cancer Screening Initiative (CRCSI) and Referrals to Medicaid Expansion
July 1, 2017 through December 31, 2018



* An immunochemical fecal occult blood test (iFOBT) or fecal immunochemical test (FIT) detects hidden blood in the stool, which can be an early sign of cancer.

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Information Technology Contractual Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Colorectal Cancer Database Maintenance	5,000	-	5,000	5,000		
Colorectal Cancer Database Upgrade	6,000	(1,000)	5,000	5,000		
Women's Way Website Maintenance	2,500	(820)	1,680		1,680	
Women's Way Website Update	-	50,000	50,000		50,000	
Comp Cancer Website Maintenance	3,360	-	3,360		3,360	
Oral Health Website Maintenance	1,680	-	1,680		1,680	
Diabetes Website Update	-	33,360	33,360		33,360	
VMSG (Vision, Mission, Services, and Goals) Dashboard Public Health Performance Management System	-	5,000	5,000		5,000	
Health Equity Website	-	20,000	20,000		20,000	
Breastfeeding Website update	6,814	(6,814)	-			
WIC IT System Maintenance and Operations	215,700	285,000	500,700		500,700	
ND System EBT upgrade - Contractor	-	100,000	100,000		100,000	
WIC EBT Implementation Service Provider	-	26,128	26,128		26,128	
Newborn Screening Website Maintenance	1,680	-	1,680	722	958	
Database Development Special Health Services (SHS) and Newborn Screening (NBS)	-	37,591	37,591	16,164	21,427	
Database Maintenance Special Health Services (SHS) and Newborn Screening (NBS)	-	20,200	20,200	8,686	11,514	
Website Maintenance - Behavioral Risk Factor Surveillance System	1,680	-	1,680		1,680	
Maintenance of Autism Model	41,885	1,115	43,000	43,000		
Indicator-Based Information System (IBIS)	60,000	145,000	205,000		5,000	200,000
Total IT Contractual Services	\$ 346,299	\$ 714,760	\$ 1,061,059	\$ 78,572	\$ 782,487	\$ 200,000

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Grant Line Item

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Community and Health Systems						
Comprehensive Cancer	127,610	107,390	235,000		235,000	
Colorectal Grants - Screening, Diagnostic & Related Services	174,615	31,586	206,201	206,201		
Women's Way	160,385	373,278	533,663			533,663
Health Promotion						
DentaQuest	190,778	(190,778)	-			
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DHDOSH)	853,429	(853,429)	-			
New CDC Funding - Diabetes and Hypertension, Physical Activity and Nutrition and Oral Health. Includes grants for: Diabetes, Heart Disease and Stroke to health care providers for medication therapy management, blood pressure training. Mini grants to dentists and chiropractors. Grant funds to NDSU and the Diabetes Coalition for a Diabetes Prevention Program. Grants for Diabetes Self-Management Education programs. Grants to Communities and Local Public Health for Physical Activity programs and grants for Worksite Wellness activities. Grants for Early Childhood Education related to Physical Activity.		3,544,000	3,544,000		3,544,000	
Donated Dental Services	50,000	-	50,000	50,000		
Mobile Dental Care	100,000	-	100,000	100,000		
Oral Health Disease Prevention	91,200	208,800	300,000			300,000
Oral Health Workforce Activities	386,974	(246,974)	140,000			140,000
Preventive Health Block Grant-Community Grants for Chronic Disease Prevention and Control to Local Public Health & for Program Evaluation	324,000	231,000	555,000			555,000
Title V / Health Equity Office						
Health Equity Grants		427,000	427,000	52,000		375,000
Telehealth for Pediatric Mental Health Care Access (Prairie St. John)		968,000	968,000	178,000		790,000
Injury Prevention Division						
Domestic Violence	2,250,000	-	2,250,000	1,910,000		340,000
Offender Treatment Program	300,000	(50,000)	250,000	250,000		
Family Violence	1,439,697	21,143	1,460,840			1,460,840
Sexual Violence Prevention and Education	243,078	87,000	330,078			330,078
Sexual Assault Services	663,799	(319)	663,480			663,480
STOP Violence	1,574,188	1,230	1,575,418			1,575,418
Safe Havens	425,000	-	425,000	425,000		
Suicide Prevention	830,000	(830,000)	-			
Child Passenger Safety Outreach	40,000	(40,000)	-			
Maternal and Child Health Block-Impact Teen Drivers Program	160,000	(75,000)	85,000			85,000
Falls Prevention - NDSU		38,500	38,500			38,500
Family Health & Nutrition						
Family Planning	1,498,471	188,839	1,687,310			1,687,310
Maternal and Child Health Block	1,516,341	(41,201)	1,475,140			1,475,140
Pediatric Collaborative Improvement & Innovation Networks (CollNs) for Breastfeeding	-	30,000	30,000			30,000
Preventive Health Block Grants - Breast Feeding Mini Grants	-	40,000	40,000			40,000
School Health Department of Public Instruction	-	35,000	35,000			35,000
Women, Infant & Children Program (WIC)	7,004,515	(1,015)	7,003,500			7,003,500
WIC Peer Counseling	225,000	(45,000)	180,000			180,000
Telehealth Network Setup	459,937	(459,937)	-			
Abstinence Grant	180,963	(180,963)	-			
Special Health Services						
Catastrophic Relief Funds	75,000	-	75,000	75,000		
Fetal Alcohol Program-UND	350,458	-	350,458	350,458		
Maternal and Child Health Block - Multidisciplinary Clinics, Specialty Care Diagnostic & Treatment Program, Grants to County Social Services	1,165,640	(57,791)	1,107,849	436,885		670,964
Office of the State Epidemiologist						
Youth in Agriculture Grant - NDSU		20,000	20,000			20,000
National Violent Death Reporting System (NVDRS) - UND School of Pathology		80,000	80,000			80,000
Pregnancy Risk Assessment Monitoring System (PRAMS)	265,000	34,000	299,000			299,000
Opioid Crisis Response Grant - NDSU		8,800	8,800			8,800
Total Grants	\$ 23,126,078	\$ 3,403,159	\$ 26,529,237	\$ 4,033,544	\$ 22,155,693	\$ 340,000

North Dakota Department of Health
 Healthy and Safe Communities
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Equipment > \$5,000

Description\Narrative	Quantity	Base Price	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Special Health Services - Copier/fax/scanner	1	13,197	13,197		13,197	
Total Equipment > \$5,000			\$ 13,197	\$ -	\$ 13,197	\$ -

**North Dakota Department of Health
Healthy and Safe Communities
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Temporary / Overtime Salaries

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Part-time position to help alleviate heavy workload within the Cancer Prevention division. Responsible for the coordination of special projects.	5,000	(5,000)	-			
As part of the Oral Health Workforce Grant, part-time public health hygienists (PHHs) will provide oral health screenings and application of fluoride varnish and sealants at school-based programs. In addition, these PHHs will provide trainings, screenings, and oral health education in schools, head start programs and other facilities. Ongoing.	108,000	116,000	224,000		224,000	
This position will assist the Epidemiologist with various duties which includes mapping a variety of chronic disease-related data to the regional level, county level, etc.; conducting in-depth analyses of existing data sets to get more demographic breakdowns, etc. where possible; and taking raw results of survey data and creating final reports including graphs.	27,456	(27,456)	-			
Part-time Public Health Dentist to provide standing orders and other guidance to the oral health program. Ongoing.	2,000	-	2,000		2,000	
Public Health Hygienists conducted Oral Health Basic Screening Survey.	27,212	(27,212)	-			
With the new CDC grant, the public health hygienist will conduct the Oral Health Kindergarten Basic Screening Survey. Ongoing.		9,000	9,000		9,000	
As part of the Oral Health Workforce Grant, this position will assist the Oral Health Program with the implementation of oral health case management for the Seal! ND program and seeking medical treatment in clinic settings when identified with comorbid oral health needs. Ongoing.		52,000	52,000		52,000	
Budgeted for overtime or temporary employee salaries for administrative support to program managers.	5,000	(5,000)	-			

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Budgeted for temporary salaries to manage breastfeeding initiative. One-time.	29,368	(29,368)	-	-		
Budgeted for overtime of existing staff or temporary employee salaries that are needed as the Division transitions to more efficient methods of administering programs and to address cyclical work demands (e.g., conversion from paper to electronic health files, MAVEN database project, clinic travel and transcription, training events, grant work, advisory meetings, etc.). Ongoing.	20,000	-	20,000	12,088	7,912	
Full-time temporary employee-National Violent Death Reporting System Data Extractor. Ongoing.		96,000	96,000	57,600	38,400	
Part-time temporary employee to work on public health education and data collection. Ongoing.	9,000	21,000	30,000		30,000	
Temporary employee and student interns for Opioid Crisis Response Grant. One-time.		24,600	24,600		24,600	
Total Temporary and Overtime	\$ 233,036	\$ 224,564	\$ 457,600	\$ 69,688	\$ 387,912	\$ -

**North Dakota Department of Health
Tobacco Prevention and Control
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**SALARIES AND WAGES
FTE EMPLOYEES (Number)**

511 Salaries
513/514 Temporary, Overtime
516 Benefits

TOTAL

General Fund
Federal Funds
Special Funds

OPERATING EXPENSES

521 Travel
531 IT - Software/Supp.
532 Professional Supplies & Materials
533 Food & Clothing
534 Buildings/Vehicle Maintenance Supplies
535 Miscellaneous Supplies
536 Office Supplies
541 Postage
542 Printing
551 IT Equip Under \$5000
552 Other Equip Under \$5000
553 Office Equip Under \$5000
561 Utilities
571 Insurance
581 Lease/Rentals - Equipment
582 Lease \Rentals-- Buildings./Land
591 Repairs
601 IT-Data Processing
602 IT-Telephone
603 IT - Contractual Services
611 Professional Development
621 Operating Fees & Services
623 Professional Services
625 Medical, Dental, and Optical

TOTAL

General Fund
Federal Funds
Special Funds

CAPITAL ASSETS

683 Other Capital Payments
684 Extraordinary Repairs
691 Equipment >\$5000
693 IT Equip >\$5000

TOTAL

General Fund
Federal Funds
Special Funds

GRANTS

712 Grants - Non State
722 Grants - In State

TOTAL

General Fund
Federal Funds
Special Funds

TOTAL

General Fund
Federal Funds
Special Funds

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
FTE EMPLOYEES (Number)	6.50		6.50	6.35	(0.15)	-2%
511 Salaries	531,203	489,650	710,178	713,423	3,245	0%
513/514 Temporary, Overtime	1,440	189	0	0	0	
516 Benefits	236,554	234,233	334,569	363,104	28,535	9%
TOTAL	769,197	724,072	1,044,747	1,076,527	31,780	3%
General Fund	0	0	0	0	0	
Federal Funds	769,197	611,984	794,798	1,076,527	281,729	35%
Special Funds	0	112,088	249,949	0	(249,949)	
OPERATING EXPENSES						
521 Travel	45,703	29,161	50,908	40,490	(10,418)	-20%
531 IT - Software/Supp.	8,481	9,399	11,644	11,644	0	0%
532 Professional Supplies & Materials	13,386	5,066	21,019	21,019	0	0%
533 Food & Clothing	0	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	8,440	0	1,015	1,015	0	0%
535 Miscellaneous Supplies	845	272	1,000	1,000	0	0%
536 Office Supplies	4,371	1,714	4,646	4,646	0	0%
541 Postage	2,860	2,407	3,928	3,928	0	0%
542 Printing	48,472	19,489	55,246	55,246	0	0%
551 IT Equip Under \$5000	1,668	3,312	4,800	1,625	(3,175)	-66%
552 Other Equip Under \$5000	4,351	0	0	0	0	
553 Office Equip Under \$5000	1,014	0	2,000	0	(2,000)	
561 Utilities	543	0	0	0	0	
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	0	442	759	759	0	0%
582 Lease \Rentals-- Buildings./Land	21,589	20,387	27,440	27,440	0	0%
591 Repairs	0	0	105	105	0	0%
601 IT-Data Processing	9,459	10,936	13,428	16,490	3,062	23%
602 IT-Telephone	6,463	8,067	7,211	7,211	0	0%
603 IT - Contractual Services	0	12,234	11,700	1,680	(10,020)	-86%
611 Professional Development	22,991	17,298	33,091	33,091	0	0%
621 Operating Fees & Services	8,737	11,510	33,037	33,037	0	0%
623 Professional Services	3,561,965	2,148,143	3,485,472	2,865,663	(619,809)	-18%
625 Medical, Dental, and Optical	0	0	0	0	0	
TOTAL	3,771,338	2,299,837	3,768,449	3,126,089	(642,360)	-17%
General Fund	0	0	0	729,000	729,000	100%
Federal Funds	719,833	381,509	598,573	352,149	(246,424)	-41%
Special Funds	3,051,505	1,918,328	3,169,876	2,044,940	(1,124,936)	-35%
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	
684 Extraordinary Repairs	0	0	0	0	0	
691 Equipment >\$5000	0	7,619	0	0	0	
693 IT Equip >\$5000	0	0	0	0	0	
TOTAL	0	7,619	0	0	0	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Special Funds	0	7,619	0	0	0	
GRANTS						
712 Grants - Non State	1,259,194	4,912,352	8,833,508	8,709,060	(124,448)	-1%
722 Grants - In State	0	0	0	0	0	
TOTAL	1,259,194	4,912,352	8,833,508	8,709,060	(124,448)	-1%
General Fund	0	0	0	454,000	454,000	100%
Federal Funds	397,428	220,258	600,000	600,000	0	0%
Special Funds	861,766	4,692,094	8,233,508	7,655,060	(578,448)	-7%
TOTAL	5,799,729	7,943,880	13,646,704	12,911,676	(735,028)	-5%
General Fund	0	0	0	1,183,000	1,183,000	100%
Federal Funds	1,886,458	1,213,751	1,993,371	2,028,676	35,305	2%
Special Funds	3,913,271	6,730,129	11,653,333	9,700,000	(1,953,333)	-17%

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Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Tobacco Consultants-Cameo Communications	30,000	-	30,000	30,000		
NDQUITS/Vendor Media	559,000	(127,617)	431,383		178,663	252,720
NDQUITS/Vendor Evaluation	450,000	-	450,000	320,000		130,000
Youth Tobacco Survey	32,291	(2,291)	30,000	30,000		
Adult Tobacco Survey	80,000	-	80,000	80,000		
Tobacco - Best Practices Media Campaign	500,000	(500,000)	-			
NDQUITS/Vendor - National Jewish Health	1,065,000	(65,000)	1,000,000		130,000	870,000
NDQUITS/Vendor - University of North Dakota	671,000	(59,720)	611,280			611,280
State Employee Cessation - North Dakota Public Employees Retirement System (NDPERS)	80,000	(80,000)	-			
City/County Cessation	8,000	(8,000)	-			
NDQuits 7-month Follow Up		40,000	40,000	40,000		
Baby and Me Tobacco Cessation Program - WELCO		100,000	100,000			100,000
Synar Tobacco Program compliance requirements		75,000	75,000	75,000		
Tobacco - Behavioral Risk Factor Surveillance System (BRFSS)	7,181	7,819	15,000		15,000	
Legal - Attorney General	3,000	-	3,000		3,000	
Total Professional Services	\$ 3,485,472	\$ (619,809)	\$ 2,865,663	\$ 575,000	\$ 326,663	\$ 1,964,000

Information Technology Contractual Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Tobacco Prevention Website Maintenance - MABU	-	1,680	1,680		1,680	
Program Reporting System (PRS) Maintenance - NEXUS	11,700	(11,700)	-			
Total IT Contractual Services	\$ 11,700	\$ (10,020)	\$ 1,680	\$ -	\$ 1,680	\$ -

**North Dakota Department of Health
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Grant Line Item

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Grants to Local Public Health Units	6,500,000	-	6,500,000			6,500,000
Grants to Health Systems	1,529,980	(374,920)	1,155,060			1,155,060
CDC Tobacco Prevention Grant - Grants to Tribes	600,000	-	600,000		600,000	
Statewide coalition capacity building - Tobacco Free North Dakota	203,528	200,472	404,000	404,000		
State Employee Cessation Program - North Dakota Public Employees Retirement System (NDPERS)		50,000	50,000	50,000		
Total Grants	\$ 8,833,508	\$ (124,448)	\$ 8,709,060	\$ 454,000	\$ 600,000	\$ 7,655,060

Report for Tobacco Prevention and Control Funding

- Campaign for Tobacco-Free Kids States Ranked by Percent of CDC-Recommended Funding Levels (annual funding amounts only include state funds)

Fiscal Year	Annual State Funding (millions)	CDC Annual Recommendation (millions)	Percent of CDC's Recommendation	Rank
2016	\$10	\$9.8	102.0%	1
2018	\$5.3	\$9.9	53.9%	3

- Continued funding for Local Public Health Units (LPHU) with grants to all programs by July 1, 2017.
- Engaged Tobacco Prevention Partners in Strategic Planning in Bismarck July 2017. Core group met on July 26, full group met July 27. The group prioritized tobacco prevention efforts for the biennium and completed draft of updated ND Comprehensive Tobacco Prevention and Control State Plan. This plan was finalized October 30, 2017.
- Engaged partners in Quarterly Partner Meetings to provide updates, provide education, and allow partners to network and share ideas.
- Provided three separate Mayo Clinic TTS Trainings in-state: \$113,000
- Increased funding for tobacco cessation programs and engaged LPHUs.
- Expanded Baby & Me Tobacco Free program from 8 locations in FY16 to 11 in FY19.
- Increase NDQuits Cessation programs from 4 locations in FY16 to 13 locations in FY19.
- Provided Tobacco Treatment Specialist (TTS) training opportunities to 91 new health system staff in FY19 (including behavioral health, public health, and Federally Qualified Health Centers), up from 9 new staff trained in FY16.
- Offered nicotine dependence trainings in multiple locations in the state, including rural. Many of these trainings were provided collaboratively through multiple health systems in the same community to eliminate duplicative efforts. Expanded into multiple state conferences, including Licensed Addiction Counselors and Cardiopulmonary.

Tobacco Prevention and Control Program

Position Statement on Electronic Nicotine Delivery Systems (ENDS)

Electronic nicotine delivery systems (ENDS) or electronic cigarettes are devices that produce an aerosol by heating a liquid which usually contains nicotine, flavorings, and other additives. They come in a variety of shapes and sizes but most have a battery, a heating element and a place to hold the liquid. ENDS are fairly new and the long-term health effects are unknown. What is known, is the significance of tobacco use on health, the intensity of nicotine addiction, and the historical behavior of the tobacco industry which prompts a cautious approach to these products. Awareness and usage of ENDS has exponentially increased during the last few years, especially among young people. The rapid acceptance of ENDS may be attributed in part to the perception created by marketing and the popular press that they are safer than combustible cigarettes.

The North Dakota Department of Health, Tobacco Prevention and Control Program, has the following position on ENDS:

- The health risks of ENDS have not been adequately studied.
- Nicotine from ENDS is highly variable and unregulated.
- In addition to nicotine, most ENDS products contain and emit potentially toxic substances.
- Intentional or accidental exposure to e-liquids (from drinking, eye contact, or dermal contact) can result in adverse health effects including, but not limited to, seizures, anoxic brain injury, vomiting, and lactic acidosis. Intentionally or unintentionally drinking or injecting e-liquids can be fatal.
- ENDS use increases airborne particulate matter and nicotine in indoor environments. This secondhand smoke/vapor contains harmful chemicals which places non-users at risk for adverse health effects.
- ENDS can explode, causing burns and projectile injuries.
- Safety and health claims regarding ENDS should be subject to evidentiary review.
- ENDS are not currently approved by the FDA as a quit smoking aid.

Tobacco Surveillance Data

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Indicator	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Tobacco Use (Used at least once in past 30 days)										
Cigarette Smoking										
Adult (BRFSS)*				21.9	21.2	21.2	19.9	18.7	19.8	18.3
High School (YRBS)		22.4		19.4		19.0		11.7		12.6
American Indians ¹				52.0	46.2	44.0	47.9	42.1	49.7	51.3
Pregnant (smoked cigarettes during 1st trimester) ²	18.3	17.0	16.8	16.0	15.9	15.1	13.9	13.8	11.6	11.5
Low Income ³				29.5	32.0	32.0	34.9	31.8	36.1	33.4
Low Education ⁴				33.0	33.3	33.2	41.2	31.5	34.1	31.0
Smokeless Tobacco⁵										
Adult Males (BRFSS)*				14.8	14.0	13.8	11.8	14.1	12.6	11.6
High School Males (YRBS)		23.2		22.2		22.0		17.6		12.8
E-Cigarettes⁶										
Adult (BRFSS)*									3.5	4.1
High School (YTS)				1.6		6.0		19.1		19.1
High School (YRBS)								22.3		20.6
Any Tobacco Product⁷										
Adult (BRFSS)*									24.4	23.4
High School (YRBS)										28.8
Tobacco Use Initiation										
Adult - Ever tried electronic cigarettes ⁸									22.1	20.6
High School - Ever tried electronic cigarettes ⁸								42.1		41.0
High School cigarette use before age 13 ⁹		32.6		29.2		21.8		33.3		34.5
High School smokeless tobacco use before age 13 ¹⁰		18.3		24.2		17.0		27.2		26.1
Tobacco Consumption										
Cigarettes Sold - in millions (ND Tax Commission)	946	912	911	965	1,047	1,054	1,113	1,096	1,020	966
Annual Cigarette Tax Revenue - in millions	\$20.8	\$20.1	\$20.0	\$21.3	\$23.0	\$23.2	\$24.6	\$24.1	\$22.5	\$21.2
Annual Other Tobacco Tax Revenue - in millions	\$3.3	\$3.7	\$4.4	\$5.1	\$6.1	\$6.6	\$7.7	\$7.5	\$7.1	\$7.0
Cessation										
Cigarette Smoking Quit Attempts										
Adult (BRFSS)*				53.1	52.8	51.0	55.7	55.8	52.5	54.6
High School (YRBS)		53.2		52.8		55.5		47.4		50.3
NDQuits - Total Enrolled¹¹					3,541	3,380	3,317	3,319	3,489	3,266
NDQuits - Quit Rate (phone program)¹²					35.9	35.6	31.9	28.5	31.2	40.5+
NDQuits - Quit Rate (web program)¹²					27.0	25.7	27.4	25.6	28.2	41.4+
Tobacco-related Policy										
Support increasing cigarette tax to \$2.00 ¹³								54.8		57.8
Health and Economic Consequences										
Deaths Attributed to Tobacco Use ¹⁴										1,000
Deaths Attributed to Secondhand Smoke ¹⁵										80 - 140
Smoking Attributable Medical Expenditures - in millions ¹⁶										\$326
Smoking Attributable Productivity Loss - in millions ¹⁷										\$232.6

Tobacco Surveillance Data

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*Note: In 2011, the Behavior Risk Factor Surveillance System (BRFSS) methodology began including cell phone-only users and the method of weighting the results was changed. This makes BRFSS results from 2010 and prior no longer comparable to 2011 and beyond.

¹ American Indian current smoking prevalence obtained from the North Dakota Behavior Risk factor Surveillance System (BRFSS) Calculated Variables Report. Data currently unavailable for smokeless tobacco use.

² Pregnant women smoking rate obtained from North Dakota Vital Statistics (birth certificate data). It is the percent of women who reported smoking during the 1st trimester. Data currently unavailable for smokeless tobacco use.

³ Current smoking rate among low income adults (defined as earning less than \$15,000 per year). From the North Dakota Behavior Risk Factor Surveillance System

⁴ Current smoking rate among adults having low education (defined as having less than a high school diploma or GED). From the North Dakota Behavior Risk Factor Surveillance System (BRFSS).

⁵ Adult males and young males (grades 9-12) in North Dakota consistently use chewing tobacco at much higher rates than their female counterparts. Information on adult and young females' (grades 9-12) use of chewing tobacco may be obtained from the North Dakota Department of Health's Tobacco Prevention and Control Program.

⁶ Adult current use of electronic cigarettes (used at least one day of past 30 days) from the North Dakota Behavior Risk Factor Surveillance System (BRFSS). Youth (youth in grades 9-12 who used at least one day of past 30 days) from the North Dakota Youth Tobacco Survey (YTS) and the North Dakota Youth Risk Behavior Survey (YRBS).

⁷ For adults, any current tobacco use (used at least one day of the past 30 days) includes cigarettes, smokeless tobacco, or electronic cigarettes while for youth (grades 9-12), any current tobacco use includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes.

⁸ Ever tried electronic cigarettes for adults obtained from the North Dakota Behavior Risk Factor Surveillance System (BRFSS) and for youth (grades 9-12) obtained from the North Dakota Youth Risk Behavior Survey (YRBS).

⁹ Of current cigarette smokers in grades 9-12, the rate who report first cigarette use before age 13 (YRBS).

¹⁰ Of current smokeless tobacco users in grades 9-12, the proportion who report first smokeless tobacco use before age 13 (ND YTS).

¹¹ Total number of people enrolled in NDQuits is for state fiscal year (July-June) and is obtained from NDQuits State Summary Reports.

¹² NDQuits quit rate via phone or web is obtained from annual NDQuits Evaluation Reports and calculated using North American Quitline Consortium (NAQC) guidelines. They are for state fiscal year (July-June) and participants are considered to have quit if, 7 months after program registration, they report not using cigarettes or other forms of tobacco in the past 30 days (i.e. Thirty-day Point Prevalence Abstinence).

¹³ The source for this tobacco tax-related policy question is the North Dakota Adult Tobacco Survey (ND ATS).

¹⁴ North Dakota estimate of smoking-attributable deaths: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014. This estimate is the annual average from 2005-2009, is among adults aged 35 years and older, and does not include burn or secondhand smoke deaths.

¹⁵ Estimated range of deaths due to secondhand smoke exposure reported by the Campaign for Tobacco Free Kids (CTFK).

¹⁶ Smoking attributable medical expenditures reported by the Campaign for Tobacco-Free Kids and are among adults aged 18 years and over.

¹⁷ Smoking attributable productivity costs reported by the Campaign for Tobacco-Free Kids (CTFK). They are the annual average productivity costs from 2000-2004 reported by the CDC's SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) website updated to 2009 dollars.

†Respondents to the NDQuits 7-Month Follow-Up Survey in FY17 were more likely to exhibit characteristics that are associated with higher levels of quitting (i.e. be older at intake, have a higher education level, be insured, and to use their first cigarette later after waking). This means the FY17 quit rate could be biased upwards since a greater proportion of these groups of tobacco users were among survey responders compared to all program participants.



ND Department of Health
 HB 1004
 House Appropriations Committee - Human Resources Division
 Optional Adjustment Request (OAR) Summary

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Section	Governor's Strategic Initiative	FTE	General Fund	Federal Funds	Special Funds	TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS				
						Salaries	Operating & Cap Assets	Grants	Total	
EPR	3% Savings Package – Rural Emergency Medical Services Grants		(1,388,243)						(1,388,243)	
F&O	Vital Records – Funded with Special Funds				1,923,322	1,218,501	704,821		1,923,322	
HSC	Suicide Prevention Program	1.00	720,540			152,830	67,710	500,000	720,540	
MS	Microbiology Laboratory – Capital Improvements	0.00	1,220,000				1,220,000		1,220,000	
HR	Food & Lodging Environmental Health Practitioner	1.00	185,922			159,737	26,185		185,922	
MS	Microbiology Laboratory – Information Management System Upgrade	0.00	450,000				450,000		450,000	
EPR	Emergency Medical Systems - Data Systems Implementation	0.00	126,000				126,000		126,000	
F&O	Vital Records – Restore Funding from the General Fund	0.00	1,542,106			1,218,501	323,605		1,542,106	
MS	Reinstating the Office of the Forensic Examiner	3.00	1,861,602			937,417	924,185		1,861,602	
	Total	5.00	\$6,106,170	\$	-	\$ 1,923,322	\$ 3,686,986	\$ 3,842,506	\$ 500,000	\$8,029,492

Funded in the Governor's Executive Budget

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North Dakota Department of Health
Medical Marijuana
2019-21 Continuing Appropriation

SALARIES AND WAGES
FTE EMPLOYEES (Number)

511 Salaries
513/514 Temporary, Overtime
516 Benefits

TOTAL

General Fund
Federal Funds
Special Funds

OPERATING EXPENSES

521 Travel
531 IT - Software/Supp.
532-542 Supplies, Postage and Printing
551 IT Equip Under \$5000
553 Office Equip Under \$5000
581 Lease/Rentals - Equipment
582 Lease \Rentals-- Buildings./Land
601 IT-Data Processing
602 IT-Telephone
603 IT - Contractual Services
611 Professional Development
621 Operating Fees & Services
623 Professional Services

TOTAL

General Fund
Federal Funds
Special Funds

CAPITAL ASSETS

683 Other Capital Payments
693 IT Equip >\$5000

TOTAL

General Fund
Federal Funds
Special Funds

TOTAL

General Fund
Federal Funds
Special Funds

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Continuing Appropriation	Executive + (-) Difference	Percent % Increase + Decrease -
FTE EMPLOYEES (Number)	1.00	6.00	6.00	5.00	(1.00)	-17%
511 Salaries	47,599	303,055	558,938	612,480	53,542	10%
513/514 Temporary, Overtime	0	0	0	17,500	17,500	100%
516 Benefits	16,880	108,773	311,260	274,741	(36,519)	-12%
TOTAL	64,479	411,828	870,198	904,721	34,523	4%
General Fund	64,479	400,422	272,003		(272,003)	
Federal Funds	0				0	
Special Funds	0	11,406	598,195	904,721	306,526	51%
OPERATING EXPENSES						
521 Travel	3,579	9,423	64,565	80,803	16,238	25%
531 IT - Software/Supp.	0	1,643	1,946	3,146	1,200	62%
532-542 Supplies, Postage and Printing	1,651	9,133	51,769	8,926	(42,843)	-83%
551 IT Equip Under \$5000	767	9,362	17,066	900	(16,166)	-95%
553 Office Equip Under \$5000	0	3,111	12,000	0	(12,000)	
581 Lease/Rentals - Equipment	0	986	1,300	1,300	0	0%
582 Lease \Rentals-- Buildings./Land	0	100	15,558	25,558	10,000	64%
601 IT-Data Processing	1,170	54,758	105,398	16,169	(89,229)	-85%
602 IT-Telephone	298	1,783	3,696	4,032	336	9%
603 IT - Contractual Services	0	71,399	0	160,000	160,000	100%
611 Professional Development	679	1,127	2,803	8,100	5,297	189%
621 Operating Fees & Services	4,682	4,248	5,750	1,725	(4,025)	-70%
623 Professional Services	0	28,853	342,721	182,700	(160,021)	-47%
TOTAL	12,826	195,926	624,572	493,359	(131,213)	-21%
General Fund	12,826	114,824	451,267	0	(451,267)	
Federal Funds	0	0	0	0	0	
Special Funds	0	81,102	173,305	493,359	320,054	185%
CAPITAL ASSETS						
683 Other Capital Payments	0	0	20,000	0	(20,000)	
693 IT Equip >\$5000	0	0	46,000	0	(46,000)	
TOTAL	0	0	66,000	0	(66,000)	
General Fund	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Special Funds	0	0	66,000	0	(66,000)	
TOTAL	77,305	607,754	1,560,770	1,398,080	(162,690)	-10%
General Fund	77,305	515,246	723,270	0	(723,270)	
Federal Funds	0	0	0	0	0	
Special Funds	0	92,508	837,500	1,398,080	560,580	67%

**North Dakota Department of Health
Medical Marijuana
2019-21 Estimated Revenues**

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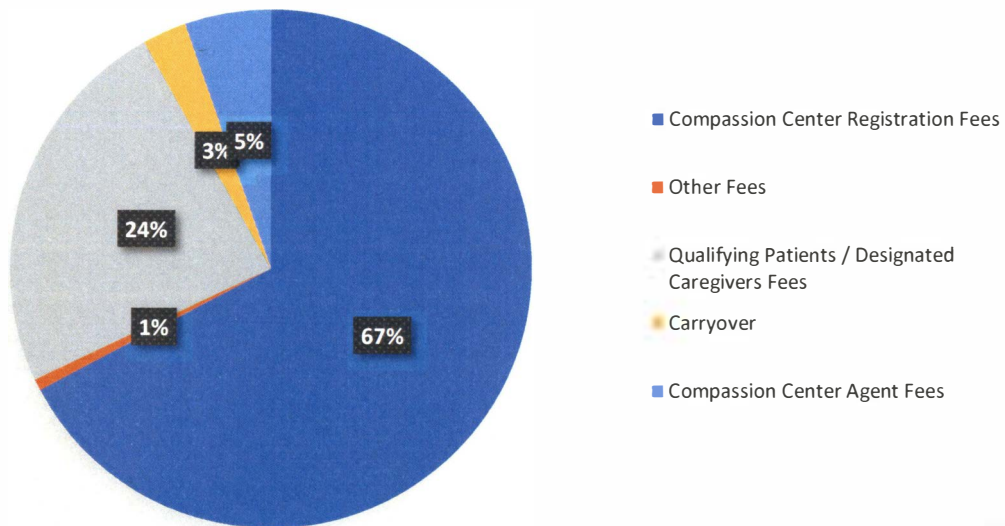
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Description	Fee Amount	2019 -2021 Biennium
Compassion Center - Manufacturer registration fees - 2 per biennium	\$110,000 / biennium	\$ 220,000
Compassion Center - Dispensary registration fees - 8 per biennium	\$90,000 / biennium	720,000
Qualifying Patients - Year 1 - 2,000; Year 2 - 4,000	\$50 / year	300,000
Designated Caregiver - 350 per year	\$50 / year	35,000
Compassion Center Agents - approx. 185 - 188	\$200 / year	75,000
Replacement Cards	\$25 / occur.	5,000
Failure to notify DoH of changes	\$150 / occur.	5,000
Carryover Revenue		38,090

Total Estimated Revenue

\$ 1,398,090

Revenue Sources

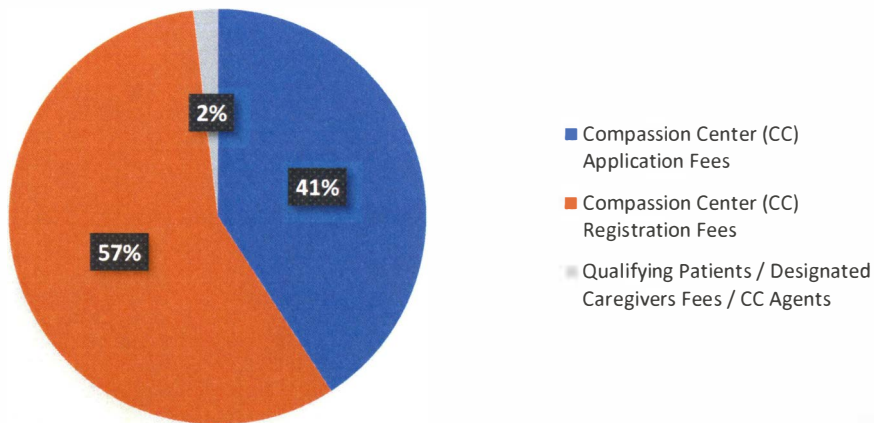


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North Dakota Department of Health
Medical Marijuana
2017-19 Current Revenue Received

Description	Fee Amount	2019 -2021 Biennium
Compassion Center - Manufacturer registration fees	\$110,000 / biennium	\$ 220,000
Compassion Center - Dispensary registration fees - 2 so far	\$90,000 / biennium	180,000
Application Fees - Manufacturers / Dispensaries	\$5,000 per application	285,000
Qualifying Patients / Designated Caregivers / Compassion Center Agents through December	\$50 / year patients / caregivers \$200 / year for agents	13,400
Total Revenue Collected - through December 31, 2018		\$ 698,400

Current Revenue Received





**North Dakota Department of Health
Medical Services
2019-21 Executive Budget**

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**SALARIES AND WAGES
FTE EMPLOYEES (Number)**

	2015-17 Actual Expenditures	Expend To Date Nov 2018	2017-19 Base Budget	2019-21 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -
51.00			49.00	47.00	(2.00)	-4%
511 Salaries	5,503,541	3,866,416	5,447,361	5,592,499	145,138	3%
513/514 Temporary, Overtime	395,563	207,541	661,890	559,956	(101,934)	-15%
516 Benefits	2,367,030	1,738,821	2,802,050	2,962,648	160,598	6%
TOTAL	8,266,134	5,812,778	8,911,301	9,115,103	203,802	2%
General Fund	2,580,856	1,783,710	3,053,677	3,268,844	215,167	7%
Federal Funds	5,265,897	3,830,924	5,484,416	5,693,372	208,956	4%
Special Funds	419,381	198,144	373,208	152,887	(220,321)	-59%
OPERATING EXPENSES						
521 Travel	229,612	180,856	292,779	332,637	39,858	14%
531 IT - Software/Supp.	79,732	99,020	125,052	125,401	349	0%
532 Professional Supplies & Materials	57,703	47,466	65,107	65,107	0	0%
533 Food & Clothing	2,603	0	0	0	0	
534 Buildings/Vehicle Maintenance Supplies	45,506	48,148	56,536	56,993	457	1%
535 Miscellaneous Supplies	6,822	6,510	5,751	5,751	0	0%
536 Office Supplies	28,410	18,384	32,592	32,592	0	0%
541 Postage	203,856	112,394	179,637	179,637	0	0%
542 Printing	62,436	33,931	65,223	64,860	(363)	-1%
551 IT Equip Under \$5000	48,893	8,082	10,300	48,325	38,025	369%
552 Other Equip Under \$5000	18,786	2,299	3,850	5,450	1,600	42%
553 Office Equip Under \$5000	3,449	9,145	9,557	2,350	(7,207)	-75%
561 Utilities	290,321	222,853	317,658	348,316	30,658	10%
571 Insurance	0	0	0	0	0	
581 Lease/Rentals - Equipment	18,226	23,440	36,089	36,089	0	0%
582 Lease \Rentals-- Buildings./Land	43,943	19,438	32,304	24,508	(7,796)	-24%
591 Repairs	373,878	409,674	396,838	603,927	207,089	52%
601 IT-Data Processing	443,480	215,044	328,059	243,100	(84,959)	-26%
602 IT-Telephone	92,297	55,062	90,599	89,730	(869)	-1%
603 IT - Contractual Services	2,300,264	742,381	1,861,247	1,401,296	(459,951)	-25%
611 Professional Development	82,935	38,277	71,880	72,634	754	1%
621 Operating Fees & Services	71,538	86,088	158,678	142,185	(16,493)	-10%
623 Professional Services	2,967,980	1,683,001	3,107,429	3,807,400	699,971	23%
625 Medical, Dental, and Optical	5,743,618	3,456,728	4,767,683	5,931,189	1,163,506	24%
TOTAL	13,216,288	7,518,221	12,014,848	13,619,477	1,604,629	13%
General Fund	3,887,160	1,531,801	2,255,455	2,721,873	466,418	21%
Federal Funds	8,323,637	5,100,862	9,045,876	9,989,036	943,160	10%
Special Funds	1,005,491	885,558	713,517	908,568	195,051	27%
CAPITAL ASSETS						
683 Other Capital Payments	424,734	212,270	423,853	518,457	94,604	22%
684 Extraordinary Repairs	177,552	0	0	1,372,659	1,372,659	100%
691 Equipment >\$5000	424,292	222,952	386,888	670,000	283,112	73%
693 IT Equip >\$5000	10,332	0	0	450,000	450,000	100%
TOTAL	1,036,910	435,222	810,741	3,011,116	2,200,375	271%
General Fund	663,996	191,325	364,104	603,597	239,493	66%
Federal Funds	326,798	243,897	205,637	920,510	714,873	348%
Special Funds	46,116		241,000	1,487,009	1,246,009	517%
GRANTS						
712 Grants - Non State	996,089	1,413,543	1,011,800	2,824,193	1,812,393	179%
722 Grants - In State	3,000	0	4,200	64,990	60,790	1447%
TOTAL	999,089	1,413,543	1,016,000	2,889,183	1,873,183	184%
General Fund	0	0	0	0	0	
Federal Funds	999,089	1,413,543	1,016,000	2,889,183	1,873,183	184%
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 Food & Lodging IMS	0		0	0	0	
-79 Medical Marijuana	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	23,518,421	15,179,764	22,752,890	28,634,879	5,881,989	26%
General Fund	7,132,012	3,506,836	5,673,236	6,594,314	921,078	16%
Federal Funds	14,915,421	10,589,226	15,751,929	19,492,101	3,740,172	24%
Special Funds	1,470,988	1,083,702	1,327,725	2,548,464	1,220,739	92%

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Medical Services
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Summary of Federal & Special Funds

Federal Funds	2017-19 Base Budget	Inc / (Dec)	2019-21 Executive Budget
Immunization Grants	4,617,748	(377,759)	4,239,989
Ryan White Grant	3,380,897	2,894,776	6,275,673
AIDS Prevention & Surveillance Grant	1,574,682	304,747	1,879,429
Epidemiology & Laboratory Capacity and Ebola Grant	3,473,532	432,943	3,906,475
Public Health Emergency Preparedness Grant	984,376	1,122	985,498
Sexually Transmitted Disease (STD) Grant	403,100	179,879	582,979
Tuberculosis Grant	336,090	106,126	442,216
BioSense Grant	201,958	(2,235)	199,723
Hepatitis Care Cascades Grant	116,635	131,588	248,223
Council of State & Territorial Epidemiologists Influenza Grant	28,420	(28,420)	
National Institute for Occupation Safety and Health Grant	151,626	(151,626)	
Interoperability HiTech Medicaid Grant	337,058	1,435	338,493
Public Health Opioid Crisis Response Grant	-	64,990	64,990
Maternal and Child Health Block Grant	60,807	(4,892)	55,915
NonPoint 319 Grant	73,689	-	73,689
EPA Performance Partnership Block Grant	11,311	(11,311)	
Food and Drug Officials Grade A Milk Grant	-	8,000	8,000
Centers for Medicare and Medicaid Services Funding for Laboratory Information Management System Upgrade		160,000	160,000
Unallocated Executive IT Unification		(170,357)	(170,357)
Unallocated Executive Compensation Package		201,166	201,166
Total Federal Funds	\$ 15,751,929	\$ 3,740,172	\$ 19,492,101

Special Funds	2017-19 Base Budget	Inc / (Dec)	2019-21 Executive Budget
Microbiology Laboratory Analysis Fees	1,327,725	-	1,327,725
Strategic Investment & Improvement Fund		1,220,000	1,220,000
Unallocated Executive Compensation Package		739	739
Total Special Funds	\$ 1,327,725	\$ 1,220,739	\$ 2,548,464

**North Dakota Department of Health
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Professional Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Disease Control Division						
Legal Fees - Attorney General	24,000	(8,400)	15,600		15,600	
Immunization - Media Campaign / Project Management / State Conference	50,000	250,000	300,000		300,000	
Immunization - NDSU Contract	150,000	150,000	300,000		300,000	
Immunization - Misc. Professional Fees	40,000	-	40,000		40,000	
State Viral Hepatitis - Media Campaign	20,000	-	20,000	20,000		
Hepatitis / Other Outbreaks - Case Management	80,000	-	80,000	80,000		
State Viral Hepatitis Professional Fee Contracts LPHU	50,000	-	50,000	50,000		
Hepatitis Quality Improvement	-	100,000	100,000		100,000	
HIV Prevention - Patient Testing/Rapid Testing LPHU	200,000	60,000	260,000		260,000	
HIV Prevention - Media Campaign		120,000	120,000		120,000	
HIV Prevention - Family HealthCare	250,000	-	250,000		250,000	
HIV Prevention - Telelanguage, Board of Nursing Continuing Education Credits	1,500	-	1,500		1,500	
Ryan White - Family HealthCare	30,000	66,000	96,000		96,000	
Ryan White - LPHU/Case Management (moved to grant payments)	287,171	(287,171)	-			
Ryan White - Telemedicine	-	600,000	600,000		600,000	
Epidemiology Lab Capacity - Media Campaigns	25,000	(25,000)	-			
Epidemiology Lab Capacity - NDSU Ebola Contract	46,000	(46,000)	-			
Epidemiology Lab Capacity Fellowships/Antibiotic Resistance Expert/Ebola Professional Fees	454,627	(164,627)	290,000		290,000	
Sexually Transmitted Diseases - Public Education	-	30,000	30,000		30,000	
Sexually Transmitted Diseases - Trainer	-	12,000	12,000		12,000	
Sexually Transmitted Diseases - Quality Management Detailing	-	100,000	100,000		100,000	
Tuberculosis - Educational Campaign	7,600	-	7,600		7,600	
Tuberculosis - LPHU Patient Testing	127,200	50,000	177,200		177,200	
Tuberculosis - Case Management	10,000	-	10,000	10,000		
Tuberculosis - Contract Pharmacy	60,000	-	60,000	60,000		
NDSU Human Papillomavirus (HPV) AFIX	325,000	(325,000)	-			
Forensic Examiner Division						
Legal Fees - Attorney General	3,500	-	3,500	3,500		
UND Pathology Department	480,000	-	480,000	480,000		
UND Pathology Department - vacation / overflow	40,000	-	40,000	40,000		
Sanford Health	51,443	(1,443)	50,000	50,000		
National Medical Services	28,000	(10,000)	18,000	18,000		
Misc. Medical Fees	3,000	-	3,000	3,000		
Metro Area Ambulance	17,000	(2,000)	15,000	15,000		
AXIS Forensic Toxicology	26,188	23,812	50,000	50,000		
Genetic Testing	1,200	-	1,200	1,200		
Microbiology Division						
Legal Fees - Attorney General	14,200	(200)	14,000	6,720		7,280
Medical Consultant (CLIA Director) - Pathology Consultants	25,000	3,000	28,000	13,440		14,560
Courier Service - Meadowlark	156,000	4,000	160,000	76,800		83,200
Lab Proficiency Testing - University of Wisconsin	22,000	1,000	23,000	11,040		11,960
Association of Public Health Laboratories	1,800	-	1,800	864		936
Total Professional Services	\$ 3,107,429	\$ 699,971	\$ 3,807,400	\$ 989,564	\$ 2,699,900	\$ 117,936

