

2021 SENATE APPROPRIATIONS

SB 2004

**Department 301 - State Department of Health
Senate Bill No. 2004**

Executive Budget Comparison to Prior Biennium Appropriations

	FTE Positions	General Fund	Other Funds	Total
2021-23 Executive Budget	221.50	\$88,879,743	\$171,280,633	\$260,160,376
2019-21 Legislative Appropriations ¹	204.00	36,360,590	123,919,233	160,279,823
Increase (Decrease)	17.50	\$52,519,153	\$47,361,400	\$99,880,553

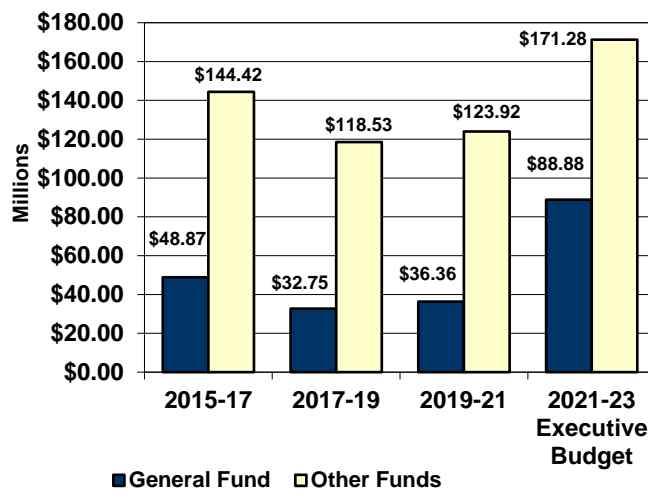
¹The 2019-21 biennium agency appropriation amounts have not been adjusted for the following:

- Additional federal and special funds authority of \$4,119,000 resulting from Emergency Commission action during the 2019-21 biennium; and
- Additional federal Coronavirus (COVID-19) funds authority of \$259,405,534 resulting from Emergency Commission action during the 2019-21 biennium.

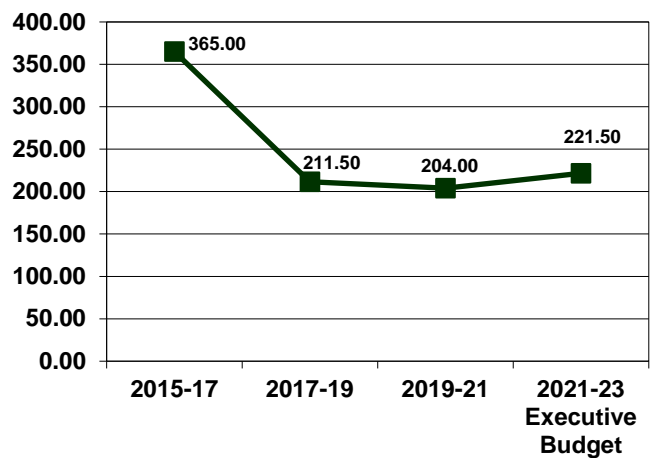
Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2021-23 Executive Budget	\$42,528,420	\$46,351,323	\$88,879,743
2019-21 Legislative Appropriations	36,270,590	90,000	36,360,590
Increase (Decrease)	\$6,257,830	\$46,261,323	\$52,519,153

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).

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2021-23 Executive Budget	\$88,879,743	\$171,280,633	\$260,160,376
2021-23 Base Level	36,270,590	121,951,679	158,222,269
Increase (Decrease)	\$52,609,153	\$49,328,954	\$101,938,107

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 \$260,209 is for salary increases, \$2,887 is for health insurance increases, and \$53,854 is for retirement contribution increases. Of this total \$20,804 is related to the COVID-19 line item.	\$249,161	\$67,789	\$316,950
2. Adjusts base payroll	(\$1,231,962)	\$2,318,089	\$1,086,127
3. Decreases funding for Food and Lodging Division temporary salaries and wages to meet the Governor's 85 percent budget	(\$50,000)	\$0	(\$50,000)
4. Adds 1 FTE research analyst IV, 1 FTE account/budget specialist II, and 2 FTE research analyst II positions, including salaries and wages totaling \$701,096 and operating expenses totaling \$151,852 to the COVID-19 line item	\$429,377	\$423,571	\$852,948
5. Decreases funding for cost to continue programs and funding source adjustments, including reductions in operating expenses of \$32,183 and grants of \$62,800, including a decrease in funding from the community health trust fund for the Behavioral Risk Factor State Survey of \$70,500	\$1,110,713	(\$1,205,696)	(\$94,983)
6. Adjusts funding source for an increase in the federal indirect rate to support agencywide costs	(\$1,060,000)	\$1,060,000	\$0
7. Increases funding for operating expenses for the information technology (IT) unification initiative	\$197,657	\$774,997	\$972,654
8. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses	\$21,542	\$69,891	\$91,433
9. Adds funding for operating expenses for the state agency Capitol complex rent proposal	\$336,399	\$0	\$336,399
10. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$162,596 and operating expenses totaling \$262,176	\$370,899	\$53,873	\$424,772
Medical Services			
11. Adds funding for state employee salary and benefit increases, of which \$178,986 is for salary increases, \$2,003 is for health insurance increases, and \$35,822 is for retirement contribution increases. Of this total \$29,786 is related to the COVID-19 line item.	\$94,313	\$122,498	\$216,811
12. Adjusts base payroll	\$85,459	\$962,121	\$1,047,580
13. Transfers 1 FTE data processing coordinator III position to the Information Technology Department (ITD) for the IT unification initiative	(\$2,327)	(\$230,577)	(\$232,904)
14. Adds 1 FTE administrative assistant II, 2 FTE health/human services program administrator III, and 3 FTE epidemiologist II positions, including salaries and wages totaling \$1,012,700 and operating expenses totaling \$4,059,678 to the COVID-19 line item	\$4,205,267	\$867,111	\$5,072,378
15. Increases funding for cost to continue program adjustments, including a decrease in operating expenses of \$907,227 and an increase in grants of \$1,261,417. Adjustments include a shift from professional fees to grants.	\$180,843	\$173,347	\$354,190
16. Increases funding for operating expenses related to the University of North Dakota forensic examiner contract to provide a total of \$625,270 for contract services	\$105,270	\$0	\$105,270
17. Adjusts funding for bond and capital payments to provide a total of \$76,765 from the general fund	(\$133,782)	(\$21,726)	(\$155,508)
18. Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and IT upgrades	\$910,000	\$0	\$910,000

19. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$11,899,090, operating expenses totaling \$1,756,600, and grants totaling \$2,049,000	\$5,621,053	\$10,083,637	\$15,704,690
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Healthy and Safe Communities