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Information Technology Contractual Services

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Consilience Maintenance - Electronic Lab Reporting	205,656	(12)	205,644	50,000	155,644	
Consilience Enhancements - Electronic Lab Reporting	30,000	20,000	50,000		50,000	
Blue Cross Blue Shield of North Dakota - Immunization Registry	1,625,591	(479,939)	1,145,652	26,681	1,118,971	
Total IT Contractual Services	\$ 1,861,247	\$ (459,951)	\$ 1,401,296	\$ 76,681	\$ 1,324,615	\$ -

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Grant Line Item

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Immunization Program to LPHU	636,000	283,667	919,667		919,667	
Epidemiology and Laboratory Capacity to LPHU	305,800	-	305,800		305,800	
Epidemiology and Laboratory Capacity to NDSU and UND	70,000	(38,928)	31,072		31,072	
Epidemiology and Laboratory Capacity to ND Parks & Recreation	4,200	(4,200)	-			
Epidemiology and Laboratory Capacity for Vector Control and Mosquito Net		49,654	49,654		49,654	
Ryan White Case Management Contracts to LPHU		1,168,000	1,168,000		1,168,000	
Ryan White Case Management Contracts to Associations		200,000	200,000		200,000	
HIV Prevention - Syringe Exchange to LPHU		150,000	150,000		150,000	
Opioid Crisis Response grants		64,990	64,990		64,990	
Total Grants	\$ 1,016,000	\$ 1,873,183	\$ 2,889,183	\$ -	\$ 2,889,183	\$ -

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Equipment > \$5,000

Description\Narrative	Quantity	Base Price	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
DNA Fragment Analyzer/16S sequencer	1	90,000	90,000		90,000	
Fluorescent Microscopes	1	60,000	60,000		60,000	
Autoclaves	1	50,000	50,000			50,000
Incubator	1	50,000	50,000			50,000
TRF Analyzer	1	5,000	50,000			50,000
Color photocopier	1	10,000	10,000			10,000
Water Purification System	1	10,000	10,000			10,000
Lyophilizer Freeze dryer	1	50,000	50,000		50,000	
Maldi ToF	1	200,000	200,000		200,000	
Whole genome sequencer	1	100,000	100,000		100,000	
			-			
Total Equipment > \$5,000			\$ 670,000	\$ -	\$ 500,000	\$ 170,000

IT Equipment/Software > \$5,000

Description\Narrative	Quantity	Base Price	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Microbiology Lab Information Management System Upgrade	1	450,000	450,000	90,000	360,000	
			-			
Total IT Equipment/Software > \$5,000			\$ 450,000	\$ 90,000	\$ 360,000	\$ -

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Other Capital Payments

Description	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Morgue and Storage Building Bond Payment	147,285	147,285		
Lab Addition Bond Payment	281,172	220,662	60,510	
Special Assessments for pavement resurfacing	90,000	90,000		
Total Other Capital Payments	\$ 518,457	\$ 457,947	\$ 60,510	\$ -

Extraordinary Repairs

State Lab Building

Description	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Install unified reverse osmosis system	25,000	25,000		
Repair driveway & parking lots	25,000	25,000		
Repair and paint walls (Fit Testing Room) (Water damaged)	5,650	5,650		
Install new tile flooring in laboratories (North Building)	30,000			30,000
Replace laboratory bench top (Room 305)	8,000			8,000
Install new humidifier (South Building)	16,000			16,000
Connect generator to laboratory 310	10,000			10,000
Re-stripe both parking lots	8,000			8,000
Install underground sprinklers	16,009			16,009
Roof Replacement - North Building	400,000			400,000
HVAC system for south annex	820,000			820,000
Total State Lab Building	\$ 1,363,659	\$ 55,650	\$ -	\$ 1,308,009

Cold Storage Building

Description	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Install gutter covers	4,000			4,000
Install pallet racking for storage	5,000			5,000
Total Cold Storage Building	\$ 9,000	\$ -	\$ -	\$ 9,000

Total Medical Services Section

\$ 1,372,659 \$ 55,650 \$ - \$ 1,317,009

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Temporary / Overtime Salaries

Duties / Timeframe	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Assist with HIV Prevention community planning group, review hepatitis laboratory reports, classify reports for epidemiological purposes, provide Tuberculosis and Ryan White data support.	98,000	(98,000)	-			
Assist with data quality management for the HIV Prevention and Sexually Transmitted Diseases programs, coordinate with the state epidemiologist and data analyst about electronic lab reporting.	34,320	(34,320)	-			
The Infection Control Assessment Program (ICAP) Coordinator will assess and promote infection control competency, identify gaps, and recommend prevention strategies as part of a state-wide infection control assessment and response program. This position will improve healthcare infection control infrastructure, capacity and competency in North Dakota patient care facilities. (ongoing)	42,772	50,980	93,752		93,752	
Estimated Overtime (ongoing)	31,500	(25,500)	6,000	6,000		
Epidemiology Assistant for the ELC program. Assists with general disease data entry, special projects, general surveillance activities. This position also provides administrative assistant support on limited basis. (ongoing)	75,395	18,357	93,752	15,938	77,814	
Masters of Public Health Students to assist in various federal programs with data analysis and classification reports.	71,640	(71,640)	-			
Data quality coordinator for the Sentinel Site program (ongoing)	45,420	48,332	93,752		93,752	
Autopsy assistants to assist medical examiner with proper chain of custody of medical-legal purposes, assist with completing appropriate documentation on each case, assist with preparing specimens for shipping to laboratories. (ongoing)	72,543	(543)	72,000	72,000		
Call time for medical examiners office (ongoing)	7,300	-	7,300	7,300		
Media prep and data entry for Microbiology division (ongoing)	93,000	(12,080)	80,920	72,828		8,092
Mosquito surveillance program (ongoing)	45,000	15,480	60,480		60,480	
Microbiology lab assistant (ongoing)	45,000	7,000	52,000	46,800		5,200
Total Temporary and Overtime	\$ 661,890	\$ (101,934)	\$ 559,956	\$ 220,866	\$ 325,798	\$ 13,292

Summary of Repairs

Description	2017-19 Base Budget	Increase / (Decrease)	2019-21 Executive Budget	2019-21 Executive Budget		
				General	Federal	Special
Service / Maintenance Agreements - Lab Equipment						
Abbott Architect i1000	32,332	18,854	51,186	29,688		21,498
Abbott M2000	49,270	28,730	78,000	45,240		32,760
Becton Dickinson (BD) Bactec Midget	16,423	9,577	26,000	15,080		10,920
Biomerieux MALDI-TOF	31,583	18,417	50,000		50,000	-
Biomerieux NucliSENSE	12,633	7,367	20,000	11,600		8,400
BioRad Chef Dri	845	493	1,338	776		562
BioRad Chef Mapper	1,372	800	2,172	1,260		912
BioRad Genius	1,895	1,105	3,000	1,740		1,260
BioRad Gel Doc XR	2,082	1,214	3,296	1,912		1,384
Cepheid GeneXpert	15,792	9,208	25,000	5,220	16,000	3,780
Chiller System	14,430	8,415	22,845	13,250		9,595
Cummins - Generator Service Contract	1,861	1,085	2,946	1,709		1,237
Dynex DSX (2 instruments)	21,477	12,523	34,000	17,000	17,000	-
Electro Watchman	1,042	608	1,650	957		693
GenProbe Leader	253	147	400	232		168
Getinge Autoclaves	19,769	11,527	31,296	15,832	4,000	11,464
Illumina MiSeq	16,892	9,850	26,742		26,742	-
Life Technologies QuantStudio	21,050	12,274	33,324	9,664	16,662	6,998
Life Techonologies ABI 7500 Fast DX	12,002	6,998	19,000		19,000	-
Luminex MagPix	21,887	12,763	34,650	20,097		14,553
Perkin Elmer	7,538	4,396	11,934		11,934	-
Qiagen QiaCube	3,785	2,207	5,992	3,475		2,517
Total Service / Maintenance Agreements - Lab Equipment	306,213	178,558	484,771	194,732	161,338	128,701
Janitorial and Grounds Maintenance						
Bader Maids (Janitorial Contract)	23,381	13,634	37,015	21,469		15,546
J&T Lawn (Grounds maintenance)	12,160	7,090	19,250	11,165		8,085
P&P Excavating (Snow Removal)	1,737	1,013	2,750	1,595		1,155
Total Janitorial and Grounds Maintenance	37,278	21,737	59,015	34,229	-	24,786
Miscellaneous Repairs						
Kebocom	5,082	2,963	8,045	4,666		3,379
RBB Electric	5,246	3,059	8,305	4,817		3,488
Total Miscellaneous Repairs	10,328	6,022	16,350	9,483	-	6,867
Total Repairs - Microbiology	353,819	206,317	560,136	238,444	161,338	160,354
Service Agreements						
Cummins	4,800	-	4,800	4,800		
Northern Plains Heating and Air	13,828	277	14,105	14,105		
MTX Medical Solutions	1,052	-	1,052	1,052		
Plunketts Pest Control	750	-	750	750		
Total Service Agreements - Lab Equipment	20,430	277	20,707	20,707	-	-
Janitorial and Grounds Maintenance						
J&T Lawn (Grounds maintenance)	12,627	395	13,022	13,022		
P&P Excavating (Snow Removal)	450	100	550	550		
Spotless Janitorial	4,200	-	4,200	4,200		
Total Janitorial and Grounds Maintenance	17,277	495	17,772	17,772	-	-
Miscellaneous Repairs						
Western Microscope	350	-	350	350		
H&L Sharpening & Tools	250	-	250	250		
Capital Scale Company	300	-	300	300		
Total Miscellaneous Repairs	900	-	900	900	-	-
Total Repairs - Forensic Examiner's Office	38,607	772	39,379	39,379	-	-
Service Agreement						
Thomson Reuters (Client search tool)	4,412	-	4,412		4,412	
Total Service Agreements - Disease Control	4,412	-	4,412	-	4,412	-
Total Repairs - Disease Control	4,412	-	4,412	-	4,412	-
Total Repairs - Medical Services Section	396,838	207,089	603,927	277,823	165,750	160,354

Medical, Dental and Optical

Medicine & Drugs

Program Description	2017-19 Base Budget	Increase/ (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Tuberculosis	175,000	(20,000)	155,000	155,000		
Immunization	5,044	(5,044)	-			
Ryan White - Medicine	2,686,703	904,765	3,591,468		3,591,468	
HIV Prevention	2,618	(2,618)	-			
Total	\$ 2,869,365	\$ 877,103	\$ 3,746,468	\$ 155,000	\$ 3,591,468	\$ -

Lab & Dental Supplies

Program Description	2017-19 Base Budget	Increase/ (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Disease Control Lab Supplies	250	(250)	-			
Microbiology Lab Supplies	1,100,670	322,766	1,423,436	825,593		597,843
Public Health Emergency Preparedness	45,008	(18,416)	26,592		26,592	
Sexually Transmitted Disease	15,526	29,344	44,870		44,870	
HIV Prevention	4,186	18,592	22,778		22,778	
Tuberculosis	13,357	33,177	46,534		46,534	
CSTE - Influenza Incidence Surveillance Program	15,012	(2,220)	12,792		12,792	
Epi and Laboratory Capacity	33,952	108,829	142,781		142,781	
Immunization	6,729	(158)	6,571		6,571	
Total	\$ 1,234,690	\$ 491,664	\$ 1,726,354	\$ 825,593	\$ 302,918	\$ 597,843

Surgical/Medical Supplies

Program Description	2017-19 Base Budget	Increase/ (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Hepatitis	25,000	(25,000)	-			
Immunization	1,553	(1,553)	-			
HIV Prevention (condoms, rapid test kits)	232,780	(132,780)	100,000		100,000	
Epi and Laboratory Capacity	3,329	(3,104)	225		225	
Medical Examiner's Office	41,622	5,444	47,066	47,066		
Total	\$ 304,284	\$ (156,993)	\$ 147,291	\$ 47,066	\$ 100,225	\$ -

Health Insurance Premiums

Program Description	2017-19 Base Budget	Increase/ (Decrease)	2019-21 Executive Budget	2019-21 General Fund	2019-21 Federal Funds	2019-21 Special Funds
Ryan White	359,344	(48,268)	311,076		311,076	
Total	\$ 359,344	\$ (48,268)	\$ 311,076	\$ -	\$ 311,076	\$ -

Grand Total of 625000	\$ 4,767,683	\$ 1,163,506	\$ 5,931,189	\$ 1,027,659	\$ 4,305,687	\$ 597,843
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State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

HB1004
 2/5/2019
 A

	Executive Budget Recommendation				House Version				House Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE Position	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461	0.00	\$0	\$0	\$0
2019-21 Ongoing Funding Changes												
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728				\$0
Salary increase		690,727	735,457	1,426,184		393,245	449,483	842,728		(297,482)	(285,974)	(583,456)
Health insurance increase		391,682	417,048	808,730		440,806	514,079	954,885		49,124	97,031	146,155
Retirement contribution increase		86,187	91,768	177,955				0		(86,187)	(91,768)	(177,955)
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909				0		(1,109,194)	(10,596,715)	(11,705,909)
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)				0	1.00	451,267	1,146,592	1,597,859
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)				0	6.50	3,184,844	584,041	3,768,885
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322				0			(1,923,322)	(1,923,322)
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses	(4.50)	9,913	35,870	45,783				0	4.50	(9,913)	(35,870)	(45,783)
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)				0	1.00	1,260,512	583,984	1,844,496
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905				0	(1.00)	(185,905)		(185,905)
Adds funding related to a federal opioid program			325,615	325,615				0			(325,615)	(325,615)
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000				0		(126,000)		(126,000)
Adds funding for Microsoft Office 365 licensing expenses		42,377	82,261	124,638				0		(42,377)	(82,261)	(124,638)

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Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	0	(93,843)	(761)	(94,604)					
Adds ongoing base budget funding for extraordinary repairs	55,650	97,009	152,659	0	(55,650)	(97,009)	(152,659)					
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)	0		245,941	245,941					
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	0	(75,000)		(75,000)					
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	0	(6,378,195)	6,378,195	0					
Total ongoing funding changes	(12.00)	\$4,354,733	\$5,422,118	\$9,776,851	0.00	\$840,734	\$1,018,607	\$1,859,341	12.00	(\$3,513,999)	(\$4,403,511)	(\$7,917,510)
One-time funding items												
Women, Infants, and Children electronic benefit transfer project			\$354,554	\$354,554	0						(354,554)	(354,554)
Adds funding from the strategic investment and improvements fund for microbiology laboratory capital improvements			1,220,000	1,220,000	0						(1,220,000)	(1,220,000)
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades		\$90,000	360,000	450,000	0					(90,000)	(360,000)	(450,000)
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$0	\$0	\$0	0.00	(\$90,000)	(\$1,934,554)	(\$2,024,554)
Total Changes to Base Level Funding	(12.00)	\$4,444,733	\$7,356,672	\$11,801,405	0.00	\$840,734	\$1,018,607	\$1,859,341	12.00	(\$3,603,999)	(\$6,338,065)	(\$9,942,064)
2019-21 Total Funding	199.50	\$37,195,042	\$122,634,824	\$159,829,866	211.50	\$33,591,043	\$116,296,759	\$149,887,802	12.00	(\$3,603,999)	(\$6,338,065)	(\$9,942,064)

Other Sections for State Department of Health - Budget No. 301

	Executive Budget Recommendation
Appropriation - Additional income	Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.
Line item transfers	Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.

House Version

Other Sections for State Department of Health - Budget No. 301

Executive Budget Recommendation

House Version

Insurance tax distribution fund	Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.
Strategic investment and improvements fund	Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.
Vital records fees	Section 7 would provide the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.
Emergency	Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.

HB1004
2/8/2019
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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 Increase (Decrease) - Executive Budget			
	FTE Position	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461	0.00	\$0	\$0	\$0
2019-21 Ongoing Funding Changes												
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728				\$0
Salary increase		690,727	735,457	1,426,184		397,095	462,956	860,051		(293,632)	(272,501)	(566,133)
Health insurance increase		391,682	417,048	808,730		444,510	528,224	972,734		52,828	111,176	164,004
Retirement contribution increase		86,187	91,768	177,955				0		(86,187)	(91,768)	(177,955)
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909		1,109,194	10,596,715	11,705,909				0
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)	(1.00)	(451,267)	(1,146,592)	(1,597,859)				0
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)	(6.50)	(3,184,844)	(584,041)	(3,768,885)				0
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322			1,923,322	1,923,322				0
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses	(4.50)	9,913	35,870	45,783				0	4.50	(9,913)	(35,870)	(45,783)
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)	(1.00)	(1,260,512)	(583,984)	(1,844,496)				0
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905	1.00	185,905		185,905				0
Increases funding for temporary salaries for life safety inspections				0		50,000	30,000	80,000		50,000	30,000	80,000
Adds funding related to a federal opioid program			325,615	325,615			325,615	325,615				0
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000		126,000		126,000				0
Adds funding for Microsoft Office 365 licensing expenses		42,377	82,261	124,638		42,377	82,261	124,638				0

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Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	93,843	761	94,604			0			
Adds ongoing base budget funding for extraordinary repairs	55,650	97,009	152,659	30,650	97,009	127,659	(25,000)		(25,000)			
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)		(245,941)	(245,941)			0			
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	75,000		75,000			0			
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	6,378,195	(6,378,195)	0			0			
Restores funding for local public health unit grants from the tobacco prevention and control fund			0		525,000	525,000		525,000	525,000			
Adjust funding for cancer programs and domestic violence offender treatment			0	(830,324)	880,324	50,000	(830,324)	880,324	50,000			
Total ongoing funding changes	(12.00)	\$4,354,733	\$5,422,118	\$9,776,851	(7.50)	\$3,212,505	\$6,568,479	\$9,780,984	4.50	(\$1,142,228)	\$1,146,361	\$4,133
One-time funding items												
Women, Infants, and Children electronic benefit transfer project			\$354,554	\$354,554		354,554	354,554		0	0		
Adds funding for microbiology laboratory capital improvements			1,220,000	1,220,000		1,220,000	1,220,000		0	0		
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades		\$90,000	360,000	450,000	90,000	360,000	450,000		0	0		0
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$0	\$0	\$0
Total Changes to Base Level Funding	(12.00)	\$4,444,733	\$7,356,672	\$11,801,405	(7.50)	\$3,302,505	\$8,503,033	\$11,805,538	4.50	(\$1,142,228)	\$1,146,361	\$4,133
2019-21 Total Funding	199.50	\$37,195,042	\$122,634,824	\$159,829,866	204.00	\$36,052,814	\$123,781,185	\$159,833,999	4.50	(\$1,142,228)	\$1,146,361	\$4,133

Other Sections for State Department of Health - Budget No. 301

	Executive Budget Recommendation	House Version
Appropriation - Additional income	Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.	The House did not include this section.
Line item transfers	Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.	The House did not include this section.

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Other Sections for State Department of Health - Budget No. 301

Executive Budget Recommendation

House Version

Insurance tax distribution fund

Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Section 3 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Strategic investment and improvements fund

Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.

The House did not include this section.

Tobacco prevention and control trust fund

Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.

Vital records fees

Section 7 would provide the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.

Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.

Legislative intent - Life safety review fees

Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.

Emergency

Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.

Section 7 provides the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.

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19.0192.01002
Title.

Prepared by the Legislative Council staff for
the House Appropriations - Human Resources
Division Committee

February 7, 2019

Fiscal No. 1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1004

Page 1, line 2, after "health" insert "; to amend and reenact section 23-02.1-29 of the North Dakota Century Code, relating to vital records fees; to provide a statement of legislative intent; and to declare an emergency"

Page 1, replace lines 10 through 23 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	<u>1,465,704</u>	<u>(1,465,704)</u>	<u>0</u>
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	<u>115,278,152</u>	<u>8,503,033</u>	<u>123,781,185</u>
Total general fund	\$32,750,309	\$3,302,505	\$36,052,814
Full-time equivalent positions	211.50	(7.50)	204.00"

Page 2, line 1, after "**BUDGET**" insert "**- REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY**"

Page 2, line 3, after "biennium" insert "and the 2019-21 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 8 with:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
Medical marijuana	\$95,066	\$0
Women, infants, and children system upgrade	1,739,220	354,554
Law enforcement support	1,420,000	0
Microbiology laboratory technology upgrades	0	450,000
Microbiology laboratory capital improvements	<u>0</u>	<u>1,220,000</u>
Total all funds	\$3,254,286	\$2,024,554
Less estimated income	<u>3,254,286</u>	<u>1,934,554</u>
Total general fund	\$0	\$90,000

The 2019-21 biennium one-time funding amounts are not a part of the entity's base budget for the 2021-23 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021."

Page 2, remove lines 12 through 14

Page 2, line 16, replace "\$12,878,195" with "\$2,625,324"

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Page 2, line 17, remove "for tobacco prevention and related health programs"

Page 2, line 17, after the period insert "Of this amount, \$300,000 is for domestic violence offender treatment grants, \$580,324 is for cancer programs, \$525,000 is for grants to local public health units, and \$1,220,000 is for microbiology laboratory capital improvements.

SECTION 5. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

23-02.1-29. Fees.

1. The state department of health shall prescribe the fees, if any, not to exceed fifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, legitimation, or determination of paternity.
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - g. A noncertified informational copy of a death or marriage record.

The fee for each additional copy of the ~~same document, a death or fetal death record,~~ requested at the same time, may not exceed twoten dollars.

2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the ~~general fund of this state operating fund of the state department of health,~~ according to procedures established by the state treasurer.
3. The state department of health shall ~~charge a fee~~ quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, ~~in addition to these fees authorized by subsection 1, in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.~~
4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the end of each biennium.

SECTION 6. LEGISLATIVE INTENT - LIFE SAFETY PLAN REVIEW FEES. It is the intent of the sixty-sixth legislative assembly that the state department of health reduce the minimum fee charged for life safety construction or renovation plans review of small projects for facilities from \$750 to \$500.

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SECTION 7. EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from other funds, for microbiology laboratory technology upgrades appropriated in section 1 of this Act is declared to be an emergency measure."

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	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
WIC food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
General fund	\$32,750,309	\$3,302,505	\$36,052,814
FTE	211.50	(7.50)	204.00

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Adds Cost to Continue Adjustments ³	Adjusts Funding for Various Programs ⁴	Removes 6.5 FTE positions and Related Operating Expenses ⁵	Adjusts Funding and FTE Positions for the Medical Marijuana Division ⁶
Salaries and wages	(\$31,805)	\$1,779,851			(\$1,781,507)	
Operating expenses			\$4,473,376		(545,098)	
Capital assets						
Grants			7,788,061		(736,000)	
Tobacco prevention	(38,622)	52,934	(135,528)		(706,280)	
WIC food payments			(420,000)			
Medical marijuana	132,155					(\$1,597,859)
Total all funds	\$61,728	\$1,832,785	\$11,705,909	\$0	(\$3,768,885)	(\$1,597,859)
Less estimated income	55,045	991,180	10,596,715	(6,378,195)	(584,041)	(1,146,592)
General fund	\$6,683	\$841,605	\$1,109,194	\$6,378,195	(\$3,184,844)	(\$451,267)
FTE	0.00	0.00	0.00	0.00	(6.50)	(1.00)

	Transfers the Suicide Prevention Program ⁷	Adds 1 FTE Food and Lodging Position ⁸	Restores Funding for Vital Records ⁹	Increases Funding for Life Safety Inspections ¹⁰	Adds Funding for a Federal Opioid Program ¹¹	Adds Funding for Emergency Medical Services Licensing and Records Management ¹²
Salaries and wages	(\$319,503)	\$159,720	\$1,218,501	\$80,000	\$37,915	
Operating expenses	(259,993)	26,185	704,821		34,410	\$126,000
Capital assets						
Grants	(1,265,000)				253,290	
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	(\$1,844,496)	\$185,905	\$1,923,322	\$80,000	\$325,615	\$126,000
Less estimated income	(583,984)	0	1,923,322	30,000	325,615	0
General fund	(\$1,260,512)	\$185,905	\$0	\$50,000	\$0	\$126,000
FTE	(1.00)	1.00	0.00	0.00	0.00	0.00

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	Adds Funding for Microsoft Office 365 Licensing ¹³	Adjusts Funding for Bond and Capital Payments ¹⁴	Increases Funding for Extraordinary Repairs ¹⁵	Adjusts Funding for Equipment ¹⁶	Increases Funding for Local Public Health Unit Grants ¹⁷	Adjusts Funding for Cancer Programs and Domestic Violence Offender Treatment ¹⁸
Salaries and wages						
Operating expenses	\$124,638					
Capital assets		\$94,604	\$127,659	(\$245,941)		
Grants					\$525,000	\$50,000
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	\$124,638	\$94,604	\$127,659	(\$245,941)	\$525,000	\$50,000
Less estimated income	82,261	761	97,009	(245,941)	525,000	880,324
General fund	\$42,377	\$93,843	\$30,650	\$0	\$0	(\$830,324)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding to Transfer Youth Access Reporting ¹⁹	Adds One-Time Funding for a Women, Infants, and Children Technology Project ²⁰	Adds One-Time Funding for Microbiology Laboratory Capital Improvements ²¹	Adds One-Time Funding for Microbiology Laboratory Technology Upgrades ²²	Total House Changes
Salaries and wages					\$1,143,172
Operating expenses		\$354,554			5,038,893
Capital assets			\$1,220,000	\$450,000	1,646,322
Grants					6,615,351
Tobacco prevention	\$75,000				(752,496)
WIC food payments					(420,000)
Medical marijuana					(1,465,704)
Total all funds	\$75,000	\$354,554	\$1,220,000	\$450,000	\$11,805,538
Less estimated income	0	354,554	1,220,000	360,000	8,503,033
General fund	\$75,000	\$0	\$0	\$90,000	\$3,302,505
FTE	0.00	0.00	0.00	0.00	(7.50)

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2019-21 biennium salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month:

	General Fund	Other Funds	Total
Salary increase	\$397,095	\$462,956	\$860,051
Health insurance increase	444,510	528,224	972,734
Total	\$841,605	\$991,180	\$1,832,785

³ Funding is adjusted for base budget changes, including increases relating to technology, professional development, travel and other operating expenses; and various grant programs including the state-funded loan repayment programs and federal grant programs.

⁴ Funding is provided from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium, including the tobacco prevention and control program, state aid to local public health units, the stroke and cardiac care program, cancer programs, medical and behavioral health loan repayment programs, and domestic violence offender treatment.

⁵ Funding and 6.5 FTE undesignated positions are removed agencywide.

⁶ One FTE office assistant III position, including salaries and wages, and related medical marijuana program expenditures are removed and these costs will be paid through a continuing appropriation.

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⁷ The suicide prevention program is transferred from the State Department of Health to the Department of Human Services, including 1 FTE position and related funding for salaries and wages, operating expenses, and grants.

⁸ One FTE food and lodging environmental health position, including salaries and wages and operating expenses, is added.

⁹ Vital records fees are increased and funding is restored from vital records fee revenue for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division.

¹⁰ Funding for temporary salaries related to life safety construction and renovation plan review is increased to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue.

¹¹ Funding is added for a federal opioid program.

¹² Funding is added to implement an emergency medical services data licensing and records management system.

¹³ Funding is added for Microsoft Office 365 license expense.

¹⁴ Funding is adjusted for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund.

¹⁵ Funding for extraordinary repairs is increased to provide a total of \$1,317,009, of which \$55,650 is from the general fund.

¹⁶ Funding is adjusted for equipment over \$5,000 to provide a total of \$1,518,697 from other funds.

¹⁷ Funding is provided from the tobacco prevention and control trust fund to restore local public health unit grants reduced in the department's base budget to provide a total of \$5,250,000, of which \$4,725,000 is from the general fund and \$525,000 is from the tobacco prevention and control trust fund. This level of funding is the same as the 2017-19 biennium.

¹⁸ The funding source for cancer programs and domestic violence offender treatment grants is changed to the tobacco prevention and control trust fund and domestic violence offender treatment grants are increased by \$50,000. A total of \$880,324 is provided from the tobacco prevention and control trust fund for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000).

¹⁹ Funding is added to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health.

²⁰ One-time funding is added from federal funds for operating expenses related to the continuation of the women, infants, and children electronic benefit transfer project.

²¹ One-time funding is added from the tobacco prevention and control trust fund for microbiology laboratory capital improvements.

²² One-time funding is added, including funding from federal funds, for microbiology laboratory information technology upgrades.

This amendment also:

- Removes a section related to funding from the student loan trust fund;
- Amends the section related to funding from the tobacco prevention and control trust fund;
- Adds a section to amend Section 23-02.1-29 to increase vital records fees; resulting in an estimated increase in general fund revenues of \$312,000 for the 2019-21 biennium.
- Adds a section of legislative intent related to life safety construction and renovation plan review fees; and
- Adds a section to declare funding related to the microbiology laboratory technology upgrades an emergency measure.

Department 301 - State Department of Health
House Bill No. 1004

Executive Budget Comparison to Prior Biennium Appropriations

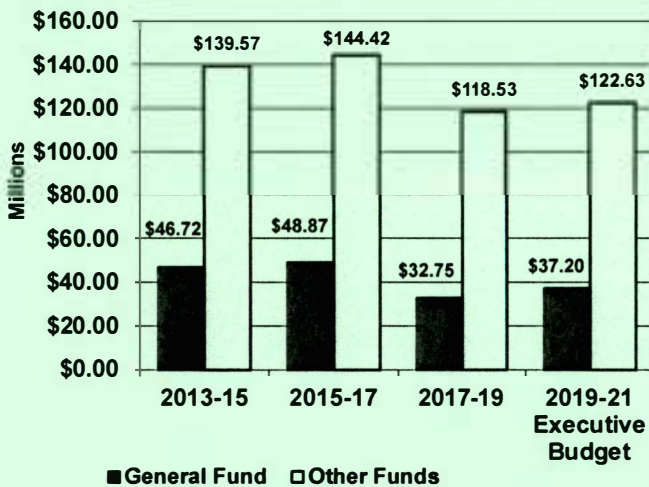
	FTE Positions	General Fund	Other Funds	Total
2019-21 Executive Budget	199.50	\$37,195,042	\$122,634,824	\$159,829,866
2017-19 Legislative Appropriations ¹	211.50	32,750,309	118,532,438	151,282,747
Increase (Decrease)	(12.00)	\$4,444,733	\$4,102,386	\$8,547,119

¹The 2017-19 biennium agency appropriation amounts include \$1,420,000 from special funds received from the Adjutant General for defraying law enforcement support expenses related to unlawful activity associated with the construction of the Dakota Access Pipeline, but do not include additional special funds authority of \$465,195 resulting from Emergency Commission action during the 2017-19 biennium.

Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2019-21 Executive Budget	\$37,105,042	\$90,000	\$37,195,042
2017-19 Legislative Appropriations	32,750,309	0	32,750,309
Increase (Decrease)	\$4,354,733	\$90,000	\$4,444,733

Agency Funding¹



FTE Positions¹



¹The decrease in agency funding and FTE positions from the 2015-17 biennium to the 2017-19 biennium reflects the transfer of the Environmental Health Section of the State Department of Health to the new Department of Environmental Quality pursuant to Senate Bill No. 2327 (2017). Funding for the Department of Environmental Quality is provided in House Bill No. 1024.

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2019-21 Executive Budget	\$37,195,042	\$122,634,824	\$159,829,866
2019-21 Base Level	32,750,309	115,278,152	148,028,461
Increase (Decrease)	\$4,444,733	\$7,356,672	\$11,801,405

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
Fiscal and Operations			
1. Adds funding for state employee salary and benefit increases, of which \$266,546 is for salary increases, \$146,818 is for health	\$163,331	\$284,728	\$448,059

insurance increases, and \$34,695 is for retirement contribution increases. **The House added funding for salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month. The House did not add funding for retirement contribution increases.**

2. Adjusts base payroll.	\$374,485	(\$702,656)	(\$328,171)
3. Cost to continue program adjustments, including increases in operating expenses of \$36,280 and grants of \$944,360, including increases in the behavioral health loan repayment program of \$120,360 and the physician and midlevel loan repayment program of \$224,000. The veterinarian loan repayment program is reduced by \$50,000.	\$522,840	\$457,800	\$980,640
4. Removes funding for .5 FTE account technician position and reduces funding for salaries and wages (\$1,264,949) and operating expenses (\$396,402) to meet the Governor's 90 percent budget and FTE reduction guidelines. This reduction includes a decrease in funding from the general fund of \$1,542,106 related to changing the funding source for vital records to service fee revenue.	(\$1,566,724)	(\$94,627)	(\$1,661,351)
5. Increases vital records fees and restores funding for salaries and wages of \$1,218,501 and operating expenses of \$704,821 removed as part of the base budget reductions for the Vital Records Division from fee collections.	\$0	\$1,923,322	\$1,923,322
6. Removes .5 FTE undesignated position without funding and adds funding for information technology operating expenses related to the IT unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	\$162,501	\$577,832	\$740,333
7. Reduces funding from the student loan trust fund for the dental loan repayment program (\$36,000) to meet the Governor's 90 percent budget guidelines. In the department's cost to continue adjustments the remaining funding of \$324,000 from the student loan trust fund was changed to the community health trust fund. Funding from the general fund for the dental loan repayment program was increased by \$176,000 to provide a total of \$740,000, of which \$416,000 is from the general fund and \$324,000 is from the community health trust fund.	\$0	(\$36,000)	(\$36,000)
8. Adjusts the funding source of grants to local public health units to provide a total of \$4,725,000 from the general fund, \$525,000 less than the \$5,250,000 provided in the 2017-19 biennium, of which \$3,250,000 was from the general fund and \$2,000,000 was from the tobacco prevention and control trust fund. The House provided \$5,250,000 for grants to local public health units, the same as the 2017-19 biennium, of which \$4,725,000 is from the general fund and \$525,000 is from the tobacco prevention and control trust fund.	\$1,475,000	(\$2,000,000)	(\$525,000)
9. Changes the funding source for the physician loan repayment program (\$480,000) and the behavioral health loan repayment program (\$243,640), to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$723,640	(\$723,640)	\$0
10. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses.	\$42,377	\$82,261	\$124,638
Medical Marijuana			
11. Adjusts base payroll.	(\$272,003)	\$404,158	\$132,155
12. Removes 1 FTE office assistant III position and reduces funding for the medical marijuana program to meet the Governor's 90 percent budget guidelines.	\$0	(\$742,435)	(\$742,435)
13. Removes funding related to the medical marijuana program. Funding for the program is provided through a continuing appropriation.	(\$451,267)	(\$404,157)	(\$855,424)

Medical Services

14. Adds funding for state employee salary and benefit increases, of which \$361,402 is for salary increases, \$196,514 is for health insurance increases, and \$41,950 is for retirement contribution increases. The House added funding for salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month. The House did not add funding for retirement contribution increases.	\$397,319	\$202,547	\$599,866
15. Adjusts base payroll.	(\$144,112)	\$68,327	(\$75,785)
16. Cost to continue program adjustments, including increases in operating expenses of \$1,604,629 and grants of \$1,808,193.	\$466,418	\$2,946,404	\$3,412,822
17. Transfers 1 FTE data processing coordinator III position to the Information Technology Department for the information technology unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	\$0	(\$170,357)	(\$170,357)
18. Removes 1 FTE epidemiologist II position.	(\$38,040)	(\$111,882)	(\$149,922)
19. Adds funding for grants related to a federal opioid program.	\$0	\$64,990	\$64,990
20. Adjusts funding for equipment over \$5,000 to provide a total of \$670,000 from other funds.	\$0	\$283,112	\$283,112
21. Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund.	\$93,843	\$761	\$94,604
22. Adds funding for extraordinary repairs. The House provided \$127,659, of which \$30,650 is from the general fund, for extraordinary repairs.	\$55,650	\$97,009	\$152,659
23. Adds one-time funding from the strategic investment and improvements fund for microbiology laboratory capital improvements. The House provided funding for the microbiology laboratory capital improvements from the tobacco prevention and control trust fund.	\$0	\$1,220,000	\$1,220,000
24. Adds one-time funding, including funding from federal funds, for microbiology laboratory information technology upgrades.	\$90,000	\$360,000	\$450,000

Health Resources

25. Adds funding for state employee salary and benefit increases, of which \$342,601 is for salary increases, \$181,395 is for health insurance increases, and \$43,417 is for retirement contribution increases. The House added funding for salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month. The House did not add funding for retirement contribution increases.	\$270,961	\$296,452	\$567,413
26. Adjusts base payroll.	(\$79,533)	\$99,039	\$19,506
27. Adds 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185.	\$185,905	\$0	\$185,905
28. Cost to continue program adjustments in operating expenses.	\$111,096	(\$213,243)	(\$102,147)
29. Removes funding for 1 FTE administrative assistant I position and 1 FTE health care facility surveyor II position and reduces funding for salaries and wages (\$258,252) and operating expenses (\$8,574) to meet the Governor's 90 percent budget and FTE reduction guidelines. The House increased funding for temporary salaries related to life safety construction and renovation plan review by \$80,000, of which \$50,000 is from the general fund, to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue.	(\$104,486)	(\$162,340)	(\$266,826)
30. Transfers 2 FTE data processing coordinator III positions to the Information Technology Department for the information technology unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	(\$48,601)	(\$279,391)	(\$327,992)

Healthy and Safe Communities

31. Adds funding for state employee salary and benefit increases, of which \$345,804 is for salary increases, \$204,648 is for health insurance increases, and \$44,136 is for retirement contribution increases. Of this total \$70,402 is related to tobacco prevention and control. The House added funding for salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month. The House did not add funding for retirement contribution increases.	\$260,579	\$334,009	\$594,588
32. Adjusts base payroll, including an increase in salaries and wages of \$281,221 and a reduction in the tobacco prevention and control line item (\$38,622).	(\$183,103)	\$425,702	\$242,599
33. Cost to continue program adjustments, including increases in operating expenses and grants of \$2,462,307 and \$4,709,359, respectively and decreases in tobacco prevention and control (\$135,528) and Women, Infants, and Children food payments (\$420,000).	\$471,188	\$6,144,950	\$6,616,138
34. Removes 1 FTE administrative assistant I position, .5 FTE public health nurse consultant II position in health promotion, and .5 FTE public health nurse consultant II position in injury prevention, and reduces funding for operating expenses (\$64,480), grants (\$50,000), and tobacco prevention and control (\$706,280) to meet the Governor's 90 percent budget and FTE reduction guidelines. Salary funding was not reduced for these positions, but was reinvested in other programs.	(\$820,760)	\$0	(\$820,760)
35. Transfers the suicide prevention program, including 1 FTE health/human services program administrator III position, and funding for salaries and wages (\$319,503), operating expenses (\$259,993), and grants (\$1,265,000), from the State Department of Health to the Department of Human Services.	(\$1,260,512)	(\$583,984)	(\$1,844,496)
36. Adds funding for equipment over \$5,000 to provide a total of \$13,197 from other funds.	\$0	(\$5,553)	(\$5,553)
37. Transfers funding from the Department of Human Services for tobacco prevention and control expenses related to reporting of youth access to tobacco.	\$75,000	\$0	\$75,000
38. Adds funding for salaries and wages of \$24,600, operating expenses of \$10,505, and grants of \$8,800 related to a federal opioid program.	\$0	\$43,905	\$43,905
39. Adds one-time funding from federal funds for operating expenses related to the continuation of the electronic benefit transfer for the Women, Infants, and Children project.	\$0	\$354,554	\$354,554
40. Transfers 1 FTE data processing coordinator III position to the Information Technology Department for the information technology unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	(\$103,986)	(\$92,214)	(\$196,200)
41. Changes the funding source for cancer programs (\$644,804) and the domestic violence program (\$300,000), to provide funding from the general fund rather than the tobacco prevention and control trust fund. In the base budget changes, the department reduced funding from the general fund for these programs to provide a total of \$830,324 from the general fund, of which \$580,324 is for cancer programs and \$250,000 is for domestic violence offender treatment grants. The House changed the funding source for cancer programs and domestic violence offender treatment grants to the tobacco prevention and control trust fund and restored funding for domestic violence offender treatment grants (\$50,000). A total of \$880,324 is provided from the tobacco prevention and control trust fund for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000).	\$944,804	(\$944,804)	\$0
42. Changes the funding source for the tobacco prevention and control program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$8,453,333	(\$8,453,333)	\$0

43. Changes the funding source for tobacco prevention and control grants from the general fund to the community health trust fund to provide a total of \$6.5 million from the community health trust fund.	(\$6,500,000)	\$6,500,000	\$0
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Emergency Preparedness and Response

44. Adds funding for state employee salary and benefit increases, of which \$109,831 is for salary increases, \$79,355 is for health insurance increases, and \$13,757 is for retirement contribution increases. The House added funding for salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month. The House did not add funding for retirement contribution increases.	\$76,406	\$126,537	\$202,943
45. Adjusts base payroll.	\$310,949	(\$239,524)	\$71,425
46. Cost to continue program adjustments, including increases in operating expenses of \$472,307 and grants of \$326,149.	(\$462,348)	\$1,260,804	\$798,456
47. Removes 1 FTE office assistant III position and reduces funding for salaries and wages (\$108,384), operating expenses (\$75,642), and grants (\$125,000) to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$129,834)	(\$179,192)	(\$309,026)
48. Adds funding related to a federal opioid program, including salaries and wages of \$13,315, operating expenses of \$23,905, and grants of \$179,500.	\$0	\$216,720	\$216,720
49. Adjusts funding for equipment over \$5,000 to provide a total of \$835,500 from other funds.	\$0	(\$523,500)	(\$523,500)
50. Adds funding for operating expenses related to the implementation of an emergency medical services data licensing and records management system.	\$126,000	\$0	\$126,000
51. Changes the funding source for the stroke and cardiac care program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$756,418	(\$756,418)	\$0

Other Sections in House Bill No. 1004

Insurance tax distribution fund - Section 3 identifies \$1,250,000 of estimated income from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Tobacco prevention and control trust fund - Section 4 identifies \$2,625,324 of estimated income from the tobacco prevention and control trust fund, of which \$300,000 is for domestic violence offender treatment grants, \$580,324 is for cancer programs, \$525,000 is for grants to local public health units, and \$1,220,000 is for microbiology laboratory capital improvements.

Vital records fees - Section 5 provides statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium. The department estimates the increase in vital records fees will result in an increase in general fund revenues of \$312,000 for the 2019-21 biennium.

Legislative intent - Life safety plan review fees - Section 6 provides legislative intent that the State Department of Health reduce the minimum fee charged for life safety construction or renovation plans review of small projects for facilities from \$750 to \$500.

Emergency - Section 7 provides one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, for the microbiology laboratory technology update is an emergency measure.

Continuing Appropriations

Medical marijuana - North Dakota Century Code Section 19-24.1-40 establishes the medical marijuana fund and requires the State Department of Health deposit in the fund all fees collected under the medical marijuana chapter. The department must administer the fund and money in the fund are appropriated to the department on a continuing basis for use in administering the medical marijuana chapter.

Combined purchasing with local public health units - Section 23-01-28 - Provides the State Department of Health may make combined or joint purchases with or on behalf of local public health units for items or services. Payments received by the State Department of Health from local public health units pursuant to a combined or joint purchase must be deposited in the operating fund and are appropriated as a standing and continuing appropriation to the department for purchases under the section.

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.

Cardiac ready community grant program - Section 23-38.1-03 - Provides the State Department of Health may accept any gifts, grants, or donations, whether conditional or unconditional. The department or local grantees may contract public or private entities and may expend any available money to obtain matching funds for the purposes of this chapter. All money received by the State Department of Health as gifts, grants, or donations under this section are appropriated on a continuing basis to the department's operations fund for the purpose of funding the grant program.

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 4 years.

Deficiency Appropriation

There are no deficiency appropriations for this agency.

Significant Audit Findings

The State Auditor reported one single audit finding related to the State Department of Health. The State Auditor recommended the State Department of Health ensure all subrecipients obtain the appropriate audits.

Major Related Legislation

House Bill No. 1119 - Removes the applicant's social security number from the department's medical marijuana patient application.

House Bill No. 1268 - Increases the maximum property tax levy for emergency medical services from 10 to 15 mills and establishes a formula for the distribution of state financial assistance to eligible emergency medical services operations.

House Bill No. 1283 - Adds physician assistant to the list of health care providers that may provide written certification of a debilitating medical condition for purposes of obtaining medical marijuana.

House Bill No. 1337 - Relates to an emergency medical services personnel licensure interstate compact.

House Bill No. 1359 - Provides an appropriation of \$335,000 from the tobacco prevention and control trust fund to the State Department of Health for a hyperbaric oxygen therapy pilot program.

House Bill No. 1364 - Adds edible products to the types of marijuana product available to qualifying patients under the medical marijuana program.

House Bill No. 1417 - Allows for an increased amount of dried leaves or flowers for a qualifying patient with the debilitating medical condition of cancer.

House Bill No. 1519 - Increases the list of debilitating medical conditions that qualify for medical marijuana.

Senate Bill No. 2143 - Relates to the health care professional student loan repayment program.

Senate Bill No. 2196 - Requires the State Health Officer to create a drug fatalities review panel.

Senate Bill No. 2198 - Requires the State Department of Health to collaborate with the Behavioral Health Division of the Department of Human Services to design a syringe exchange program and for the State Department of Health to administer the program.

Senate Bill No. 2210 - Changes the total number of plants for a manufacturing facility from a maximum of 1,000 to allow a facility to grow an amount of marijuana sufficient to meet the qualifying patient population demands.