20. Adds funding for state employee salary and benefit increases, of which \$226,287 is for salary increases, \$2,567 is for health insurance increases, and \$45,511 is for retirement contribution increases. Of this total \$33,790 is related to tobacco prevention and control and \$15,173 is related to the COVID-19 line item.	\$64,957	\$209,408	\$274,365
21. Adjusts base payroll, including increases in salaries and wages of \$172,634 and in the tobacco prevention and control line item of \$76,190	(\$551,709)	\$800,533	\$248,824
22. Transfers 1 FTE data processing coordinator III position to ITD for the IT unification initiative, resulting in decreases in salaries and wages of \$173,016 and in the tobacco prevention and control line item of \$30,534	(\$39,426)	(\$164,124)	(\$203,550)
23. Adds 3 FTE administrative staff officer III positions, including salaries and wages totaling \$514,126 and operating expenses totaling \$30,639 to the COVID-19 line item	\$544,765	\$0	\$544,765
24. Increases funding for cost to continue program adjustments, including decreases in operating expenses (\$2,067,778) and tobacco prevention and control (\$50,433) and increases in grants and Women, Infants, and Children food payments of \$2,427,178 and \$120,000, respectively. Adjustments include a shift from professional fees to grants and adjustments to fund cancer programs (\$580,324), domestic violence prevention (\$300,000), and local public health state aid grants (\$525,000) from the community health trust fund instead of the tobacco prevention and control trust fund.	\$555,385	(\$126,418)	\$428,967
25. Decreases funding for operating expenses related to private and foundation grant opportunities	\$0	(\$515,000)	(\$515,000)
26. Removes funding for equipment over \$5,000	(\$4,795)	(\$8,402)	(\$13,197)
27. Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(\$823,155)	\$70,500	(\$752,655)
28. Removes funding for a fetal alcohol syndrome grant	(\$350,458)	\$0	(\$350,458)
29. Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the program to provide a total of \$10,896,000 from the community health trust fund for tobacco prevention and control	(\$1,108,000)	\$1,196,000	\$88,000
30. Adds one-time funding , including \$5,000,000 from the community health trust fund and \$4,175,704 from federal funds, to the COVID-19 line item for grants related to COVID-19 response. Funding from the community health trust fund is provided for grants to local public health pandemic response.	\$2,424,296	\$9,175,704	\$11,600,000

Laboratory Services

31. Adds funding for state employee salary and benefit increases, of which \$108,211 is for salary increases, \$1,362 is for health insurance increases, and \$22,272 is for retirement contribution increases. Of this total \$33,871 is related to the COVID-19 line item.	\$117,768	\$14,077	\$131,845
32. Adjusts base payroll	\$102,086	\$267,427	\$369,513
33. Adds 1 FTE administrative assistant I, .50 FTE senior microbiologist, 3 FTE microbiologist I, and 3 FTE laboratory technician I positions, including salaries and wages totaling \$1,192,066 and operating expenses totaling \$2,562,398 to the COVID-19 line item	\$3,270,282	\$484,182	\$3,754,464

34. Decreases funding for the cost to continue programs and adjusts the funding sources of operating expenses	(\$102,086)	\$77,316	(\$24,770)
35. Adjusts funding for bond and capital payments to provide a total of \$144,628, of which \$107,117 is from the general fund	(\$140,283)	(\$1,273)	(\$141,556)
36. Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund	\$0	\$8,841	\$8,841
37. Adjusts funding for equipment over \$5,000 to provide a total of \$145,000 from the special funds	\$0	(\$525,000)	(\$525,000)
38. Adds funding from fees to purchase equipment over \$5,000 for the state laboratory	\$0	\$200,000	\$200,000
39. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$3,331,692, medical expenses totaling \$48,693,925, and other operating expenses totaling \$133,936	\$32,682,029	\$19,477,524	\$52,159,553

Health Resources and Response

40. Adds funding for state employee salary and benefit increases, of which \$236,052 is for salary increases, \$3,074 is for health insurance increases, and \$45,880 is for retirement contribution increases. Of this total \$4,347 is related to the COVID-19 line item.	\$83,100	\$201,906	\$285,006
41. Adjusts base payroll	(\$242,991)	\$838,589	\$595,598
42. Decreases funding from the general fund for salaries and wages to meet the Governor's 85 percent budget and restores funding from special funds from program fees for salaries and wages related to the plans review program within the Life, Safety, and Construction Division	(\$312,706)	\$312,706	\$0
43. Transfers 3 FTE data processing coordinator III positions to ITD for the IT unification initiative	(\$155,904)	(\$380,296)	(\$536,200)
44. Adds 1 FTE administrative staff officer II position, including salaries and wages totaling \$151,950 and operating expenses totaling \$10,213 to the COVID-19 line item	\$162,163	\$0	\$162,163
45. Decreases funding for cost to continue program adjustments, including an increase in operating expenses of \$321,876 and a decrease in grants of \$1,336,287	\$146,090	(\$1,160,501)	(\$1,014,411)
46. Adds funding from the Helmsley Charitable Trust for operating expenses for training to continue increased access to automatic external defibrillators for law enforcement	\$0	\$327,500	\$327,500
47. Decreases funding for professional services (\$230,000) and grants (\$230,000) related to a foundation grant opportunity	\$0	(\$460,000)	(\$460,000)
48. Adds funding from civil penalties for grants to improve services at long-term care facilities	\$0	\$100,000	\$100,000
49. Increases funding for equipment over \$5,000 to provide a total of \$1,093,500, of which \$40,000 is from the general fund and \$1,053,500 is from federal funds	\$40,000	\$268,000	\$308,000
50. Removes funding for IT equipment over \$5,000	\$0	(\$50,000)	(\$50,000)
51. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$2,245,846, medical expenses totaling \$1,895,000, and other operating expenses totaling \$202,200	\$4,343,046	\$0	\$4,343,046

Research and Response

52. Adds funding for state employee salary and benefit increases, of which \$10,671 is for salary increases, \$145 is for health insurance increases, and \$3,709 is for retirement contribution increases. Of this total \$12,963 is related to the COVID-19 line item.	\$12,963	\$1,562	\$14,525
53. Adjusts base payroll	\$0	\$169,268	\$169,268
54. Adds funding for salaries and wages to the COVID-19 line item. An existing position was transferred to the Research and	\$276,418	\$0	\$276,418

Response section. Federal funding for this position is also included in the executive recommendation.

55. Adds 1 FTE administrative assistant III position, including salaries and wages totaling \$144,036 and operating expenses totaling \$31,400 to the COVID-19 line item	\$175,436	\$0	\$175,436
56. Adds one-time funding from the community health trust fund for statewide health strategies	\$0	\$3,000,000	\$3,000,000

Other Sections Recommended to be Added in the Executive Budget (As Detailed in the Attached Appendix)

Insurance tax distribution fund - Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2021-23 biennium.

Borrowing authority - Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25,000,000 from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.

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 on a continuing basis 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

The State Department of Health has requested a general fund deficiency appropriation of \$32,092,680 for COVID-19 line item for expenses related to COVID-19 response and mitigation.

Significant Audit Findings

The State Auditor reported the following two audit findings related to the State Department of Health:

- The State Department of Health did not retain supporting documentation for the population statistics used to calculate funding for the EMS grant distribution. In addition, calculation errors occurred making the grant distribution inaccurate. The State Auditor recommended the State Department of Health ensure the calculation of the rural EMS grant distribution is correct and that all supporting documentation is retained.
- The State Department of Health overspent appropriation authority from the environment and rangeland protection fund by \$2,995. Predetermined coding, commonly referred to as "speed charts," is used to code expenditures and quickly allocate expenditures with predetermined numbers entered into PeopleSoft. One speed chart was not closed promptly, which resulted in an expenditure being charged to the special fund when the appropriation was no longer available. The State Auditor recommended State Department of Health ensure compliance with appropriation limits set by the Legislative Assembly.

Major Related Legislation

Senate Bill No. 2059 - Relates to the definition of marijuana and the scheduling of controlled substances.

Senate Bill No. 2119 - Relates to food and lodging establishment licenses.

Senate Bill No. 2125 - Adds licensed behavior analyst to the list of behavioral health professionals eligible for student loan repayment.

House Bill No. 1103 - Relates to mobile home park, recreational vehicle park, and campground license renewals and transfers.

State Department of Health - Budget No. 301
Senate Bill No. 2004
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269
2021-23 Ongoing Funding Changes				
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910
Salary increase		512,281	508,135	1,020,416
Retirement contribution increase		103,938	103,110	207,048
Health insurance increase		6,043	5,995	12,038
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund cancer programs (\$580,324), domestic violence prevention (\$300,000), and local public health state aid grants (\$525,000) from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses	(5.00)			0
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget	22.50	9,063,708	1,774,864	10,838,572
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the program to provide a total of \$10,896,000 from the community health trust fund for tobacco prevention and control		(1,108,000)	1,196,000	88,000
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)
Removes funding for fetal alcohol syndrome grant		(350,458)		(350,458)
Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund		(823,155)	70,500	(752,655)
Adjusts funding source for increase in the federal indirect rate to support agencywide costs		(1,060,000)	1,060,000	0

Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433
Adds funding for Capitol complex rent proposal	336,399		336,399
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)
Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund		8,841	8,841
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund	35,205	(315,402)	(280,197)
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216
One-time funding items			
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response, including temporary salaries and wages totaling \$17,639,224, grants totaling \$13,649,000, and other operating expenses totaling \$52,943,837		\$45,441,323	\$38,790,738
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades	910,000	0	910,000
Adds one-time funding from the community health trust fund for statewide health strategies	0	3,000,000	3,000,000
Total one-time funding changes	0.00	\$46,351,323	\$41,790,738
Total Changes to Base Level Funding	17.50	\$52,609,153	\$49,328,954
2021-23 Total Funding	221.50	\$88,879,743	\$171,280,633
			\$260,160,376

<i>Total ongoing changes as a percentage of base level</i>	8.6%	17.3%	6.2%	8.7%
<i>Total changes as a percentage of base level</i>	8.6%	145.0%	40.4%	64.4%

Other Sections in State Department of Health - Budget No. 301

Executive Budget Recommendation

Insurance tax distribution fund

Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.

Borrowing authority

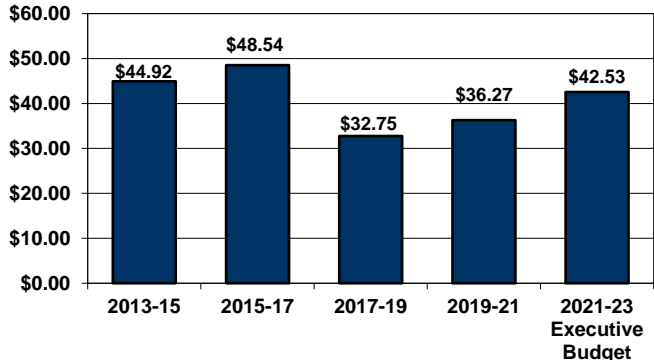
Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.

Department 301 - State Department of Health

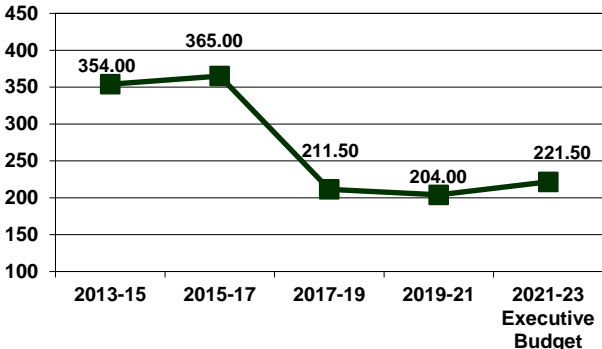
Historical Appropriations Information

Ongoing General Fund Appropriations Since 2013-15

Agency Funding (in Millions)¹



FTE Positions¹



Ongoing General Fund Appropriations ¹					
	2013-15	2015-17	2017-19	2019-21	2021-23 Executive Budget
Ongoing general fund appropriations	\$44,921,508	\$48,535,568	\$32,750,309	\$36,270,590	\$42,528,420
Increase (decrease) from previous biennium	N/A	\$3,614,060	(\$15,785,259)	\$3,520,281	\$6,257,830
Percentage increase (decrease) from previous biennium	N/A	8.0%	(32.5%)	10.7%	17.3%
Cumulative percentage increase (decrease) from 2011-13 biennium	N/A	8.0%	(27.1%)	(19.3%)	(5.3%)

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).

Major Increases (Decreases) in Ongoing General Fund Appropriations

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

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|--|-------------|
| 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

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|--|---------------|
| 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

- | | |
|---|---------------|
| 1. Adjusted funding 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 | \$1,109,194 |
| 2. Provided 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, 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 | \$6,378,195 |
| 3. Removed 6.5 FTE undesignated positions and related funding for salaries and wages and operating expenses agencywide | (\$3,184,844) |
| 4. Removed 1 FTE office assistant III position, including salaries and wages, and related funding for the medical marijuana program because these costs will be paid through a continuing appropriation | (\$451,267) |
| 5. Transferred the suicide prevention program 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 | (\$1,260,512) |
| 6. Added 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185 | \$185,905 |
| 7. Increased funding for temporary salaries related to life safety construction and renovation plan review to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue | \$50,000 |
| 8. Added funding to implement an EMS data licensing and records management system | \$126,000 |
| 9. Added funding for operating expenses related to Microsoft Office 365 licensing expenses | \$42,377 |
| 10. Changed the funding source for cancer programs and domestic violence offender treatment grants to the tobacco prevention and control trust fund and increased domestic violence offender treatment grants 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). | (\$830,324) |
| 11. Added funding to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health | \$75,000 |
| 12. Increased 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 | \$200,000 |