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	Executive Budget Recommendation				House Version			
	FTE Position	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461
2019-21 Ongoing Funding Changes								
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728
Salary increase		690,727	735,457	1,426,184		397,095	462,956	860,051
Health insurance increase		391,682	417,048	808,730		444,510	528,224	972,734
Retirement contribution increase		86,187	91,768	177,955				0
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909		1,109,194	10,596,715	11,705,909
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)	(1.00)	(451,267)	(1,146,592)	(1,597,859)
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)	(6.50)	(3,184,844)	(584,041)	(3,768,885)
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322			1,923,322	1,923,322
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses	(4.50)	9,913	35,870	45,783				0
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)	(1.00)	(1,260,512)	(583,984)	(1,844,496)
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905	1.00	185,905		185,905
Increases funding for temporary salaries for life safety inspections				0		50,000	30,000	80,000
Adds funding related to a federal opioid program			325,615	325,615			325,615	325,615
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000		126,000		126,000

Adds funding for Microsoft Office 365 licensing expenses	42,377	82,261	124,638	42,377	82,261	124,638		
Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	93,843	761	94,604		
Adds ongoing base budget funding for extraordinary repairs	55,650	97,009	152,659	30,650	97,009	127,659		
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)		(245,941)	(245,941)		
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	75,000		75,000		
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	6,378,195	(6,378,195)	0		
Restores funding for local public health unit grants from the tobacco prevention and control fund			0		525,000	525,000		
Adjusts funding for cancer programs and domestic violence offender treatment			0	(830,324)	880,324	50,000		
Total ongoing funding changes	(12.00)	\$4,354,733	\$5,422,118	\$9,776,851	(7.50)	\$3,212,505	\$6,568,479	\$9,780,984
One-time funding items								
Women, Infants, and Children electronic benefit transfer project			\$354,554	\$354,554		\$354,554	\$354,554	
Adds funding for microbiology laboratory capital improvements			1,220,000	1,220,000		1,220,000	1,220,000	
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades		\$90,000	360,000	450,000	\$90,000	360,000	450,000	
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$90,000	\$1,934,554	\$2,024,554
Total Changes to Base Level Funding	(12.00)	\$4,444,733	\$7,356,672	\$11,801,405	(7.50)	\$3,302,505	\$8,503,033	\$11,805,538
2019-21 Total Funding	199.50	\$37,195,042	\$122,634,824	\$159,829,866	204.00	\$36,052,814	\$123,781,185	\$159,833,999

Other Sections for State Department of Health - Budget No. 301

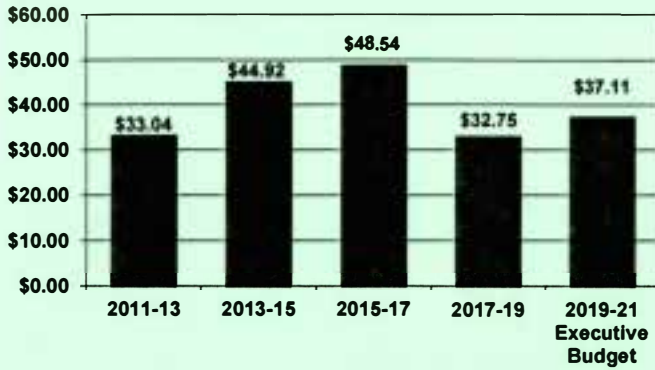
	<u>Executive Budget Recommendation</u>	<u>House Version</u>
Appropriation - Additional income	Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.	The House did not include this section.
Line item transfers	Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.	The House did not include this section.
Insurance tax distribution fund	Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.	Section 3 identifies \$1,250,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.
Strategic investment and improvements fund	Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.	The House did not include this section.
Tobacco prevention and control trust fund		Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.
Vital records fees	Section 7 would provide the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.	Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.
Legislative intent - Life safety review fees		Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.
Emergency	Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.	Section 7 declares one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 from federal funds, for the microbiology laboratory technology update an emergency measure.

Department 301 - State Department of Health

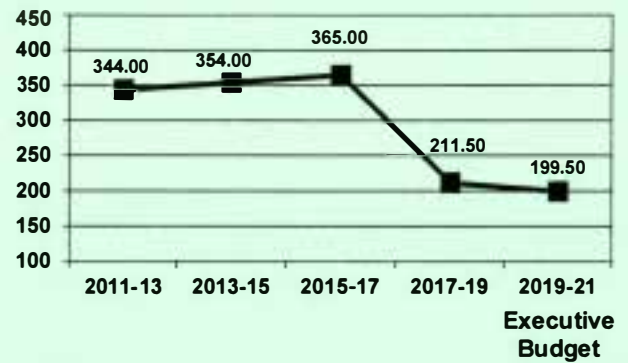
Historical Appropriations Information

Ongoing General Fund Appropriations Since 2011-13

Agency Funding (in Millions)¹



FTE Positions¹



Ongoing General Fund Appropriations ¹					
	2011-13	2013-15	2015-17	2017-19	2019-21 Executive Budget
Ongoing general fund appropriations	\$33,039,780	\$44,921,508	\$48,535,568	\$32,750,309	\$37,105,042
Increase (decrease) from previous biennium	N/A	\$11,881,728	\$3,614,060	(\$15,785,259)	\$4,354,733
Percentage increase (decrease) from previous biennium	N/A	36.0%	8.0%	(32.5%)	13.3%
Cumulative percentage increase (decrease) from 2011-13 biennium	N/A	36.0%	46.9%	(0.9%)	12.3%

¹The decrease in agency funding and FTE positions from the 2015-17 biennium to the 2017-19 biennium is due mostly to the transfer of the Environmental Health Section of the State Department of Health to the new Department of Environmental Quality pursuant to Senate Bill No. 2327 (2017). Funding for the Department of Environmental Quality is provided in House Bill No. 1024.

Major Increases (Decreases) in Ongoing General Fund Appropriations

2013-15 Biennium

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Added funding for 1 FTE position and related operating expenses to establish and administer an autism spectrum disorder database. | \$235,732 |
| 2. Increased funding for local public health units to provide a total of \$4 million from the general fund to be distributed statewide. | \$1,000,000 |
| 3. Increased funding for the universal vaccine program to provide a total of \$2.5 million from the general fund. | \$1,000,000 |
| 4. Added funding for a loan repayment program for dentists who practice in a public setting or nonprofit dental clinic using a sliding fee scale schedule to bill patients. | \$180,000 |
| 5. Added funding for recommended followup colorectal screenings to provide a total of \$762,800 from the general fund for the colorectal screening initiative. | \$285,200 |
| 6. Added funding for FTE positions (\$1,137,068) in air quality (1 FTE position), municipal facilities (3 FTE positions), waste management (1 FTE position), and water quality (3 FTE positions) to meet increased demands in the oil-impacted areas, including operating expenses (\$602,963) and equipment over \$5,000 (\$272,000). | \$1,409,382 |
| 7. Increased funding for operating costs. | \$257,803 |
| 8. Added funding for 1 FTE position (\$135,000) to implement a community paramedic/community health care worker pilot project, including funding of \$141,600 for educational startup costs. | \$276,600 |
| 9. Increased funding for rural emergency medical services (EMS) grants to provide a total of \$7.34 million, of which \$1.25 million is from the insurance tax distribution fund. | \$2,150,000 |
| 10. Increased the veterinarian loan program to provide \$485,000 from the general fund. | \$350,000 |
| 11. Increased funding for the medical personnel loan repayment program to provide \$576,788 from the general fund. | \$231,788 |

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 12. Increased funding for continued implementation of the statewide integrated stroke system of care to provide a total of \$856,324 from the general fund. | \$383,000 |
| 13. Increased funding for the comprehensive state trauma system to provide a total of \$432,000 from the general fund. | \$332,000 |

2015-17 Biennium

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Increased funding for the universal vaccine program by \$576,853 to provide a total of \$3,076,853 from the general fund. (This funding was reduced as part of the general fund budget reductions approved in August 2016.) | \$576,853 |
| 2. Added funding 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. In addition, \$160,000 from the general fund was added to the budget of the University of North Dakota School of Medicine and Health Sciences for Department of Pathology services to provide a total of \$640,000 from the general fund, \$160,000 more than the 2013-15 biennium. | 480,000 |
| 3. Added funding for costs related to the Environmental Protection Agency lawsuit. | \$500,000 |
| 4. Added funding for 1 FTE food and lodging inspector position, including salaries and wages and operating expenses. | \$149,975 |
| 5. Added funding for 10 FTE positions in the Environmental Health Section, including air quality (3 FTE positions), municipal facilities (2 FTE positions), waste management (2 FTE positions), and water quality (3 FTE positions) to meet increased demands in oil-impacted areas, including salaries and wages (\$1,388,986) and operating expenses (\$315,518). | \$1,204,494 |
| 6. Increased funding for the medical loan repayment program to provide a total of \$698,800 from the general fund. (This funding was reduced as part of the general fund budget reductions approved in August 2016.) | \$122,012 |
| 7. Increased funding for grants to local public health units to provide a total of \$4.25 million from the general fund. In addition, House Bill No. 1176 provides \$2 million from the oil and gas impact grant fund for grants to local district health units that are located in oil-producing counties to address the effects of oil and gas-related development activities. | \$250,000 |
| 8. Increased funding for rural 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 (\$7.5 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. (This funding was reduced as part of the general fund budget reductions approved in August 2016.) | \$1,100,000 |
| 9. Increased funding for domestic violence and rape crisis program grants to provide a total of \$2.25 million, of which \$1.91 million is from the general fund and \$340,000 is from special funds. (This funding was reduced as part of the general fund budget reductions approved in August 2016.) | \$200,000 |

2017-19 Biennium

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Reduced base budget, including salaries and wages, operating expenses, and grants. | (\$2,031,418) |
| 2. Removed 6 undesignated FTE positions, including related funding for salaries and wages. | (\$475,736) |
| 3. Increased funding for state aid grants to local public health units and adjusted the funding sources to provide a total of \$5.25 million, of which \$3.25 million is from the general fund and \$2 million is from the tobacco prevention and control trust fund. | (\$1,000,000) |
| 4. Adjusted funding for the certain programs to provide \$2,224,862 from the tobacco prevention and control trust fund instead of the general fund | (\$2,224,862) |
| 5. Reduced funding for EMS grants to provide a total of \$7,721,000. Emergency medical services rural assistance grants total \$6,875,000, of which \$5,625,000 is from the general fund and \$1,250,000 is from the insurance tax distribution fund. Emergency medical services training grants total \$846,000 from the general fund. | (\$561,820) |
| 6. Added ongoing funding and authorization for 6 FTE positions to establish a Medical Marijuana Division, based on the fiscal note for Senate Bill No. 2344, to provide total ongoing funding of \$1,465,704, including funding provided for employee health insurance premium increases, of which \$723,270 is from the general fund and \$742,434 is from the medical marijuana fund. | \$723,270 |

2019-21 Biennium (Executive Budget Recommendation)

- | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Removes funding from the general fund related to changing the funding source for vital records to service fee revenue. | (\$1,542,106) |
| 2. Removes funding for .5 FTE account technician position and reduces funding for salaries and wages. | (24,617) |

3. Adjusts the funding source of grants to local public health units to provide a total of \$4,725,000 from the general fund, \$525,000 less than the \$5,250,000 provided in the 2017-19 biennium, of which \$3,250,000 was from the general fund and \$2,000,000 was from the tobacco prevention and control trust fund. The House provided \$5,250,000 for grants to local public health units, the same as the 2017-19 biennium, of which \$4,725,000 is from the general fund and \$525,000 is from the tobacco prevention and control trust fund.	\$1,475,000
4. Changes the funding source for the physician loan repayment program and the behavioral health loan repayment program, to provide additional funding from the general fund rather than the tobacco prevention and control trust fund.	\$723,640
5. Removes funding for 1 FTE epidemiologist II position.	(\$38,040)
6. Adds 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185.	\$185,905
7. Removes funding for 1 FTE administrative assistant I position and 1 FTE health care facility surveyor II position and reduces funding for salaries and wages and operating expenses to meet the Governor's 90 percent budget and FTE reduction guidelines. The House increased funding for temporary salaries related to life safety construction and renovation plan review by \$80,000, of which \$50,000 is from the general fund, to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue.	(\$104,486)
8. Transfers 4 FTE data processing coordinator III positions and a .5 undesignated position to the Information Technology Department for the information technology unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	(\$152,587)
9. Adds funding for information technology operating expenses related to the IT unification initiative. The House did not transfer FTE positions or provide funding for the information technology unification initiative.	\$162,501
10. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses.	\$42,377
11. Removes 1 FTE administrative assistant I position, .5 FTE public health nurse consultant II position in health promotion, and .5 FTE public health nurse consultant II position in injury prevention, and reduces funding for operating expenses (\$64,480), grants (\$50,000), and tobacco prevention and control (\$706,280) to meet the Governor's 90 percent budget and FTE reduction guidelines. Salary funding was not reduced for these positions, but was reinvested in other programs.	(\$820,760)
12. Transfers the suicide prevention program, including 1 FTE health/human services program administrator III position, and funding for salaries and wages, operating expenses, and grants, from the State Department of Health to the Department of Human Services.	(\$1,260,512)
13. Removes 1 FTE office assistant III position and reduces funding for salaries and wages, operating expenses, grants to meet the Governor's 90 percent budget and FTE reduction guidelines.	(\$129,834)
14. Adds funding for operating expenses related to the implementation of an EMS data licensing and records management system.	\$126,000
15. Changes the funding source for cancer programs (\$644,804) and the domestic violence program (\$300,000), to provide funding from the general fund rather than the tobacco prevention and control trust fund. In the base budget changes, the department reduced funding from the general fund for these programs to provide a total of \$830,324 from the general fund, of which \$580,324 is for cancer programs and \$250,000 is for domestic violence offender treatment grants. The House changed the funding source for cancer programs and domestic violence offender treatment grants to the tobacco prevention and control trust fund and restored funding for domestic violence offender treatment grants (\$50,000). A total of \$880,324 is provided from the tobacco prevention and control trust fund for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000).	\$944,804
16. Changes the funding source for the tobacco prevention and control program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$8,453,333
17. Changes the funding source for tobacco prevention and control grants from the general fund to the community health trust fund to provide a total of \$6.5 million from the community health trust fund.	(\$6,500,000)
18. Changes the funding source for the stroke and cardiac care program, to provide funding from the general fund rather than the tobacco prevention and control trust fund.	\$756,418

**GOVERNOR'S RECOMMENDATION FOR THE
STATE DEPARTMENT OF HEALTH AS SUBMITTED
BY THE OFFICE OF MANAGEMENT AND BUDGET**

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the state department of health for the purpose of defraying the expenses of the state department of health, for the biennium beginning July 1, 2019, and ending June 30, 2021, as follows:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$36,371,434	\$931,238	\$37,302,672
Operating expenses	27,714,187	5,779,226	33,493,413
Capital assets	2,188,491	1,671,322	3,859,813
Grants	46,441,941	6,040,351	52,482,292
Tobacco prevention	13,646,704	(735,028)	12,911,676
WIC food payments	20,200,000	(420,000)	19,780,000
Medical Marijuana	1,465,704	(1,465,704)	0
Total all funds	\$148,028,461	\$11,801,405	\$159,829,866
Less estimated income	115,278,152	7,356,672	122,634,824
Total general fund	\$32,750,309	\$4,444,733	\$37,195,042
Full-time equivalent positions	211.50	(12.00)	199.50

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-SEVENTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-fifth legislative assembly for the 2017-19 biennium and 2019-21 one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
WIC system upgrade	\$1,739,220	\$354,554
Medical marijuana	95,066	
Microbiology lab capital projects		\$1,220,000
Microbiology lab IT upgrade		\$450,000
Total all funds	\$1,834,286	\$2,024,554
Less estimated income	1,834,286	1,934,554
Total general fund	\$0	\$90,000

The 2019-21 one-time funding amounts are not a part of the entity's base budget for the 2021-22 biennium. The state department of health shall report to the appropriations committees of the sixty-seventh legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 3. APPROPRIATION - In addition to the amounts appropriated to the state department of health in section 1 of this Act, there is appropriated any additional income from federal or other funds which may become available to the agency for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 4. FUNDING TRANSFERS – EXCEPTION – AUTHORIZATION. Notwithstanding section 54-16-04, the agency may transfer between line items within section 1 of this Act up to ten percent of the total appropriation contained in section 1 during the biennium beginning July 1, 2019, and ending June 30, 2021. The agency shall notify the office of management and budget and the legislative council of any transfer made pursuant to this section.

SECTION 5. INSURANCE TAX DISTRIBUTION FUND. The estimated income line item included in section 1 of this Act includes \$1,125,000, or so much of the sum as may be necessary, to be made available to the state department of health from the insurance tax distribution fund for rural emergency medical services grants, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 6. STRATEGIC INVESTMENT AND IMPROVEMENT FUND. The estimated income line item included in section 1 of this Act includes \$1,220,000 or so much of the sum as may be necessary, to be made available to the state department of health from the strategic investment and improvement fund for microbiology lab capital improvements, for the biennium beginning July 1, 2019, and ending June 30, 2021.

SECTION 7. AMENDMENT. Section 23-02.1-29 of the North Dakota Century Code is amended and reenacted as follows:

1. The state department of health shall prescribe the fees, if any, not to exceed ~~five~~ fifteen dollars, to be paid for the following:
 - a. Each certified copy of a record.
 - b. Each certified statement of the facts of birth other than a copy of the original birth record.
 - c. Each filing of a new record of birth or fetal death following adoption, ~~legitimation,~~ ~~or determination of paternity.~~
 - d. Each filing of a delayed record of birth or death except as provided for in subsection 4 of section 23-02.1-18.
 - e. Each filing of an amendment to a birth or death record.
 - f. A search of the files or records when no copy is made.
 - ~~g. A noncertified informational copy of a death or marriage record.~~The fee for each additional copy of the same document, a death or fetal death record, requested at the same time, may not exceed ~~two~~ ten dollars.

2. Except as otherwise provided in subsection 3, fees collected under this section by the state registrar must be deposited in the general fund of this state the operating fund of the department of health, according to procedures established by the state treasurer.

3. The state department of health shall charge a fee quarterly pay fees in the amount of two dollars for the issuance of each certified copy of a birth record, in addition to those fees authorized by subsection 1, in the amount of two dollars for the issuance of each certified copy of a birth record. This additional fee must be paid to the state registrar prior to the issuance of each certified copy of a birth record. The state registrar shall quarterly pay the additional fees collected pursuant to this subsection into the children's trust fund created by section 50-27-01.

4. All fees collected in excess of the fees appropriated must be transferred to the general fund of this state at the close of each biennium.

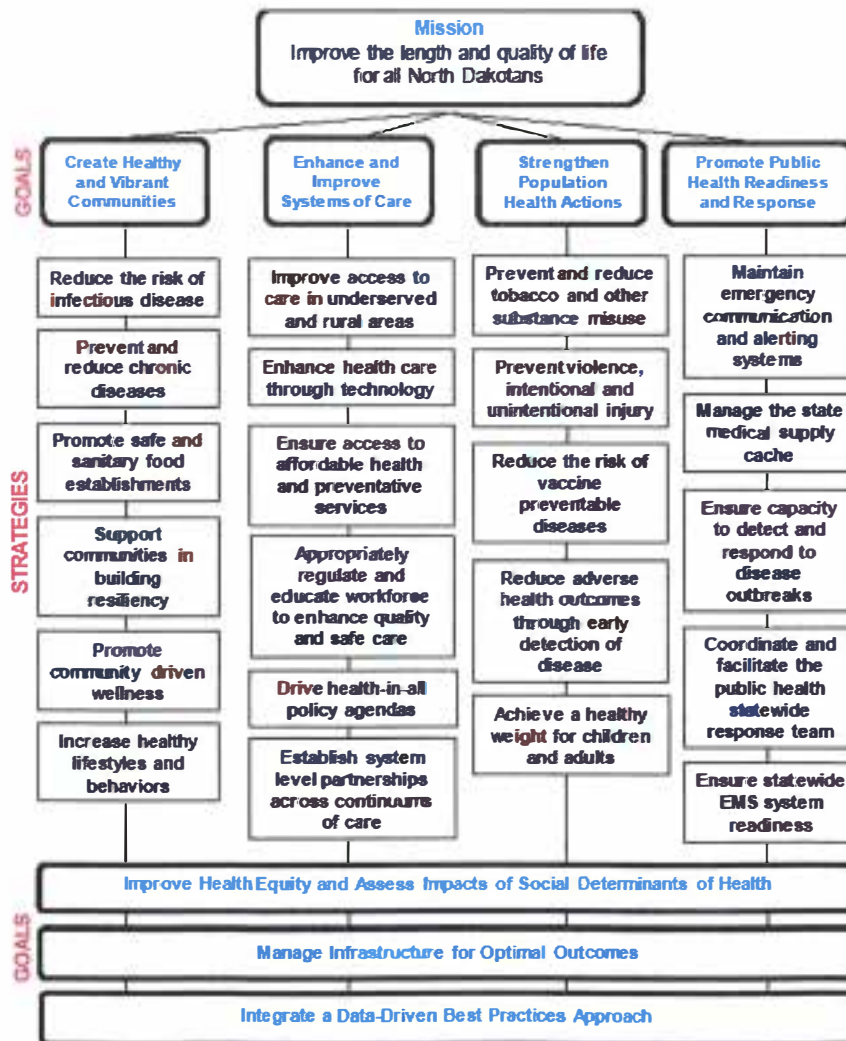
SECTION 8 EMERGENCY. The sum of \$450,000, of which \$90,000 is from the general fund and \$360,000 from other funds, for the microbiology lab technology update appropriated in section 1 of this Act is declared to be an emergency measure.

HB 1004
3-7-19
#1
P1

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Mylynn Tufte and I am the State Health Officer. I'm filled with gratitude for the opportunity to stand before you as the leader of the ND Department of Health representing the work that we do to fulfill our Team ND purpose to empower people, improve lives and inspire success. I am here today to testify in support of House Bill 1004.

Mission

The mission of the Department of Health is to **improve the length and quality of life for all North Dakotans**. To accomplish our mission, we focus on seven major goals. Each of our goals is supported by a list of strategies that help us assess our progress toward our goals. We've recently refreshed our strategic plan for 2019-2021 (shown in the diagram) which outlines our mission, goals and objectives.



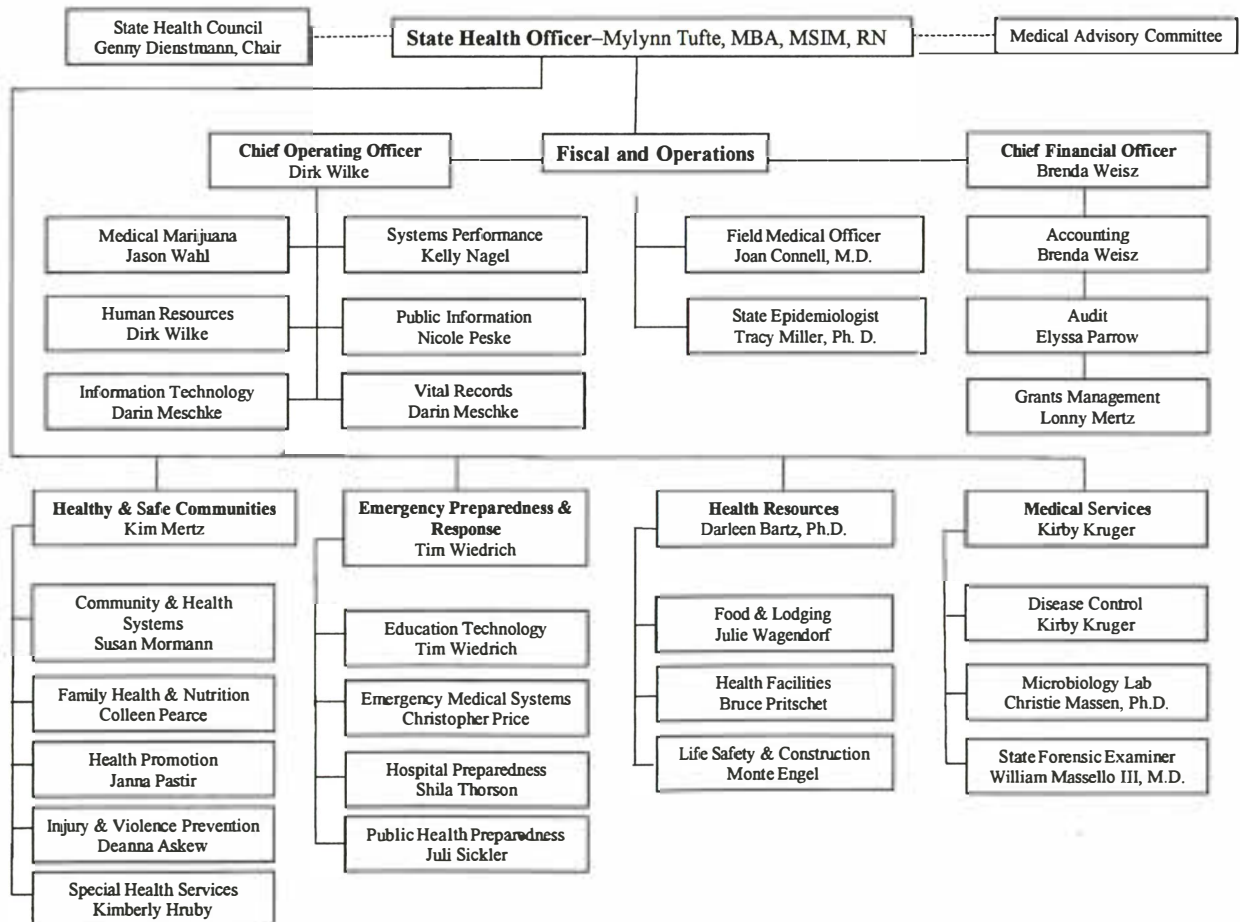
Department Overview

The department pursues its goals and objectives through five departmental sections:

1. Fiscal and Operations
2. Healthy and Safe Communities
3. Emergency Preparedness and Response
4. Health Resources
5. Medical Services

During the 2017 Legislative Session, the Department of Environmental Quality was established. They are on target to complete their separation by the July 1, 2019 deadline.

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 below. Descriptions of the sections, divisions and programs are available in our biennial report on our website at ndhealth.gov.



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P 3

While most people know 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 **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 division of **Disease Control** monitors infectious diseases, identifies and contains disease outbreaks, educates the public, and manages state vaccination data.
- Our **Healthy and Safe Communities** section manages programs that help North Dakotans quit smoking; receive breast, cervical and colorectal cancer screening; improve diet and physical activity 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 women, infants and children; and reduce injuries, suicide, and domestic and sexual violence.
- Our **Emergency Preparedness and Response** section ensures that our public health system is prepared and able to respond to emergencies, such as Zika, 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.

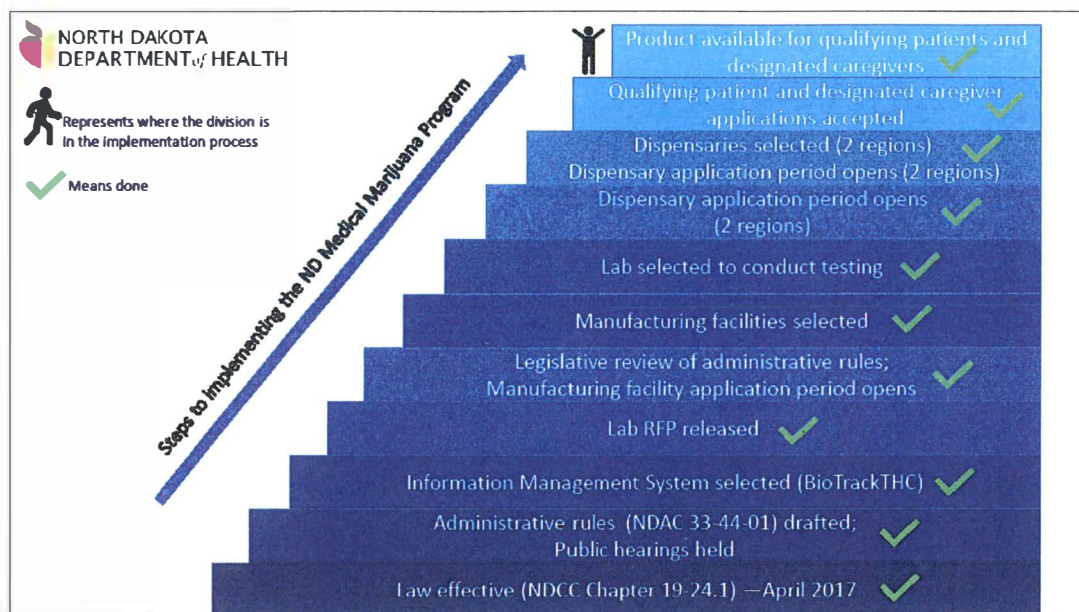
Accomplishments

At the close of the 65th Legislative Session, we were asked to focus on 3 main items. I'm pleased to report we are expecting a successful execution of these tasks:

- SB 2344 asked the Department of Health to implement a Medical Marijuana Program. We're excited to report that the first medical marijuana dispensary opened March 1st in Fargo, offering the first usable medical marijuana in North Dakota. This milestone is a great achievement for the Medical Marijuana Program and would not have happened without the commitment and dedication of Department of Health staff, specifically the team members in the Division of Medical Marijuana. I'd like to take this opportunity to publicly thank them.

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In addition to the new dispensary, the Division of Medical Marijuana developed administrative rules, began accepting applications, issued over 140 patient ID cards, has selected four dispensaries and two manufacturing facilities for certification and last week closed applications on the remaining four dispensary regions.



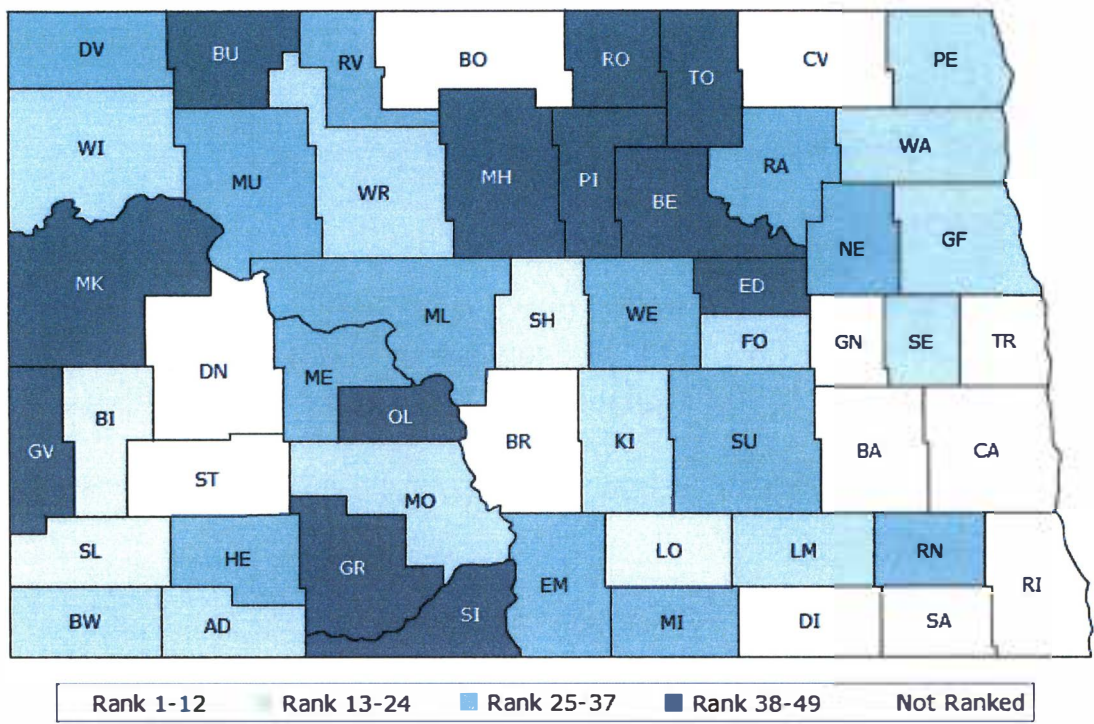
- SB 2024 eliminated the Center for Tobacco Prevention and Control and transferred the accountability for tobacco prevention to the Department of Health.
- SB 2327 established the North Dakota Department of Environmental Quality, formerly the North Dakota Department of Health’s Division of Environmental Health. DEQ is on track to officially complete their separation by July 1.

Main Street Initiative

The North Dakota Department of Health has been a champion for the Main Street Initiative, chairing a Healthy & Vibrant Communities Workgroup and helping local communities become healthier. When our communities are healthy, our state is healthy. This chart from the North Dakota County Health Rankings illustrates the diversity in health across our state.

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Source: 2017 County Health Rankings North Dakota
http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_ND.pdf

The Main Street Initiative has three pillars: Healthy & Vibrant Communities, 21st Century Workforce and Smart & Efficient Infrastructure. Our commitment to the Main Street Initiative makes sense because public health touches each of these pillars. Here is just a sampling of our success:

Healthy & Vibrant Communities

- Supported over 30 regional, tribal and local community suicide prevention projects. Screened over 40,000 patients on depression and suicide; 518 received follow-up care and 340 were referred for symptoms of substance abuse disorder.
- Provided funding to 20 domestic violence/rape crisis agencies to provide crisis intervention, shelter and other services.
- Created the Cardiac Ready Communities designation. Currently five communities have reached this designation and 21 have signed letters of intent.
- NDQuits served 7,000 tobacco users in the last biennium. More than 36 percent were tobacco free seven months after completing the program.

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21st Century Workforce

- Placed 42 health professionals in shortage areas through the State Loan Repayment Program.

Smart & Efficient Infrastructure

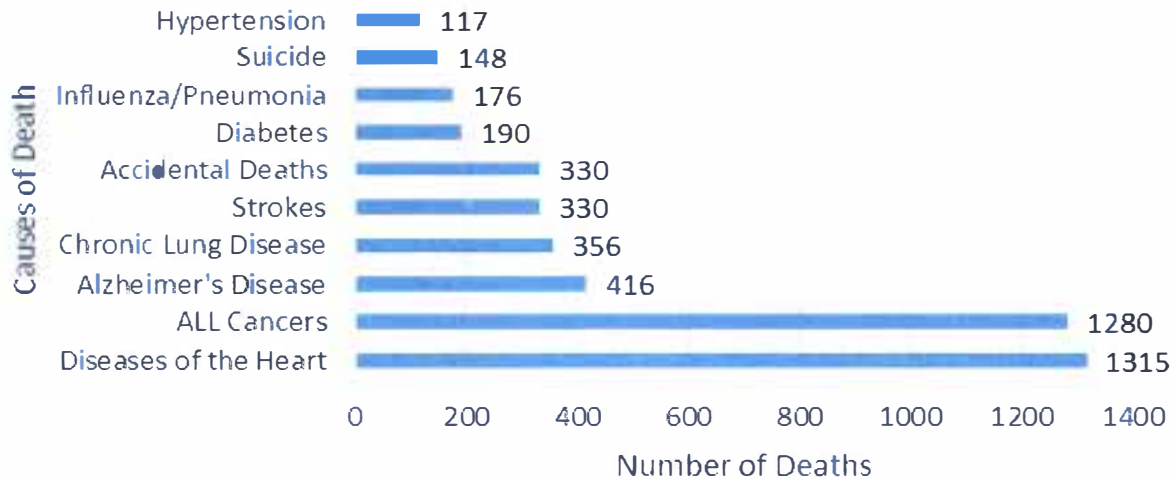
- Included naloxone administration into the scope of practice for all EMS. Currently, 97 percent of ambulance services in ND carry naloxone or have staff trained to use it. This equates to a coverage rate of 748,000 North Dakotans.
- The Division of Food and Lodging conducted over 6,000 inspections of licensed facilities.

Health Statistics Overview

This past December, North Dakota's 2018 Health Rankings were released by America's Health Rankings. We were thrilled to see North Dakota rose 5 spots from 18th to the 13th healthiest state in the nation. We were praised for our high immunization rates among adolescents, our clean air and our low levels of low birthweights. While this trend is something to celebrate, we also know we have work to do. As the chart below shows, the five most common causes of death in North Dakota remain heart disease, cancer, Alzheimer's disease, chronic lung disease and stroke.

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Top 10 Causes of Death North Dakota, 2017



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. 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.

Social Determinants of Health

Social Determinants of Health have a major impact on health outcomes – especially for our most vulnerable populations. In fact, the Kaiser Family Foundation noted in research that “based on a meta-analysis of nearly 50 studies, researchers found that social factors, including education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the United States in a year.”

The World Health Organization describes social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources. In the past year, the Department of Health hired a Health Equity Coordinator to improve efforts departmentwide to bridge the gap for these individuals.



In closing, I'd like to express gratitude to you for your service and thank you in advance for your support as we strive to create a healthier North Dakota that improves our citizens length and quality of life. At this time, I'd like to turn it over to Brenda Weisz our Chief Financial Officer to continue with information about the Governor's Budget Recommendation.

Budget Overview

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. I am Brenda Weisz, Chief Financial Officer for the Department of Health. The information before you will provide a budget overview of the funding included in HB 1004, the appropriation for the Department of Health. I will first address the base budget for 2017 -2019, walk you through the budget changes to arrive at the Governor's Recommendation, discuss the changes made by the House Appropriations Committee, and close with a final summary.

2017 - 2019 Base Budget

The department pursues its goals and objectives through five departmental sections – Fiscal & Operations, Healthy and Safe Communities, Health Resources, Medical Services, and Emergency Preparedness and Response. Each section is composed of several divisions that house the individual programs that carry out the work within the section and collectively include 211.50 FTE.

The base level budget reflected in HB 1004 is the first time the budget for the Department of Health will not contain the Environmental Health Section. During the 2017 Legislative Session, SB 2327 established the Department of Environmental Quality (DEQ). While DEQ will be a separate state agency, the Department of Health will continue to provide shared services comprised of the following: accounting, budgeting, contracting, federal grant review, payroll, and human resources / personnel management.

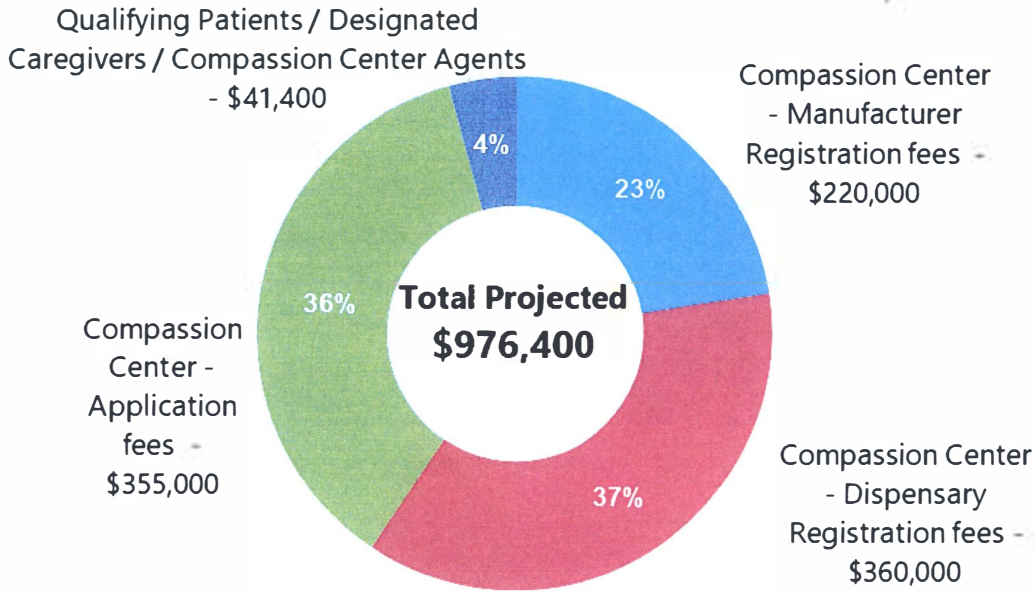
Also reflected in the base budget is the continuation of the Tobacco Prevention and Control Program, with the additional funding included in the budget as passed during the 2017 Legislative Session after the elimination of the state agency - Tobacco Prevention and Control Executive Committee on Tobacco. The program continues to improve and protect the health of North Dakotans by reducing the negative health and economic consequences of the state's number-one cause of preventable disease and death - tobacco use.

The base budget also reflects the new Medical Marijuana Program. As Mylynn mentioned we have moved forward with the program and had the first dispensary open on Friday, March 1, 2019 in Fargo. Below is the projected revenue and expenditures for the 2017 – 2019 biennium, leaving \$443,274 in carryover funds for use in the 2019 – 2021 biennium.

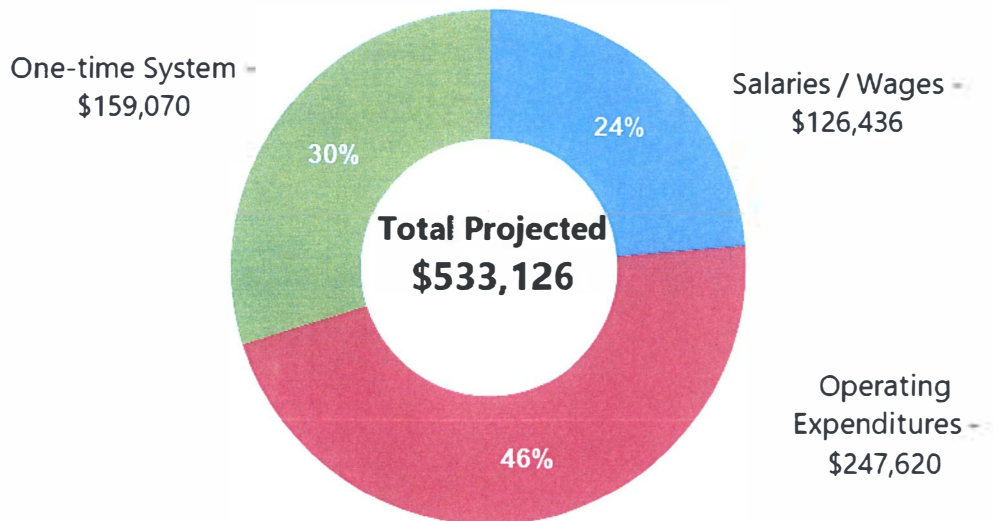
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Medical Marijuana - Current Biennium Revenue Projection



Medical Marijuana - Current Biennium Expenditure Projection



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2019 – 2021 Budget Changes as Recommended by the Governor

In April 2018, the Governor released budget guidelines requesting the Department of Health to submit a 90 percent general fund budget, a 90 percent special fund budget, and a 5 percent reduction in FTE as a starting point in the budget process. Below is an overview of the net effect of the budget changes made to the 2017 – 2019 base budget to arrive at the Governor’s recommended budget for the 2019 – 2021 biennium.

FTE Changes - General Fund - \$221,000; Special Funds - \$57,000 - 7.50 FTE

- Fiscal and Operations – reduces a .50 Account Technician in the Accounting Division as result of streamlining workflow and processes, as well as a 1.0 Office Assistant in the Medical Marijuana Division due to the capabilities of the new Information Management System selected for the program.
- Medical Services – reduces a 1.0 Field Epidemiologist due to streamlining and serving the western portion of North Dakota with one field epidemiologist.
- Health Resources – reduces a 1.0 Administrative Assistant as a result of planned automation to the Nurse Aid Registry and a 1.0 Health Care Surveyor in the Health Facilities Division as we look for efficiencies in the survey process.
- Healthy and Safe Communities:
 - Reduces a 1.0 Administrative Assistant as a result of efficiencies being implemented with the administrative assistant staffing throughout the section. The funding from this position which was 100 percent federal funds is being reinvested in the breast and cervical cancer program.
 - Reduces a .50 Public Health Nurse consultant position in the Health Promotion Division. The funding from this position was 100 percent special funds and was reinvested in the school sealant program.
 - Reduces a .50 Public Health Nurse consultant position in the Injury and Violence Prevention Division. The funding from this position was a combination of general fund and federal funds and was reinvested as the newly established Health Equity Coordinator.

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- Emergency Preparedness and Response - reduces a 1.0 Administrative Assistant in anticipation of efficiencies being proposed within the section.

Other Changes by Section

Fiscal and Operations

- Reduces \$525,000 in general fund for grants to Local Public Health State Aid with the intent to encourage efficiencies among local public health units and coordination of services among regions. With this change, the budget reflects total Local Public Health State Aid of \$4,725,000. The House restored this funding from the Tobacco Prevention Control Trust Fund.
- Increases the fees charged for birth and death certificates and the retaining of those fees in our operating fund to cover the costs of operations for the Vital Records Division. This will result in a decrease of \$1.5 million in the general fund needed for operations, which would be subsequently replaced with \$1.9 million in special funds to self-fund the services provided to North Dakota citizens. This change reflects an increase for both death and birth certificate fees, which have remained unchanged since 1983, while other states have increased fees over time. The increase in fees would align North Dakota with what other states in the Midwest currently charge for services as noted in the following chart. Birth certificates will increase from \$7 per birth certificate to \$15 per certificate. Death certificates will increase from \$5 to \$15 for the first copy and \$10 for subsequent copies when requested at the same time. Any collections that exceed the amount appropriated will be transferred to the general fund at the conclusion of each biennium. The Governor's Recommendation also includes technology projects to enhance reporting functionality and training for registrations of state deaths along with reengineering the methods to order birth certificates to improve accessibility by customers. The changes required by North Dakota Century Code to support this action are also reflected in HB 1004. Below is a comparison of the fees charged in other midwestern states. The House supported the change in fees.