2021-23 Biennium (Executive Budget Recommendation)

1. Transfers 5 FTE positions to ITD for the IT unification initiative and increases funding for operating expenses	\$0
2. Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to a new COVID-19 line item in the department's budget of which \$9,063,708 is from the general fund and \$1,774,864 is from federal funds	\$9,063,708
3. Decreases funding from the general fund and increases funding from the community health trust fund for tobacco prevention and control	(\$1,108,000)
4. Adjusts funding source for agencywide costs due to an increase in the federal indirect rate	(\$1,060,000)
5. Adds funding for the state agency Capitol complex rent proposal	\$336,399
6. Increases funding for operating expenses related to the University of North Dakota forensic examiner contract to provide a total of \$625,270	\$105,270
7. Decreases funding from the general fund for grants for state loan repayment programs for professionals and increases funding from the community health trust fund to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(\$823,155)
8. Removes funding for a fetal alcohol syndrome grant	(\$350,458)

**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, 2021 and ending June 30, 2023, as follows:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and Wages	\$ 37,719,574	\$ 3,537,368	\$ 41,256,942
Operating Expenses	32,398,526	(1,561,826)	30,836,700
Capital Assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,056,395	54,313,687
Tobacco Prevention	12,902,064	117,013	13,019,077
WIC Food Payments	19,780,000	120,000	19,900,000
COVID-19	0	95,187,577	95,187,577
Statewide Health Strategies	<u>0</u>	<u>3,000,000</u>	<u>3,000,000</u>
Total All Funds	\$158,222,269	\$101,938,107	\$260,160,376
Less Estimated Income	<u>121,951,679</u>	<u>49,328,954</u>	<u>171,280,633</u>
Total General Fund	\$ 36,270,590	\$52,609,153	\$ 88,879,743
Full-time Equivalent Positions	204.00	17.50	221.50

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-EIGHTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty- sixth legislative assembly for the 2019-21 biennium and 2021-23 one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2019-21</u>	<u>2021-23</u>
WIC System Upgrade	\$ 354,554	\$ 0
Microbiology Lab Capital Projects	1,220,00	0
Microbiology Lab IT Upgrades	483,000	0
Forensic Examiner IT Upgrades	0	910,000
COVID-19	0	84,232,061
Statewide Health Strategies	<u>0</u>	<u>3,000,000</u>
Total All Funds	\$2,057,554	\$88,142,061
Less Estimated Income	<u>1,967,554</u>	<u>41,790,738</u>
Total General Fund	\$ 90,000	\$46,351,323

The 2021-23 one-time funding amounts are not a part of the entity's base budget for the 2023-25 biennium. The state department of health shall report to the appropriations committees of the sixty-eighth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2021 and ending June 30, 2023.

SECTION 3. 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, 2021 and ending June 30, 2023.

SECTION 4. AUTHORITY TO BORROW FOR COVID RESPONSE COSTS. The department of health, subject to the approval of the emergency commission, may borrow up to \$25,000,000 from the Bank of North Dakota for the purposes of responding to the COVID-19 public health emergency. any moneys borrowed from the Bank of North Dakota pursuant to this section are hereby appropriated and may be spent by the department of health for testing, contact tracing and other costs related to responding and

mitigating the COVID-19 public health emergency. If at the end of the biennium the amount available to the department of health is insufficient to repay the Bank of North Dakota, the borrower shall request from the legislative assembly a deficiency appropriation sufficient for repayment of the amount borrowed plus interest.

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
1/14/2021
Senate Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Holmberg opened the hearing at 8:30 am. Roll Call was taken. Senators Holmberg, Krebsbach, Wanzek, Bekkedahl, Poolman, Erbele, Dever, Oehlke, Rust, Davison, Hogue, Sorvaag, Mathern, and Heckaman were present.

Discussion Topics:

- Agency Overview
- Burnout of health workers during pandemic
- Health Strategies funding
- COVID-19 / Major Costs
- COVID-19 - Supply Chain issues
- Ambulance Licensure fees
- Fetal Alcohol Syndrome

Brenda Weisz, CFO, North Dakota State Dept. of Health – presented an overview of the agency - Testimony #771, #772.

Larry Burd, Professor, Dept. of Pediatrics, UND School of Medicine – testified and provided neutral testimony #649.

Carl Young, Exec. Director, Family Services Network, Inc. (Lobbyist 136) – testimony in opposition #806

Heather Austin, Exec. Director, Tobacco Free North Dakota – testified and submitted testimony in favor #821, #823, #822.

Kelly A. Dollinger, President, ND Emergency Medical Service Association – testified and submitted testimony in favor #793.

Bleaux Johnson, Board member, ND Veterinary Association – testimony in favor #765, #766.

Additional written testimony:

Julie Ellingson, Exec. Director, ND Stockmen's Association – submitted testimony in favor #707.

Patricia Moulton Burwell, Exec. Director, ND Center for Nursing – submitted testimony in favor #741.

Courtney Koebele, Exec. Director, ND Medical Association – submitted testimony in favor #818.

Mary E. Korsmo, Exec. Director, ND Association of City & County Health Officials – submitted testimony in favor #820.

Senator Holmberg closed the hearing at 11:14 am.

Rose Laning, Committee Clerk



Senate Appropriations Committee
Department of Health
Senate Bill 2004
2021 – 2023