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Comparison of Birth and Death Certificate Fees Charged

State	Birth 1 st Copy	Birth Add'l Copy	Death 1 st Copy	Death Add'l Copy
Minnesota	\$26.00	\$ 19.00	\$13.00	\$6.00
Iowa	\$20.00	\$20.00	\$20.00	\$20.00
Nebraska	\$17.00	\$17.00	\$16.00	\$16.00
Kansas	\$15.00	\$15.00	\$15.00	\$15.00
South Dakota	\$15.00	\$15.00	\$15.00	\$15.00
Proposed Fees	\$15.00	\$15.00	\$15.00	\$10.00
Montana	\$12.00	\$5.00	\$15.00	\$8.00
Wyoming	\$8.00	\$8.00	\$5.00	\$5.00
North Dakota**	\$7.00*	\$4.00*	\$5.00	\$2.00

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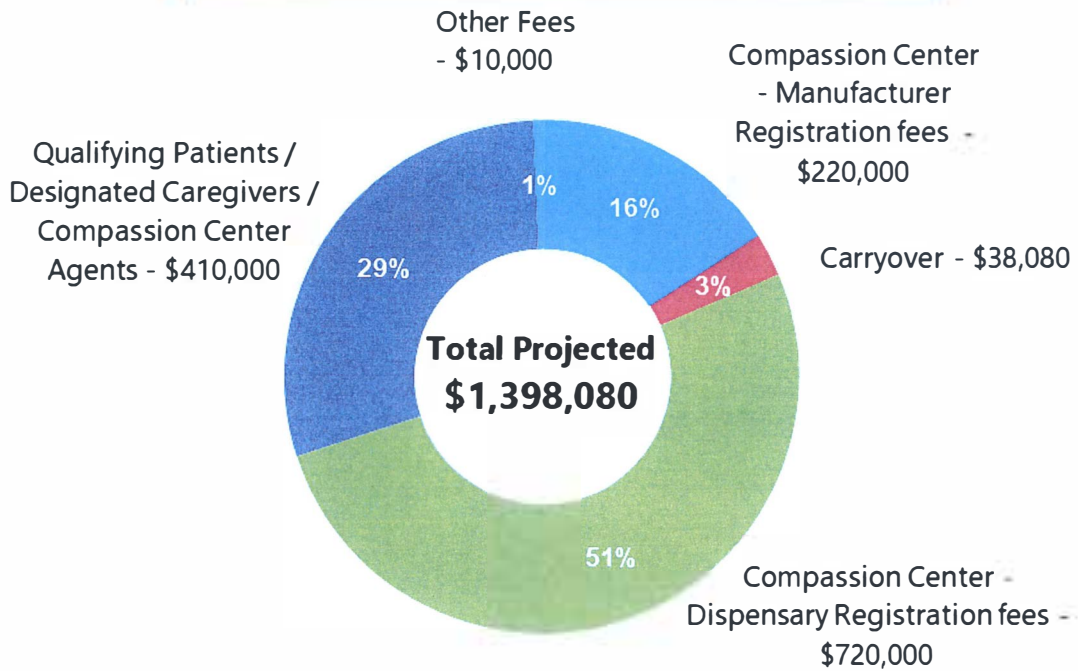
(*) \$2.00 of every birth certificate sold goes to the Children's Trust Fund, which is approximately \$225,000 per biennium

(**) North Dakota is currently the lowest in the nation

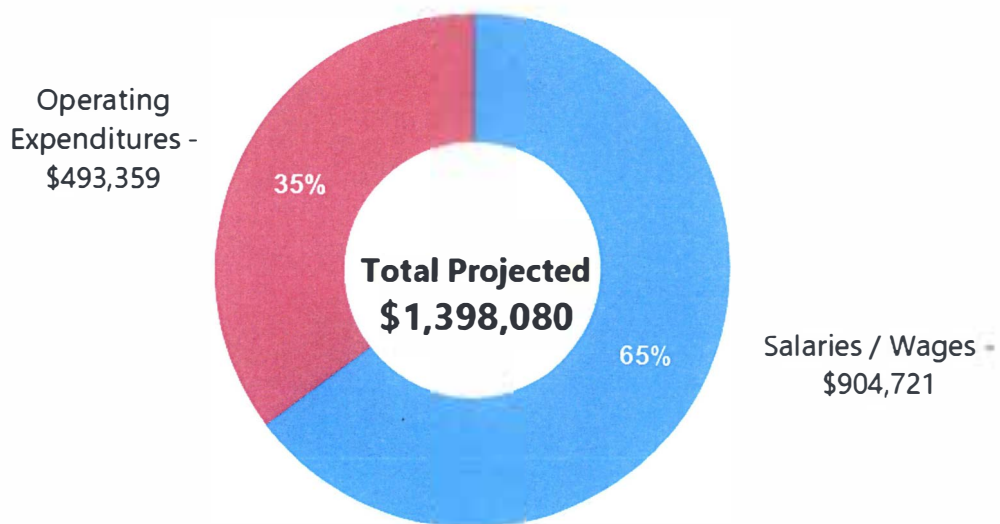
- Reduces \$260,000 in miscellaneous special fund grant sources that have ended or will no longer be pursued.
- Reduces just over \$740,000 in special funds due to the Medical Marijuana Program being appropriated with a continuing appropriation, and therefore, no longer requiring a special fund appropriation. Beginning in the 2019 – 2021 biennium, the Medical Marijuana Program will be supported by registration and application fees. The expected budget for this area for the 2019 – 2021 biennium is \$1.4 million with five staff. Below is the projected revenue and expenditures for the 2019 – 2021 biennium.

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Medical Marijuana - 2019 - 2021 Revenue Projection



Medical Marijuana - 2019 - 2021 Expenditure Projection



Medical Services

- Continues funding for the Forensic Examiner's Office, including the 3.0 FTE which were initially proposed to be transferred to the UND Pathology Department. Also includes continued funding of \$480,000 to contract with UND for the 21 eastern counties. During our budget strategy review with the Governor's Office and OMB in May 2018, we did have discussions regarding the UND Pathology Department performing all forensic examinations for ND for the following reasons:
 - UND is better positioned to leverage research grants to assist in the funding for forensic examiner services for the state.
 - UND may be able to initiate a forensic pathology fellowship.
 - UND generally employs 4 forensic pathologists on staff and perform autopsies for 21 eastern ND counties through contract with the Department of Health.
 - UND utilizes an electronic forensic reporting system, while the Department of Health currently utilizes a manual recordkeeping system.
 - While distance/ transportation costs to Grand Forks could be an issue for western counties, the Bismarck facility could be a satellite.

After discussions with UND and OMB, we did not move forward with the proposal since the level of efficiency we had hoped to gain could not be realized at this time.

- Adds funding of \$1,220,000 to the Microbiology Lab to update the HVAC system in the south annex and replace the roof in the north building. Heating and air issues have been constant at the Lab during the current biennium, along with water issues from a leaking roof. These improvements will allow the team at the Lab to focus less on facility management issues (such as addressing alarms and system shutdowns) and direct their full attention to being microbiologists and managers. These upgrades were initially funded from the Strategic Investment and Improvements Fund but through a funding switch by the House are currently funded from the Tobacco Prevention and

Control Trust Fund. This project is included as one-time funding in HB 1004.

- Adds funding of \$450,000 to upgrade the Laboratory Information Management System (LIMS). The current system was purchased and placed into production in 2004. The current version will sunset in the fall of 2019 and will no longer be supported by the vendor unless upgraded. The project is funded with \$360,000 from federal grants and \$90,000 from the general fund. An emergency clause has been recommended due to one of the federal grants being available for the upgrade until July 31, 2019 and will no longer be accessible after that time. This amount is reflected as one-time funding in HB 1004. Since we have been in front of the House Appropriations Committee, we have received the results of the gap analysis and the estimated cost for the project is projected to be \$483,000, an increase of \$33,000 from our initial estimate. We are requesting additional authority be added to the project, which can be covered by fees collected in the lab.

Health Resources

- Adds funding for one FTE and corresponding operating costs in the Food & Lodging Division to provide additional supervision, monitoring and oversight in the amount of \$186,000 from the general fund.

Healthy and Safe Communities

- Reduces general fund by \$64,480 for professional services related to the colorectal cancer program due to changes in the program with more efficient screening methods.
- Reduces general fund for grants of \$50,000 for the Domestic Violence Offender treatment program to align with current spending levels and with department priorities. The House restored this funding from the Tobacco Prevention Control Trust Fund.
- Reduces general fund by \$845,000 in the Tobacco Program with a majority of the reduction made in media services. The goal of tobacco cessation will still be met with planned grants and contracts included in the Governor's Recommendation.
- Includes one-time funding of \$354,554 for the continuation of the WIC EBT project. The WIC EBT project started in the current biennium with

the goal to convert the distribution of benefits from a paper process to an electronic benefit transfer. The funding for this change is supported by federal funding and is to be completed by October 1, 2020. The request for additional one-time funding is due to costs for the completion of the project being more than estimated after receiving the bids for the system implementation. This amount is reflected in one-time funding in HB 1004.

- Funds tobacco grants for cessation to Local Public Health (LPH) from the Community Health Trust Fund, which are currently funded in the base budget from the Tobacco Prevention Control Trust Fund. The funding for LPH tobacco cessation is being held even at \$6.5 million.
- Shifts funding of \$75,000 from the Department of Human Services (DHS) to the Department of Health Tobacco Program to comply with Synar Program enforcement requirements. We are currently completing these requirements this biennium for DHS through a contract.
- Transfers the Suicide Prevention Program to DHS along with 1.0 FTE. General fund of \$1.2 million was included in the Behavioral Health Division of the Governor's recommended budget for DHS. Both agencies are in support of this move. The Centers for Disease Control and Prevention has reported that the suicide rate in North Dakota has increased more than any other state since 1999 at 58 percent. Suicide continues to be the second leading cause of death among individuals ages 10 - 34. Combining resources will allow ND to continue to advance suicide prevention efforts.

Emergency Preparedness and Response

- Reduces general fund by \$75,600 in professional services for stroke and cardiac care training funds since training in this manner is no longer being requested or utilized.
- Reduces special funds by \$125,000 from the Insurance Tax Distribution which supports the Rural EMS Grant Program. This reduction was offset by general fund savings in the stroke mini grant and the community paramedic program that were reinvested in the Rural EMS Grant Program. The reinvestment of funding allows the department to continue to provide funding for Rural EMS grants at the same level as

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the current biennium which is at \$6,875,000 - \$1,125,000 from the Insurance Tax Distribution Fund and \$5,750,000 from the general fund.

- Adds \$126,000 in general fund to convert and implement a comprehensive emergency medical services (EMS) personnel licensing, agency licensing and records management system, including a public facing portal for licensure application and training program registration.

Agency-wide

- The Governor's Recommendation reflected a net funding switch to increase general fund by \$6,378,195, which is offset by a decrease in authority in special funds to replace the funding from the Tobacco Prevention and Control Trust Fund (TPCTF) that is currently reflected in the base budget. This adjustment was made since sufficient funding did not exist in the TPCTF to continue supporting ongoing expenditures into the 2019 – 2021 biennium.
- Incorporated IT unification by moving salary funding to the operating line and shifting 4.5 FTE to ITD for approximately \$700,000. The goal of this change is to better meet current and future technology and security needs in a unified approach. The House did not support IT unification, and they reinstated the FTE and moved funding from the operating line back to the salary line.
- Incorporated the executive compensation package of a 4 percent and a 2 percent salary increase for years one and two, respectively, in addition to covering the increased cost in health insurance, and a one percent increase in the state's share toward the retirement contribution - \$2.4 million total funds; \$1.17 general fund; \$1.14 federal funds; \$100,000 special funds. The House supported a compensation package of a 2 percent salary increase each year of the next biennium, the grandfathered health insurance plan, and does not reflect the one percent increase in the state's share toward the retirement contribution.
- Adds funding for Microsoft 365 functionality for all staff - \$125,000.
- Incorporates federal funding of \$325,000 for the Public Health Opioid Crisis Response federal grant. The funding included in the Governor's Recommendation is targeted toward interventions by public safety personnel and others and monitoring and evaluating opioid crisis activity through our Office of the State Epidemiologist. Since we have

been in front of the House Appropriations Committee, we have received notification from the Centers for Disease Control and Prevention that additional opportunities are available to State Departments of Health for opioid funding under the Overdose Data to Action funding opportunity. We are interested in applying for the additional funding under the strategies involving surveillance and prevention and look forward to working with you to bring forward the additional authority that would be needed to be added to HB 1004.

For your reference, Attachment A identifies the specific reductions submitted to meet the budget guidelines of a 90 percent general fund and a 90 percent special fund budget along with the proposed FTE changes.

Finally, the Governor's Recommendation also included flexibility for the 2019 - 2021 biennium first by providing the ability to accept additional federal or other fund revenue should such funding become available. There are times during the biennium when the total grant amount we have estimated and built in the budget for a specific grant is awarded at an amount different than anticipated. This flexibility would have allowed for the Department of Health to immediately accept the funds. This option becomes increasingly important with the separation of the Department of Health and the Department of Environmental Quality. When both agencies were combined as one agency, we had a larger base in which to manage federal and other authority. Additionally, flexibility was proposed for the ability to transfer between line items up to 10 percent of the total appropriation. This flexibility is beneficial when contracting and issuing grant awards. When building the budget, an estimate is used to determine whether the funds will be extended as a purchase of service contract, which is funded in the operating line item, or whether the funds will be extended under a grant award, which is funded in the grants line item. Should circumstances change from the time the budget was built to the time the funds are extended, the inability to move between line items causes inefficiencies. In the past, this flexibility has been extended to other state agencies or areas of government such as the Legislative Assembly, the Judicial Branch, the Department of Transportation, and the Department of Human Services. To date, I do believe the flexibility has been appreciated and used appropriately. The House did not support either component of flexibility.

Summary of Adjustments made by the House Appropriations Committee

The House Appropriations Committee supported the budget recommendation presented by the Governor with the exceptions or specific changes noted below:

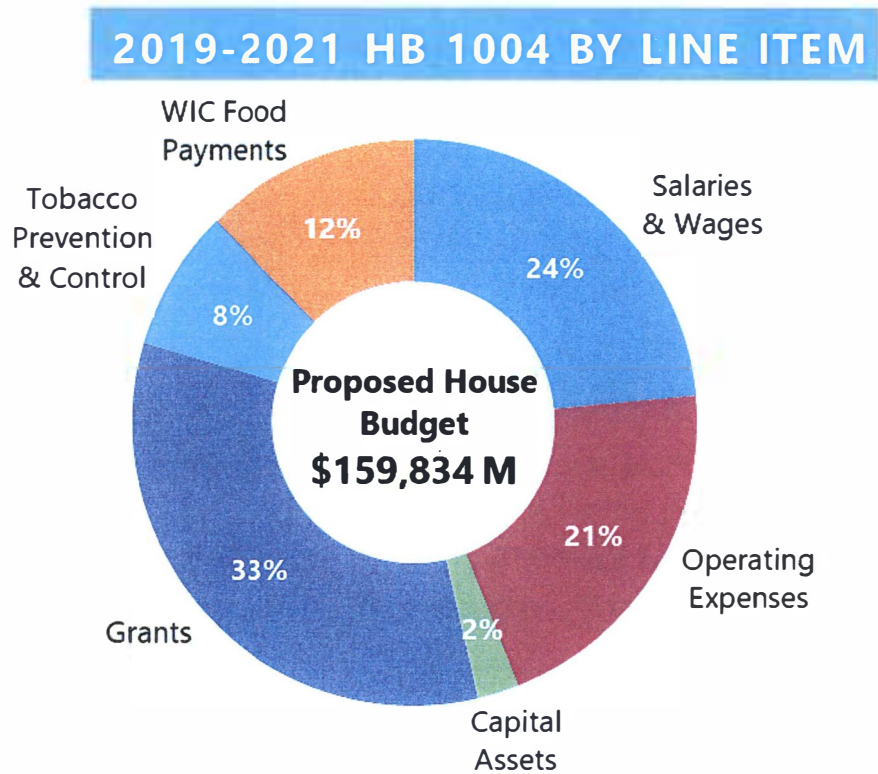
- Modifies the executive compensation package to reflect a two percent increase for state employees each year of the biennium, providing health insurance under the current plan, and foregoing the increase in the retirement contribution by the state.
- Reverses the adoption of IT Unification by restoring the FTE and moving funding from the operating line back to the salary line.
- Adds temporary salaries of \$80,000 (\$50,000 general fund, \$30,000 fees) to the Life, Safety and Construction Division to assist with the number of projects occurring across the state and reduces the fee charged by the Department for small projects from \$750 to \$500.
- Restores funding of \$525,000 for Local Public Health (LPH) State Aid grants from the Tobacco Prevention and Control Trust Fund. This brings total funding to \$5.25 million for state aid grants to LPH.
- Restores funding of \$50,000 for Domestic Violence Offender Treatment grants from the Tobacco Prevention and Control Trust Fund. This brings total funding to \$300,000 for these grants.
- Switches funding from the general fund to the Tobacco Prevention Control Trust Fund as follows: \$250,000 for the Domestic Violence Offender Treatment grants included in the Governor's recommendation and \$582,324 for the colorectal cancer and cancer registry programs.
- Reduces extraordinary repairs by \$25,000 in general fund for Microbiology Lab repairs that were required to be made this biennium.

2019 – 2021 Summary of the House Budget

The budget before you for the Department of Health addresses many important community public health needs. It provides much needed medical resources in the form of professional loan repayments, state medical cache, and emergency medical services grants. It also provides resources to the local public health units under state aid, tobacco grants, and federal pass through funding, and it allows us to systematically work together to meet our public health goals.

A network of 28 local public health units and many other local entities provide a varying array of public health services with funding provided by the Department of Health. 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, and Women, Infant and Children (WIC) sites. Grants and contracts amounting to \$76.2 million or 48 percent of our budget are planned to be passed through to the local public health units and other local entities to provide public health services. Approximately \$28.7 million is budgeted to go to local public health units, and \$15.9 million goes to other local entities. The remaining \$31.6 million goes to state agencies, medical providers, tribal units, and various other entities.

Overall the House Budget includes a total of \$159,833,999 along with 204 FTE and is comprised of the following elements.



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Salaries and Wages

Salaries and wages make up \$37,514,606 or 24 percent of our budget. The increase to the salaries line item is essentially attributed to the executive compensation package.

Operating Expenses

The operating budget recommendation of \$32,753,080 makes up 21 percent of our budget. Operating Expenses increased primarily as a result of the additional services and supplies that are proposed based on increased federal awards which will be addressed below.

Capital Assets

Capital assets of \$3,834,813 make up only 2 percent of our total budget. The bond payment on our laboratory, the state morgue and a storage building, equipment costs in excess of \$5,000, along with the new projects at the Lab previously identified are included here.

Grants

Grants, which are provided to many local entities across the state, are at \$53,057,292 and make up 33 percent of our budget. The majority of grants (78%) are in the Healthy and Safe Communities and Emergency Preparedness and Response Sections. This area has been increased as a result of the funds that will be passed through based on increased federal awards which will be addressed below.

Special Line Items

There are two special line items included in the Governor's Recommendation.

Tobacco Prevention and Control is at \$12,894,208 or 8 percent of our budget. This line item is down slightly in order to meet the goals outlined in the budget guidelines.

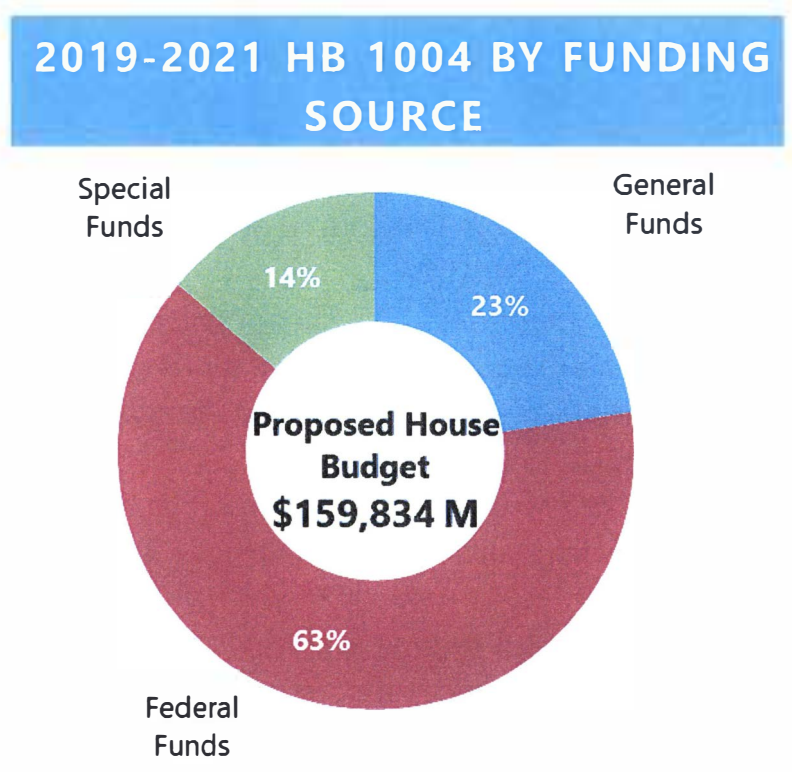
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up \$19,780,000 or 12 percent of our budget. The Governor's Recommendation is based on current participation rather than enrollment. This decrease from the base budget is rightsizing the budget rather than decreasing the number of individuals being served.

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Administration by the local WIC sites is included in the grants line item and remains unchanged.

In the 2017-2019 biennium, the Department had a third special line item, Medical Marijuana. Beginning with the 2019-2021 biennium, we are pleased to inform this Committee that we will be able to support the program with the fees collected and eliminated the need for a general fund appropriation in the area.

Finally, the breakdown by funding source of the House Budget for the Department of Health is as follows.



Federal Funding Changes

As noted in the above chart, the Department of Health is funded predominantly with federal funds, with 63 percent of the budget supported by the federal government in the form of approximately 90 federal grants. Our budget request includes an increase of just over \$11.2 million in federal funding. The changes and impact are as follows:

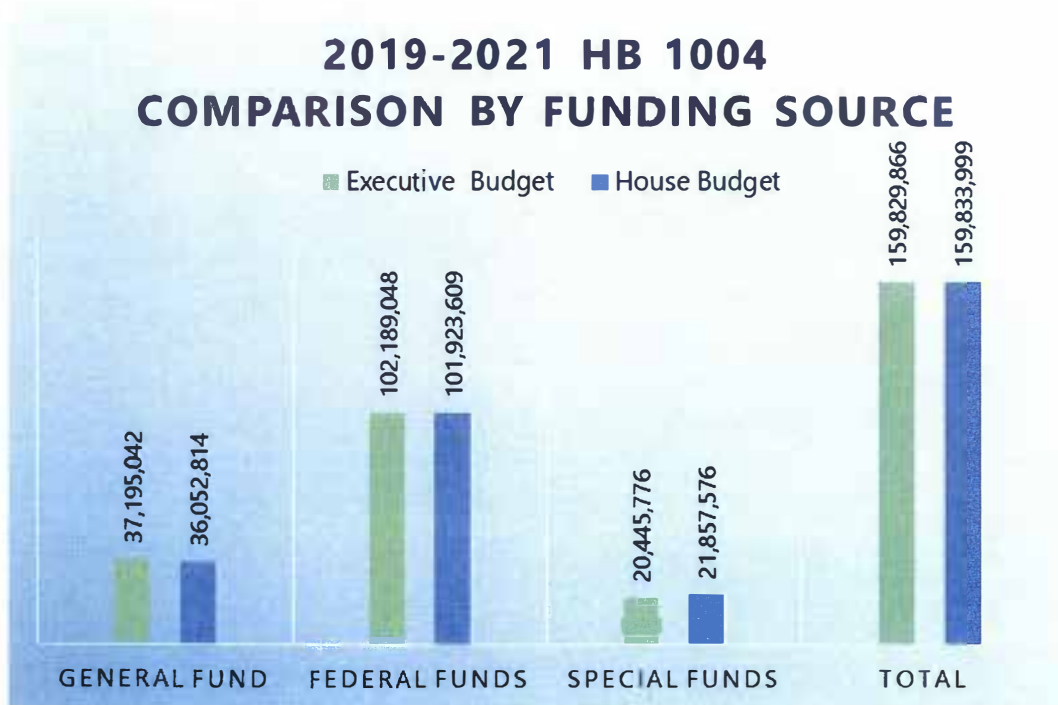
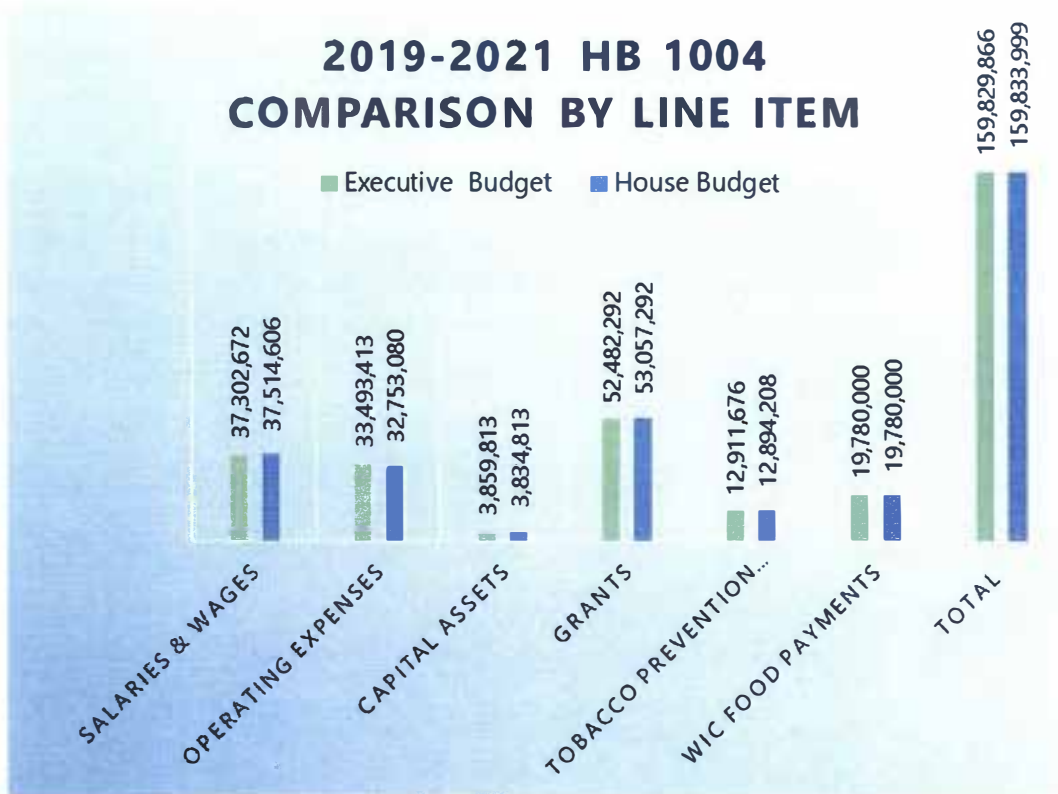
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- The Healthy and Safe Communities Section has budgeted for over half of the increase, which is primarily due to the Centers for Disease Control and Prevention (CDC) providing funding under new programs that have replaced former federal programs at enhanced levels of funding for Oral Health Outcomes, Diabetes, Hypertension and Stroke Prevention programs, and Physical Activity and Nutrition of \$4,560,000. The budget also reflects new funding from the Telehealth for Pediatric Mental Health Care Access Grant of \$890,000; and anticipated Health Equity funding of \$500,000. We are also expecting to receive increased funding from the CDC for Breast and Cervical Cancer / Comprehensive Cancer of \$598,300 and \$345,000 from National Violent Death Registry System funding.
- The Medical Services Section has included an overall increase in funding from the following areas: Ryan White program for \$2,895,000; the Epidemiology and Lab Capacity grant for \$529,000; and a slight increase in the Immunization grants totaling \$189,000. These increases are offset by the decreases expected in the Occupational Health grant and Ebola funding combined at \$448,000.
- The Emergency Preparedness and Response Section has budgeted for just under a \$500,000 increase in federal funds primarily from the Public Health Emergency Preparedness grant due to additional funds that were awarded recently.
- Finally, \$900,000 of the increase is attributed to the executive compensation package included in the House Budget.

As in the past, the status of our federal funding is often uncertain. With that uncertainty, we prepared our budget by assuming that the remaining federal grant amounts will hold even, other than those noted above. We recognize that as we proceed through the next biennium, we will have to adjust our budget, operations, and possibly staffing if federal funding changes from the amounts included in our budget request.

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Comparison of the Executive Budget to the House Budget



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Optional Requests

Attachment B reflects the Optional Adjustment Requests submitted by the Department along with indication of the requests that were funded in the Governor's Recommendation.

Conclusion

Chairman Holmberg and members of the Committee, this concludes the North Dakota Department of Health's testimony on House Bill 1004. In the upcoming weeks, we look forward to working with you on the detail of the Governor's recommended appropriation for the Department of Health along with the House amendments. I or other members of Department of Health team would be happy to address any questions you may have at this time.



General Fund Only	Reduction
Fiscal & Operations	
Reduction of .50 FTE in Accounting Division	(24,617)
Reduction in State Aid to LPHU	(525,000)
Fund operations of Vital Records with collections	(1,542,106)
Total	(2,091,723)
Medical Services	
UND to perform forensic examinations for all ND including 3 FTE	(1,861,602)
Reduction of 1 FTE Field Epidemiologist	(37,294)
Total	(1,898,896)
Health Resources	
Reduction of 2 FTE	(104,486)
Healthy & Safe Communities	
Reduction of Domestic Violence Offender Treatment	(50,000)
Reduction in Cancer Programs	(64,480)
Reduction in Tobacco Programs	(706,280)
Total	(820,760)
Emergency Preparedness and Response	
Reduction of 1 FTE	(54,191)
Reduction in Stroke Programs	(75,642)
Total	(129,833)
Overall reduction to meet 90%	(5,045,698)
Required reduction	4,627,475
Amount reinvested	(418,223)
Student Loan Repayment Program	270,000
Rural Emergency Medical Systems (EMS) grants	125,000
Microbiology Lab shortfall	23,233
Total	418,233

Special Fund Only	Reduction
Fiscal & Operations	
Medical Marijuana including 1 FTE	(742,434)
Indirect grants offset by new revenue	(152,534)
Foundation / other grants	(108,797)
Total	(1,003,765)
Health Resources	
Reduction of 2 FTE	(57,081)
Travel reduction	(8,574)
Total	(65,655)
Emergency Preparedness and Response	
Insurance Tax Distribution Fund (Rural EMS Grants)	(125,000)
Overall reduction to meet 90%	(1,194,420)
Required reduction	1,186,956
Amount reinvested	(7,464)

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**ND Department of Health
HB 1004
Senate Appropriations Committee
Optional Adjustment Request (OAR) Summary**

Section	Governor's Strategic Initiative	FTE	General Fund	Federal Funds	Special Funds	TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS							
						Salaries	Operating & Cap Assets	Grants	Total				
EPR	3% Savings Package – Rural Emergency Medical Services Grants		(1,388,243)					(1,388,243)	(1,388,243)				
F&O	Vital Records – Funded with Special Funds				Reinventing Government	0.00		1,923,322	1,218,501	704,821		1,923,322	
HSC	Suicide Prevention Program				Behavior Health & Addiction	1.00	720,540		152,830	67,710	500,000	720,540	
MS	Microbiology Laboratory – Capital Improvements				Main Street Initiative	0.00	1,220,000			1,220,000		1,220,000	
HR	Food & Lodging Environmental Health Practitioner				Main Street Initiative	1.00	185,922		159,737	26,185		185,922	
MS	Microbiology Laboratory – Information Management System Upgrade				Reinventing Government	0.00	450,000			450,000		450,000	
EPR	Emergency Medical Systems - Data Systems Implementation				Reinventing Government	0.00	126,000			126,000		126,000	
F&O	Vital Records – Restore Funding from the General Fund				N/A	0.00	1,542,106		1,218,501	323,605		1,542,106	
MS	Reinstating the Office of the Forensic Examiner				N/A	3.00	1,861,602		937,417	924,185		1,861,602	
	Total					5.00	\$ 6,106,170	\$ -	\$ 1,923,322	\$ 3,686,986	\$ 3,842,506	\$ 500,000	\$ 8,029,492

Funded in the Governor's Executive Budget

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*Attachment B
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Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503



(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

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Testimony
House Bill 1004
Senate Appropriations Committee
Thursday, March 7, 2019; 8:30 a.m.
North Dakota Emergency Medical Services Association

Good morning, Chairman Holmberg and members of the committee. My name is Kelly Dollinger. I am the President of the North Dakota Emergency Medical Services Association. I am here today in support of HB 1004.

The Health Department's budget includes \$6.875 million in assistance to rural ambulance services to offset operational costs that are not recovered through the billing process. A recent collection of ambulance budget information found that, on average, it costs an ambulance service \$1,106.02 per call while the average reimbursement rate is only \$857.88. This cost difference highlights the challenges many rural emergency medical providers face. To remain operational, rural ambulance services require support from their local communities and the State.

Additionally, HB 1004 allocates \$846,000 for training grants. These grants play a crucial role in offsetting recruitment and training costs for new volunteers to staff rural ambulances.

We greatly appreciate the Legislature's commitment to rural ambulances. Your continued support is needed to ensure that the residents and visitors of North Dakota have reliable, high quality access to emergency medical services.

This concludes my testimony, I am happy to answer any questions you may have.

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Testimony HB 1004

Robin Iszler, Administrator, riszler@nd.gov
Central Valley Health District
Jamestown, ND

Good morning Senator Ray Holmberg and members of the Senate appropriations committee, I am Robin Iszler, Administrator at Central Valley Health District. I am here in support of HB 1004.

Central Valley Health District is the local public health agency for Stutsman and Logan Counties. Central Valley works closely with the ND Department of Health on a variety of programs such as Emergency preparedness, injury prevention, immunizations, Family Planning, WIC Women's Way, Tobacco prevention and chronic disease and more. We are appreciative of the continued level support to the Tobacco Prevention program in the Health Departments budget, and we also support the amendments that were made to restore the State Aid to local public health back to the 2017-2019 funding amount of 5,250,000. We hope that you will also support those amendments as this is important funding to help local public health departments carry out public health functions across our State. Please refer to the handout I have provided that shows the funding history of Local Public Health State Aid. Funding at the local public health level comes from a variety of sources. In the hand out you will also see a pie chart to showing you the funding breakdown from Local Public Health agencies in North Dakota. The North Dakota survey was completed by **21 health units** and shows funding for the calendar year 2017. You can see Federal and Local (mil levy funding) make up the majority of our funding sources, while the State Aid funding is only 9 percent.

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You may think that since state aid is a small proportion of funding the fund how does it make a difference in our daily operations? State Aid provides local agencies a flexible funding source to fill gaps not covered by other funding. What does State Aid mean for North Dakota People? Currently 5,250,000 million is distributed to 28 local public health agencies based on a formula. For CVHD we receive per biennium \$75,000 for regional environmental health services to provide environmental health in the counties of Barnes, LaMoure, McIntosh, Dickey, Foster and Wells. Central Valley also receives \$143,583 per biennium for program support for immunizations, injury prevention, school health and public health nursing visits. \$5,250,000 mil equates to .15 cents per North Dakota resident. It may be hard to see how this small amount of funding supports residents of Stutsman and Logan Counties. Let me give you a few examples.

Car Seat Program - we provided 79 car seats in 2018. Some of the seats provided were paid for by Central Valley and given to clients at a reduced rate. **Kids Safety Day** – we hosted a community kids safety day – in 2018, 300 kids participated in the Jamestown event. They learned about fire, bike and weather safety this event brings together many community partners to work on a common goal. **Chronic Disease management** - we provide medication management for over 68 clients throughout the county. We may see these clients weekly or monthly to manage their medications helping them be productive in the community. Many clients are referred to us from the human service center or state hospital. **School nursing** each year we provide vision screenings in our county and city schools. In 2018 - 1335 children were screened and provided referrals if needed.

Regional Services. Since 2010 you have encouraged and provided funding for local public health to explore regional networks in order to improve efficiencies. In my region we have 7 individual local agencies and 8 counties. We have worked on many projects since 2010.

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Currently we are working together on substance abuse prevention. This work will increase the number of drug take back events and individuals trained in the use of Narcan. Another recent example of our collaboration was the assistance we provided to 90 year woman in rural Logan/McIntosh County. This woman lives on the farm 16 miles from Napoleon and Wishek. There is no home health or hospice service in this area. The family needed some help and reassurance from a nurse for the care of their mother at home. Central Valley and McIntosh County Health District worked together to provide visits to this family. This work helped save mileage by not having a nurse drive all the way from Jamestown to help this family. Our collaborative work ensures that funding from you is being used in the most efficient manner.

Thank you for your past support to local public health state by providing State Aid Funding – and thank you for maintaining that funding at 5,250,000 million dollars. This concludes my testimony and I would be happy to answer any questions you may have.

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Public Health
Prevent. Promote. Protect.
North Dakota SACCHO

North Dakota State Association of City & County Health Officials

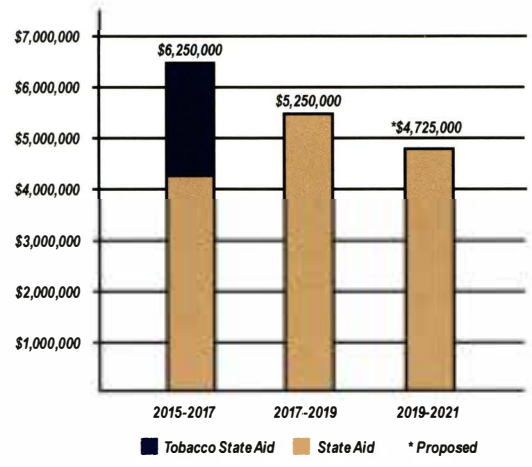
LOCAL PUBLIC HEALTH PRIORITIES 2019

PRIORITIES

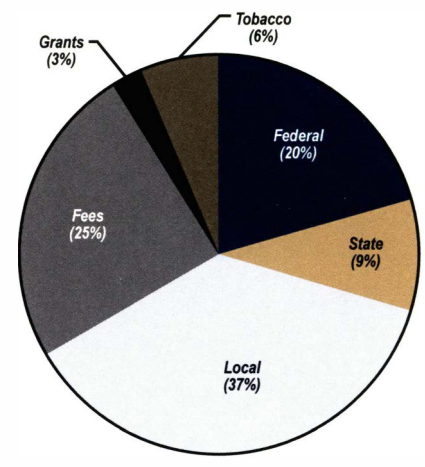
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1 STATE AID FUNDING

- Local public health units seek to restore \$5,250,000 in the Department of Health budget for State Aid.
- State Aid funding provides essential services identified by Community Health Assessments and is used for non-programmatic and gap funding due to loss of federal grants.
- Local public health receives less than 10% of its funding from the State.



Local Public Health Unit Revenues by Category - Calendar Year 2017
(23 of 28 Units responding)



State Aid provides funding for:

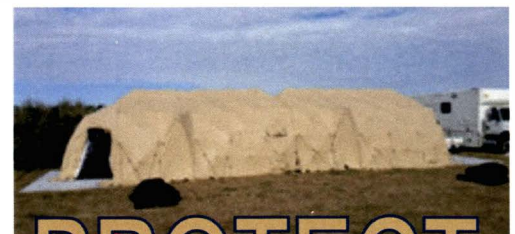
- Immunizations
- Tobacco Assessments & Treatment
- Maternal & Child Health
- Environmental Health
- Emergency Preparedness & Response
- Public Health Nurse Home Visits
- Community Health Needs & Engagement
- Agency Administration
- School Health
- Injury Prevention
- Jail Health

2 TOBACCO PREVENTION & EDUCATION

- Increase tobacco tax for all products, including e-cigarettes/vaping products.
- Increase tobacco purchasing age to 21.

3 BEHAVIORAL HEALTH & SUBSTANCE USE PREVENTION

Local public health units support investments and efforts for additional community-based behavioral health services and substance use prevention activities.

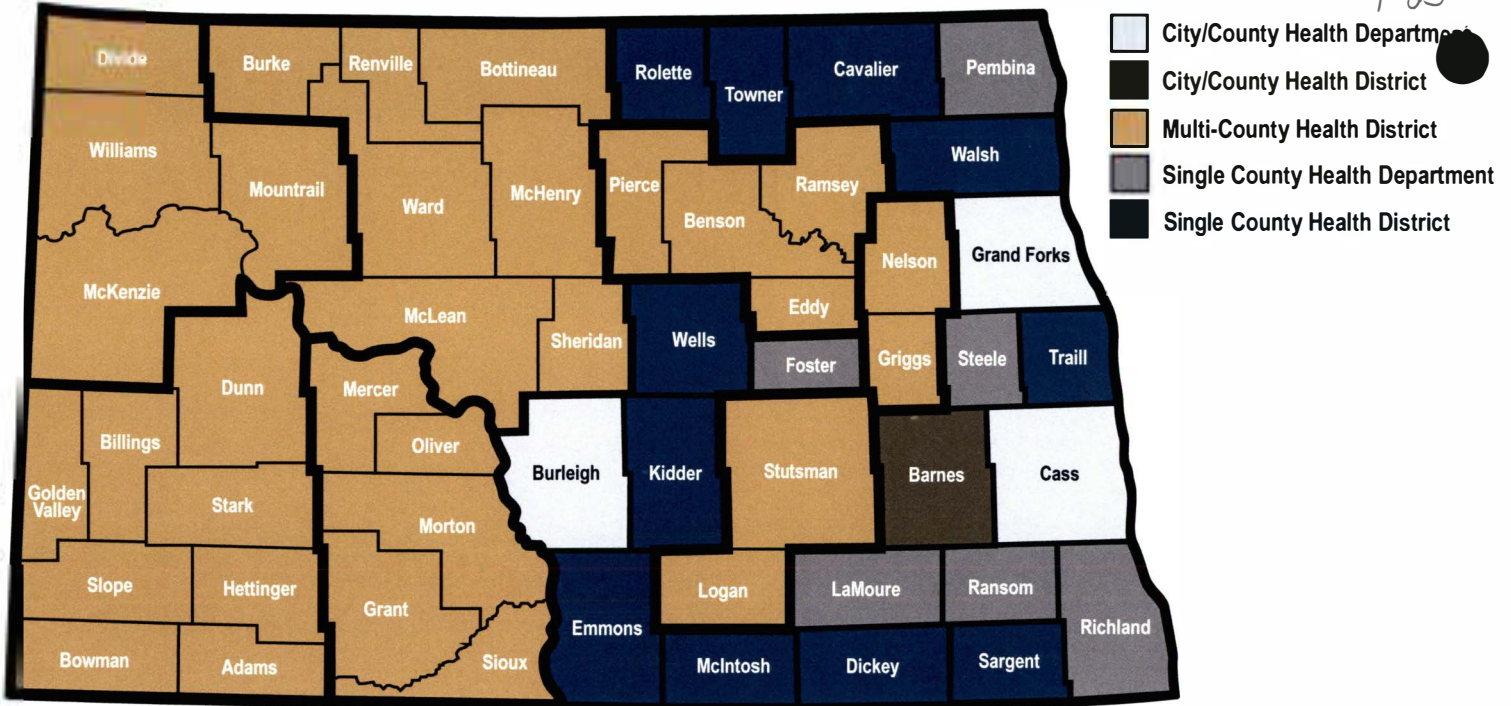


PREVENT. PROMOTE. PROTECT.

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North Dakota Local Public Health Units



Local Public Health Contacts

Bismarck-Burleigh Public Health	Renae Moch	rmoch@bismarcknd.gov	(701) 355-1540
Cavalier County Health District	Terri Gustafson	tgustafs@nd.gov	(701) 256-2402
Central Valley Health District	Robin Iszler	riszler@nd.gov	(701) 252-8130
City-County Health District	Theresa Will	twill@barnescounty.us	(701) 845-8518
Custer Health Unit	Keith Johnson	keith.johnson@custerhealth.com	(701) 667-3370
Dickey County Health District	Roxanne Holm	rholm@nd.gov	(701) 349-4348
Emmons County Public Health	Bev Voller	bvoller@nd.gov	(701) 254-4027
Fargo/Cass Public Health	Desi Fleming	dfleming@fargond.gov	(701) 241-1360
First District Health Unit	Lisa Clute	lclute@nd.gov	(701) 852-1376
Foster County Public Health	Lisa Hillbert	lhillbert@nd.gov	(701) 652-3087
Grand Forks Public Health Dept	Debbie Swanson	dswanson@grandforksgov.com	(701) 787-8100
Kidder County District Health Unit	Janel Brousseau	jabrousseau@nd.gov	(701) 475-2582
Lake Region District Health Unit	Allen McKay	amckay@nd.gov	(701) 662-7035
LaMoure County Public Health Dept	Tony Hanson	tony.hanson@bhshealth.org	(701) 883-5356
McIntosh District Health Unit	Cheryl Reis-Schilling	crschilling@nd.gov	(701) 288-3957
Nelson-Griggs District Health Unit	Julie Ferry	jferry@nd.gov	(701) 322-5624
Pembina County Health Dept	Jeanna Kujava	jkujava@nd.gov	(701) 265-4248
Ransom County Public Health Dept	Brenna Welton	brenna.welton@co.ransom.nd.us	(701) 683-6140
Richland County Health Dept	Debra Flack	dflack@co.richland.nd.us	(701) 642-7735
Rolette County Public Health Dist	Barbara Frydenlund	bfrydenlund@nd.gov	(701) 477-5646
Sargent County District Health Unit	Brenda Peterson	brenda.peterson@co.sargent.nd.us	(701) 724-3725
Southwestern District Health Unit	Sherry Adams	sladams@nd.gov	(701) 483-0171
Steele County Public Health Dept	Samantha Thykeson	sthykeson@nd.gov	(701) 524-2060
Towner County Public Health Dist	Sherry Walters	slwalters@nd.gov	(701) 968-4353
Traill District Health Unit	Brenda Stallman	brenda.stallman@co.trail.nd.us	(701) 636-4434
Upper Missouri District Health Unit	Javayne Oyloe	joyloe@umdhu.org	(701) 774-6400
Walsh County Health District	Wanda Kratochvil	wkratoch@nd.gov	(701) 352-5139
Wells County District Health Unit	Joye Stolz	rstolz@nd.gov	(701) 547-3756

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Testimony
House Bill 1004
Senate Appropriations Committee
March 7, 2019
Southwestern District Health Unit

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am in support of Bill 1004 with the amendment that added \$525,000 back into local public health state aid.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. Local public health units serve as the foundation to the local public health system and are an extension (arm) of the state health department, providing the direct services that are commonly administered by the state health department. Robin mentioned the many programs that have linkage to the state health department.

The number one priority for local public health units continues to be keeping our State Aid. Southwestern District Health Unit relies on State Aid Funding for a multitude of services which we provide to our communities. Some of the services and programs we offer include environmental health/sanitation, emergency preparedness, behavioral health, community health nursing, immunizations, communicable diseases, WIC and Tobacco prevention and control. Each health department uses state aid funding as needed to fill gaps in their region. See the circle graph on where state aid has been spent last biennium. SWDHU uses state aid primarily for administration.

When State Aid is decreased, local health units have one of several options to consider:

1. Cut staff hours or positions
2. Allow no salary increases
3. Increase Fees
4. Cut programs/ or returning programs to the state
5. Go to County/City government and ask for increase in funding, which often has to result in an increase of Mill Levy

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Five percent of my budget comes from state aid, while 44% comes from our counties. We cannot continue to take decreases in state aid. It is even challenging not to get an increase. Eventually something will have to be cut, and that will come down to less services or less staff...both of which will affect the population we serve. I ask that the \$525,000, which was amended into HB 1004 for local state aid remain.

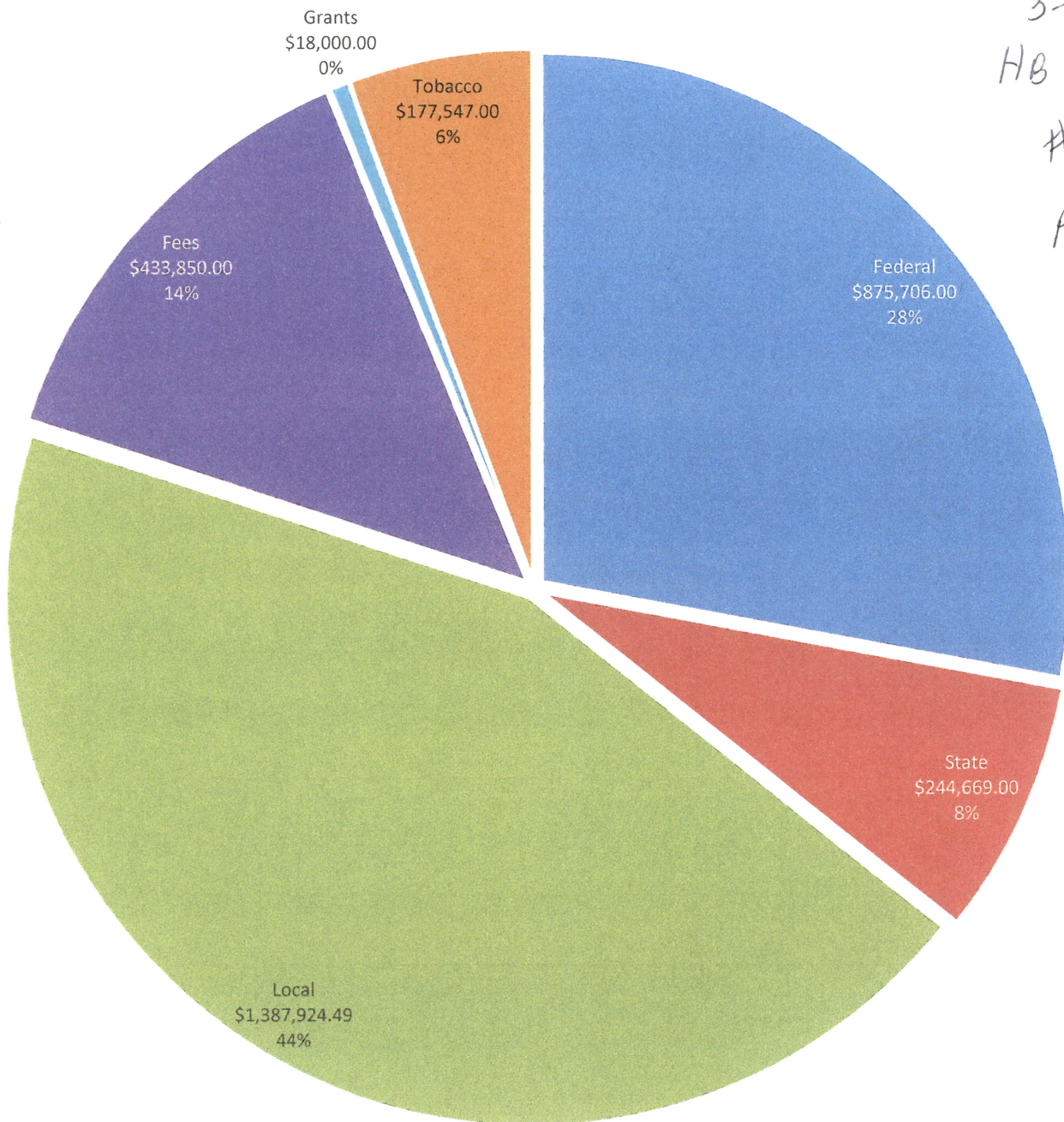
Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

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SWDHU Revenue Sources

2017

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■ Federal ■ State ■ Local ■ Fees ■ Grants ■ Tobacco

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**American Heart Association
Testimony in Support of HB 1004
Specific to Cardiac & Stroke Systems of Care**

Chairman Holmberg and Members of the Committee, my name is Mike Krumwiede appearing on behalf of the American Heart Association in support of continued funding for cardiac and stroke systems of care. We request funding be restored to \$ 856,000 --equal to the level funded in the 2015 - 2017 biennium.

As you all know, June Herman, Heart Association spokesperson--and keeper of 37 years of knowledge --tragically passed away in November from pancreatic cancer and we are attempting to step in without benefit of her files and electronic resources.

We do know this: heart attack and stroke remains North Dakota's leading cause of death, and stroke the leading admission to long term care. In the past our stakeholder partners and division of emergency medical systems have been recognized as national leaders in rural systems of care.

Highlights:

- Statewide data registries used for system and care improvement
- Consensus emergency treatment plans (algorithms) and training
- Transport plans specific to each EMS service based on area hospital designations
- Rural hospital designation process
- 1st in the nation – working on overall cardiac transport plans
- System data review and training on local, regional and state level for hospital care leads and EMS partners

As a result:

- North Dakota has developed national AHA standards for rural stroke emergency response prior to new science based practices
- This helps make North Dakota a more attractive practice market for cardiac and stroke medical specialists in a competitive national market
- And most important, saving lives and reducing disabilities

You may recall in the final hours of the last session, the stroke and cardiac systems of care funding came from that special tobacco trust fund source. The 2017-2019 Biennium request was for \$900,000 and the legislature ultimately funded it at \$756,418. If we can maintain the combined stroke and cardiac systems of care funding at the 2015 – 2017 budget level, the cardiac task force will see a stronger model of by-stander CPR training through the Cardiac Ready Community initiative and build community readiness to respond, and to ensure the basic skills are known by many. Together these systems save lives and reduce long term disability due to heart or brain damage.

I've attached some additional information for your deliberations and I'm happy to answer any questions --as I am able.

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Some Answered Questions

- **What is the North Dakota Stroke System?**
The North Dakota Stroke System's purpose and mission is to create and maintain an inclusive and coordinated statewide system of care and education that continuously improves knowledge, diagnosis, treatment and rehabilitation of stroke patients and reduces the overall stroke risk for all North Dakotans. North Dakota's Stroke System was created by the ND State Legislature in 2009. The statute outlines requirements and standards that are administered by the ND Department of Health, in partnership with partners across the state, including the American Heart Association/American Stroke Association, hospitals, and the ND Emergency Medical Services (EMS) Association.
- **How is the North Dakota Stroke System Funded?**
The ND Stroke System is funded through the ND Department of Health and is included in the Division of Emergency Medical Systems (DEMS) budget.
- **What does the North Dakota Stroke System do?**
Every minute saved in stroke treatment can directly improve survival and recovery rates. The North Dakota Stroke System strives to ensure that individuals who suffer a stroke in the State of North Dakota receive efficient, streamlined care that minimizes the time between when someone calls 911 and when the patient receives treatment and maximizes the patient's odds for survival and recovery.
 - EMS personnel are trained to spot a stroke and use established protocols to ensure patients receive treatment and transport to hospitals that are best equipped to treat stroke patients.
 - Hospitals can apply to receive designations as acute stroke-ready hospitals, primary stroke centers or comprehensive stroke centers. Stroke designation is a method of recognizing the hospitals that meet specific standards to ensure better outcomes for stroke patients. Each level of certification designates the hospital's ability to treat stroke patients and helps EMS agencies determine the closest hospital that is best equipped to treat specific patients.
 - Hospitals share data through a confidential data collection tool that measures important information and statistics. This data is analyzed by the Department of Health to identify opportunities to continuously improve how the system works.
 - A task force of individuals from EMS agencies, hospitals, the ND Department of Health and other important partners meets regularly to review the data collected and to make improvements to the system.
- **What is Mission: Lifeline Stroke?**
Mission: Lifeline Stroke is the American Heart Association/American Stroke Association's initiative to develop systems of care to improve outcomes for stroke patients. In North Dakota, Mission: Lifeline Stroke builds upon the gains achieved in the past 10 years of successful work by the existing North Dakota Stroke System by further strengthening the collaboration between hospitals, EMS agencies, the North Dakota Department of Health and other stakeholders.
- **How is Mission: Lifeline Stroke funded?**
In North Dakota, Mission: Lifeline Stroke has been funded through a \$5.6 million commitment from

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The American Heart Association/American Stroke Association. The foundation of the initiative is a three-year grant of \$4.3 million from The Leona M. and Harry B. Helmsley Charitable Trust.

- How does Mission: Lifeline Stroke enhance the existing North Dakota Stroke System?
Mission: Lifeline Stroke enhances many critical elements of an optimal stroke system of care, including:
 - Extending data that is collected for continuous system improvement to include EMS agency data.
 - Extending the existing Stroke System infrastructure to include telemedicine and rehab/secondary stroke prevention stakeholders.
 - Supporting additional educational opportunities for EMS and hospital personnel directly and indirectly involved in the treatment of stroke.
 - Helping to further streamline regional plans for rapid transport and/or inter-facility transfer of patients.
 - Developing a rural peer-to-peer stroke survivor support network.
 - Creating a public education campaign that will train North Dakotans to recognize the signs and symptoms of a stroke and encouraging them to call 9-1-1.

- Why is the North Dakota Stroke System and Mission: Lifeline Stroke important to:
 - North Dakotans?
Where you live shouldn't determine if you survive a stroke. The North Dakota Stroke System and Mission: Lifeline Stroke are working together to ensure that North Dakotans receive the best care from those best equipped to provide it in the shortest amount of time possible so that stroke patients have the best odds of survival and full recovery.
 - Legislators?
Where you live shouldn't determine if you survive a stroke. Investments in the North Dakota Stroke System have saved countless lives by providing stroke patients with seamless transitions from one stage of care to the next. Continued investments in this lifesaving program will translate into improved outcomes for ALL North Dakotans.
 - Healthcare Industry?
Where you live shouldn't determine if you survive a stroke. Each year, thousands of lives are lost to heart attacks and stroke largely due to a lack of coordination between emergency services, health professionals and treatment facilities. The North Dakota Stroke System seeks to address that problem by closing gaps in the continuum of care from prevention to recovery.

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SENATE APPROPRIATIONS COMMITTEE

TESTIMONY IN SUPPORT OF HB1004
“Department of Health Budget – specifically DVOT funds”
March 7, 2019

Chairman Holmberg and Committee Members. My name is Dennis Larkin, and I am the Team Lead of Violence Free for Lutheran Social Services of North Dakota. I am here to support the request for continued funding for Domestic Violence Offender Treatment funding provided for in HB1004 with consideration that the dollars allocated be restored to the level provided for in the 2017-19, an increase of \$50,000 over and above what is currently included in the budget as presented.

The Violence Free groups offered by Lutheran Social Services of North Dakota provide battering intervention services for those who have been found guilty of intimate-partner violence offenses. As a provider we deliver this service in the communities of Bismarck, Minot, Williston and Dickinson. The Grant helped us expand the availability of groups to Valley City.

At the present time, there is one group in Bismarck, Williston and Dickinson with two in Minot.

Those referred are to attend 26 sessions in order to successfully complete the program. This is a significant commitment for those who attend. In some cases, those participating also must travel in from nearby communities, which may be as far as a 90-mile radius to access service. While we believe it is vital that those being served are responsible to pay for their services as a part of taking responsibility for their treatment, we must recognize that we cannot price the service out of their reach. The protection of families is at stake as is their own

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opportunity to become healthy in their interactions and ultimately providing access to the intervention that can make the difference in stopping their law breaking hurtful behaviors.

We are grateful to have been a successful applicant for the grant funding provided by the Domestic Violence Offender Treatment grants. The funding provided has made a marked impact on our agency's ability to effectively deliver these groups and on the individuals, who need this vital service. As a result of these grant funds we have been able to reduce the fee for service of our group sessions by 50%. This has meant more offenders have presented themselves for service and have consistently attended groups. As a result, they are more likely to complete the requirements of the courts and ultimately safety in families has improved with the increased likelihood that their current and future relationships will be non-violent.

We believe this funding support is vital to the health and well-being of families in North Dakota and to us as a provider striving to provide access to services in a variety of locations and at a reasonable fee. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

*Dennis Larkin
Team Lead, Violence Free program
Lutheran Social Services of North Dakota
Email: dlarkin@lssnd.org
Phone: 701-223-1510*

HB 1002

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Domestic Violence/Sexual Assault Funding *By Janelle moos*

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History of General Funds Appropriation:

- 1981 - First General Fund appropriation of \$90,000.per biennium
- 1991 - General fund appropriation was \$300,000 per biennium
- 1993 - General funds appropriation reduced to \$90,000 per biennium.
- 2001 - General fund appropriation was increased to \$210,000.
- 2005 - General fund appropriation remained at \$210,000 per biennium.
- 2007- General fund appropriation was increased to \$710,000 per biennium.
- 2009- General fund appropriation was increased to \$1,710,000 per biennium.
- 2015- general fund appropriation was increased by \$200,000 for total \$1,910,000.

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Strengthening North Dakota Families

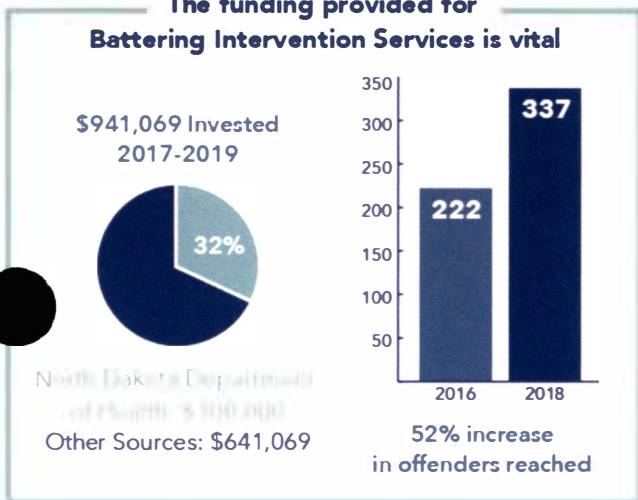


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Domestic Violence Offender Treatment Funding made it possible to:

- Expand services to four new regions in ND
- Increase the number of affordable groups offered statewide
- Ensure all programs funded are compliant with the ND Batterers' Treatment Standards and implementing evidence-based programming

The funding provided for Battering Intervention Services is vital



Comments from participants:

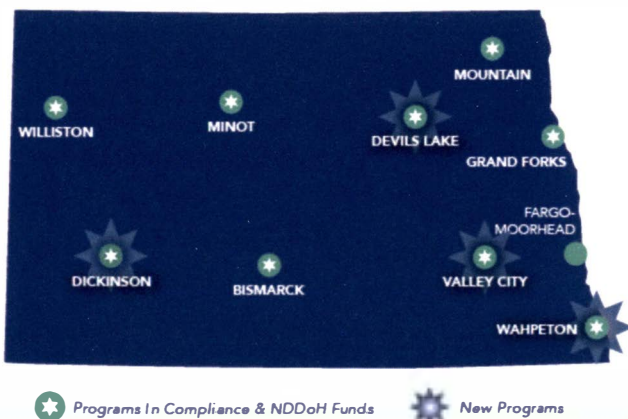


"I didn't think my [abusive] reactions were having such an impact on my children . . . I don't want them thinking it's ok to treat people this way because they've seen me set the example."



"Before this class, I was not able to recognize the severity of the abuse; I was not even willing to consider it. I was in complete denial. This class has helped me become more aware and honest with myself."

Battering Intervention Services have been expanded to four regions in ND



The Community Violence Intervention Center's Coordinated Community Response Project (Grand Forks, ND) conducted a study that tracked 343 male offenders who completed the New Choices program from 2004-2015. Offenders experienced:

- 73% decrease in law enforcement involvement
- 89% decrease in criminal charges
- 87% decrease in protection orders filed

The initial investment of evidence-based intervention leads to tax dollar savings in the criminal justice system along with a new generation of children that are positively impacted.

All programs funded are compliant with the North Dakota Batterers' Treatment Standards which requires: collaboration with criminal justice agencies; attention to lethality; policies incorporating accountability and safety planning with victims.

All programs use an evidence-based model that has been proven to reduce violent offenses (*more information available on crimesolutions.gov*).

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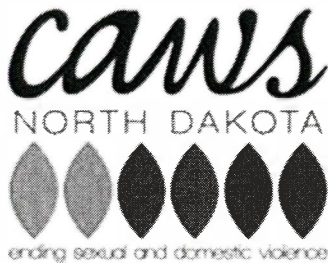
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CAWS North Dakota 2018 Sexual Violence Counts

In 2018, CAWS North Dakota coordinated the second statewide census of the number and type of sexual violence services provided in the state during one week. The census was conducted February 12-19, 2018. Reports on the number and type of services provided were submitted by 95 percent of local programs in North Dakota (19 of 20 programs). It is likely that the actual number of individuals receiving sexual assault services during the census week exceeded the numbers reported. These numbers are a snapshot of services provided in one week. Numbers can vary week to week.

Most commonly reported services provided during census week (listed in descending order).

- Crisis Intervention
- Case Management
- Law Enforcement Advocacy
- Hotline
- Court Advocacy/Legal Representation
- Hospital/Medical Advocacy
- Professional Therapy
- Support Groups
- Training/Public Education



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101 VICTIMS OF SEXUAL VIOLENCE RECEIVED SERVICES DURING ONE WEEK

- 82 victims served were assaulted outside of an intimate partner relationship, including stranger, non-stranger, and relative/family member.
- 19 victims served were assaulted by intimate partners.

597 people were educated in prevention and education trainings.

During the census week, 597 individuals in North Dakota communities attended 31 training sessions provided by local sexual violence programs. The trainings provided information about sexual violence prevention and early intervention.

62 hotline calls were answered in one week.

Rape crisis hotlines are a lifeline for victims in the aftermath of an assault, and provide support, information and resources.

13 survivors received hospital or medical advocacy responses.

North Dakota organizations provided support to 13 sexual violence victims at a hospital or in the emergency room.

1 unmet request for services was made.

Due to a lack of staff and/or financial resources, requests for services by 1 victim of sexual violence were unable to be met.

CAWS North Dakota member programs offer examples of services provided during the census week:

"Several shelter residents started new jobs and found apartments. A mother was reunited with her young son by having a safe place to live."

"After one school presentation, a young woman approached our Advocate and asked for help. Our Advocate met with the young woman who is now utilizing a Safety Plan created to help her. Our Advocate continues to work with this young woman."

"One of our counselors worked with a 9-year-old girl who had been sexually abused at the hands of someone she trusted. After meeting with the child regularly, she began to exude confidence and personal pride in the work she was doing with her therapist."

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North Dakota Veterinary Medical Association

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Testimony of Deana Wiese In Support of HB 1004 March 7, 2019

Chairman Holmberg and Members of the Committee:

My name is Deana Wiese, and I am representing the North Dakota Veterinary Medical Association (NDVMA). I am voicing support for HB 1004, specifically as it relates to the Veterinarian Loan Repayment Program.

NDVMA has spent more than a century representing the interests of veterinarians, their clients and patients. Today, the organization has more than 275 members representing small, large animal, exotic, bovine and equine practitioners, and those veterinarians working in research, academic and government capacities.

The purpose of the Veterinarian Loan Repayment Program is to attract new food-animal veterinarians to the state to practice in areas of need, specifically rural communities. The program has been successful in doing just that. Since 2007, when the program was authorized by the legislature, 35 veterinarians have been selected with 31 completing or currently completing their terms of service. Of those 31, all but one continue to practice in North Dakota with 30 in mixed or large animal practice. At least 14 are practice owners, either sole or in partnership.

According to the State Board of Animal Health, the number of applicants each year greatly exceeds the funding. We are currently aware of six openings in rural North Dakota communities. These are additional indications of the value of the program.

In addition, according to the American Veterinary Medical Association, the debt-to-income ratio (DIR) for 2018 graduates in veterinarian medicine was 2.3:1 with average debt of \$143,111 and average salary of \$76,633. In comparison, a 2011 report from the Congress' Joint Economic Committee indicates that of students with outstanding debt, the ratio is .6:1. There currently is a national effort in the veterinary industry to decrease the DIR to 1.4:1 to ensure the financial viability of the profession. This program helps meet that objective for veterinarians serving in rural areas in North Dakota with high demand for food-animal services.

NDVMA has greatly appreciated your support of the program in the past and strongly encourages its continued funding.

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Testimony of Charly Stansbery, DVM
Red Barn Veterinary Services, Sheldon, N.D.
701-680-5073 (c) • charlystansbery@gmail.com

In Support of HB 1004
March 7, 2019

Chairman Holmberg and Members of the Committee,

I am writing in support of HB 1004 specifically as it relates to the Veterinarian Loan Repayment Program (VLRP). I am the president of the North Dakota Veterinary Medical Association (NDVMA) and am a mixed animal rural practitioner in Sheldon, N.D.

I was a 2011 recipient of the Veterinarian Loan Repayment Program and completed my four-year contract. I would like to thank you for the valuable program and explain the opportunities it created for me and my family. I was focused on moving to a rural area to start my career to support my husband's farming career. The reason we were able to return to North Dakota and pursue both mine and my husband's dreams was due to North Dakota's financial assistance. It was because of my four-year VLRP contract that I bought into my rural community and stayed. We were able to establish our home, I was able to open my own practice, and we are able raise our family in rural North Dakota. Without the VLRP, the financial burden of over \$200,000 in student loans and an interest rate of 6.8 percent would have proved insurmountable and may very well have forced me to leave the state or take a higher paying job in an urban area and abandon my rural community.

Without this program, North Dakota would lose its new veterinarians to other states and urban communities as the economics, culture and environment of rural practice prove challenging and don't lend to fulfilling loan payments while caring for a family or funding retirement. These veterinarians are responsible, financially conscious, and many want to return to work in rural areas, but the economics are not in their favor. Veterinary education has become tremendously expensive with an average debt-to-income ratio of 2.3:1. Rural veterinary practices are unable to match salaries required to pay for this level of debt. This makes the Veterinarian Loan Repayment Program very important in recruiting veterinarians to the state's rural communities.

I am grateful for being a participant in the Veterinarian Loan Repayment Program and strongly encourage your favorable consideration of its continuation so North Dakota can continue to meet the veterinarian needs in its rural areas.

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OUR MISSION

Improve the length and quality of life for all North Dakotans

OUR VALUES

Credibility in providing accurate information and appropriate services.

Respect for our employees, our coworkers, our stakeholders and the public.

Creativity in developing solutions to address our strategic initiatives.

Excellence in providing services to the citizens of North Dakota.

Efficiency and effectiveness in achieving strategic outcomes.

OUR TEAM

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State Health Officer
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Fiscal & Operations Section



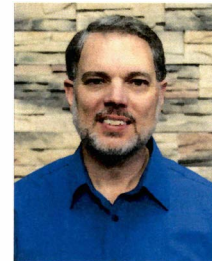
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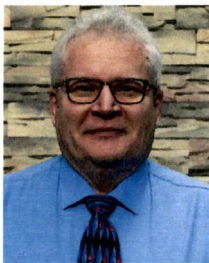


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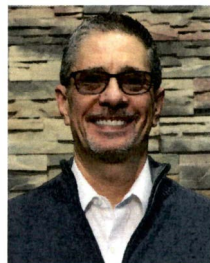
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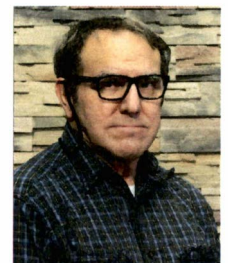
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North Dakota Stockmen's Association
Testimony to the Senate Appropriations Subcommittee on HB 1004
March 7, 2019

Good afternoon, Mr. Chairman and members of the Senate Appropriations Committee. For the record, my name is Julie Ellingson and I represent the North Dakota Stockmen's Association, an 89-year-old beef cattle trade organization representing more than 3,000 cattle-ranching families in our state.

We appear here in support of HB 1004 and, specifically, 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 places they are needed. North Dakota cattle producers regard their veterinarians as critical partners in their operations, helping them maintain a healthy herd and, ultimately, a profitable business.

For these reasons, we ask for your favorable consideration of this program as you work through this budget.

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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 Increase (Decrease) - Executive Budget			
	FTE Position	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461	0.00	\$0	\$0	\$0
2019-21 Ongoing Funding Changes												
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728				\$0
Salary increase		690,727	735,457	1,426,184		397,095	462,956	860,051		(293,632)	(272,501)	(566,133)
Health insurance increase		391,682	417,048	808,730		444,510	528,224	972,734		52,828	111,176	164,004
Retirement contribution increase		86,187	91,768	177,955				0		(86,187)	(91,768)	(177,955)
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909		1,109,194	10,596,715	11,705,909				0
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)	(1.00)	(451,267)	(1,146,592)	(1,597,859)				0
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)	(6.50)	(3,184,844)	(584,041)	(3,768,885)				0
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322			1,923,322	1,923,322				0
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses	(4.50)	9,913	35,870	45,783				0	4.50	(9,913)	(35,870)	(45,783)
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)	(1.00)	(1,260,512)	(583,984)	(1,844,496)				0
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905	1.00	185,905		185,905				0
Increases funding for temporary salaries for life safety inspections				0		50,000	30,000	80,000		50,000	30,000	80,000
Adds funding related to a federal opioid program			325,615	325,615			325,615	325,615				0
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000		126,000		126,000				0

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Adds funding for Microsoft Office 365 licensing expenses	42,377	82,261	124,638	42,377	82,261	124,638					0	
Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	93,843	761	94,604					0	
Adds ongoing base budget funding for extraordinary repairs	55,650	97,009	152,659	30,650	97,009	127,659	(25,000)				(25,000)	
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)		(245,941)	(245,941)					0	
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	75,000		75,000					0	
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	6,378,195	(6,378,195)	0					0	
Restores funding for local public health unit grants from the tobacco prevention and control fund			0		525,000	525,000			525,000		525,000	
Adjusts funding for cancer programs and domestic violence offender treatment			0	(830,324)	880,324	50,000	(830,324)		880,324		50,000	
Total ongoing funding changes	(12.00)	\$4,354,733	\$5,422,118	\$9,776,851	(7.50)	\$3,212,505	\$6,568,479	\$9,780,984	4.50	(\$1,142,228)	\$1,146,361	\$4,133
One-time funding items												
Women, Infants, and Children electronic benefit transfer project			\$354,554	\$354,554		\$354,554	\$354,554			0	0	
Adds funding for microbiology laboratory capital improvements			1,220,000	1,220,000		1,220,000	1,220,000			0	0	
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades		\$90,000	360,000	450,000		\$90,000	360,000	450,000	0	0	0	
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$0	\$0	\$0
Total Changes to Base Level Funding	(12.00)	\$4,444,733	\$7,356,672	\$11,801,405	(7.50)	\$3,302,505	\$8,503,033	\$11,805,538	4.50	(\$1,142,228)	\$1,146,361	\$4,133
2019-21 Total Funding	199.50	\$37,195,042	\$122,634,824	\$159,829,866	204.00	\$36,052,814	\$123,781,185	\$159,833,999	4.50	(\$1,142,228)	\$1,146,361	\$4,133

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Other Sections for State Department of Health - Budget No. 301

	Executive Budget Recommendation	House Version
Appropriation - Additional income	Section 3 would appropriate any additional income from federal or other funds, which may become available to the State Department of Health during the 2019-21 biennium.	The House did not include this section.
Line item transfers	Section 4 would allow the State Department of Health to transfer between appropriation line items up to 10 percent of the department's total appropriation during the 2019-21 biennium and would require the department notify the Office of Management and Budget and the Legislative Council of any transfers.	The House did not include this section.
Insurance tax distribution fund	Section 5 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.	Section 3 identifies \$1,250,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.
Strategic investment and improvements fund	Section 6 would identify \$1.22 million from the strategic investment and improvements fund for microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.	The House did not include this section.
Tobacco prevention and control trust fund		Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.
Vital records fees	Section 7 would provide the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.	Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.
Legislative intent - Life safety review fees		Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.
Emergency	Section 8 would provide the one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 is from federal funds, provided for the microbiology laboratory technology update is declared an emergency measure.	Section 7 declares one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 from federal funds, for the microbiology laboratory technology update an emergency measure.

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North Dakota Department of Health
HB 1004
Budget Summary of Major Changes

Fiscal and Operations

- Reduced .50 Account Technician in the Accounting Division based on streamlining processes.
- Will provide shared services to DEQ without additional FTE to include accounting, budgeting, contracting, federal grant review, payroll, and human services / personnel management.
- Vital Records fee increase for birth and death certificates with funds deposited into special fund. Any amount collected in excess of appropriation will be transferred to the general fund at biennium end. Budget estimated to be \$1.9 million. Reduces general fund by \$1.5 million. Difference is the technology projects proposed to enhance reporting functionality and to improve accessibility.
- **Comparison of Birth and Death Certificate Fees Charged**

State	Birth 1 st Copy	Birth Add'l Copy	Death 1 st Copy	Death Add'l Copy
Minnesota	\$26.00	\$ 19.00	\$13.00	\$6.00
Iowa	\$20.00	\$20.00	\$20.00	\$20.00
Nebraska	\$17.00	\$17.00	\$16.00	\$16.00
Kansas	\$15.00	\$15.00	\$15.00	\$15.00
South Dakota	\$15.00	\$15.00	\$15.00	\$15.00
Proposed Fees	\$15.00	\$15.00	\$15.00	\$10.00
Montana	\$12.00	\$5.00	\$15.00	\$8.00
Wyoming	\$8.00	\$8.00	\$5.00	\$5.00
North Dakota**	\$7.00*	\$4.00*	\$5.00	\$2.00

(*) \$2.00 of every birth certificate sold goes to the Children's Trust Fund, which is approximately \$225,000 per biennium.

(**) North Dakota is currently the lowest in the nation

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- Local Public Health State Aid are level funded after House adjustment at \$5.25 million. \$4,725,000 from the general fund and \$525,000 from the Tobacco Prevention & Control Trust Fund.
- Loan Repayment Program – see attached schedule.
- **Medical Marijuana** is budgeted to be self-supporting with fees. Reduced 1.0 Office Assistant in this area due to the capabilities of the new Information Management System. The budget includes 5 FTE for \$1,398,080.

Medical Services

- Reduces a 1.0 Field Epidemiologist due to streamlining and serving the western portion of North Dakota with one field epidemiologist.
- Includes continuing to contract with UND for Forensic Examiner services for the 21 eastern counties for \$480,000 during the biennium.
- Adds funding of \$1,220,000 to the Microbiology Lab to update the HVAC system in the south annex and replace the roof in the north building. Heating and air issues have been constant at the Lab during the current biennium, along with water issues from a leaking roof. This funding is from the Tobacco Prevention & Control Trust Fund.
- Adds funding of \$450,000 to upgrade the Laboratory Information Management System (LIMS). The current system was purchased and placed into production in 2004. The current version will sunset in the fall of 2019 and will no longer be supported by the vendor unless upgraded. The project is funded with \$360,000 from federal grants and \$90,000 from the general fund. An emergency clause has been recommended due to one of the federal grants being available for the upgrade until July 31, 2019 and will no longer be accessible after that time. **Since we have been in front of the House Appropriations Committee, we have received the results of the gap analysis and the estimated cost for the project is projected to be \$483,000, an increase of \$33,000 from our initial estimate. We are requesting additional authority be added to the project, which can be covered by fees collected in the lab.**

Health Resources

- Reduces a 1.0 Administrative Assistant due to planned automation to the Nurse Aid Registry and a 1.0 Health Care Surveyor in the Health Facilities Division as we look for efficiencies in the survey process.
- Adds funding for one FTE and corresponding operating costs in the Food & Lodging Division to provide additional supervision, monitoring and oversight in the amount of \$186,000 from the general fund.
- The House adds temporary salaries of \$80,000 (\$50,000 general fund, \$30,000 fees) to the Life, Safety and Construction Division to assist with the number of projects occurring across the state and reduces the fee charged by the Department for small projects from \$750 to \$500.

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Healthy & Safe Communities

- Reduces a 1.0 Administrative Assistant due to efficiencies being implemented with the administrative assistant staffing throughout the section. The funding from this position which was 100 percent federal funds is being reinvested in the breast and cervical cancer program.
- Reduces a .50 Public Health Nurse consultant position in the Health Promotion Division. The funding from this position was 100 percent special funds and was reinvested in the school sealant program.
- Reduces a .50 Public Health Nurse consultant position in the Injury and Violence Prevention Division. The funding from this position was a combination of general fund and federal funds.
- Reduces general fund by \$64,480 for professional services related to the colorectal cancer program due to changes in the program with more efficient screening methods.
- Funds the Domestic Violence Offender Treatment Program at level funding of \$300,000 after the House adjustment from the Tobacco Prevention & Control Trust Fund.
- Includes one-time funding of \$354,554 for the continuation of the WIC EBT project. The WIC EBT project started in the current biennium with the goal to convert the distribution of benefits from a paper process to an electronic benefit transfer. The funding for this change is supported by federal funding and is to be completed by October 1, 2020.
- Funds tobacco grants for cessation to Local Public Health (LPH) from the Community Health Trust Fund, which are currently funded in the base budget from the Tobacco Prevention Control Trust Fund. The funding for LPH tobacco cessation is being held even at \$6.5 million.
- Reduces general fund by \$845,000 in other areas of the Tobacco Program with a majority of the reduction made in media services. The goal of tobacco cessation will still be met with planned grants and contracts included in the Governor's Recommendation.
- Shifts funding of \$75,000 from the Department of Human Services (DHS) to the Department of Health Tobacco Program to comply with Synar Program enforcement requirements. We are currently completing these requirements this biennium for DHS through a contract.
- Transfers the Suicide Prevention Program to DHS along with 1.0 FTE. General fund of \$1.2 million was included in the Behavioral Health Division of the Governor's recommended budget for DHS.
- The House funded the colorectal cancer and cancer registry programs in the amount of \$582,324 from the Tobacco Prevention & Control Trust Fund.
- **Since we have been in front of the House Appropriations Committee, we have received notification from the Centers for Disease Control and Prevention that additional opportunities are available to State Departments of Health for opioid funding under the Overdose Data to Action funding opportunity. We are interested in applying for the additional funding under the strategies involving surveillance and prevention and look forward to working with you to bring forward the additional authority that would be needed to be added to HB 1004.**

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See separate schedule. Currently the 2019 – 2021 budget incorporates federal funding of \$325,000 from the Public Health Opioid Crisis Response Grant.

Emergency Preparedness & Response

- Reduces a 1.0 Administrative Assistant in anticipation of efficiencies being proposed within the section.
- Reduces general fund by \$75,600 in professional services for stroke and cardiac care training funds since training in this manner is no longer being requested or utilized.
- Adds \$126,000 in general fund to convert and implement a comprehensive emergency medical services (EMS) personnel licensing, agency licensing and records management system, including a public facing portal for licensure application and training program registration.
- Provided funding for Rural EMS at level funding of \$6,875,000, of which \$5,750,000 is from the general fund and \$1,125,000 is from the Insurance Tax Distribution Fund.

Agency-wide

- Includes compensation package at 2% each year of the biennium and the grandfathered health insurance.
- The House reversed IT unification, which included 4.5 FTE.
- The House eliminated the flexibility language, which we are willing to be a pilot.

**ND Department of Health
HB 1004
Loan Repayment Program**

Description	2017 - 2019 Final Budget				2019 - 2021 Executive Budget					Change from 2017 - 19 Final Budget to 2019 - 21 Executive Budget				
	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total
Dental	240,000	360,000	-	600,000	416,000	-	-	324,000	740,000	176,000	(360,000)	-	324,000	140,000
Medical			480,000	480,000	704,000	-	-	-	704,000	704,000	-	(480,000)	-	224,000
Behavioral Health			243,640	243,640	164,000	-	-	200,000	364,000	164,000	-	(243,640)	200,000	120,360
Veterinarians	530,000			530,000	480,000	-	-	-	480,000	(50,000)	-	-	-	(50,000)
Total	770,000	360,000	723,640	1,853,640	1,764,000	-	-	524,000	2,288,000	994,000	(360,000)	(723,640)	524,000	434,360

#2
HB 1004 sub
3-20-2019
pg 5

#2 HB 1004 sub
 3-20-2019
 pg 6

Description

Salaries and Wages	\$	850,980
Operating Expenses		1,255,000
Equipment		160,000
Grants		2,900,000
Total	\$	5,165,980
 Federal Funds	 \$	 5,165,980

Description of Funding and Expenditures

Centers for Disease Control and Prevention - Overdose Data to Action funding opportunity: work will be focused on: increasing comprehensiveness and timeliness of surveillance data; building state and local capacity for public health programs determined to be promising based on research evidence; making Prescription Drug Monitoring Programs (PDMPs) easier to use and access; and working with health systems, insurers and communities to improve opioid prescribing.

Salaries & Wages includes temporary salaries for six individuals to provide epidemiology work and grant coordination.

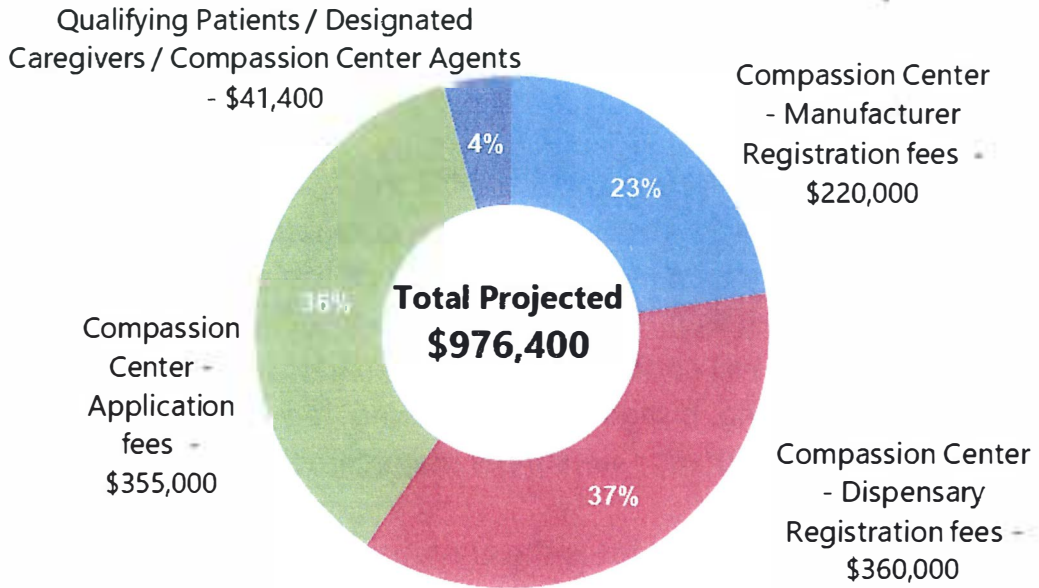
Operating Expenses include general operating expenses such as data processing, telephone, rent, travel, office supplies, along personal protective equipment (PPE) of \$273,000 for the medical cache, software licensing of \$90,000 to access MDI (medicolegal death information) along with professional contracts of \$815,800 for improving data collection with the numerous reporting systems, increased lab testing, and opioid messaging.

Equipment includes funding for 30 self contained breathing apparatus suits costing \$5,333 for each suit. The suits would be available in response to an opioid related event where lethal drugs such as fentanyl may be present which can lead to increased risk of death to responders.

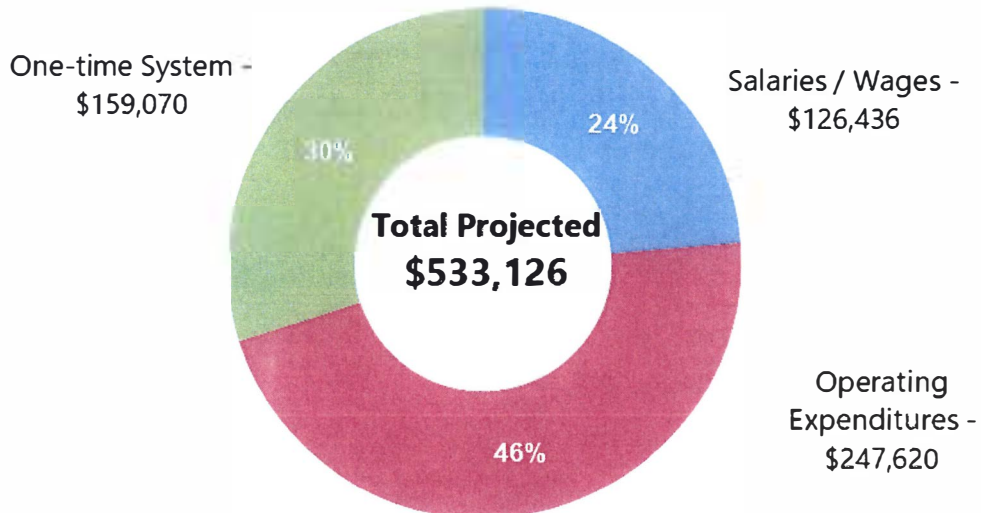
Grants include funding to partners such as the Attorney General's Office, Board of Pharmacy, Local Public Health, UND / NDSU, EMS Association, and Association of Counties as they assist the department in implementing the objectives of the grant which includes surveillance and prevention through education and enhancements to systems.

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3-20-2019
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Medical Marijuana - Current Biennium Revenue Projection



Medical Marijuana - Current Biennium Expenditure Projection





North Dakota Department of Health
HB 1004
Budget Summary of Major Changes

#1
 HB 1004 Sub
 3-27-2019
 pg 1

Fiscal and Operations

- Reduced .50 Account Technician in the Accounting Division based on streamlining processes.
- Will provide shared services to DEQ without additional FTE to include accounting, budgeting, contracting, federal grant review, payroll, and human services / personnel management.
- Vital Records fee increase for birth and death certificates with funds deposited into special fund. Any amount collected in excess of appropriation will be transferred to the general fund at biennium end. Budget estimated to be \$1.9 million. Reduces general fund by \$1.5 million. Difference is the technology projects proposed to enhance reporting functionality and to improve accessibility.
- **Comparison of Birth and Death Certificate Fees Charged**

State	Birth 1 st Copy	Birth Add'l Copy	Death 1 st Copy	Death Add'l Copy
Minnesota	\$26.00	\$ 19.00	\$13.00	\$6.00
Iowa	\$20.00	\$20.00	\$20.00	\$20.00
Nebraska	\$17.00	\$17.00	\$16.00	\$16.00
Kansas	\$15.00	\$15.00	\$15.00	\$15.00
South Dakota	\$15.00	\$15.00	\$15.00	\$15.00
Proposed Fees	\$15.00	\$15.00	\$15.00	\$10.00
Montana	\$12.00	\$5.00	\$15.00	\$8.00
Wyoming	\$8.00	\$8.00	\$5.00	\$5.00
North Dakota**	\$7.00*	\$4.00*	\$5.00	\$2.00

(*) \$2.00 of every birth certificate sold goes to the Children's Trust Fund, which is approximately \$225,000 per biennium.

(**) North Dakota is currently the lowest in the nation

/ HB 1004 scrub
3-27-2019
pg 2

- Local Public Health State Aid are level funded after House adjustment at \$5.25 million. \$4,725,000 from the general fund and \$525,000 from the Tobacco Prevention & Control Trust Fund.
- Loan Repayment Program – see attached schedule.
- **Medical Marijuana** is budgeted to be self-supporting with fees. Reduced 1.0 Office Assistant in this area due to the capabilities of the new Information Management System. The budget includes 5 FTE for \$1,398,080.