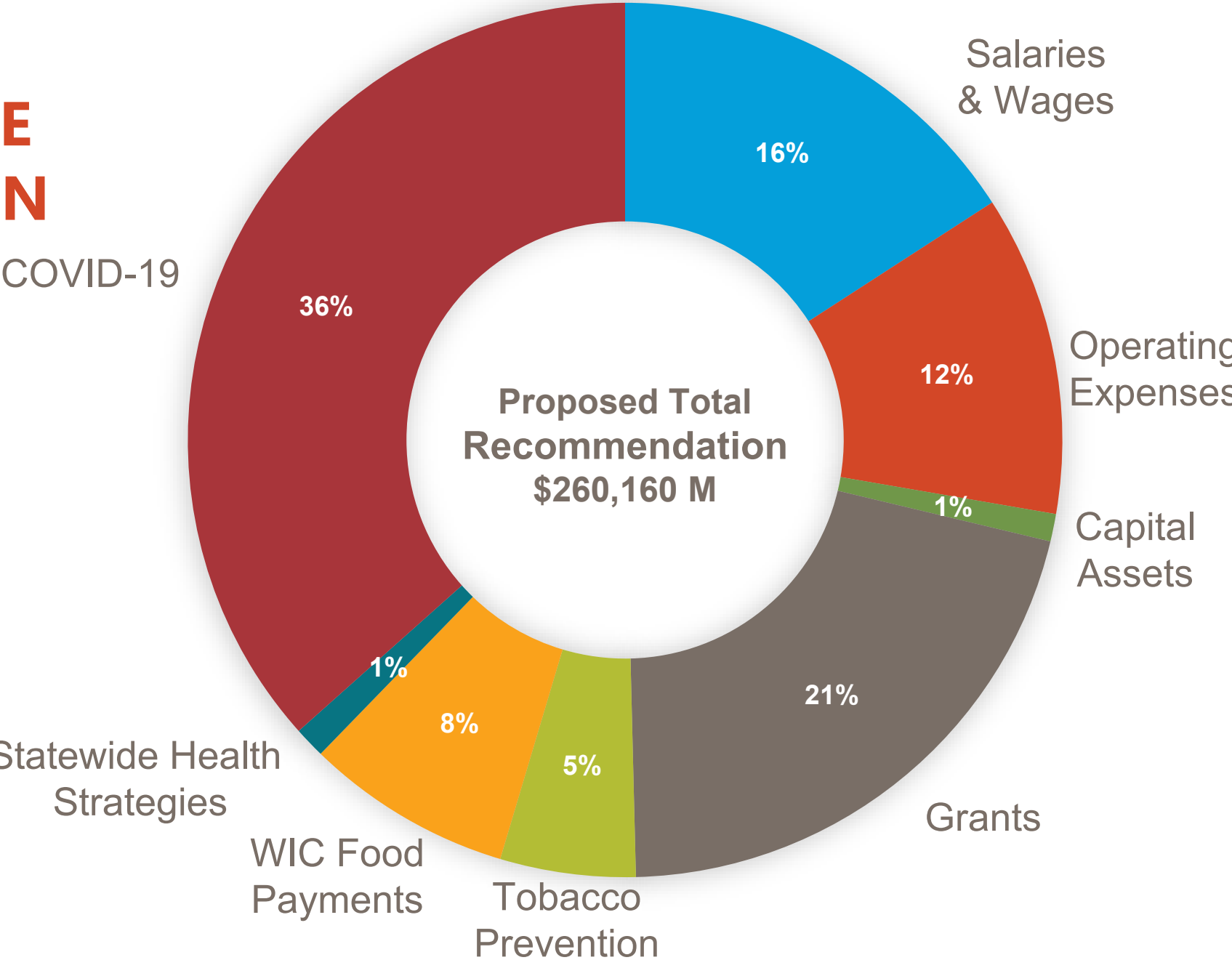
January 14, 2021

COMPARISON

BASE BUDGET TO EXECUTIVE RECOMMENDATION

Description	2019-21 Base Budget	2021-23 Executive Recomm.	Increase / (Decrease)
Salaries and Wages	37,719,574	41,256,942	3,537,368
Operating Expenses	32,398,526	30,836,700	(1,561,826)
Capital Assets	2,164,813	2,646,393	481,580
Grants	53,257,292	54,313,687	1,056,395
Tobacco Prevention & Control	12,902,064	13,019,077	117,013
WIC Food Payments	19,780,000	19,900,000	120,000
Statewide Health Strategies	0	3,000,000	3,000,000
COVID-19	0	95,187,577	95,187,577
Total By Line Item	158,222,269	260,160,376	101,938,107
General Fund	36,270,590	88,879,743	52,609,153
Federal Funds	101,306,765	141,368,428	40,061,663
Special Funds	20,644,914	29,912,205	9,267,291
Total By Fund	158,222,269	260,160,376	101,938,107
FTE	204.00	221.50	17.50