Medical Services

- Reduces a 1.0 Field Epidemiologist due to streamlining and serving the western portion of North Dakota with one field epidemiologist.
- Includes continuing to contract with UND for Forensic Examiner services for the 21 eastern counties for \$480,000 during the biennium.
- Adds funding of \$1,220,000 to the Microbiology Lab to update the HVAC system in the south annex and replace the roof in the north building. Heating and air issues have been constant at the Lab during the current biennium, along with water issues from a leaking roof. This funding is from the Tobacco Prevention & Control Trust Fund.
- Adds funding of \$450,000 to upgrade the Laboratory Information Management System (LIMS). The current system was purchased and placed into production in 2004. The current version will sunset in the fall of 2019 and will no longer be supported by the vendor unless upgraded. The project is funded with \$360,000 from federal grants and \$90,000 from the general fund. An emergency clause has been recommended due to one of the federal grants being available for the upgrade until July 31, 2019 and will no longer be accessible after that time. **Since we have been in front of the House Appropriations Committee, we have received the results of the gap analysis and the estimated cost for the project is projected to be \$483,000, an increase of \$33,000 from our initial estimate. We are requesting additional authority be added to the project, which can be covered by fees collected in the lab.**

Health Resources

- Reduces a 1.0 Administrative Assistant due to planned automation to the Nurse Aid Registry and a 1.0 Health Care Surveyor in the Health Facilities Division as we look for efficiencies in the survey process.
- Adds funding for one FTE and corresponding operating costs in the Food & Lodging Division to provide additional supervision, monitoring and oversight in the amount of \$186,000 from the general fund.
- The House adds temporary salaries of \$80,000 (\$50,000 general fund, \$30,000 fees) to the Life, Safety and Construction Division to assist with the number of projects occurring across the state and reduces the fee charged by the Department for small projects from \$750 to \$500.

Healthy & Safe Communities

- Reduces a 1.0 Administrative Assistant due to efficiencies being implemented with the administrative assistant staffing throughout the section. The funding from this position which was 100 percent federal funds is being reinvested in the breast and cervical cancer program.
- Reduces a .50 Public Health Nurse consultant position in the Health Promotion Division. The funding from this position was 100 percent special funds and was reinvested in the school sealant program.
- Reduces a .50 Public Health Nurse consultant position in the Injury and Violence Prevention Division. The funding from this position was a combination of general fund and federal funds.
- Reduces general fund by \$64,480 for professional services related to the colorectal cancer program due to changes in the program with more efficient screening methods.
- Funds the Domestic Violence Offender Treatment Program at level funding of \$300,000 after the House adjustment from the Tobacco Prevention & Control Trust Fund.
- Includes one-time funding of \$354,554 for the continuation of the WIC EBT project. The WIC EBT project started in the current biennium with the goal to convert the distribution of benefits from a paper process to an electronic benefit transfer. The funding for this change is supported by federal funding and is to be completed by October 1, 2020.
- Funds tobacco grants for cessation to Local Public Health (LPH) from the Community Health Trust Fund, which are currently funded in the base budget from the Tobacco Prevention Control Trust Fund. The funding for LPH tobacco cessation is being held even at \$6.5 million.
- Reduces general fund by \$845,000 in other areas of the Tobacco Program with a majority of the reduction made in media services. The goal of tobacco cessation will still be met with planned grants and contracts included in the Governor's Recommendation.
- Shifts funding of \$75,000 from the Department of Human Services (DHS) to the Department of Health Tobacco Program to comply with Synar Program enforcement requirements. We are currently completing these requirements this biennium for DHS through a contract.
- Transfers the Suicide Prevention Program to DHS along with 1.0 FTE. General fund of \$1.2 million was included in the Behavioral Health Division of the Governor's recommended budget for DHS.
- The House funded the colorectal cancer and cancer registry programs in the amount of \$582,324 from the Tobacco Prevention & Control Trust Fund.
- **Since we have been in front of the House Appropriations Committee, we have received notification from the Centers for Disease Control and Prevention that additional opportunities are available to State Departments of Health for opioid funding under the Overdose Data to Action funding opportunity. We are interested in applying for the additional funding under the strategies involving surveillance and prevention and look forward to working with you to bring forward the additional authority that would be needed to be added to HB 1004.**

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pg 4

See separate schedule. Currently the 2019 – 2021 budget incorporates federal funding of \$325,000 from the Public Health Opioid Crisis Response Grant.

Emergency Preparedness & Response

- Reduces a 1.0 Administrative Assistant in anticipation of efficiencies being proposed within the section.
- Reduces general fund by \$75,600 in professional services for stroke and cardiac care training funds since training in this manner is no longer being requested or utilized.
- Adds \$126,000 in general fund to convert and implement a comprehensive emergency medical services (EMS) personnel licensing, agency licensing and records management system, including a public facing portal for licensure application and training program registration.
- Provided funding for Rural EMS at level funding of \$6,875,000, of which \$5,750,000 is from the general fund and \$1,125,000 is from the Insurance Tax Distribution Fund.

Agency-wide

- Includes compensation package at 2% each year of the biennium and the grandfathered health insurance.
- The House reversed IT unification, which included 4.5 FTE.
- The House eliminated the flexibility language, which we are willing to be a pilot.

**ND Department of Health
HB 1004
Loan Repayment Program**

Description	2017 - 2019 Final Budget				2019 - 2021 Executive Budget					Change from 2017 -19 Final Budget to 2019 -21 Executive Budget				
	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total	General Fund	Student Loan Trust Fund	Tobacco Prevention & Control Trust Fund	Community Health Trust Fund	Total
Dental	240,000	360,000	-	600,000	416,000	-	-	324,000	740,000	176,000	(360,000)	-	324,000	140,000
Medical			480,000	480,000	704,000	-	-	-	704,000	704,000	-	(480,000)	-	224,000
Behavioral Health			243,640	243,640	164,000	-	-	200,000	364,000	164,000	-	(243,640)	200,000	120,360
Veterinarians	530,000			530,000	480,000	-	-	-	480,000	(50,000)	-	-	-	(50,000)
Total	770,000	360,000	723,640	1,853,640	1,764,000	-	-	524,000	2,288,000	994,000	(360,000)	(723,640)	524,000	434,360

#1
HB 1004 sub
3-27-2019
Pg 5

Description

Salaries and Wages	\$	850,980
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Equipment		160,000
Grants		2,900,000
Total	\$	5,165,980
 Federal Funds	 \$	 5,165,980

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Centers for Disease Control and Prevention - Overdose Data to Action funding opportunity: work will be focused on: increasing comprehensiveness and timeliness of surveillance data; building state and local capacity for public health programs determined to be promising based on research evidence; making Prescription Drug Monitoring Programs (PDMPs) easier to use and access; and working with health systems, insurers and communities to improve opioid prescribing.

Salaries & Wages includes temporary salaries for six individuals to provide epidemiology work and grant coordination.

Operating Expenses include general operating expenses such as data processing, telephone, rent, travel, office supplies, along personal protective equipment (PPE) of \$273,000 for the medical cache, software licensing of \$90,000 to access MDI (medicolegal death information) along with professional contracts of \$815,800 for improving data collection with the numerous reporting systems, increased lab testing, and opioid messaging.

Equipment includes funding for 30 self contained breathing apparatus suits costing \$5,333 for each suit. The suits would be available in response to an opioid related event where lethal drugs such as fentanyl may be present which can lead to increased risk of death to responders.

Grants include funding to partners such as the Attorney General's Office, Board of Pharmacy, Local Public Health, UND / NDSU, EMS Association, and Association of Counties as they assist the department in implementing the objectives of the grant which includes surveillance and prevention through education and enhancements to systems.

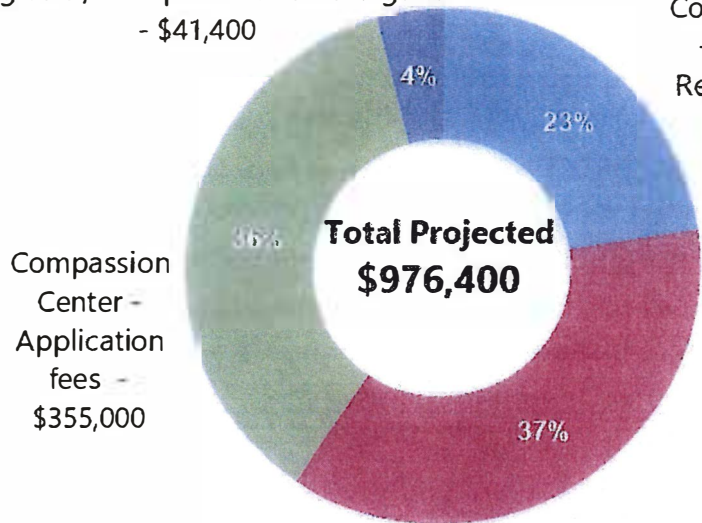
#1

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pg 7

Medical Marijuana - Current Biennium Revenue Projection

Qualifying Patients / Designated
Caregivers / Compassion Center Agents
- \$41,400



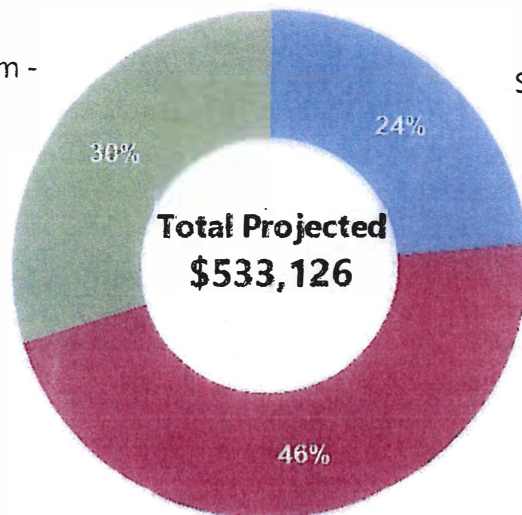
Compassion Center
- Manufacturer
Registration fees -
\$220,000

Compassion
Center -
Application
fees -
\$355,000

Compassion Center
- Dispensary
Registration fees -
\$360,000

Medical Marijuana - Current Biennium Expenditure Projection

One-time System -
\$159,070



Salaries / Wages -
\$126,436

Operating
Expenditures -
\$247,620

March 14, 2019

2

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

HB 1004 Sub
3-27-19

Page 3, after line 31, insert:

pg 1

"SECTION 7. EMERGENCY MEDICAL SERVICES FUNDING ALLOCATION.

During the 2019-21 biennium, in determining the annual allocation of state financial assistance for emergency medical services funding areas under section 23-46-04, subject to legislative appropriation, the state department of health shall continue to base the allocation on the plan recommended by the emergency medical services advisory council. In establishing these recommendations, the emergency medical services advisory council shall continue to consult with stakeholders. In establishing the allocation, in consultation with the council, the department may continue to make adjustments to the recommended plan."

Re-number accordingly

March 26, 2019

3

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

HB 1004 Sub

3-27-19

pg 1

Page 3, after line 31, insert:

"SECTION 7. APPROPRIATION - SEXUAL VIOLENCE PRIMARY PREVENTION PROGRAM - GRANT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$200,000, or so much of the sum as may be necessary, to the state department of health for the purpose of providing grants to organizations that provide sexual violence primary prevention programs, for the biennium beginning July 1, 2019, and ending June 30, 2021."

Renumber accordingly

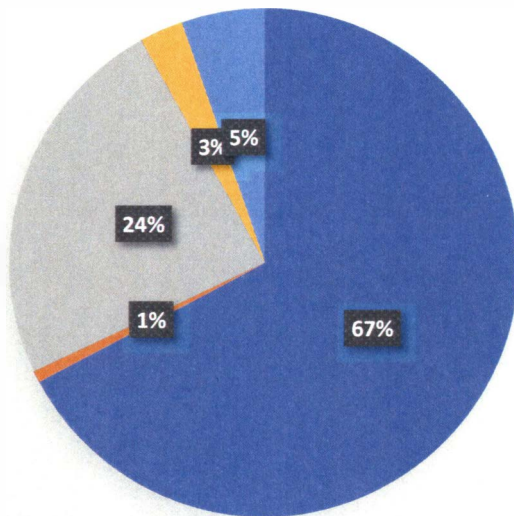
4
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Description	Fee Amount	2019 -2021 Biennium
Compassion Center - Manufacturer registration fees - 2 per biennium	\$110,000 / biennium	\$ 220,000
Compassion Center - Dispensary registration fees - 8 per biennium	\$90,000 / biennium	720,000
Qualifying Patients - Year 1 - 2,000; Year 2 - 4,000	\$50 / year	300,000
Designated Caregiver - 350 per year	\$50 / year	35,000
Compassion Center Agents - approx 185 - 188	\$200 / year	75,000
Replacement Cards	\$25 / occur.	5,000
Failure to notify DoH of changes	\$150 / occur.	5,000
Carryover	-	38,080

Total Estimated Revenue

\$ 1,398,080

Revenue Sources



- Compassion Center Registration Fees
- Other Fees
- Qualifying Patients / Designated Caregivers Fees
- Carryover
- Compassion Center Agent Fees

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4-2-19
Pg 1

State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	House Version				Senate Version				Senate Changes to House Version Increase (Decrease) - House Version			
	FTE Position	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461	0.00	\$0	\$0	\$0
2019-21 Ongoing Funding Changes												
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728				\$0
Salary increase		397,095	462,956	860,051		504,871	568,004	1,072,875		107,776	105,048	212,824
Health insurance increase		444,510	528,224	972,734		444,510	528,224	972,734				0
Retirement contribution increase				0				0				0
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909		1,109,194	10,596,715	11,705,909				0
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)	(1.00)	(451,267)	(1,146,592)	(1,597,859)				0
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)	(6.50)	(3,184,844)	(584,041)	(3,768,885)				0
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322			1,923,322	1,923,322				0
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses				0				0				0
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)	(1.00)	(1,260,512)	(583,984)	(1,844,496)				0
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905	1.00	185,905		185,905				0
Increases funding for temporary salaries for life safety inspections		50,000	30,000	80,000		50,000	30,000	80,000				0
Adds funding related to a federal opioid program			325,615	325,615			325,615	325,615				0
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000		126,000		126,000				0

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Pg 2

Adds funding for Microsoft Office 365 licensing expenses	42,377	82,261	124,638	42,377	82,261	124,638						
Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	93,843	761	94,604						
Adds ongoing base budget funding for extraordinary repairs	30,650	97,009	127,659	30,650	97,009	127,659						
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)		(245,941)	(245,941)						
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	75,000		75,000						
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	6,378,195	(6,378,195)	0						
Restores funding for local public health unit grants from the tobacco prevention and control fund		525,000	525,000		525,000	525,000						
Adjusts funding for cancer programs and domestic violence offender treatment	(830,324)	880,324	50,000	(830,324)	880,324	50,000						
Increases funding for sexual violence primary prevention program grants to provide a total of \$2.45 million, of which \$2.11 million is from the general fund			0	200,000		200,000	200,000					
Adds funding for expenditures related to an anticipated federal opioid grant			0		5,165,980	5,165,980		5,165,980		5,165,980		
Total ongoing funding changes	(7.50)	\$3,212,505	\$6,568,479	\$9,780,984	(7.50)	\$3,520,281	\$11,839,507	\$15,359,788	0.00	\$307,776	\$5,271,028	\$5,578,804
One-time funding items												
Women, Infants, and Children electronic benefit transfer project		\$354,554	\$354,554		354,554	354,554						0
Adds funding for microbiology laboratory capital improvements		1,220,000	1,220,000		1,220,000	1,220,000						0
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades	\$90,000	360,000	450,000	90,000	393,000	483,000			33,000			33,000
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$90,000	\$1,967,554	\$2,057,554	0.00	\$0	\$33,000	\$33,000
Total Changes to Base Level Funding	(7.50)	\$3,302,505	\$8,503,033	\$11,805,538	(7.50)	\$3,610,281	\$13,807,061	\$17,417,342	0.00	\$307,776	\$5,304,028	\$5,611,804
2019-21 Total Funding	204.00	\$36,052,814	\$123,781,185	\$159,833,999	204.00	\$36,360,590	\$129,085,213	\$165,445,803	0.00	\$307,776	\$5,304,028	\$5,611,804

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4-2-19
P93

Other Sections for State Department of Health - Budget No. 301

House Version

Senate Version

Appropriation - Additional income

The House did not include this section.

Line item transfers

The House did not include this section.

Insurance tax distribution fund

Section 3 identifies \$1,250,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Section 3 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.

Strategic investment and improvements fund

The House did not include this section.

The Senate did not include this section.

Tobacco prevention and control trust fund

Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.

Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.

Vital records fees

Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.

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Legislative intent - Life safety review fees

Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.

Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.

Emergency

Section 7 declares one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 from federal funds, for the microbiology laboratory technology update an emergency measure.

Section 7 declares one-time funding of \$483,000, of which \$90,000 is from the general fund and \$360,000 from federal funds, for the microbiology laboratory technology update an emergency measure.

2 HB 1004
4-2-19
pg 1

Sexual Violence Prevention in North Dakota

Green Dot

Green Dot is an evidence-based violence prevention program that focuses on the power of peer and cultural influence and targets all community members as potential bystanders. Community based teams recruit key influencers to attend trainings that teach bystander intervention skills that are then modeled and adopted by those in their sphere of influence. It aims to change two cultural norms: 1) violence will not be tolerated, and 2) everyone is expected to do their part to contribute to community safety and respect.

There are 3 implementing sites that employ 1 full time prevention staff to coordinate community efforts. These sites were selected based on their community readiness scores and capacity to implement primary prevention.

1. Abused Persons Outreach Center, Valley City
2. Community Violence Intervention Center, Grand Forks
3. Rape and Abuse Crisis Center, Fargo

Other prevention programs

These efforts are partially funded and implemented based on staff availability and time

- Safe Dates – School-based that targets attitudes and behaviors associated with dating abuse and violence
- Coaching Boys into Men - Coaches' leadership program uses athletic coaches to help young male athletes practice respect towards themselves and others
- The 4th R – School-based program that promotes positive, healthy relationships

3

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4-2-19

pg 1

SECTION 6. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health may increase vital records fees effective July 1, 2019, however if the department does not implement a program of electronic access before January 1, 2021, it is the intent of the sixty-sixth legislative assembly that the vital records fees be reduced by the sixty-seventh legislative assembly. The state department of health shall report to the legislative management during the 2019-20 interim regarding the implementation of electronic access to progress.

#4 HB 1004 sub
4-2-19
pg 1

The State of Tobacco Control in North Dakota: 2017-2019

*Addressing new challenges. Building statewide coordination.
Protecting North Dakotans from tobacco.*



About the North Dakota Tobacco Prevention and Control Program (TPCP)

Tobacco use remains the number one cause of preventable death for North Dakotans, annually costing the state \$559 million in direct medical expenditures and lost productivity related to tobacco use. In the 2017 biennium tobacco funding in the state was cut by 42 percent and the structure of tobacco control work was shifted to again be solely coordinated by the North Dakota Department of Health (NDDoH). See Appendix H for a timeline.

To implement tobacco control best practices with limited funding, the NDDoH coordinated these efforts under a new partnership: the Tobacco Prevention and Control Program (TPCP), a partnership of 41 organizations at the local, state, and regional levels. This group revised the North Dakota Comprehensive Tobacco Prevention and Control State Plan ("State Plan"), outlining goals and strategies for reducing the negative health and economic consequences of tobacco use in North Dakota. The TPCP is responsible for implementing the five components of CDC's Best Practices for Tobacco Control: cessation, social norms change through state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure.

Purpose of this report

This is the first evaluation report to summarize the efforts of the collective TPCP. It is a synthesis of multiple reports led by the external evaluation team, Professional Data Analysts (PDA). Detailed information on each component of this evaluation can be found in the individual reports or other PDA deliverables (Appendix E).

Prepared for the:

North Dakota Department of Health,
Tobacco Prevention and Control Program

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Acronyms & Initialisms

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ACS: American Cancer Society
AHA: American Heart Association
AI: American Indian
ALA: American Lung Association
BRFSS: Behavioral Risk Factor Surveillance Survey
CDC: Centers for Disease Control and Prevention
CTFK: Campaign for Tobacco-Free Kids
EHR: Electronic Health Referral
ENDS: Electronic Nicotine Delivery Systems
FDA: Food and Drug Administration
FY: Fiscal Year
LPHU: Local Public Health Units
MUH: Multi-Unit Housing
NCI: National Cancer Institute
ND: North Dakota
NDDHS: North Dakota Department of Human Services
NDDoH: North Dakota Department of Health
NDQC: NDQuits Cessation Grant Program
PDA: Professional Data Analysts, Inc.
PETF: Public Education Task Force
SHS: Secondhand Smoke
TFND: Tobacco Free North Dakota
TPCP: Tobacco Prevention and Control Program
TTS: Tobacco Treatment Specialist
WYSAC: Wyoming Survey & Analysis Center
YTS: Youth Tobacco Survey

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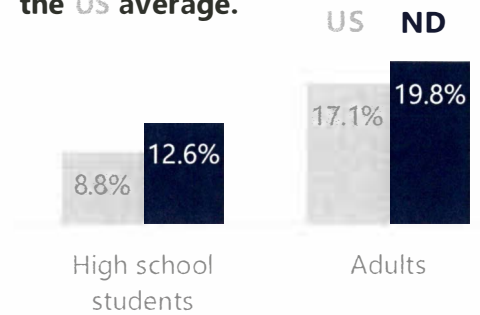
The state of tobacco control in North Dakota

Tobacco remains a persistent, expensive problem in North Dakota.

The number of North Dakotans who use tobacco, both adults and high school students in grades 9 – 12, remains higher than the United States average. Further, the use of a relatively new type of tobacco product, electronic nicotine delivery systems (ENDS), has spiked in North Dakota and nationally, with about 21 percent of high school students in grades 9 – 12 reporting ENDS use in 2017 (compared with 12 percent nationally)¹. Tobacco use remains the number one cause of preventable death for North Dakotans, annually costing the state \$559 million in direct medical expenditures and lost productivity².

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Cigarette use in ND is higher than the US average.



Countering this cost, evidence-based cessation initiatives, such as NDQuits, are cost effective. Under the current tax rate, for every \$1 spent on NDQuits, North Dakota saves \$3.00 to \$3.29. Even if an additional “user fee” was implemented at \$1.50 per pack, the savings would remain at \$2.15 - \$2.29 per pack for every \$1 spent on NDQuits.

The North Dakota tobacco prevention and control efforts had funding and resources cut significantly in the 2017 – 2019 biennium, with the budget for tobacco control cut by \$9.8 million for the biennium, de-funding of the Center for Tobacco Prevention and Control Policy (“the Center”) and the net loss of seven staff working full-time to support tobacco prevention and control efforts. This necessitated change in the structure of the TPCP. Now, the NDDoH is once again the primary agency responsible for coordinating and ensuring the quality and effectiveness of a comprehensive tobacco control program. This is similar to how the TPCP operated upon inception nearly 30 years ago.

To document successes and areas for improvement, the NDDoH contracted with Professional Data Analysts (PDA) to conduct a comprehensive evaluation of the TPCP. Organization of this report is centered around the State Tobacco Plan and reported in response to the questions in the table of contents.

The strength of local tobacco work, paired with the strategic coordination of the NDDoH, facilitated success despite limited resources.

In just 18 months since experiencing major resource limitations and restructuring, the TPCP has demonstrated success in many areas, **meeting or exceeding over half of the State Plan’s 19 goals**. The nine goals that have not yet been reached are in progress and at least some are likely to meet the goal by the end of the biennium. Progress so far has protected:



North Dakotans in **9,390 MUH units from SHS**. This far exceeds the goal of 6,583 smoke-free MUH units.



North Dakotans visiting **145 outdoor settings**, mostly parks, from SHS, especially children.



Tobacco users who receive brief interventions in healthcare systems. **Ten NDQC grantees have been able to document** brief tobacco interventions within the EHR.

¹Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students — United States, 2011–2017. MMWR Morb Mortal Wkly Rep 2018;67:629–633. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a3>

²Tobacco’s Toll on North Dakota 2017 Tobacco Fact Sheet. <https://www.ndhealth.gov/tobacco/Facts/TollOfTobacco.pdf>

Selected results of coordinated efforts in the face of new challenges

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The TPCP has strengthened partnerships and strategic, coordinated collaboration.

The TPCP relies on partnerships among the 41 organizational partners, with the NDDoH coordinating efforts and providing technical assistance and support, but not driving all decisions. The expectation is that each of the LPHUs take a leadership role in their own communities. At the quarterly partners meetings, there is space on the agenda for updates from the workgroups, voluntary partners, and other program or partnership efforts. One of the LPHUs indicated that "It's been a lot of fun again...it's been a lot more exciting and fun and you feel like you are able to use some creativity and have input and it is fun working with other people. We're all a big team."

Positive receipt of BreatheND branding supports its continued use.

Although the BreatheND brand was created by PETF and Odney prior to the Center, it became closely tied with the Center and it was unclear whether it should continue to be used after the 2015-2017 biennium. After rebranding with a closer tie to local public health, results indicate that keeping this well-known brand was received positively. Odney indicated: "We've been running brand awareness ads on a paid site on social media and seeing them do incredibly well. As for social media engagement, Odney staff has reported an increase in "positive attention."

The TPCP is facing unprecedented challenges as vaping and ENDS use is rising among both adults and youth.

The tax on tobacco products in North Dakota has been stagnant since 1993, though the price of cigarettes has continued to rise. It is estimated that the costs over a lifetime for a smoker who starts at age 18 is \$1,191,219 per smoker. Further, new tobacco products such as JUUL and other ENDS have dramatically increased the number of North Dakotans using tobacco. ENDS use among youth in North Dakota is higher than the US average, with 20.6 percent of North Dakota high schoolers in grades 9 – 12 reporting use of ENDS. Implementing a tobacco tax could potentially provide additional resources to address ENDS.

"Costs of many things have gone up in the last 25 years, but our tax rate has held steady and so the value of that tax dollar has diminished over time as health care costs rise, as insurance rates rise."

- Heather Austin, TFND executive director

Coordinating resources is working to successfully change policies, which are an evidence-based approach to protect North Dakotans from the harms of tobacco.

The model policies created by the policy workgroup are available for all LPHUs to use and modify for their own city, county, or region. The number of policy changes passed at the local level has exceeded the goals in the State Plan for both outdoor areas and multi-unit housing. Further, the 41 partners of the TPCP share resources and lessons learned during the quarterly partners meetings, an example of how coordination and pooled resources create synergy to create change.

Communities rely on the TPCP partners to be the tobacco experts, particularly to help address the ENDS epidemic among youth.

School administrators, educators, public safety personnel, and hospitals are turning to their local tobacco coordinators for information and resources to combat ENDS use, particularly among youth. Southwestern District Health Unit created a listing of vaping devices, which was shared with all LPHUs at the October 2018 quarterly partners meeting. Similarly, Bismarck-Burleigh Public Health has examples of various vaping devices and liquids that are used to educate on the various forms and flavors of ENDS.

1 What were the challenges in establishing the TPCP?

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During the 2017 biennium, when the Center was defunded and funding for tobacco control was cut by 42 percent, it was imperative that the TPCP take creative and swift action to ensure continuation of best practices in tobacco control, especially in the midst of new challenges such as ENDS. Embracing their new role as lead coordinator for the TPCP, the NDDoH did respond swiftly, launching a strategic planning effort in July 2017 that convened 41 local, state, and regional partners in tobacco control for strategic planning for the TPCP. This strategic planning initiative was the first effort to shift the culture of tobacco control to a more unified and coordinated partnership – the TPCP. As a partnership, the TPCP relied on coordinated efforts among its 41 partners to maintain best practices in tobacco control during the 2017-2019 biennium.

There were many challenges in establishing the TPCP as it exists today. These included:

Reduction in state level staff meant less capacity to do the work – Prior to 2017, the tobacco control efforts at the state level were done by a total of approximately 12 staff, including four staff at the NDDoH and eight at the Center. After the Center was defunded and tobacco control funding cut in the 2017 legislative session, state-level coordination experienced a loss of eight full-time staff. The NDDoH was able to hire one additional full-time staff member for the TPCP. Despite the overall loss of funding and staff, the NDDoH continued efforts to advance TPCP efforts with these limited resources.

Baseline data was unavailable or incorrect – To revise the State Tobacco Plan and ensure accuracy of the TPCP evaluation, it is vital to have baseline data by which to measure progress. Prior to the biennium, the Center provided some data to the NDDoH to establish these baselines, but many of them had to be revised. For example, as the NDDoH began working more closely with the TPCP partners, they learned that the baseline number of colleges and universities with tobacco control policies was higher than previously recorded so they revised the baseline from 6 to 15. External evaluation efforts are essential for continued program learning and improvement, as well as understanding the impact of the TPCP efforts.

Culture change in the management of tobacco control work – In an interview study conducted by PDA, all interviewees reported that the management style of the Center was top down, which made it challenging for LPHUs to maintain local control of tobacco control efforts in their own communities. In the 2017 – 2019 biennium, the NDDoH assumed responsibility for coordinating tobacco control efforts, with all activities guided by the state plan. With this shift, implementation of the work was dispersed among the 41 partners. This was a culture shift for many of the LPHUs and the voluntary organizations and understanding of this new partnership is still evolving.

Uneven participation of the TPCP partners – The success of the TPCP relies on active participation and contribution by each of the 41 partners. Many partners are heavily involved – participating in workgroups, attending quarterly partners meetings, and working at the local level. However, some partners have not been as involved – participating in quarterly partners meetings and other TPCP activities infrequently or not at all, reporting very little in quarterly reports or routinely submitting quarterly reports after the deadline.

Evaluation efforts – Prior to the 2017-2019 biennium, the tobacco control program was managed by two entities. As a result, data on the TPCP activities and outcomes were not comprehensive. This made it difficult to evaluate the TPCP in the current biennium because baseline data on the state of the TPCP were either not available or in some cases inaccurate. Evaluation efforts this biennium largely focused on collecting accurate and comprehensive data to establish baselines and set the stage for future evaluations.

The TPCP is responsible for implementing the five components of CDC's Best Practices for Comprehensive Tobacco Control Programs: cessation, social norms change through state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure. However, most funding for tobacco control interventions comes from the states, and of the \$54.4 million (estimated) received from the tobacco settlement in 2018, the state allocated \$5.8 million to tobacco prevention. A primary purpose of the strategic planning work in July 2017 was to identify how to best allocate limited resources to maintain CDC best practices in the 2017 – 2019 biennium.

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The TPCP program components that were maintained, modified, and not done in the current biennium due to reduced funding.

	What was maintained ⊖	What was modified △	What could not be done ⊗
Cessation interventions	Two cessation interventions: NDQuits (telephone and web quitline) and NDQC (health systems).	Number of postpartum sessions for BABY & ME Tobacco Free Program (BMTFP) was reduced from 12 to 6.	Could not do two planned ad hoc studies to explore ways to improve the quitline user experience and overall use.
Social norms change	Funding was allocated to each of the 28 LPHUs and tribal nations (2 of the 4 tribal nations are using the funding).	Reduced total funding allocated to the LPHUs. Coordination for PETF is an unpaid responsibility of the LPHUs.	Could not do targeted local-level evaluation for the LPHUs and for the tribal nations.
Mass reach health communications	A health communications plan was created and implemented.	Prevention/social norms campaign is now exclusively digital and social media, which is an emerging evidence-base.	Could not use broadcast media for prevention or social norms change, which is evidence-based. No new creative elements were developed for any media campaigns.
Surveillance and evaluation	The number of surveillance data sources was expanded.	Evaluation resources are limited, focus on priority questions only.	Could not do an external evaluation of health communications.
Infrastructure, administration, & management capacity	All five components of CDC Best Practices are being implemented.	The structure of the TPCP is now partnership-based, and not a top-down model.	There was a net loss of 8 full-time staff at the state level.

2

What is the TPCP doing to address ENDS?

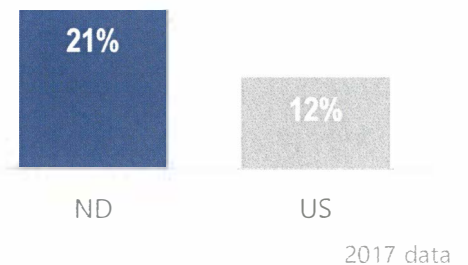
Electronic nicotine delivery systems (ENDS) are an emerging concern for tobacco prevention and control efforts. The TPCP partners have described the surge in ENDS use among youth in North Dakota as one of their greatest challenges. Nationally, some health officials tout ENDS as a safe alternative to combustible tobacco. Research models, however, suggest that at the population level, e-cigarettes produce more harm than benefit.³ Furthermore, the health effects of long-term ENDS use are still unknown. As such, the NDDoH does not support ENDS as safe alternatives to conventional tobacco products and approaches prevention and control of ENDS as they do all other tobacco products.

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The concerns about ENDS

- Youth who use ENDS are more likely to initiate use of combustible tobacco products than non-ENDS users.⁴
- JUUL violations have been reported in all school levels in North Dakota, including elementary schools.
- In December 2018, the Surgeon General issued an advisory on e-cigarette use among youth urging the nation to “take aggressive steps” to curb the “epidemic” of ENDS use among youth.
- Among smokers who want to quit, ENDS use reduces the likelihood of successfully quitting.⁵ In North Dakota, 7 percent of tobacco users who called NDQuits reported using ENDS seven months after enrolling in the program. The majority (80 percent) of these individuals were using ENDS as a cessation tool.
- Among all adult tobacco users in the state, 11 percent currently use ENDS. The long-term health effects of ENDS use are still unclear, but vaping aerosols contain ultrafine particles and other toxins that may increase risk of cardiovascular and lung disease.⁵

E-cigarette use among youth in **ND** is higher than the **US** average.



Sales and marketing of ENDS products

- In 2015, NDSU researchers studied the nicotine content of e-liquids sold in unlicensed vape stores in North Dakota and found that 17 percent contained more than the labeled quantity and 34 percent contained less than the labeled quantity by 10 percent or more. One sample contained 172 percent more than the labeled quantity. The NDDoH will fund the next phase of this study in 2019.⁶
- In September 2018, the FDA cracked down on the makers of e-cigarettes with new enforcements targeting illegal sales to youth and kid-friendly marketing.

“It is crucial that the progress made in reducing cigarette smoking among youth and young adults not be compromised by the initiation and use of e-cigarettes.”
 -- Surgeon General Report, E-Cigarette Use Among Youth and Young Adults, 2016

³ Soneji SS, Sung H Y, Primack BA, Pierce JP, Sargent JD (2018) Quantifying population level health benefits and harms of e cigarette use in the United States PLoS ONE 13(3) e0193328

⁴ Leventhal AM, Strong DR, Kirkpatrick MG, et al Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence JAMA. 2015; 314 700 707

⁵ Glantz S A, & Bareham, D W (2018) E-cigarettes. use, effects on smoking, risks, and policy implications Annual review of public health, 39, 215 235

⁶ Buettner-Schmidt, K., Miller, D. R. & Balasubramanian, N. (2016) Electronic cigarette refill liquids, child-resistant packaging, nicotine content, and sales to minors Journal of pediatric nursing, 31(4), 373-379

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The TPCP partners are implementing multiple, diverse strategies to address ENDS use in their local communities and in the state. This includes: research, policy, education, youth advocacy, and cessation interventions. LPHUs are aware that they are “looked to for expertise on ENDS, so [we] need to become the experts quickly.” Below are examples of how the TPCP partners are finding innovative ways to address ENDS use and fold ENDS into existing best-practice strategies for tobacco prevention and control.



Changing policies

- Updating model policies to include ENDS. The TPCP policy workgroup updated existing model policies to include ENDS and set a requirement that all future model policies include ENDS.
- Changing city ordinances to regulate sales of ENDS products as tobacco products. For example, Fargo Cass Public Health influenced local policymakers to include vape shops under the same regulations as tobacco shops. Doing so ensures that retailers can be fined for selling vape devices with nicotine to youth.
- Proposing policies to restrict the sale of flavored tobacco products. Valley City has passed a flavor ban.



Building local and state capacity

- Creating and sharing ENDS resources. Southwestern District Health Unit created an inventory of common vaping devices with photos and shared the list with the TPCP partners at a quarterly meeting.
- TFND and Bismarck-Burleigh Public Health Unit led an ENDS training for the TPCP partners.
- TFND created a model ENDS presentation and trained LPHUs in how to deliver the presentation to members of their communities.
- The NDDoH partners with NDSU to conduct research to better understand risk of ENDS products including a study to compare actual to labeled nicotine content in e-liquids.
- LPHUs leverage memberships in multiple health coalitions to increase reach of ENDS education and prevention messages.



Including ENDS in cessation interventions

- The BABY & ME – Tobacco Free Program (BMTFP) and NDQuits have been adapted to ask participants about ENDS use and include conversations about ENDS in counseling.
- Nine of 11 NDQC grantee health systems have built ENDS use into their AAR initiative (Ask every patient about tobacco/ENDS use at every health care visit and if using either product, Advice patient to quit and Refer to an evidence-based cessation program).
- Among NDQC grantee health systems, 8 health systems provide TTS counseling and 7 health systems provide bridge Nicotine Replacement Therapy (NRT) to ENDS-only users.



Educating and raising awareness about ENDS

- The TPCP partners have responded to an increasing number of requests from schools and community organizations including healthcare providers, legislators, fire departments, EMTs, and police to provide education about ENDS.
- LPHUs educate ENDS retailers about the importance of compliance with ID laws to prevent sales to youth.
- The TPCP partners are educating the public about the dangers of ENDS through earned, paid, and social media.
- Engaging youth in peer-education initiatives about dangers of ENDS and deceptive marketing techniques to target youth.

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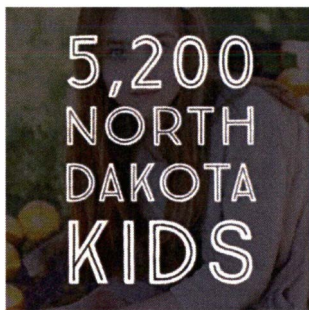
How are policy efforts supporting tobacco control?

Implementing a tobacco price increase is one of the most effective ways to reduce the number of youth who try tobacco. Also known as a "user fee," a price increase on tobacco products can also increase the number of tobacco users who try to quit, while ensuring that tobacco users are paying more toward the \$559 million of annual cost of direct tobacco-related expenses in North Dakota.

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Currently, North Dakota has the fourth lowest tax on tobacco in the United States, at 44 cents per pack. By comparison, the CDC recommends a significant increase to have an impact on encouraging current smokers to make a quit attempt. Tobacco Free North Dakota and the American Cancer Society have a goal to pass legislation in North Dakota that would raise the price of tobacco products by \$1.50 per pack for cigarettes, or 28% of the wholesale price for all other tobacco products in the 2019 legislative session.

For every 10 percent increase in the price of tobacco, the number of youth that try tobacco is reduced by more than 5 percent⁷.



The proposed tobacco user fee is aligned with tobacco best practices and would bring North Dakota more in-line with other, similar states such as Montana (\$1.70) and South Dakota (\$1.53), though still below neighboring state Minnesota (\$3.04).

Increasing tobacco prices by \$1.50 would prevent 5,200 kids from ever trying tobacco. Further, the Campaign for Tobacco-Free Kids has documented the positive effects a tobacco user fee has on budgetary and political gains.

Local tobacco control work continues decades-long history of passing local tobacco-related policies.

Since the late 1980s and early 1990s, the TPCP has had a strong focus on giving local communities, through the LPHUs, control and support in making local progress in tobacco control. This is done in coordination with state-level efforts to advance policy and programmatic work. As an example of the power of local control in North Dakota, from 1990 to 2004 there were 38 local ordinances passed to restrict youth access to tobacco products. When the Center was created in 2008, this relationship shifted, but with the NDDoH now supporting local efforts, the importance of local leadership has regained traction.

"In less than two years, JUUL changed the trajectory in a way that threatens to undermine all the work in reducing tobacco use over the last three decades."

--Matthew Myers, President of the Campaign for Tobacco-Free Kids

As one example of this work, Valley City has adopted a flavor ban ordinance. This has inspired other cities to work towards a flavor ban as part of revisions to their youth ordinance. In some communities, these revisions may also include raising the fines for retailers who sell tobacco to minors, including ENDS, as there is data showing increased availability of tobacco products to teens. More information about ENDS is in Section 2 of this report.

⁷ Chaloupka FJ, et al (2001) The Impact of Price on Youth Tobacco Use. Changing Adolescent Smoking Prevalence. Tobacco Control Monograph 14. Also The Tax Burden on Tobacco 2017

4 How is the TPCP preventing initiation of tobacco use?

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Preventing North Dakotans from ever starting tobacco use is the most “upstream” and effective strategy for addressing the negative health and economic consequences of tobacco use in the state. The two primary approaches that the North Dakota TPCP is taking to prevent initiation of tobacco use are to **make it more difficult to access tobacco products** and **cultivate social norms that discourage tobacco use**. Both approaches are endorsed by the CDC as best practices for comprehensive tobacco control.

* See **Section 3** for description of how the TPCP is using **policy change** to reduce initiation of tobacco use.

Tobacco prevention youth summit engages youth to become tobacco prevention leaders in their communities.

Organized by Bismarck-Burleigh Public Health, the statewide summit exceeded attendance goals by drawing 140 youth and adult advisors from 14 schools around the state to Bismarck for a day of educating and inspiring youth to become tobacco control leaders. Students created video public service announcements (PSAs) to align with the summit theme, #WasntBornYet, which refers to the fact that the state tobacco tax hasn't increased since 1993 – before students were born. Because of high interest in and success of the summit, organizers are actively planning for ways to make the summit accessible to even more students and schools in 2019.

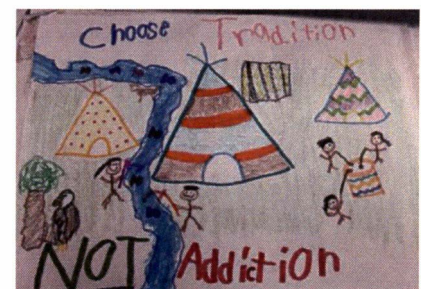


“If young people don’t start using tobacco by age 26, they almost certainly will never start.”

--Surgeon General Report, Preventing Tobacco Use Among Youth and Young Adults, Consumer Booklet, 2012

Strong community partnerships engage youth in tobacco prevention in tribal nations.

At Spirit Lake Nation, the tobacco coordinator partners with the Alcohol and Other Drugs and Native Connections programs to deliver prevention messages to youth. Collectively referred to as “Spirit Lake Prevention,” this group of community partners facilitates a youth prevention committee that meets monthly to plan education events. The group also oversees the “Spirit Lake Prevention” Facebook page, which currently has over 300 followers.



Poster from the Spirit Lake Prevention Youth Poster Art and Video Contest

Changing social norms in tobacco prevention and control means creating “a world where seeing people smoke or use other tobacco products is the exception, not the norm.”⁸ One way that the TPCP contributes to shaping tobacco-free social norms is through education at the community level and through mass-reach communications.

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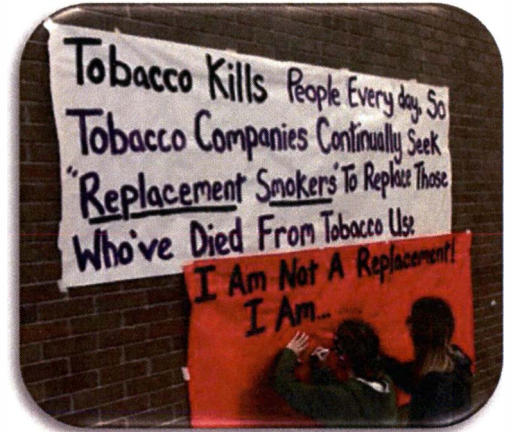
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The TPCP partners are educating North Dakotans about tobacco prevention and control in diverse settings across the state.



Schools

LPHUs work with TFND and use resources from the Campaign for Tobacco Free Kids to educate students, staff, and administrators about tobacco’s harms and deceptive tobacco industry marketing tactics to target youth. LPHUs work with school staff to engage youth in peer-education activities to align with national tobacco prevention and cessation awareness days like Kick Butts Day and the Great American Smokeout.



Community settings

TFND created presentations and policy talking points that LPHUs can adapt for their own advocacy efforts in their respective communities. The TPCP partners also provided education at public events including cancer walks, community health fairs, and public information sessions.



Health systems

NDQC grantee health systems, in partnership with LPHUs, held two successful large-scale tobacco education conferences for healthcare providers.



Mass media

The TPCP partners shared tobacco prevention and cessation messages with the public through earned and paid media including social media, television interviews, radio, and podcasts.



Tobacco retailers

LPHUs educate tobacco retailers about the importance of complying with laws to prohibit youth access to tobacco and ENDS products.



Employers

LPHUs and NDQC grantee health systems provided tobacco prevention and cessation education and resources at employer sponsored health fairs.



⁸ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Consumer Booklet. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2012.

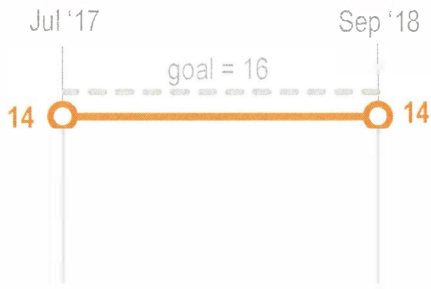
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What is the TPCP doing to eliminate exposure to secondhand smoke?

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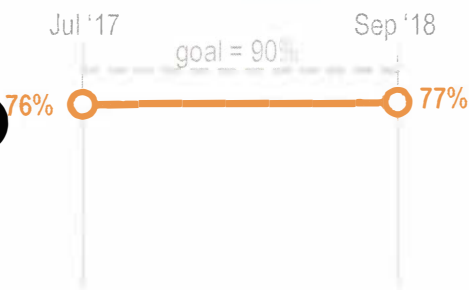
One critical role of the TPCP is to protect North Dakotans from the harms of SHS. This means working to maintain and uphold the integrity of the North Dakota Smoke-Free Law passed in 2012 and expanding protection from SHS at **schools, universities, and workplaces** not covered by existing law.

The number of colleges with tobacco-free grounds policies remained steady at 14 and is below the state goal.



The LPHUs' Model Policy Workgroup developed a model policy for tobacco-free grounds, which included a checklist of key policy components. They presented the model policy to the North Dakota University System, which was receptive to the recommendations and is interested in passing a policy at the university system level. There are 14 tobacco-free campuses and another 17 are smoke-free.

The percent of local education areas covered by tobacco-free policies has remained steady at 77 percent and is below the state goal.



Across the state, 77 percent of school districts are covered by a comprehensive tobacco-free policy. However, while some LPHU service areas have 100 percent coverage, others have fewer than 50 percent coverage including some large school districts. Focusing policy efforts on those large school districts has potential to reach the most students.

Increased the number of tobacco-free policies in workplace settings not covered by state law.

LPHUs and NDQC grantee health systems helped to pass tobacco-free building and grounds policies in multiple new workplace settings, including childcare centers, dental practices, museums, libraries, and long-term care facilities. Two notable sites that implemented a tobacco-free policy include:

- DHS Regional Human Service Centers, which serve about 17,000 people each year
- Heartview Foundation, which is an alcohol/drug treatment and education program



Engaging tribal nations to implement smoke-free policies in casinos.

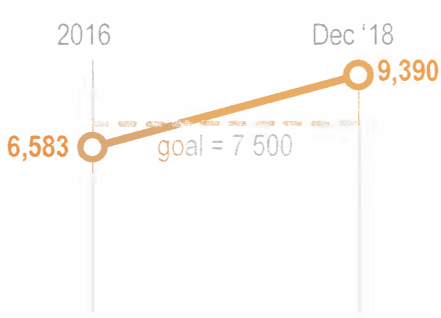
The smoke-free casino project consists of three phases: 1) air quality testing, 2) survey of employees, community members, and VIP patrons, and 3) presenting results from air quality testing and surveys to tribal leadership. To date, air quality has been tested in six casinos, 763 surveys have been completed, and casinos in two tribal nations are smoke-free (Spirit Lake and MHA Nation).

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Thanks to the TPCP, more North Dakotans are protected from involuntary exposure to SHS in their homes and while enjoying public outdoor spaces. In addition to providing technical support to help landlords of public housing units implement HUD's Smoke-free Public Housing Rule that went into effect August 2018, LPHUs proactively engaged landlords of private MUH properties to encourage them to follow suit. Additionally, LPHUs worked with youth and local coalitions to support the passage of new tobacco-free policies in public outdoor areas around the state.

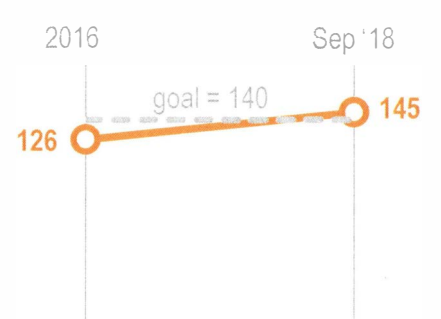
The TPCP EXCEEDED state goals for number of smoke-free MUH policies and smoke-free policies in public outdoor areas not covered by the North Dakota Smoke-Free Air Law

Increased the number of smoke-free multi-unit housing policies from 6,583 to 9,390.



LPHUs provided resources and technical support to property owners implementing the federal Housing and Urban Development's new smoke-free housing policy. LPHUs also proactively contacted MUH property owners to inquire about existing smoke-free policies and when appropriate, encouraged owners to consider adopting new, or strengthening existing smoke-free policies. For MUH property owners who were interested in going smoke-free, LPHUs provide critical resources to support them, including: model policies, policy talking points, sample lease agreements, cessation resources, signage, and technical assistance for policy implementation and enforcement.

Increased the number of smoke-free policies in public outdoor areas not covered by the North Dakota Smoke-Free Air Law from 126 to 145.



LPHUs used a multi-pronged approach to support passage of tobacco-free parks policies. They provided signage to parks, provided education and advocacy tools to community groups to advocate for tobacco-free parks policies, met with city officials about adopting tobacco-free parks policies, and educated the public about the benefits of smoke-free parks through articles published in coalition newsletters and local newspapers.



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6 How is the TPCP supporting North Dakotans who are ready to quit tobacco?

"Promoting cessation is a core component of a comprehensive state tobacco control program's efforts to reduce tobacco use." (CDC Best Practices) The NDDoH promotes three primary programs to offer population-wide interventions, targeted interventions for priority populations, and systems changes within health care and community-based organizations (see table below). Additionally, LPHUs support cessation in a variety of ways, including referrals to cessation programs, in-house cessation programs, and community partnerships to support cessation among priority populations.

The NDDoH's three primary cessation programs served about 13,650* North Dakota tobacco users in the last fiscal year (July 1, 2017 – June 30, 2018).

	Program type	Targeted populations	Amount of counseling	Medication provision	Incentives
NDQuits: Quitline & Web-based Services	Phone counseling	General population	5 calls for the general protocol.	8-weeks of NRT for under or uninsured and all AI protocol enrollees.	None for general or AI populations.
	Web-based cessation information	Pregnant women	10 calls for the tailored protocols.		\$5/session completed during pregnancy.
		Postpartum women			\$10/session completed during postpartum.
		American Indians (AI)	Unlimited web access to all.		
BABY & ME – Tobacco Free Program (BMTFP)	In-person counseling	Pregnant women Postpartum women	4 prenatal sessions and 6-12 postpartum sessions.	No medication provision.	\$50 diaper voucher /postpartum session.
NDQuits Cessation Grantees (NDQC)	In-person counseling	General population, Behavioral health, Cancer patients, Low socio-economic status, Young adults	Brief in-person interventions.	2-weeks of bridge NRT.	None
	Systems change				

*NDQuits (n=2,472), BMTFP (n=181), NDQC (n=11,000+)

LPHUs play a critical role in connecting tobacco users to available cessation services and supporting healthcare providers with cessation initiatives.

LPHUs are critical in maintaining referral networks to all of the cessation programs and connecting tobacco users to the correct program(s) to help them quit. Almost all of the LPHUs (n=23) reported referring clients to NDQuits throughout the biennium. Some LPHUs are able to provide cessation services themselves. A total of ten LPHUs offer face-to-face individual counseling, group counseling and/or the BMTFP to clients.

LPHUs are also crucial resources for healthcare providers. Fifteen LPHUs reported working with 79 different clinics and community organizations to support implementation of the systems approach to tobacco cessation. Further, LPHUs network with organizations that serve populations who suffer high rates of tobacco addiction, which promotes equitable access to cessation programs across the state.

Access to cessation services across the state is vital in assuring North Dakotans who are ready to quit tobacco are connected to cessation assistance. Furthermore, tobacco users respond differently to different modes of interventions (in-person, online, telephone). Ideally, no region would be left without access to cessation services and all regions would have a variety of cessation service modes to choose from. Across the state, all regions are offered access to NDQuits; however, the types of and availability of in-person programs offered vary by region.

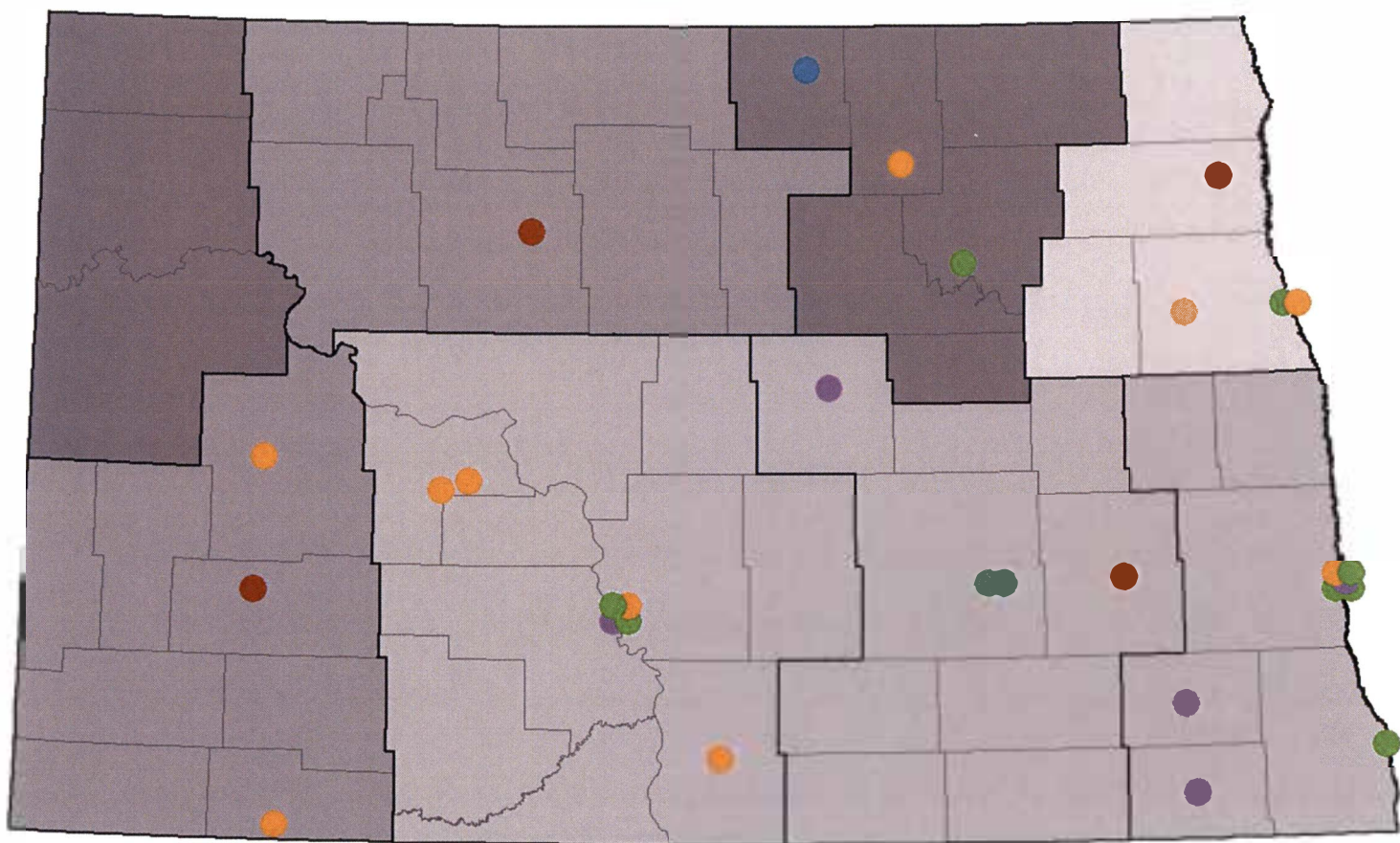
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Cessation programs are available to all North Dakotans via NDQuits; however, availability of in-person programs is lowest in areas with high tobacco prevalence.

The multiple program options offered to North Dakotans enable tobacco users to find the best program to fit their tobacco cessation needs and continue to make quit attempts until successfully abstinent from tobacco. The map below depicts the locations of in-person cessation services, and the gray shading indicates the tobacco use prevalence in that region. Additional to these in-person programs are the statewide quitline and web-based services provided through NDQuits.

As shown below, in-person cessation services are offered fairly consistently across the state. However, in-person treatment options are less available in the northwest and north central regions where tobacco prevalence is high. To continue to support North Dakotans ready to quit tobacco, the NDDoH should expand in-person services in regions with high tobacco use prevalence where it is feasible to do so.

In-person cessation programs and tobacco use prevalence by region



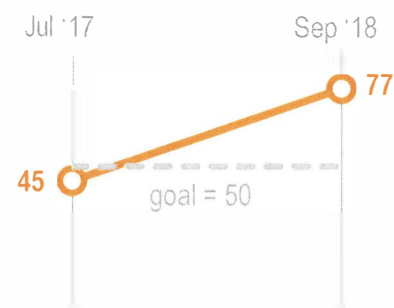
Program offered: BMTFP only NDQC only In-person (IP) counseling BMTFP & NDQC BMTFP & IP
 Tobacco use prevalence: 15-20% >20-25% >25-30% >30-35%

For a map with labels of each of the cessation program locations, please refer to Appendix F.

The TPCP exceeded state goals for health care settings using the systems approach.

Increased the **number of health care settings assessed that use the systems approach** for tobacco dependence treatment from 45 to 77.

As specified in the CDC Best Practices for Tobacco Control Programs, a key strategy to promoting cessation is support of systems changes that embed tobacco treatment protocols in clinical and community organization policies and practices. In FY18, the number of healthcare settings that use the systems approach increased from 45* to 77 healthcare settings from LPHUs. Additionally, all ten NDQC grantees have established a tobacco treatment program, offer NRT, and refer to NDQuits.

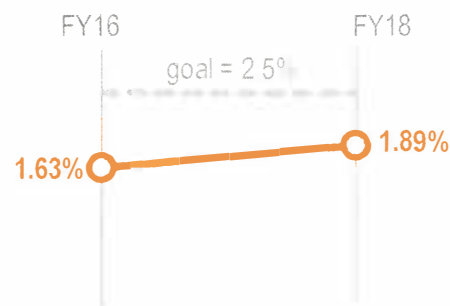


*Data may include duplicate organizations due to limitations in baseline data.

The TPCP continues to strive to meet the state goals of NDQuits treatment reach and the number of North Dakotans making a quit attempt.

Increase the **annual treatment reach of NDQuits** to all North Dakota cigarette smokers to 2.5 percent.

Another strategy in promoting tobacco cessation across the state is by increasing the number served by the NDQuits treatment program. This is done through increasing medical provider referrals, referrals from other NDDoH-funded cessation programs, and earned, social and digital media. In FY18, a total of 2,472* unique tobacco users received one or more calls, one or more shipments of NRT, and/or one or more logins to the NDQuits website. This represents 1.89 percent of all adult tobacco users in North Dakota and is a significant increase from the previous year (1.63 percent). To further improve treatment of tobacco addiction through NDQuits, the NDDoH may consider increasing local media or referrals networks as is feasible, and continuing expansion of EHRs to decrease barriers to provider referrals to NDQuits services.

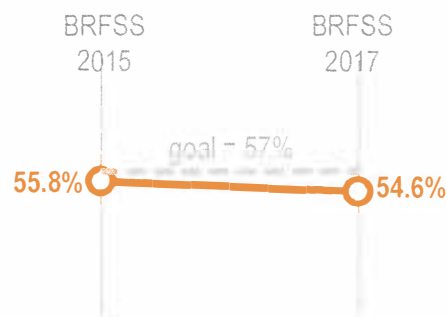


*Note: web login data are not available for Jul. 2017 – Dec. 2017. As such, the reported treatment reach is an under-report of the proportion treated through NDQuits.

The percentage of quit attempts has remained statistically steady.

Increase the **percent of adult smokers who have attempted to quit** once in the past year to 57 percent.

Making quit attempts is an important part of the cessation journey, and it often takes tobacco users more than one quit attempt before successfully quitting tobacco. To assess this important first step to quitting tobacco, the CDC tracks the number of adult smokers who have attempted to quit once in the past year. In 2015, this was 55.8 percent of all North Dakota smokers. In 2017, 54.6 percent of adult tobacco users attempted to quit at least once. While this is a decrease, it is not a statistically significant decrease from previous years. The NDDoH should continue to strategize ways to further educate and engage North Dakota tobacco users in quit attempts. Some strategies to consider are: increased media efforts, growth of referral networks, further adoption of systems approach to tobacco treatment, and/or expansion of cessation services.



7 To what extent did the TPCP increase capacity to meet emerging tobacco control needs in the state?

4

The overall resources dedicated to tobacco control during the 2017-2019 biennium are significantly less than in recent years, cut by \$3.2 million annually. However, the leaders and partners of the TPCP were able to build upon North Dakota's long history of tobacco control leadership to be strategic about how to most effectively use the reduced resources to meet best practices in tobacco control.

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As an example of the power of this response, the NDDoH was able to respond quickly to the reduced funding and restructuring of tobacco control that was passed during the 2017 legislative session. Strategic planning sessions were initiated the first month of the next fiscal year (July 2017) and quarterly partners meetings were initiated that same month with all 41 local, state, and regional partners invited and expected to attend (which they did, and continue to do). Collaboration is continued between quarterly meetings through the activities of six workgroups: coalition, cessation, policy, health communications, youth, and evaluation.

TFND is pivotal in the TPCP maintaining consistent momentum.

In the current biennium, the role of TFND is stronger and more sustainable than in the recent past, despite losing 90 percent of their budget in the last legislative session. For over 30 years, TFND has served to advocate, educate, and lobby to advance issues related to tobacco control, and historically played an important role in the passage of the 1987 North Dakota Clean Indoor Air Act (HB 1272) and its subsequent expansion in 2015 (SB 2300). TFND continues to play a key role in policy work, as described in Section 3 of this report.

The more recent expansion of TFND's role is to work closely with North Dakota's 28 LPHUs on health communication, advocacy, and advancement of tobacco control policies. Heather Austin, TFND Executive Director, works to make sure that the relationship between TFND and LPHUs is mutually beneficial. Ms. Austin brings a strong background in membership development and programming, and TFND now has multiple levels of support.

In addition to grant funding, TFND is supported by contributions from each of the 28 LPHUs, individual donations, as well as several corporate partnerships. The diversity of support and partnerships of TFND has been pivotal in ensuring a consistent level of support.

"[We] want to keep [support] more of a plateau of ongoing support and work rather than these big peaks and valleys. A big part of what we were trying to work on and **why we wanted to partner with the local public health units is because then you don't have to rebuild every single time you work on a new policy or issue. You've always got something percolating in the background and people ready to be engaged in a moment's notice** ...when you have these big peaks and valleys, then you've got to start from scratch with education too and get everyone ready to be engaged and if you can mitigate some of that then it makes the whole process smoother."

-- Heather Austin, TFND Executive Director



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Evidence around the importance of mass communication efforts on issues that affect the public’s health have been documented since the early 1970s, with the first statewide campaign occurring a couple decades later. Health communications is one of the five key strategies in the CDC’s comprehensive tobacco control best practices and has been documented to provide a cost savings for prevention and cessation media efforts. This work is essential in countering the millions of dollars tobacco companies continue to spend on targeted promotion of their products – with a large percentage of these dollars spent targeting youth. Most recently, tobacco-funded efforts have focused on promotion of e-cigarettes, JUULs, and various flavored tobacco products. In fact, a \$10 million television ad campaign, “Make the Switch”, was recently launched to promote JUUL as a cessation device. The NDDoH does not support ENDS, including JUUL, as a cessation device. Data from North Dakota supports this position as the quit rates of individuals who used ENDS were not significantly different from those who did not, in a seven-month follow-up of NDQuits users in FY18. To combat these efforts, the CDC recommends counter-tobacco media campaigns be developed around three areas: prevention, cessation, and social norms change. A summary of media data is included in Appendix G.

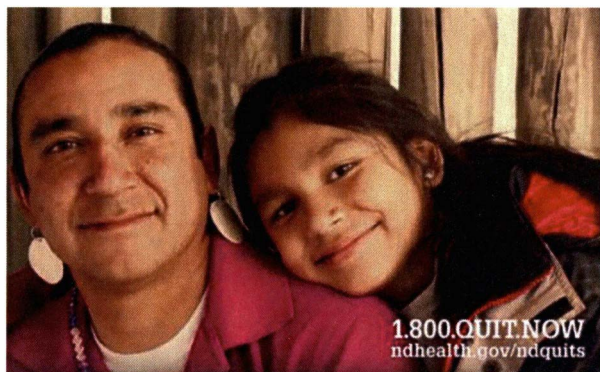
Coordination and emerging practices with health communications.

Health communications of counter-tobacco media in North Dakota is a coordinated effort with two brands, managed by two entities, as described to the right. Due to limited funds, strategic decisions were made to (a) utilize existing media, and (b) maximize use of digital and social media to stretch limited media dollars.

The two campaigns try to “piggy-back on each other’s messages” on Facebook. This is possible because the same contractor, Odney, manages the two campaigns. The NDDoH Health Communications lead stated that Odney “knows the State Plan, they know the media place, and they do a really good job making sure that messages are shared across the two campaigns.”



This brand was created in 2006 by PETF and Odney. In 2017, it was decided that it was fiscally responsible to keep the brand, but to emphasize local public health. PETF controls this brand and leads the digital media campaigns on prevention and social norms change. Media included three paid digital flights in 2018, as well as paid and organic social media efforts.



Amid some early indicators of success with digital campaigns, the increase of vaping and addiction among youth is of high concern.

While the use of broadcast counter-tobacco media is an evidence-based practice, limited funds made this prohibitive for the BreatheND campaign, and more limited for the NDQuits campaign. There are some early indicators that digital campaigns have had some success, but this is an emerging practice.

Odney uses education and resources via social media outlets to “empower other people to help us de-norm the tobacco industry.” As one example, Odney posted an article about the chemicals in e-cigarettes on Facebook and it “took off like wildfire...we had 180 people sharing it, we had parents tagging their kids in it. That’s the goal of the BreatheND page – to get that community involvement.”



The NDDoH works with contractor Odney to lead the cessation-focused campaign. This includes both digital and broadcast media, with a goal of driving tobacco users who are ready to quit to cessation services in the state (see Section 6).

One way to maximize resources is to have focused and coordinated efforts of populations with relatively high rates of tobacco use, and populations specifically targeted by the tobacco industry. Populations disproportionately targeted by commercial tobacco include: American Indians, young adults (age 18-24), pregnant women, North Dakotans with behavioral health issues, and residents who identify as lesbian, gay, bisexual, or transgender (LGBT). Cessation initiatives tailored for American Indians and for pregnant women are discussed in the cessation section of this report, Section 6. In North Dakota, there is also a focus on use of smokeless tobacco, as use of this type of tobacco in North Dakota is higher than the US average.

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Prioritizing populations most affected by tobacco can maximize resources.

The TPCP has dedicated resources towards outreach and education to ensure that health care organizations serving these populations have resources to address tobacco use. LPHUs have specifically reported working with federally qualified health centers, behavioral health care facilities, and substance abuse treatment facilities. This also includes integrating tobacco dependence treatment into routine health care delivery. Finally, North Dakota is addressing population disparities by conducting targeted outreach to increase the state quitline's reach to underserved populations with high smoking rates. The NDQuits media campaign includes a flight targeting LGBT populations.

Increased the **number of health systems and community organizations working to target special populations** from 30 to 81*.



*Data may include duplicate organizations due to limitations in baseline data.

Powerful examples of earned media.

While funding cuts prompted a shift in North Dakota's counter-tobacco communications strategy from television and radio messaging to increased social and digital media strategies, the TPCP has found ways to gain exposure through earned and organic media. LPHUs ran advertisements in county newspapers, posted on social media sites, and earned interviews on local television and radio stations to raise awareness about the increasing prevalence of ENDS use among youth and dangers of ENDS products. Appearances were made on the North Dakota Today Show, KFYZ-TV, and KX News, and Coffee time on Radio Works. Perhaps the most salient example of LPHUs coordinating to educate the public on the dangers of ENDS products was in the wake of the nicotine poisoning of a Jamestown school administrator after confiscating an ENDS product from a student – an incident that drew local and national attention to the dangers of ENDS.

State and local coordination of ENDS messaging

In March 2018, when a high school administrator in Jamestown suffered from nicotine poisoning after skin contact with liquid from a confiscated e-cigarette, the NDDoH issued a press release to warn against the dangers of e-cigarettes. Many LPHUs distributed the press release in their communities, which generated community interest in and invitations to speak about ENDS. The expertise of LPHUs and the NDDoH and their swift coordinated response to this unfortunate incident proved to be a valuable resource to communities as concerns and questions about ENDS emerged in response to the news.

Minot News

Officials warn about nicotine poisoning caused by e-cigarettes

By: Nathalie Gomez

Posted Mar 28 2018 02:15 PM CDT
Updated Mar 28 2018 02:40 PM CDT



8

What is the result of North Dakota's coordinated tobacco control effort?

In 2017, the TPCP was awarded 53.9 percent of the CDC recommended funding level. The state received \$54.4 million (estimated) in tobacco settlement payments and taxes, though only \$5.8 million was allocated to tobacco control. Given the changing landscape in tobacco prevention and control, the need to have policies and programs in place to prevent tobacco use and to increase cessation efforts is great. Through partnership, there has been some progress, though sustaining this work will require continued resources at the state level to coordinate efforts, and at the local and regional levels to implement targeted services across the state.

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The tobacco tax not been increased in North Dakota since 1993.

As was discussed in Section 4, the 140 youth attending the annual youth summit in Bismarck were not born the last time the tobacco tax in North Dakota was increased. This concept was continued in the 2019 legislative session, with an emphasis at the Tobacco Coalition Day on January 24, sponsored by ACS and TFND.

"The **challenge** related to tobacco prevention work is **keeping up with the tobacco industry and all the new vaping products** out in the market to entice youth."

--Bev Voller, Emmons County Public Health



In North Dakota,
21% of high school students
currently identify as a
vaping product user.

From the NDDoH Facebook page

The TPCP partners are maintaining current laws.

LPHUs reported multiple activities and collaborations to maintain and enforce the current North Dakota Smoke-free law. Of particular focus is to decrease the percentage of retailers who sell tobacco to minors. Updates to statewide legislation could ensure that ENDS are included as tobacco products – currently, ENDS are not classified as a tobacco product across North Dakota.

Achieving the retail compliance goal in the State Plan requires the coordinated efforts of the North Dakota Department of Human Services (NDDHS), the NDDoH, local law enforcement, and the LPHUs. From July 2017 to September 2018, the LPHUs reported 15 instances of training and educating local tobacco retailers on state and local youth access laws. This form of education keeps awareness of local and statewide tobacco sale regulation fresh for retailers. Additionally, post-compliance check follow-up letters serve to inform noncompliers of their violation and provide the action(s) needed to bring their retail location into compliance. About 16 of the 28 LPHUs participated in a Synar training (retail compliance checks for tobacco) in December 2018, which will equip them with the needed tools to further educate local tobacco retailers.

We continue to update our lists of new businesses within our communities and make face-to-face visits to bring them signage and explain North Dakota law regarding tobacco sales. We also provide them with a calendar that shows the current date and helps staff easily identify that the person purchasing tobacco is legally able to do so.

--Lake Region District Health Unit

Selected Recommendations

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Continued partnership-building is essential.

It was a direct and intentional response to diminished resources to strengthen and engage the TPCP partners and for the NDDoH to coordinate tobacco control efforts. In the past 18 months, there has been notable progress made in communicating the new, partnership-based structure of the TPCP. While the majority of the partners have responded positively, the shift in structure remains difficult for a minority of partners. There is still some progress to be made in having clear communications of such a large partnership, especially with the net loss of eight state-level staff to conduct this coordination. Given the immediate response in engaging the partners in strategic planning and the subsequent structure that the NDDoH implemented in the current biennium, it is highly likely that this partnership building will continue to be strengthened.

Maintain broadcast media when the funding is available; when that is not an option, continue to evaluate the effectiveness of digital and social media campaigns.

While the use of broadcast counter-tobacco media is an evidence-based practice, limited funds made this prohibitive for the BreatheND campaign, and more limited for the NDQuits campaign. There are some early indicators that digital campaigns have had some success, but this is an emerging practice. Odney is currently collecting data to inform the effectiveness of all media campaigns, and this is shared with the health communications workgroup, as well as the external evaluation team. LPHUs with social media accounts might also immediately benefit from Odney's findings, so it is encouraged that strategies that work well, as well as those that do not, are shared more broadly. Increased or effective new creative elements can also drive tobacco users to cessation services, which would increase the State Plan goals of increasing treatment reach and quit attempts.

"If you don't have media and coalitions out there to raise awareness, educate, and put pressure on legislators, it's hard to get people motivated."

-PETF member

Consider focusing on areas with the least coverage, or where there may be gaps in services.

In both prevention and cessation components of the TPCP, there is some unevenness in either the distribution of resources or the effectiveness of those resources across the state. For example, on the prevention side, there are some LPHUs where 100 percent of school districts have passed a model tobacco policy, and others where less than half have such policies (there are also some large districts without a policy). On the cessation side, the western part of the state has fewer options for in-person cessation programs. Some LPHUs, such as Emmons County Public Health, Walsh County Health District, Cavalier County Health District, and Custer Health have established successful partnerships with healthcare systems to promote cessation, sponsor TTS training, and provide NRT - these are models that could be expanded.

Continue focus on efforts to improve the quality of data collection and use.

The NDDoH has a strong history of putting resources into ensuring strong and transparent data and reporting processes are in place, both internally and for their contractors. There are multiple examples of this in the cessation-related reports referenced in Appendix E, and there are already plans to continue this work in the creation of a BMTFP application that is intended to enhance feasibility for grantees, and allow real-time use by the grantees of their own data.

Selected Recommendations

Continue to periodically re-evaluate the programmatic and evaluation priorities.

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Given the limited funding, programmatic and evaluation-related activities had to be prioritized, and not all important components could be implemented. Given the rise of ENDS use and the continued evolution of the TPCP, it is essential that the priorities are regularly reflected on so that the most essential components of the TPCP are implemented and evaluated. Surveillance data is essential for understanding population-level trends across the state and this data can inform local-level efforts, providing support for focusing resources on populations with high tobacco use, or geographic areas with above average prevalence.

The resources available to the TPCP are not commensurate with the continuing need for cessation services, or with the ENDS epidemic.

While there have been numerous successes highlighted in this report, as well as in the documents listed in Appendix E, many of these successes have come from the many individuals across the state who are going above and beyond what they are paid to do. Many of these individuals have been involved in tobacco control in North Dakota for a decade – some for more than two decades. It is because of this longevity and the willingness for so many individuals to work beyond what they are paid to do that there have been so many successes in the current biennium.

Further, some of this success is due to the fact that North Dakota had been funded at CDC-recommended levels until mid-2017. This allowed for appropriately-funded media campaigns that educate all North Dakotans about the dangers of tobacco and drive those who use tobacco to cessation services. Further, it allowed many of the partners to establish some processes that were able to be continued without current sufficient funds – such as the management of PETF. The ability to keep all aspects of the CDC Best Practices in Tobacco Control in place will slowly erode if resources stay at the current funding level.⁹ And since tobacco use is the number one cause of death for North Dakotans, the people of the state will be the most negatively affected if this progress is allowed to erode.

Continue investing in evaluation, surveillance, and learning.

This report was only possible because of the time, resources, and energy that the TPCP partners put into evaluating where they've been, where they are now, and how to be even more effective moving forward. Prior to the biennium, evaluation efforts were split between the Center and the NDDoH, and this evaluation was limited in its ability to build on previous evaluation efforts. The TPCP is being built as a comprehensive, unified system, which is perhaps one of the most significant outcomes of the evaluation – that a commitment to evaluation and strategic planning resulted in a shared vision of what the TPCP is and how it works. Indeed, if the state is interested in understanding what the TPCP is doing and the extent to which it is saving lives and money, it has to document and understand the nature of the partnership itself. The NDDoH and external evaluation contractors designed multiple systems for collecting data from the TPCP partners and the TPCP partners submitted data quarterly. Partners are already using data and evaluation findings to improve their work. Continued investment in evaluation and learning supports data-driven decision-making, encourages responsible use of resources, and helps to ensure that the TPCP continues to work effectively to produce more benefits than harm.

⁹ Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003;22(5): 843–59.

Appendix A. What is the TPCP? Who does the work?

Appendix B. Evaluation approach and methods

Appendix C. Comprehensive, partnership-based logic model

Appendix D. Progress on the North Dakota state tobacco plan

Appendix E. References to PDA's reports on specific components of the TPCP

Appendix F. Labeled map of cessation services in North Dakota

Appendix G. Paid media campaigns, impressions, and flights

Appendix H. Timeline of key tobacco control events

Appendix A: What is the TPCP? Who does the work?

North Dakota's TPCP is a partnership-based initiative that coordinates the work between the North Dakota Department of Health, the 28 local public health units (LPHUs), state partners, voluntary organizations, and contractors. These efforts are coordinated and led by the seven TPCP staff at the NDDoH, listed on the right.

Voluntary Organizations: American Cancer Society, American Heart Association, American Lung Association, Campaign for Tobacco Free Kids

State Partners: The North Dakota Department of Health (NDDoH), Tobacco Free North Dakota, Public Education Task Force (PETF), North Dakota Department of Human Services, North Dakota Attorney General, North Dakota's Tribal Tobacco grantees

Local Partners and Grantees: Each of North Dakota's 28 Local Public Health Units has a tobacco coordinator, health systems grantees, BABY & ME-Tobacco Free grantees

Contractors: Odney (media campaigns), Public Health Law Center (policy review, technical assistance), Professional Data Analysts (external evaluation), National Jewish Health (quitline vendor), WYSAC (NDQuits follow-up survey vendor, NDSU, UND

The TPCP staff and roles at the NDDoH:

Division Director,
Susan Mormann

Program Director,
Neil Charvat

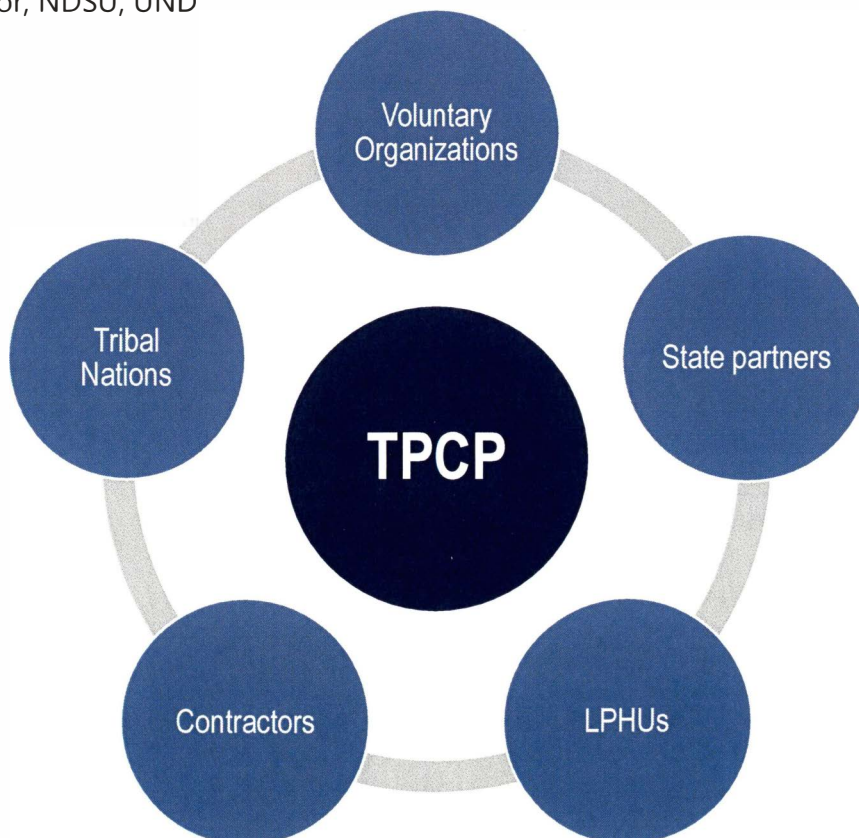
Health
Communications and
Equity Specialist,
Kara Hickel

Tobacco Cessation
Coordinator,
Kara Backer

Community Programs
Coordinator,
Abby Erickson

Epidemiologist,
Clint Boots

Division of Community
& Health Systems
Support Staff,
Diana Greff-Kramer



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Appendix B: Evaluation approach and methods

Utilization-Focused Evaluation (U-FE) and Evaluation Standards

PDA takes a utilization-focused approach to evaluation, meaning that one of our first activities is to identify the primary intended users of the evaluation and to engage those users throughout the evaluation process. Of primary concern is that there is stakeholder involvement throughout our evaluation process, heightening the buy-in and use of the results. PDA balances this by following the guiding documentation of our professional standards, particularly the Program Evaluation Standards (version 3). The Standards provide guidance that evaluations should balance issues of feasibility, propriety, accuracy, utility, and accountability.

Evaluation Questions and Methods

Evaluation purposes, guiding questions, methods, analysis, and reporting are detailed for each of the five CDC best practice areas. Full details are available in PDA's biennial evaluation plan, and in various evaluation reports (see Appendix E for a list of reports).

1. Cessation Interventions

There are three cessation programs: NDQuits, NDQC grantees (systems change), and BMTFP (pregnant women). These efforts have been led and managed by the NDDoH for many years. The guiding evaluation question across all three cessation initiatives is: To what extent is North Dakota implementing "population-level, strategic efforts to reconfigure policies and systems in ways that normalize quitting and that institutionalize tobacco use screening and intervention within medical care?"

A. NDQuits annual evaluation

PDA has been conducting a formative and summative evaluation of NDQuits since 2011; this longevity has allowed the evaluation to be responsive to ongoing changes to the program. PDA uses information collected from quitline registrants at registration (intake data, collected by the quitline vendor) as well as data from a follow-up survey administered to a sample of quitline users (follow-up data collected by PDA's sub-contractor, Wyoming Survey & Analysis Center, WYSAC). Analysis methods implemented by PDA include descriptive statistics, reach calculations response bias analysis, and outcomes. To explore the predictors of quitting, PDA conducts a multivariate logistic regression. Full details of these methods are included in PDA's annual reports to the NDDoH.

B. Quality Assurance (QA) and data coordination for NDQuits

The evaluation of NDQuits involves data coordination with three vendors. First, the quitline vendor, National Jewish Health (NJH), collects intake data from program registrants, as well as utilization data for the web program, the general population telephone program, and the telephone utilization data for two priority populations (pregnant women and American Indians). Second, the counselors for the general population quitline calls are from the counselors at the University of North Dakota's Department of Family and Community Medicine. Third, the quitline vendor provides counseling for registrants who opt-in to the American Indian or the pregnancy protocols. All of the follow-up data is collected by WYSAC. Regular (monthly) quality assurance checks are implemented by PDA. When the program or data changes, PDA ensures there is reliable and transparent data available so that the NDDoH can understand program intake, utilization, and outcomes for NDQuits, to report to key stakeholders, including the North Dakota Legislature.

C. BABY & ME – Tobacco Free Program (BMTFP)

The evaluation questions include both process questions as well as inquiry into program outcomes. Similar to the NDQuits evaluation, prior evaluation efforts have informed and have been responsive to programmatic changes. For example, in FY18, PDA started to incorporate program outcomes for birth weight. A new exploration that will be reported on in FY19 is the impact of the dedicated counselor model on program outcomes. Full results are reported annually in a report prepared by PDA.

Evidence to address these evaluation questions include the quarterly data reported by BMTFP grantees, including participant registration and program use (prenatal and postpartum). In addition, PDA uses surveillance (vital statistics) and supplemental program documentation (quarterly calls with the national BMTFP founder, success stories, narrative reporting on successes and challenges).

Analysis includes descriptive statistics and narrative descriptions. Further, PDA calculates an Intention to Treat (ITT), which is an approach to analysis that allows comparisons between groups where dropout may otherwise lead to biased results. No one is excluded from analysis who has had enough time to achieve each outcome. In the BMTFP analysis, this method is used for calculation of abstinence rates at each program visit. Operationally, this means it is assumed anyone who did not return to a session, but should have, is still using tobacco and is kept in the analysis. This is done in order to avoid inflation of the abstinence rates observed at each time point.

D. NDQuits Cessation (NDQC) Grantees

PDA has been conducting a process evaluation of these efforts since FY15. Following the FY17 report, PDA identified data limitations and proposed to revise the quarterly data collection process, including the questions asked. Interviews were conducted with each of the NDQC grantees, and revisions to the quarterly data collection tool were made, incorporating review by the NDDoH and feedback from the grantees. The goals of this revision were to improve data quality, and to account for and document the context-specific successes and challenges of the grantees, who represent a variety of health systems, from large, multi-state systems to rural systems that span a large geography.

Evidence to address these evaluation questions primarily include an annual planning document, and quarterly reports that track progress toward grant-related work. These reports include both quantitative and qualitative reporting. PDA will prepare and deliver an annual process report on NDQC grantee activities on an annual basis. In addition to an annual process report, PDA conducts analysis quarterly and provides each NDQC grantee with a quarterly dashboard.

2. State and Community Interventions

A key component of a strong tobacco control program is grassroots or locally-led efforts in the areas of tobacco prevention, cessation, and social norms change. In North Dakota, 28 LPHUs are provided funding to implement these efforts. In addition, the NDDoH funds several tribal grantees to lead similar efforts in tribal areas. Finally, various supportive organizations are funded through special initiative grants relating directly to priority elements in the State Plan, including TFND and PETF.

A. Local Public Health Units (LPHUs)

The 28 LPHUs work on the four goals for the State Plan: (1) preventing initiation of use in youth and young adults; (2) eliminating exposure to SHS; (3) promotion of cessation with youth and adults; and (4) building capacity and infrastructure to implement a comprehensive tobacco control program. The evaluation of this work is both formative and summative; quarterly report dashboards are created and shared with each of the grantees so they can understand how their work relates to and contributes to the statewide progress on the tobacco plan.

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Annual report data sources included: the quarterly reports, workgroup documents, notes from the quarterly partners meetings, documentation of the strategic planning session, documentation and results of the sustainability planning, model policies created by the policy workgroup, and other supporting documents (e.g., documentation of the Youth Summit collected by Bismarck-Burleigh Public Health).

B. Tribal grantees

North Dakota has four federally-recognized tribal nations: Spirit Lake Sioux Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, and Turtle Mountain Band of Chippewa. Since 2008, the NDDoH has funded tribes directly to implement CDC's Best Practices in Tobacco Prevention and Cessation. Currently, two of the funded tribes has a dedicated Tribal Tobacco Prevention Coordinator (TTPC) that leads and coordinates these efforts. The NDDoH also funds a Smoke-Free Casino effort, led by Stephanie Jay of Turtle Mountain. PDA reviewed annual reports from the tribal grantees that were submitted to the NDDoH. PDA also conducted three interviews: one with the NDDoH Tobacco Equity Specialist, one with the lead for the Smoke-Free Casino effort, and one with the tobacco coordinator in Spirit Lake. Some LPHUs coordinate with tribes, and PDA incorporated that information when that collaboration in the LPHU quarterly reports.

C. Legislative Efforts

The Public Health Law Center wrote legislation for a tobacco tax increase, which was completed in the fall of 2018. Partners such as TFND and PETF will be instrumental in advocacy and education efforts related to the tax increase. PDA will track efforts around the tobacco tax increase on the LPHU quarterly reporting forms, in tracking of legislative efforts, and in conversations with the NDDoH. Findings will be incorporated into PDA's synthesized report of all tobacco control activities.

3. Health Communications

A strong, state-level health communications intervention is essential to affect cessation, prevention, and social norms change. The media methods implemented should include wide-reaching broadcast media (television and radio ads), as well as social media, earned media, billboards, press releases, conferences, and health promotion activities. Evaluative information was collected by various entities, including the media vendor, the LPHUs, the NDDoH, and PDA. Odney takes the lead in collecting quantitative data related to media campaigns, including digital flights, Facebook analytics, and other indicators. In late spring 2018, PDA conducted a small interview study. Telephone interviews were conducted with the following: the NDDoH, PETF, TFND, and Odney. A report was delivered to the NDDoH at the end of FY18.

4. Surveillance and Evaluation

The focus of a strong surveillance and evaluation plan is having a process in place to monitor trends around attitude, behaviors, and outcomes related to tobacco in the state over time. The primary purpose of such a system is to demonstrate accountability and program effectiveness. At the start of the biennium, the NDDoH has strong surveillance in place, with systems already set up to provide public-facing documents that show trends in tobacco use, tobacco use initiation, tobacco consumption, cessation, tobacco-related policy, and economic indicators around tobacco. A primary evaluation goal for this biennium (2017 – 2019) is to build more efficiently and effectively the surveillance into this comprehensive evaluation work, particularly since PDA is able to collaborate with the surveillance capacity at the NDDoH.

5. Infrastructure, Administration, and Management

This component of an effective tobacco control program centers around having adequate resources to provide program oversight, training, and technical assistance. This includes funding, staff knowledge and skills, and other resources related to program sustainability. Evidence to address this best practices component include site visits and attendance (in person or virtual) in the quarterly partners meetings; review of white papers and other technical documents produced by the NDDoH and partners; and this synthesis report of the five components of tobacco control.

Appendix C: Comprehensive, partnership-based logic model

Key Partnerships

Leadership, Technical Assistance, and Statewide Coordination



Education, Advocacy, and Policy Efforts



Implementation of efforts in prevention, cessation, local coalitions, and communications



Evaluation and Research



Professional Data Analysts



American Heart Association



AMERICAN LUNG ASSOCIATION



Driving Activities

NDQuits, BMTFP, NDQC

1 Cessation Interventions

LPHU & Tribal Grantees

2 State and Community Interventions

BreatheND & Cessation

3 Health Communication Interventions

Formative and Summative

4 Surveillance and Evaluation

Coordination and Capacity

5 Infrastructure, Administration, & Management

Desired Outcomes

Prevention of Tobacco Use

Increase price of tobacco, implement effective school and college tobacco use policies, mobilize to restrict minor's access to tobacco products.

Eliminate SHS Exposure

Maintain comprehensive smoke-free laws, prevent preemption, increase policies addressing smoke-free MUH, increase number of outdoor smoke-free policies.

Promote Cessation

Increase the annual treatment reach of NDQuits, increase the number of healthcare settings assessed that use the systems approach for tobacco dependence treatment.