2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

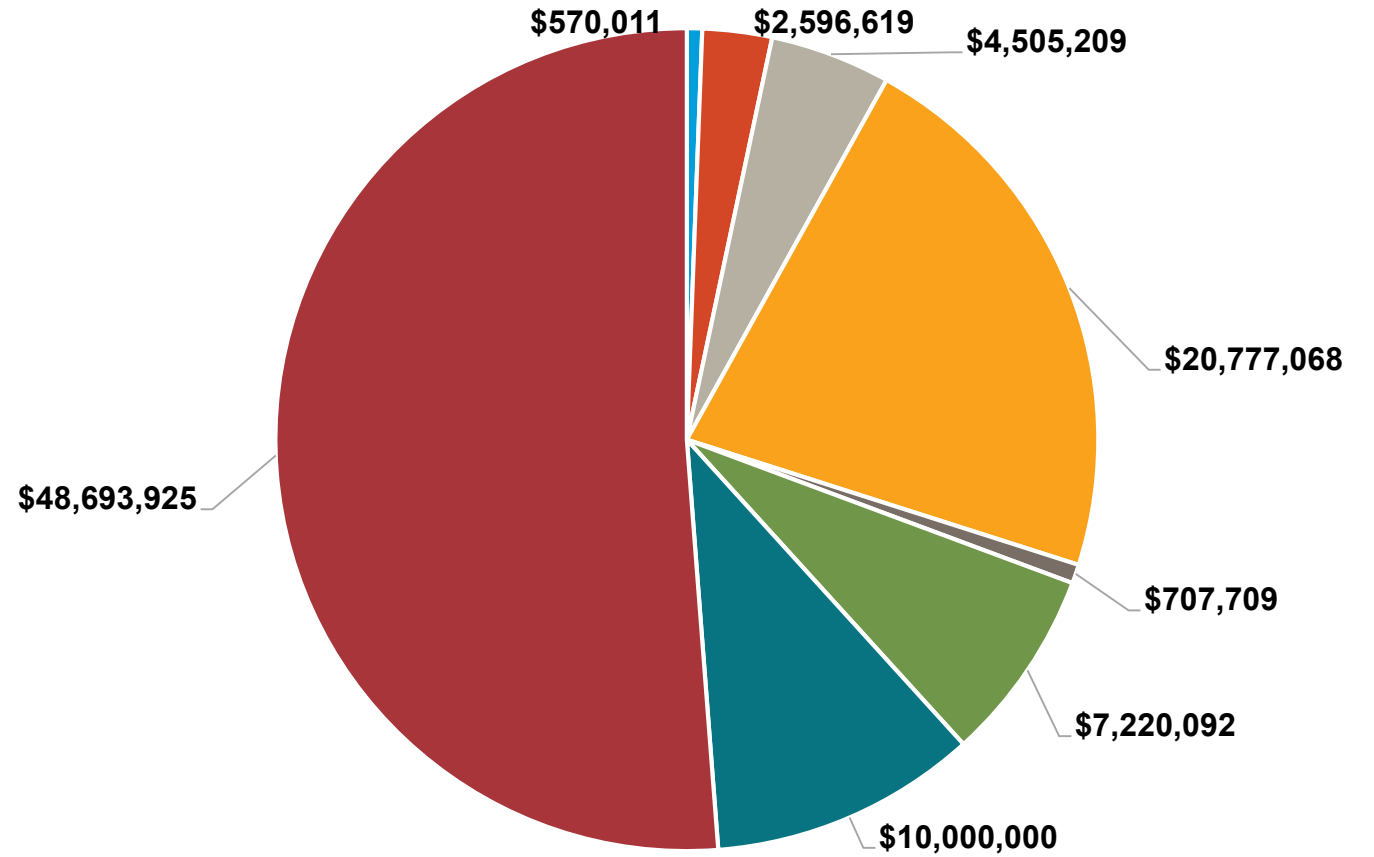


Statewide Health Strategies

BUDGET ITEM	DESCRIPTION	BIENNIUM AMOUNT
Goal 1		
Adopt a Health in All Policy Approach	1 Health Policy Analyst	\$ 300,000
Goal 2		
Enhance Public Health Knowledge and Build Capacity	Addition of Maternal & Child Health and Environmental Health Specializations, have NDSU and UND conduct Public Health Studies	\$1,282,000
Invest in Public Health Workforce	1 Epidemiologist	\$ 240,000
Invest in Public Health Workforce	10 Master of Public Health Program Forgivable Loans upon completion of 3-year work commitment	\$ 120,000
Goal 3		
Support Locally Driven Community Engagement and Health Education	1 Public Information Officer	\$ 198,000
Support Locally Driven Community Engagement and Health Education	Health Improvement Education Campaign	\$ 60,000
Award Grants to Support Local Health Improvement Initiatives	4 or more local community health improvement projects, contingent on a 1:1 match, including in-kind	\$ 800,000

Total Request: \$3,000,000

COVID-19 EXECUTIVE RECOMMENDATION



- Health Analytics- 1%
- Outreach / Response / Public Health Hotline - 3%
- Department Operations Costs / Warehouse / PPE - 5%
- Contact Tracing / Case Investigation / Vaccine / Surveillance - 22%
- Fiscal, Communications, Human Resources - 1%
- Lab Workforce and Related Costs - 7%
- Local Public Health - 10%
- Testing Costs - 51%

COVID-19 | MAJOR COST COMPONENTS

Testing supplies – just over \$48.6 million

- 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow)
- 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow)
- 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only
- 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays

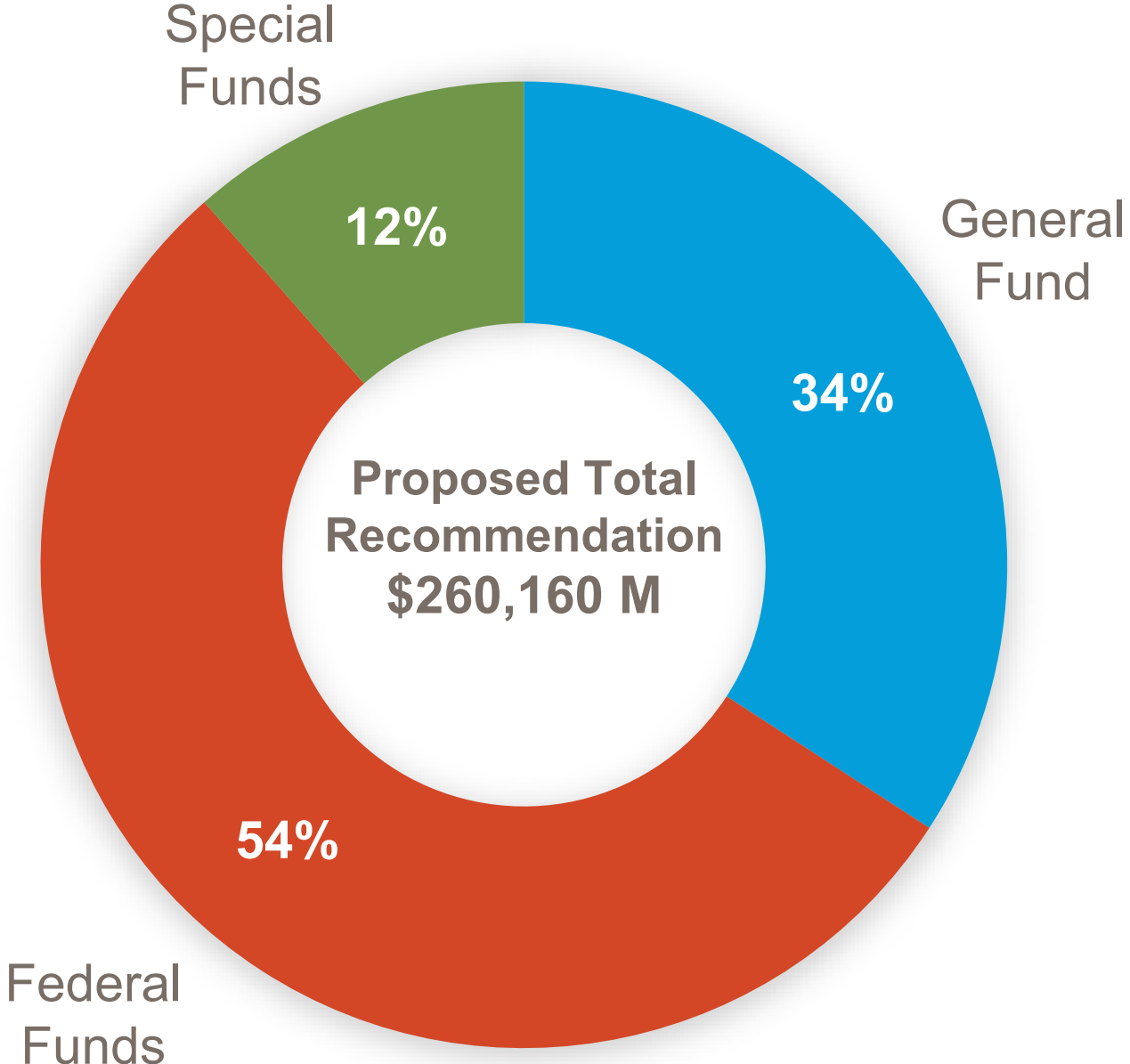
Workforce - \$21.6 million

- Regular FTE - 22.50 Regular
 - 1 -Fiscal Services
 - 3 – Health Analytics (Office of the State Epidemiologist)
 - 7.5 – Laboratory Services
 - 6 – Disease Control
 - 3 – Title V and Health Equity Office
 - 1 – Emergency Response
 - 1 – Outreach / Surveillance
- Temporary Staffing
 - 1 Communication Specialist – year 1 of the biennium
 - 1 Human Resources / Payroll
 - 100 - Contact Tracers / Case Managers / Case Workers with work effort decreasing over the biennium
 - 22 – Laboratory Scientists / Techs
 - 25 – Department Operations decreasing over the biennium

Other Costs

- Media / Education Campaign - \$250,000
- Public Health Hotline Agreement - \$1.6 million
- PPE - \$1.9 million
- Grants for Serology / Contract Tracing / Infectious Control - \$2 million
- Travel Costs / Courier Services / Additional warehouse space / operations - approx. \$3.3 million
- Technology Costs for systems / licenses - \$5.8 million
- Local Public Health - \$10 million

**2021-23 EXECUTIVE
RECOMMENDATION
BY FUNDING SOURCE**



FUNDING CHANGES

Description	General Fund	Federal Funds	Special Funds	Total
Base Budget 2019 - 2021	\$36,270,590	\$101,306,765	\$20,644,914	\$158,222,269
Bond Payment (Final payments scheduled Dec 2022)	(\$184,065)	(\$22,999)	\$0	(\$207,064)
Items impacted to meet the 85% General Fund Budget				
Eliminate Food & Lodging Part-time Temp	(\$50,000)			(\$50,000)
Funding shift due to increase federal collection for administrative co	(\$1,060,000)	\$1,060,000		\$0
Funding shift - carryover collections in Life, Safety & Construction	(\$312,706)			(\$312,706)
Fetal Alcohol Syndrome - Unfund the contract payment to UND	(\$350,458)			(\$350,458)
Loan Repayment Program - Biennium hold on new contracts	(\$823,155)			(\$823,155)
Reduction to the Tobacco Program	(\$1,108,000)			(\$1,108,000)
Miscellaneous	\$17,073			\$17,073
Items impacted by Reprioritization Special Funds				
Funding no longer Expected from Private Foundations			(\$647,500)	(\$647,500)
Funding shift - carryover collections in Life, Safety & Construction			\$312,706	\$312,706
Utilize available Laboratory Fees to cover costs			\$200,000	\$200,000
Include funding from the Civil Money Penalties Fund			\$100,000	\$100,000
Redirect Community Health Trust Fund for Loan Repayment			\$70,500	\$70,500
Miscellaneous			(\$35,706)	(\$35,706)
Net increase in Federal Funds estimated to be Awarded		\$2,843,220		\$2,843,220
Department of Health Requested Budget	\$32,399,279	\$105,186,986	\$20,644,914	\$158,231,179
Executive Budget Changes				
Compensation Package	\$622,262	\$554,224	\$63,016	\$1,239,502
Rent Model Change	\$336,399			\$336,399
Office 365	\$21,542	\$61,616	\$8,275	\$91,433
Forensic Examiner - increase to UND for Forensic Pathology Services	\$85,230			\$85,230
Forensic Examiner - Electronic Records / Full Body Imaging System	\$910,000			\$910,000
Restore Tobacco Funding			\$1,196,000	\$1,196,000
Statewide Health Strategies			\$3,000,000	\$3,000,000
COVID-19	\$54,505,031	\$35,565,602	\$5,000,000	\$95,070,633
Executive Budget Recommendation	\$88,879,743	\$141,368,428	\$29,912,205	\$260,160,376

OPTIONAL ADJUSTMENT REQUESTS (OARS)

	FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating	Capital Assets	Grants	Total
COVID19	143.50	227,459,235	35,565,601		58,910,334	164,450,449	2,504,000	37,160,053	263,024,836
Local Public Health State Aid Funding	0.00	5,226,900						5,226,900	5,226,900
Forensic Examiner One-Time Upgrades	0.00	910,000				60,000	850,000		910,000
Tobacco Prevention and Control Program Media and Cessation Support	0.00	1,946,000				1,613,000		333,000	1,946,000
Loan Repayment Programs	0.00	585,000						585,000	585,000
Forensic Examiner UND Contract	0.00	170,460				170,460			170,460
Convert Temps - Emergency Preparedness Division	4.00		44,605		44,605				44,605
Convert Temps - Office of the State Epidemiologist	2.00		20,445		20,445				20,445
Convert Temps - Division of Emergency Medical Systems	2.00	10,038	10,744		20,782				20,782
Total	151.50	\$ 236,307,633	\$ 35,641,395	\$ -	\$ 58,996,166	\$ 166,293,909	\$ 3,354,000	\$ 43,304,953	\$ 271,949,028
Funded in the Governor's Executive Budget									
Partially Funded in the Governor's Executive Budget									