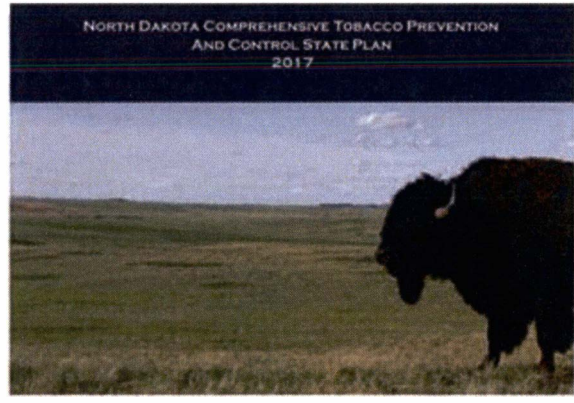
Build Capacity & Infrastructure

Maintain administrative structure to manage the ND TPCP in concurrence with CDC Best Practices for TPCP.



Appendix D: Progress on the North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan)

North Dakota has historically been a leader in the development of a state-level tobacco plan – in 1986 the state was among the first seven states to have such a plan. This plan serves to align national health goals (e.g., The Guide to Community Preventative Services for Tobacco Control Programs ¹⁰), statewide prevalence, and the economic impact of tobacco use on the state and local-level priorities and work. It coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature.

The 2017 – 2019 biennium Comprehensive Tobacco Prevention and Control State Plan (State Plan)¹¹ was created through partnership, following the historical precedent set in the state. The State Plan is a living document that is periodically reviewed, modified, and updated throughout the biennium. The 2017 – 2019 State Plan was created following strategic planning with the TPCP partners in July 2017. The State Plan was submitted to the North Dakota Legislature in September 2017, and progress on the State Plan’s objectives will be reported to this legislative body during the 2019 session.



Key

-  Goal is in progress
-  Goal has been met

¹⁰ The Guide to Community Preventative Services for Tobacco Control Programs <https://www.thecommunityguide.org/topic/tobacco>

¹¹ North Dakota Comprehensive Tobacco Prevention and Control State Plan https://www.ndhealth.gov/tobacco/NDDoH_TPCP_State_Plan_Update.pdf

Goal 1. Prevent the Initiation of Tobacco Use Among Youth and Young Adults

Objective 1.1: By June 30, 2019, increase the price of cigarettes and other tobacco products by the minimum amount necessary to effectively lower health impacts, excluding FDA approved Nicotine Replacement Therapy products (Current tax: 44 cents Source: North Dakota Tax Department).



In progress.

Objective 1.2: By June 30, 2019, the North Dakota Department of Health (NDDoH) and North Dakota School Board Association (NDSBA) comprehensive model tobacco-free school policy will cover 90 percent of Local Education Associations (LEAs) (from 76 percent in 2017. Source: Center for Tobacco Prevention and Control Policy (CTPCP) data).



77 percent of LEAs covered by tobacco-free policy.

Objective 1.3: By June 30, 2019, increase the number of state and tribal college campuses in North Dakota with tobacco-free grounds policies to 16, adequately addressing ENDS (from 14 in 2017. Source: TPCP).



14 total campuses as of September 31, 2018.

Objective 1.4: By June 30, 2019, increase to 10 the number of local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing influences (from 4 in 2017. Source: North Dakota Department of Health Tobacco Prevention and Control Program (NDDoH TPCP) data).



27 total local organizations and tribal entities engaging youth as of September 31, 2018.

Objective 1.5: By June 30, 2019, reduce to 10 the percentage of retailers selling tobacco products to minors as determined by the Synar tobacco compliance check program (from 7.7 percent in 2017. Source: North Dakota Department of Human Services-NDDHS).



Synar grants went out in Sept/Oct 2018. The 2018 percentage is 8.8.

Goal 2. Eliminate Exposure to Secondhand Smoke (SHS)

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Objective 2.1: By June 30, 2019, eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.



Documented examples locally. Also, marijuana provision did not pass (Nov 2018).

Objective 2.2: By June 30, 2019, prevent preemption in all North Dakota state tobacco prevention and control laws.



Training from and consultation with Maggie Mahoney (Oct 2018).

Objective 2.3: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at home by increasing number of smoke-free multi-unit housing policies encompassing 7,500 housing units (from 6,583 housing units in 2016. Source: CTPCP data).



9,390 units as of Sept 30, 2018.

Objective 2.4: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at work and by increasing to 4 the number of smoke-free policies and laws in areas not covered by the North Dakota Smoke-Free Law (from 2 in 2017. NDDoH TPCP).



Still at 2.

Objective 2.5: By June 30, 2019 reduce the number of North Dakotans exposed to secondhand smoke in public outdoor areas by increasing to 140 the number of smoke-free policies in areas not covered by the North Dakota Smoke-Free Law (from 126 in 2016. Source: CTPCP data).



There are 145 parks policies as of September 30, 2018.

Goal 3. Promote Quitting Tobacco Use

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FY18 reach is now 1.89 percent.



77 healthcare settings now use the systems approach.



54.6 percent in BRFSS 2017.



81 health systems (HS) and community organizations (CO) work to target special populations with tobacco cessation.



Objective 3.1: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the annual treatment reach of NDQuits to all North Dakota cigarette smokers to 2.5 percent (from 1.63 percent in 2016. Source: NDDoH TPCP).


Objective 3.2: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing to 50 the number of health care settings assessed that use the systems approach for tobacco dependence treatment as recommended in the US Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Update 2008 (from 45 in 2017. Source: NDDoH TPCP data).



Objective 3.3: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the percentage of adult smokers in North Dakota who have attempted to quit once in the last year to 57 percent (from 55.8 percent in 2015. Source: North Dakota Behavioral Risk Factor Surveillance System (BRFSS)).


Objective 3.4: By June 30, 2019 increase to 33 the number of health systems and community organizations working to target special populations with tobacco cessation treatment interventions (from 30 in 2017. Source: NDDoH TPCP data).



Goal 4. Build Capacity and Infrastructure to Implement a Comprehensive, Evidence-Based Tobacco Prevention and Control Program

Objective 4.1: By June 30, 2019, maintain the administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program in concurrence with CDC Best Practices for Tobacco Prevention and Control Programs.  Maximize staffing. 

Objective 4.2: By June 30, 2019, maintain and enhance infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions from the most current CDC Best Practices for Comprehensive Tobacco Control Programs.  Quarterly meetings, strategic planning, State Plan.

Objective 4.3: By June 30, 2019, maintain effective, ongoing tobacco prevention and control health communication initiatives that focus on changing the broad social norms of tobacco. The communications initiatives will deliver strategic, culturally appropriate and high-impact earned and paid messages through sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Plan.  Interview study, materials from Odney. 

Objective 4.4: By June 30, 2019, update the North Dakota comprehensive statewide surveillance and evaluation plan.  PDA created a comprehensive plan.

Objective 4.5: By June 30, 2019, update sustainability efforts previously described in the latest version of the North Dakota Comprehensive Tobacco Prevention and Control Plan.  In progress – UWash process was conducted in spring 2018. 

Appendix E: References to PDA's reports on specific components of the TPCP

This report is the culmination of several reports and planning documents that were produced by Professional Data Analysts. These documents are cited below and referenced throughout this report. Please contact Neil Charvat at the North Dakota Department of Health and Melissa Chapman Haynes at Professional Data Analysts with questions about these documents. Contact Neil Charvat for questions about reports that are not available online.

Comprehensive evaluation plan for the TPCP, 2017-2019

PDA created a comprehensive evaluation plan for the TPCP, specifically framed around the CDC Best Practices. Of primary interest is the progress that the TPCP is making on the biennial state plan goals and objectives. The evaluation plan is located here:

https://www.ndhealth.gov/tobacco/NDDoH_Eval_Plan.pdf

State and Community Interventions

LPHU quarterly reports - PDA has produced quarterly reports on collective progress the LPHUs have made toward each of the State Plan goals, starting in FY18, quarter 2.

Comprehensive LPHU report – PDA created a comprehensive evaluation report on the work of the LPHUs from July 1, 2017 – December 30, 2018.

October quarterly partners meeting presentation (2018)

Cessation Interventions

NDQuits – Since 2011, PDA has produced an annual report on the process and outcomes, including reach. https://www.ndhealth.gov/tobacco/Reports/Report_NDQuits_FY17.pdf

NDQC – Since 2014, PDA has produced an annual report that includes processes and outcomes.

NDQC quarterly reports - PDA has produced quarterly reports on collective progress the LPHUs have made toward each of the State Plan goals, starting in FY18, quarter 2.

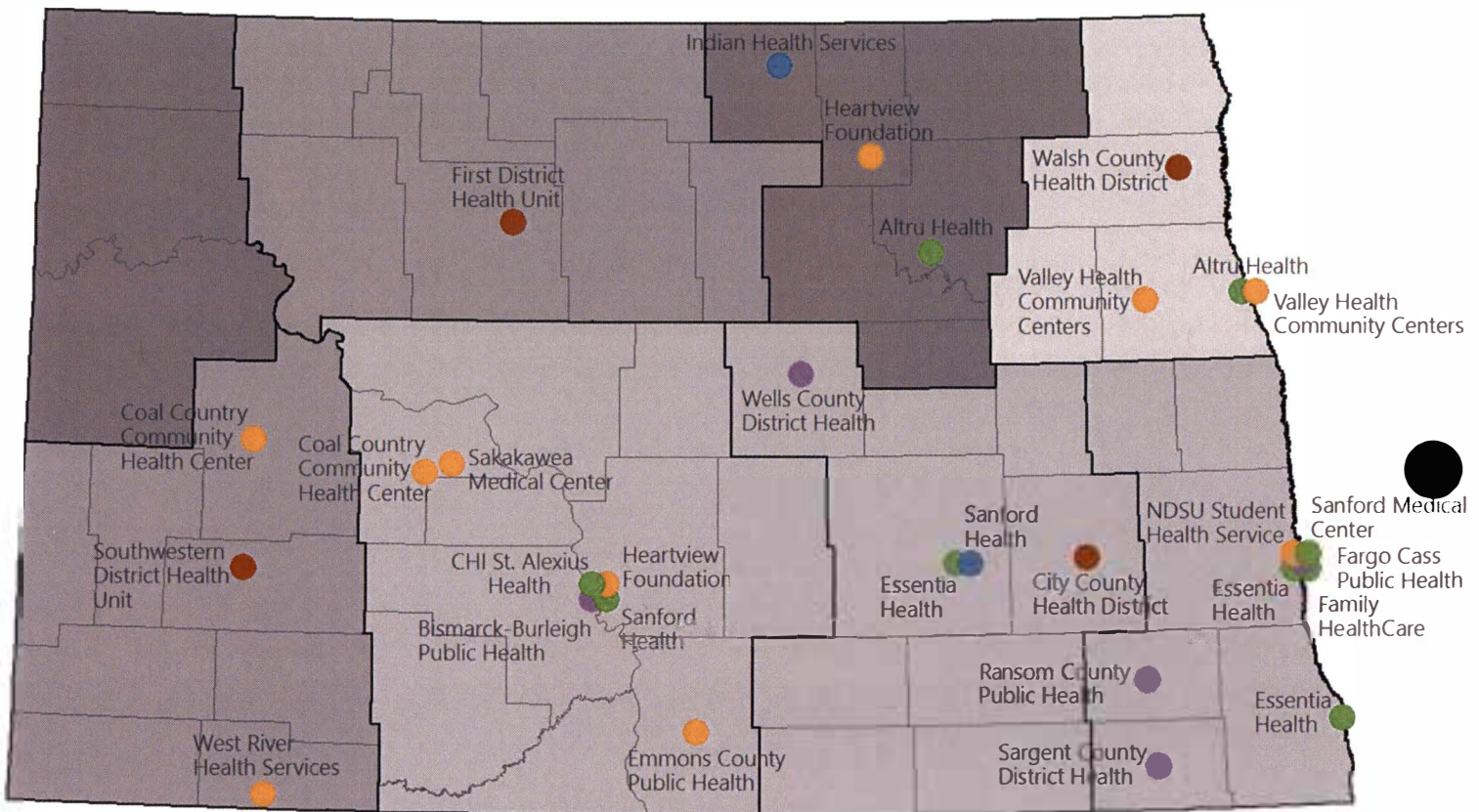
BABY & ME - Tobacco Free Program (BMTFP) – PDA produces an annual report that includes processes and outcomes.

Health Communications

Interview report – In June 2018, PDA produced a report based on interviews with the NDDoH, PETF, Odney, and TFND.

Appendix F: Detailed map of cessation services in North Dakota

The map below depicts the cessation programs offered across North Dakota. Each program is labeled by the grantee or location of the cessation service. The color key demonstrates the variety of programs while the shading shows tobacco prevalence by human service region.



Program offered: BMTFP only NDQC only In-person (IP) counseling BMTFP & NDQC BMTFP & IP

Tobacco use prevalence: 15-20% >20-25% ≥25-30% >30%

Appendix G: Paid media spending, impressions, and flights

Odney is the contractor for both media campaigns, BreatheND and NDQuits, and is responsible for documenting the flights and evaluating the effectiveness of these campaigns. The BreatheND campaign is managed by PETF. The fiscal agent for PETF is Upper Missouri District Health Unit. The NDQuits campaign is managed by the NDDoH. This appendix is based on a report prepared by Odney on 12/14/18.

BreatheND

All campaigns targeted adults age 18-54 and the market/DMA was statewide. All flights included a combination of paid digital, paid social media (Facebook advertising), and organic social media. The paid digital campaigns used the created "Sizmek" in flight 1, and "Amobee" in flights 2 and 3.

Flight information	Dates	Digital (cost)	Social (cost)	Total Investment*	Total estimated added value
Flight #1: Tobacco Industry De-normalization	3/12/18 – 6/03/18	\$91,995.82	\$4,000.00	\$91,196.03	\$4,382.06
Flight #2: Tobacco Industry De-normalization	6/18/18 – 9/09/18	\$91,998.38	\$4,000.00	\$95,998.38	\$2,673.04
Flight #3: Tobacco Industry De-normalization	9/24/18 – 12/16/18	\$96,828.27	\$4,740.00	\$101,568.27	\$2,388.90

*Total investment is the sum of the digital and social campaigns, minus rebates.

NDQuits

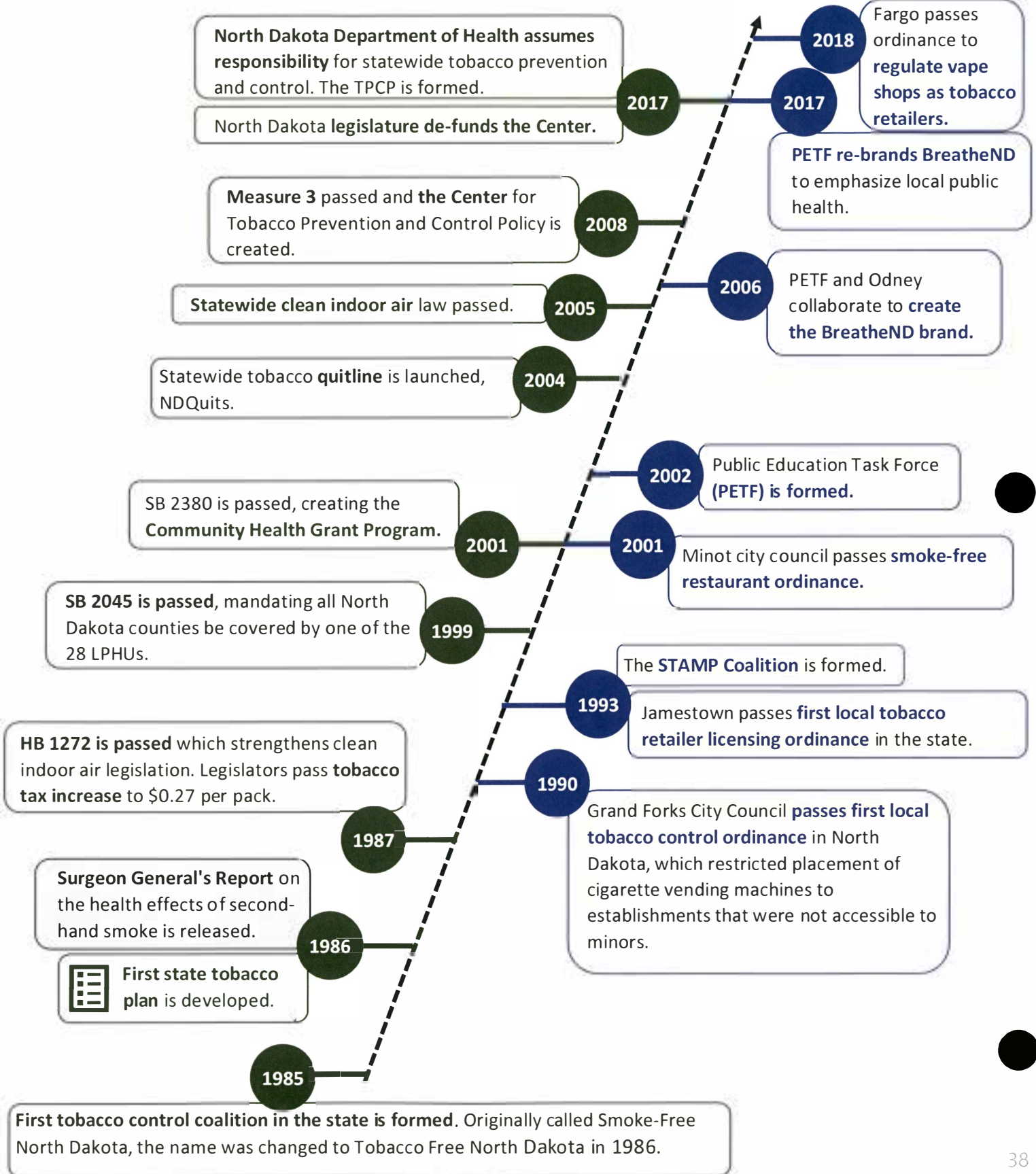
The NDQuits campaign was able to use television and radio, a best practice, along with digital and social media campaigns.

Flight information	Dates	Audience	Media types	Total Investment*	Total bonus spots
Flight #1: General Tobacco	7/31/17 – 8/13/17	Adults 25-64	Radio	\$24,728.02	\$15,143.90
Flight #2: Amanda	9/11/17 – 9/30/17	Adults 25-64; Women 18-34	Broadcast TV, cable TV, radio, social	\$148,767.21	\$86,747.85
Flight #3: General Tobacco	12/26/17 – 2/18/18	Adults 25-54; Adults 18-64	Broadcast TV, radio, digital, social	\$255,484.99	\$80,414.80
Flight #4: LGBTQ	2/19/18 – 4/15/18	Adults 18-16 LGBTQ	Digital, social	\$49,872.24	n/a
Flight #5: Chew Tobacco (2 flights)	4/16/18 – 06/10/18	Adults 18-24; Adults 25-54	Broadcast TV, cable TV, digital, social	\$208,489.22	\$78,181.00

Appendix H: Timeline of Key Tobacco Control Events

State level activities

Local level activities



Tobacco Surveillance Data

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Be Legendary

Indicator	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Tobacco Use (Used at least once in past 30 days)										
Cigarette Smoking										
Adult (BRFSS)*				21.9	21.2	21.2	19.9	18.7	19.8	18.3
High School (YRBS)		22.4		19.4		19.0		11.7		12.6
American Indians ¹				52.0	46.2	44.0	47.9	42.1	49.7	51.3
Pregnant (smoked cigarettes during 1st trimester) ²	18.3	17.0	16.8	16.0	15.9	15.1	13.9	13.8	11.6	11.5
Low Income ³				29.5	32.0	32.0	34.9	31.8	36.1	33.4
Low Education ⁴				33.0	33.3	33.2	41.2	31.5	34.1	31.0
Smokeless Tobacco⁵										
Adult Males (BRFSS)*				14.8	14.0	13.8	11.8	14.1	12.6	11.6
High School Males (YRBS)		23.2		22.2		22.0		17.6		12.8
E-Cigarettes⁶										
Adult (BRFSS)*									3.5	4.1
High School (YTS)				1.6		6.0		19.1		19.1
High School (YRBS)								22.3		20.6
Any Tobacco Product⁷										
Adult (BRFSS)*									24.4	23.4
High School (YRBS)										28.8
Tobacco Use Initiation										
Adult - Ever tried electronic cigarettes ⁸									22.1	20.6
High School - Ever tried electronic cigarettes ⁸								42.1		41.0
High School cigarette use before age 13 ⁹		32.6		29.2		21.8		33.3		34.5
High School smokeless tobacco use before age 13 ¹⁰		18.3		24.2		17.0		27.2		26.1
Tobacco Consumption										
Cigarettes Sold - in millions (ND Tax Commission)	946	912	911	965	1,047	1,054	1,113	1,096	1,020	966
Annual Cigarette Tax Revenue - in millions	\$20.8	\$20.1	\$20.0	\$21.3	\$23.0	\$23.2	\$24.6	\$24.1	\$22.5	\$21.2
Annual Other Tobacco Tax Revenue - in millions	\$3.3	\$3.7	\$4.4	\$5.1	\$6.1	\$6.6	\$7.7	\$7.5	\$7.1	\$7.0
Cessation										
Cigarette Smoking Quit Attempts										
Adult (BRFSS)*				53.1	52.8	51.0	55.7	55.8	52.5	54.6
High School (YRBS)		53.2		52.8		55.5		47.4		50.3
NDQuits - Total Enrolled¹¹					3,541	3,380	3,317	3,319	3,489	3,266
NDQuits - Quit Rate (phone program)¹²					35.9	35.6	31.9	28.5	31.2	40.5+
NDQuits - Quit Rate (web program)¹²					27.0	25.7	27.4	25.6	28.2	41.4+
Tobacco-related Policy										
Support increasing cigarette tax to \$2.00 ¹³								54.8		57.8
Health and Economic Consequences										
Deaths Attributed to Tobacco Use ¹⁴										1,000
Deaths Attributed to Secondhand Smoke ¹⁵										80 - 140
Smoking Attributable Medical Expenditures - in millions ¹⁶										\$326
Smoking Attributable Productivity Loss - in millions ¹⁷										\$232.6

Tobacco Surveillance Data

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*Note: In 2011, the Behavior Risk Factor Surveillance System (BRFSS) methodology began including cell phone-only users and the method of weighting the results was changed. This makes BRFSS results from 2010 and prior no longer comparable to 2011 and beyond.

¹ American Indian current smoking prevalence obtained from the North Dakota Behavior Risk factor Surveillance System (BRFSS) Calculated Variables Report. Data currently unavailable for smokeless tobacco use.

² Pregnant women smoking rate obtained from North Dakota Vital Statistics (birth certificate data). It is the percent of women who reported smoking during the 1st trimester. Data currently unavailable for smokeless tobacco use.

³ Current smoking rate among low income adults (defined as earning less than \$15,000 per year). From the North Dakota Behavior Risk Factor Surveillance System

⁴ Current smoking rate among adults having low education (defined as having less than a high school diploma or GED). From the North Dakota Behavior Risk Factor Surveillance System (BRFSS).

⁵ Adult males and young males (grades 9-12) in North Dakota consistently use chewing tobacco at much higher rates than their female counterparts. Information on adult and young females' (grades 9-12) use of chewing tobacco may be obtained from the North Dakota Department of Health's Tobacco Prevention and Control Program.

⁶ Adult current use of electronic cigarettes (used at least one day of past 30 days) from the North Dakota Behavior Risk Factor Surveillance System (BRFSS). Youth (youth in grades 9-12 who used at least one day of past 30 days) from the North Dakota Youth Tobacco Survey (YTS) and the North Dakota Youth Risk Behavior Survey (YRBS).

⁷ For adults, any current tobacco use (used at least one day of the past 30 days) includes cigarettes, smokeless tobacco, or electronic cigarettes while for youth (grades 9-12), any current tobacco use includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes.

⁸ Ever tried electronic cigarettes for adults obtained from the North Dakota Behavior Risk Factor Surveillance System (BRFSS) and for youth (grades 9-12) obtained from the North Dakota Youth Risk Behavior Survey (YRBS).

⁹ Of current cigarette smokers in grades 9-12, the rate who report first cigarette use before age 13 (YRBS).

¹⁰ Of current smokeless tobacco users in grades 9-12, the proportion who report first smokeless tobacco use before age 13 (ND YTS).

¹¹ Total number of people enrolled in NDQuits is for state fiscal year (July-June) and is obtained from NDQuits State Summary Reports.

¹² NDQuits quit rate via phone or web is obtained from annual NDQuits Evaluation Reports and calculated using North American Quitline Consortium (NAQC) guidelines. They are for state fiscal year (July-June) and participants are considered to have quit if, 7 months after program registration, they report not using cigarettes or other forms of tobacco in the past 30 days (i.e. Thirty-day Point Prevalence Abstinence).

¹³ The source for this tobacco tax-related policy question is the North Dakota Adult Tobacco Survey (ND ATS).

¹⁴ North Dakota estimate of smoking-attributable deaths: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014. This estimate is the annual average from 2005-2009, is among adults aged 35 years and older, and does not include burn or secondhand smoke deaths.

¹⁵ Estimated range of deaths due to secondhand smoke exposure reported by the Campaign for Tobacco Free Kids (CTFK).

¹⁶ Smoking attributable medical expenditures reported by the Campaign for Tobacco-Free Kids and are among adults aged 18 years and over.

¹⁷ Smoking attributable productivity costs reported by the Campaign for Tobacco-Free Kids (CTFK). They are the annual average productivity costs from 2000-2004 reported by the CDC's SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) website updated to 2009 dollars.

† Respondents to the NDQuits 7-Month Follow-Up Survey in FY17 were more likely to exhibit characteristics that are associated with higher levels of quitting (i.e. be older at intake, have a higher education level, be insured, and to use their first cigarette later after waking). This means the FY17 quit rate could be biased upwards since a greater proportion of these groups of tobacco users were among survey responders compared to all program participants.

Contact: Clint Boots, Epidemiologist - 701.328.4566 or cboots@nd.gov

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PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1004

Page 1, line 3, replace "a report" with "reports"

Page 1, remove lines 14 through 23

Page 2, replace line 1 with:

"Salaries and wages	\$36,371,434	\$2,199,120	\$38,570,554
Operating expenses	27,714,187	6,293,893	34,008,080
Capital assets	2,188,491	1,839,322	4,027,813
Grants	46,441,941	9,715,351	56,157,292
Tobacco prevention	13,646,704	(744,640)	12,902,064
Women, infants, and children food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	<u>1,465,704</u>	<u>(1,465,704)</u>	<u>0</u>
Total all funds	\$148,028,461	\$17,417,342	\$165,445,803
Less estimated income	<u>115,278,152</u>	<u>13,807,061</u>	<u>129,085,213</u>
Total general fund	\$32,750,309	\$3,610,281	\$36,360,590"

Page 2, replace line 11 with:

"Microbiology laboratory technology upgrades	0	483,000"
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Page 2, replace lines 13 and 14 with:

"Total all funds	\$3,254,286	\$2,057,554
Less estimated income	<u>3,254,286</u>	<u>1,967,554"</u>

Page 2, line 21, replace "\$1,250,000" with "\$1,125,000"

Page 3, after line 31, insert:

"SECTION 7. LEGISLATIVE INTENT - ELECTRONIC ACCESS TO VITAL RECORDS - REPORT TO LEGISLATIVE MANAGEMENT. It is the intent of the sixty-sixth legislative assembly that the state department of health implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. The state department of health shall report to the legislative management before July 1, 2020, regarding the implementation of electronic access to vital records."

Page 4, line 1, replace "\$450,000" with "\$483,000"

Page 4, line 2, replace "and" with a comma

Page 4, line 2, replace "other funds" with "federal funds, and \$33,000 is from special funds from fee revenue"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

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House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	\$36,371,434	\$37,514,606	\$1,055,948	\$38,570,554
Operating expenses	27,714,187	32,753,080	1,255,000	34,008,080
Capital assets	2,188,491	3,834,813	193,000	4,027,813
Grants	46,441,941	53,057,292	3,100,000	56,157,292
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064
WIC food payments	20,200,000	19,780,000		19,780,000
Medical marijuana	1,465,704			
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Salary Increases ¹	Adds Funding for Federal Opioid Grant ²	Increases Funding for Sexual Violence Primary Prevention Program ³	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ⁴	Total Senate Changes
Salaries and wages	\$204,968	\$850,980			\$1,055,948
Operating expenses		1,255,000			1,255,000
Capital assets		160,000		\$33,000	193,000
Grants		2,900,000	\$200,000		3,100,000
Tobacco prevention	7,856				7,856
WIC food payments					
Medical marijuana					
Total all funds	\$212,824	\$5,165,980	\$200,000	\$33,000	\$5,611,804
Less estimated income	105,048	5,165,980	0	33,000	5,304,028
General fund	\$107,776	\$0	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding from federal funds is added for expenditures related to an anticipated federal opioid grant.

³ Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund.

⁴ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue.

This amendment also adds a section to provide legislative intent that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records.

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STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1004 - Funding Summary

	Base Budget	House Version	Senate Changes	Senate Version
State Department of Health				
Salaries and wages	\$36,371,434	\$37,514,606	\$1,055,948	\$38,570,554
Operating expenses	27,714,187	32,753,080	1,255,000	34,008,080
Capital assets	2,188,491	3,834,813	193,000	4,027,813
Grants	46,441,941	53,057,292	3,100,000	56,157,292
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064
WIC food payments	20,200,000	19,780,000		19,780,000
Medical marijuana	1,465,704			
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00
Bill total				
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00

House Bill No. 1004 - State Department of Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	\$36,371,434	\$1,143,172	\$37,514,606
Operating expenses	27,714,187	5,038,893	32,753,080
Capital assets	2,188,491	1,646,322	3,834,813
Grants	46,441,941	6,615,351	53,057,292
Tobacco prevention	13,646,704	(752,496)	12,894,208
WIC food payments	20,200,000	(420,000)	19,780,000
Medical marijuana	1,465,704	(1,465,704)	
Total all funds	\$148,028,461	\$11,805,538	\$159,833,999
Less estimated income	115,278,152	8,503,033	123,781,185
General fund	\$32,750,309	\$3,302,505	\$36,052,814
FTE	211.50	(7.50)	204.00

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Adds Cost to Continue Adjustments ³	Adjusts Funding for Various Programs ⁴	Removes 6.5 FTE positions and Related Operating Expenses ⁵	Adjusts Funding and FTE Positions for the Medical Marijuana Division ⁶
Salaries and wages	(\$31,805)	\$1,779,851			(\$1,781,507)	
Operating expenses			\$4,473,376		(545,098)	
Capital assets						
Grants			7,788,061		(736,000)	
Tobacco prevention	(38,622)	52,934	(135,528)		(706,280)	
WIC food payments			(420,000)			
Medical marijuana	132,155					(\$1,597,859)
Total all funds	\$61,728	\$1,832,785	\$11,705,909	\$0	(\$3,768,885)	(\$1,597,859)
Less estimated income	55,045	991,180	10,596,715	(6,378,195)	(584,041)	(1,146,592)
General fund	\$6,683	\$841,605	\$1,109,194	\$6,378,195	(\$3,184,844)	(\$451,267)
FTE	0.00	0.00	0.00	0.00	(6.50)	(1.00)

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	Transfers the Suicide Prevention Program ⁷	Adds 1 FTE Food and Lodging Position ⁸	Restores Funding for Vital Records ⁹	Increases Funding for Life Safety Inspections ¹⁰	Adds Funding for a Federal Opioid Program ¹¹	Adds Funding for Emergency Medical Services Licensing and Records Management ¹²
Salaries and wages	(\$319,503)	\$159,720	\$1,218,501	\$80,000	\$37,915	
Operating expenses	(259,993)	26,185	704,821		34,410	\$126,000
Capital assets						
Grants	(1,265,000)				253,290	
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	(\$1,844,496)	\$185,905	\$1,923,322	\$80,000	\$325,615	\$126,000
Less estimated income	(583,984)	0	1,923,322	30,000	325,615	0
General fund	(\$1,260,512)	\$185,905	\$0	\$50,000	\$0	\$126,000
FTE	(1.00)	1.00	0.00	0.00	0.00	0.00

	Adds Funding for Microsoft Office 365 Licensing ¹³	Adjusts Funding for Bond and Capital Payments ¹⁴	Increases Funding for Extraordinary Repairs ¹⁵	Adjusts Funding for Equipment ¹⁶	Increases Funding for Local Public Health Unit Grants ¹⁷	Adjusts Funding for Cancer Programs and Domestic Violence Offender Treatment ¹⁸
Salaries and wages						
Operating expenses	\$124,638					
Capital assets		\$94,604	\$127,659	(\$245,941)		
Grants					\$525,000	\$50,000
Tobacco prevention						
WIC food payments						
Medical marijuana						
Total all funds	\$124,638	\$94,604	\$127,659	(\$245,941)	\$525,000	\$50,000
Less estimated income	82,261	761	97,009	(245,941)	525,000	880,324
General fund	\$42,377	\$93,843	\$30,650	\$0	\$0	(\$830,324)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding to Transfer Youth Access Reporting ¹⁹	Adds One-Time Funding for a Women, Infants, and Children Technology Project ²⁰	Adds One-Time Funding for Microbiology Laboratory Capital Improvements ²¹	Adds One-Time Funding for Microbiology Laboratory Technology Upgrades ²²	Total House Changes
Salaries and wages					\$1,143,172
Operating expenses		\$354,554			5,038,893
Capital assets			\$1,220,000	\$450,000	1,646,322
Grants					6,615,351
Tobacco prevention	\$75,000				(752,496)
WIC food payments					(420,000)
Medical marijuana					(1,465,704)
Total all funds	\$75,000	\$354,554	\$1,220,000	\$450,000	\$11,805,538
Less estimated income	0	354,554	1,220,000	360,000	8,503,033
General fund	\$75,000	\$0	\$0	\$90,000	\$3,302,505
FTE	0.00	0.00	0.00	0.00	(7.50)

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2019-21 biennium salary adjustments of 2 percent per year and increases in health insurance premiums from \$1,241 to \$1,427 per month:

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
Salary increase	\$397,095	\$462,956	\$860,051
Health insurance increase	444,510	528,224	972,734
Total	\$841,605	\$991,180	\$1,832,785

³ Funding is adjusted for base budget changes, including increases relating to technology, professional development, travel and other operating expenses; and various grant programs including the state-funded loan repayment programs and federal grant programs.

⁴ Funding is provided from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium, including the tobacco prevention and control program, state aid to local public health units, the stroke and cardiac care program, cancer programs, medical and behavioral health loan repayment programs, and domestic violence offender treatment.

⁵ Funding and 6.5 FTE undesignated positions are removed agencywide.

⁶ One FTE office assistant III position, including salaries and wages, and related medical marijuana program expenditures are removed and these costs will be paid through a continuing appropriation.

⁷ The suicide prevention program is transferred from the State Department of Health to the Department of Human Services, including 1 FTE position and related funding for salaries and wages, operating expenses, and grants.

⁸ One FTE food and lodging environmental health position, including salaries and wages and operating expenses, is added.

⁹ Vital records fees are increased and funding is restored from vital records fee revenue for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division.

¹⁰ Funding for temporary salaries related to life safety construction and renovation plan review is increased to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue.

¹¹ Funding is added for a federal opioid program.

¹² Funding is added to implement an emergency medical services data licensing and records management system.

¹³ Funding is added for Microsoft Office 365 license expense.

¹⁴ Funding is adjusted for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund.

¹⁵ Funding for extraordinary repairs is increased to provide a total of \$1,317,009, of which \$55,650 is from the general fund.

¹⁶ Funding is adjusted for equipment over \$5,000 to provide a total of \$1,518,697 from other funds.

¹⁷ Funding is provided from the tobacco prevention and control trust fund to restore local public health unit grants reduced in the department's base budget to provide a total of \$5,250,000, of which \$4,725,000 is from the general fund and \$525,000 is from the tobacco prevention and control trust fund. This level of funding is the same as the 2017-19 biennium.

¹⁸ The funding source for cancer programs and domestic violence offender treatment grants is changed to the tobacco prevention and control trust fund and domestic violence offender treatment grants are increased by \$50,000. A total of \$880,324 is provided from the tobacco prevention and control trust fund for cancer programs (\$580,324) and domestic violence offender treatment grants (\$300,000).

¹⁹ Funding is added to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health.

²⁰ One-time funding is added from federal funds for operating expenses related to the continuation of the women, infants, and children electronic benefit transfer project.

²¹ One-time funding is added from the tobacco prevention and control trust fund for microbiology laboratory capital improvements.

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²² One-time funding is added, including funding from federal funds, for microbiology laboratory information technology upgrades.

This amendment also:

- Removes a section related to funding from the student loan trust fund;
- Amends the section related to funding from the tobacco prevention and control trust fund;
- Adds a section to amend Section 23-02.1-29 to increase vital records fees; resulting in an estimated increase in general fund revenues of \$312,000 for the 2019-21 biennium.
- Adds a section of legislative intent related to life safety construction and renovation plan review fees; and
- Adds a section to declare funding related to the microbiology laboratory technology upgrades an emergency measure.

House Bill No. 1004 - State Department of Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	\$36,371,434	\$37,514,606	\$1,055,948	\$38,570,554
Operating expenses	27,714,187	32,753,080	1,255,000	34,008,080
Capital assets	2,188,491	3,834,813	193,000	4,027,813
Grants	46,441,941	53,057,292	3,100,000	56,157,292
Tobacco prevention	13,646,704	12,894,208	7,856	12,902,064
WIC food payments	20,200,000	19,780,000		19,780,000
Medical marijuana	1,465,704			
Total all funds	\$148,028,461	\$159,833,999	\$5,611,804	\$165,445,803
Less estimated income	115,278,152	123,781,185	5,304,028	129,085,213
General fund	\$32,750,309	\$36,052,814	\$307,776	\$36,360,590
FTE	211.50	204.00	0.00	204.00

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Salary Increases ¹	Adds Funding for Federal Opioid Grant ²	Increases Funding for Sexual Violence Primary Prevention Program ³	Increases One-Time Funding for Microbiology Laboratory Technology Upgrades ⁴	Total Senate Changes
Salaries and wages	\$204,968	\$850,980			\$1,055,948
Operating expenses		1,255,000			1,255,000
Capital assets		160,000		\$33,000	193,000
Grants		2,900,000	\$200,000		3,100,000
Tobacco prevention	7,856				7,856
WIC food payments					
Medical marijuana					
Total all funds	\$212,824	\$5,165,980	\$200,000	\$33,000	\$5,611,804
Less estimated income	105,048	5,165,980	0	33,000	5,304,028
General fund	\$107,776	\$0	\$200,000	\$0	\$307,776
FTE	0.00	0.00	0.00	0.00	0.00

¹ Funding is added to provide for employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and an increase of 2.5 percent on July 1, 2020. The House provided funding for salary increases of 2 percent on July 1, 2019, and 2 percent on July 1, 2020.

² Funding from federal funds is added for expenditures related to an anticipated federal opioid grant.

³ Funding for sexual violence primary prevention program grants is increased to provide a total of \$2.45 million, of which \$2.11 million is from the general fund.

⁴ Funding from fee revenue is provided to increase the one-time appropriation for microbiology laboratory technology upgrades to provide a total of \$483,000, of which \$90,000 is from the general fund, \$360,000 is from federal funds, and \$33,000 is from special funds from fee revenue.

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This amendment also adds a section to provide legislative intent that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to the Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records.

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State Department of Health - Budget No. 301
House Bill No. 1004
Base Level Funding Changes

	House Version				Senate Version				Senate Changes to House Version Increase (Decrease) - House Version			
	FTE	General	Other Funds	Total	FTE	General	Other Funds	Total	FTE	General	Other	Total
	Position	Fund			Position	Fund			Positions	Fund	Funds	
2019-21 Biennium Base Level	211.50	\$32,750,309	\$115,278,152	\$148,028,461	211.50	\$32,750,309	\$115,278,152	\$148,028,461	0.00	\$0	\$0	\$0
2019-21 Ongoing Funding Changes												
Base payroll changes		\$6,683	\$55,045	\$61,728		\$6,683	\$55,045	\$61,728				\$0
Salary increase		397,095	462,956	860,051		504,871	568,004	1,072,875		107,776	105,048	212,824
Health insurance increase		444,510	528,224	972,734		444,510	528,224	972,734				0
Retirement contribution increase				0				0				0
Cost to continue budget adjustments		1,109,194	10,596,715	11,705,909		1,109,194	10,596,715	11,705,909				0
Removes funding for 1 FTE office assistant III position related to medical marijuana and expenditures funded through a continuing appropriation	(1.00)	(451,267)	(1,146,592)	(1,597,859)	(1.00)	(451,267)	(1,146,592)	(1,597,859)				0
Removes funding for 6.5 FTE positions and related operating expenses agencywide	(6.50)	(3,184,844)	(584,041)	(3,768,885)	(6.50)	(3,184,844)	(584,041)	(3,768,885)				0
Increases vital records fees and restores funding for salaries and wages and operating expenses removed as part of the base budget reductions for the Vital Records Division from special funds from fee collections			1,923,322	1,923,322			1,923,322	1,923,322				0
Transfers 4.5 FTE positions to Information Technology Department for the information technology unification initiative and increases funding for operating expenses				0				0				0
Transfers the suicide prevention program, including 1 FTE position and related salary funding, operating expenses, and grants from the State Department of Health to the Department of Human Services	(1.00)	(1,260,512)	(583,984)	(1,844,496)	(1.00)	(1,260,512)	(583,984)	(1,844,496)				0
Adds 1 FTE food and lodging environmental health position, including operating expenses	1.00	185,905		185,905	1.00	185,905		185,905				0
Increases funding for temporary salaries for life safety inspections		50,000	30,000	80,000		50,000	30,000	80,000				0
Adds funding related to a federal opioid program			325,615	325,615			325,615	325,615				0
Adds funding to implement an emergency medical services data licensing and records management system		126,000		126,000		126,000		126,000				0

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Adds funding for Microsoft Office 365 licensing expenses	42,377	82,261	124,638	42,377	82,261	124,638	0					
Adjusts funding for bond and capital payments to provide a total of \$518,457, of which \$457,947 is from the general fund	93,843	761	94,604	93,843	761	94,604	0					
Adds ongoing base budget funding for extraordinary repairs	30,650	97,009	127,659	30,650	97,009	127,659	0					
Adjusts funding for equipment over \$5,000 to provide a total of \$1,518,697 from other funds		(245,941)	(245,941)		(245,941)	(245,941)	0					
Adds funding to transfer reporting of youth access to tobacco from the Department of Human Services	75,000		75,000	75,000		75,000	0					
Provides funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium	6,378,195	(6,378,195)	0	6,378,195	(6,378,195)	0	0					
Restores funding for local public health unit grants from the tobacco prevention and control fund		525,000	525,000		525,000	525,000	0					
Adjusts funding for cancer programs and domestic violence offender treatment	(830,324)	880,324	50,000	(830,324)	880,324	50,000	0					
Increases funding for sexual violence primary prevention program grants to provide a total of \$2.45 million, of which \$2.11 million is from the general fund			0	200,000		200,000	200,000					
Adds funding for expenditures related to an anticipated federal opioid grant			0		5,165,980	5,165,980	5,165,980					
Total ongoing funding changes	(7.50)	\$3,212,505	\$6,568,479	\$9,780,984	(7.50)	\$3,520,281	\$11,839,507	\$15,359,788	0.00	\$307,776	\$5,271,028	\$5,578,804
One-time funding items												
Women, Infants, and Children electronic benefit transfer project		\$354,554	\$354,554		354,554	354,554	0					
Adds funding for microbiology laboratory capital improvements		1,220,000	1,220,000		1,220,000	1,220,000	0					
Adds funding, including funding from federal funds, for microbiology laboratory information technology upgrades	\$90,000	360,000	450,000	90,000	393,000	483,000	33,000	33,000				
Total one-time funding changes	0.00	\$90,000	\$1,934,554	\$2,024,554	0.00	\$90,000	\$1,967,554	\$2,057,554	0.00	\$0	\$33,000	\$33,000
Total Changes to Base Level Funding	(7.50)	\$3,302,505	\$8,503,033	\$11,805,538	(7.50)	\$3,610,281	\$13,807,061	\$17,417,342	0.00	\$307,776	\$5,304,028	\$5,611,804
2019-21 Total Funding	204.00	\$36,052,814	\$123,781,185	\$159,833,999	204.00	\$36,360,590	\$129,085,213	\$165,445,803	0.00	\$307,776	\$5,304,028	\$5,611,804

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Other Sections for State Department of Health - Budget No. 301

	House Version	Senate Version
Insurance tax distribution fund	Section 3 identifies \$1,250,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.	Section 3 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2019-21 biennium.
Tobacco prevention and control trust fund	Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.	Section 4 identifies \$2,625,324 from the tobacco prevention and control trust fund for domestic violence offender treatment grants, cancer programs, grants to local public health units, and microbiology laboratory roof and ventilation system replacement projects during the 2019-21 biennium.
Vital records fees	Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.	Section 5 provides the statutory changes to increase fees charged for vital records and deposit the fees into the State Department of Health operating account. The changes would also require all fees collected, in excess of fees appropriated, be transferred to the general fund at the end of the biennium.
Legislative intent - Life safety review fees	Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.	Section 6 provides legislative intent that the department reduce the minimum fee for life safety plans review of small construction and renovation projects.
Legislative intent - Report to Legislative Management - Electronic access to vital records		Section 7 provides legislative intent that the department implement a program of electronic access to vital records through web access or kiosk in cooperation with other state agencies in at least eight locations around the state. In addition, the section requires the department report to Legislative Management by July 1, 2020, regarding the implementation of electronic access to vital records.
Emergency	Section 7 declares one-time funding of \$450,000, of which \$90,000 is from the general fund and \$360,000 from federal funds, for the microbiology laboratory technology update an emergency measure.	Section 8 declares one-time funding of \$483,000, of which \$90,000 is from the general fund, \$360,000 from federal funds, and \$33,000 is from special funds from fee revenue for the microbiology laboratory technology update an emergency measure.