OTHER DEPARTMENT OF HEALTH-RELATED BILLS

Bills with budgetary impact

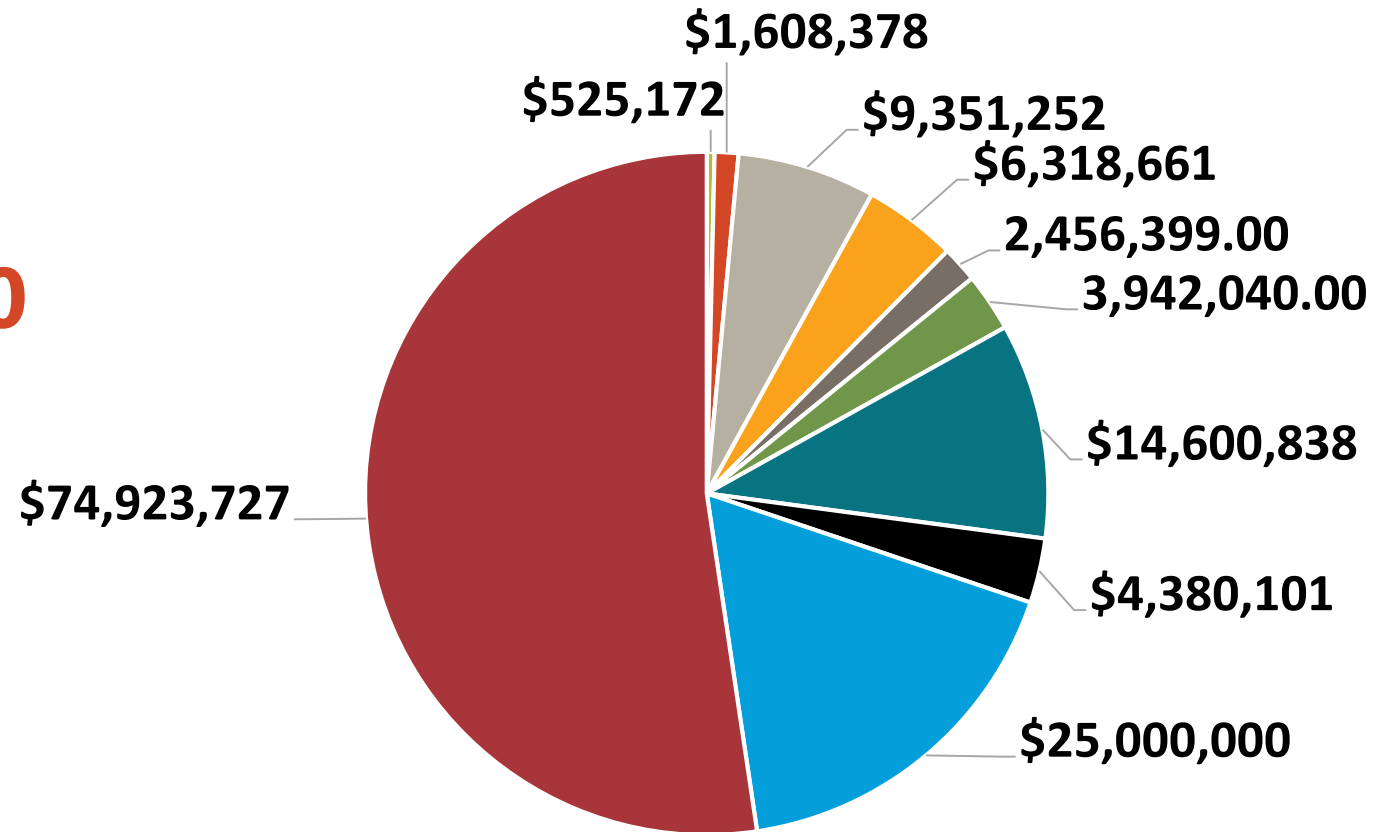
- HB 1025 – Deficiency Bill

Bills no budgetary impact on the Department

- HB 1073 – Allows for BCI / FBI criminal background checks for individuals on the nurse aide registry and emergency medical services registry
- HB 1103 – updates definitions (relating to mobile home park, recreational vehicle park, and campground), license renewal procedures, and resolves inconsistencies with other sections of NDCC
- HB 1106 – repealing NDCC relating to willfully transferring body fluid containing the human immunodeficiency virus
- HB 1118 – relating to the duration of a declaration of disaster of emergency
- HB 1247 – combining departments of Health and Human Services
- SB 2119 – updates relating to food and lodging establishments license renewal procedures, and resolves inconsistencies with other sections of NDCC
- SB 2123 – relating to access to death records
- SB 2124 – relating to virtual special session, state health officer's and governor's authority during declared disaster or emergency
- SB 2125 – adds a licensed behavior analyst as behavioral health professional in the health care professional student loan repayment program
- SB 2177 – adds the discipline of a licensed behavioral analysts to the behavioral health professional field section of the law under the health care student loan repayment program

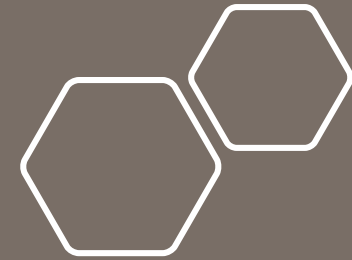
COVID-19 EXPENDITURES PAID THROUGH 12/31/2020

\$143,106,568



- Health Analytics - 0.4%
- Outreach / Response / Public Health Hotline - 1.1%
- Department Operations Costs / Warehouse / PPE - 6.5%
- Contact Tracing / Case Investigation / Vaccine / Surveillance - 4.4%
- Fiscal, Communications, Human Resources - 1.7%
- Lab Workforce and Related Costs - 2.8%
- Local Public Health - 10.2%
- EMS Providers - 3.1%
- Hospitals - 17.5%
- Testing Costs - 52.4%

COVID-19 Grants				
Description	Award	Expended	Remaining	End Date of Grant Award
CARES (Coronavirus Relief Fund)	\$174,115,929	\$106,410,023	\$67,705,906	12/31/2021
FEMA	54,540,000	32,594,651	21,945,349	1/23/2021
CMS Funding	200,000	152,788	47,212	9/30/2021
Ryan White	50,000	30,790	19,210	3/31/2021
Epidemiology & Lab Capacity - CARES	5,075,000	149,905	4,925,095	4/22/2022
Epidemiology & Lab Capacity - Enhanced	52,621,819	63,758	52,558,061	11/17/2022
Epidemiology & Lab Capacity - Infection Control	904,829	-	904,829	5/27/2022
Immunization Influenza Supplemental	240,831	53,346	187,485	7/5/2021
Public Health Crisis Response	4,567,500	3,607,589	959,911	3/31/2021
Hospital Preparedness Supplemental 1	473,417	-	473,417	6/30/2021
Hospital Preparedness Supplemental 2	1,161,700	-	1,161,700	6/30/2021
Family Violence Prevention	79,837	43,718	36,119	9/30/2021
Total	\$294,030,862	\$143,106,568	\$150,924,294	



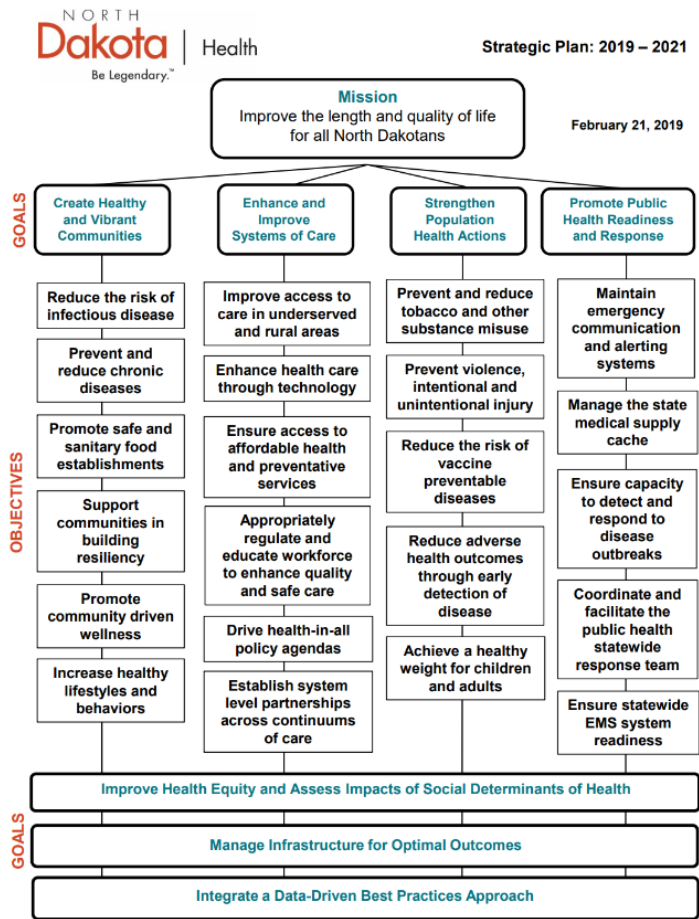
THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. My name is Brenda Weisz and I serve as the Chief Financial Officer for the North Dakota Department of Health and I am here today to testify in support of Senate Bill 2004.

Mission

The mission of the North Dakota 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 performance measures that help us assess our progress toward our goals. Included in your testimony is the department’s 2019-2021 strategic plan which details our mission, goals and objectives.

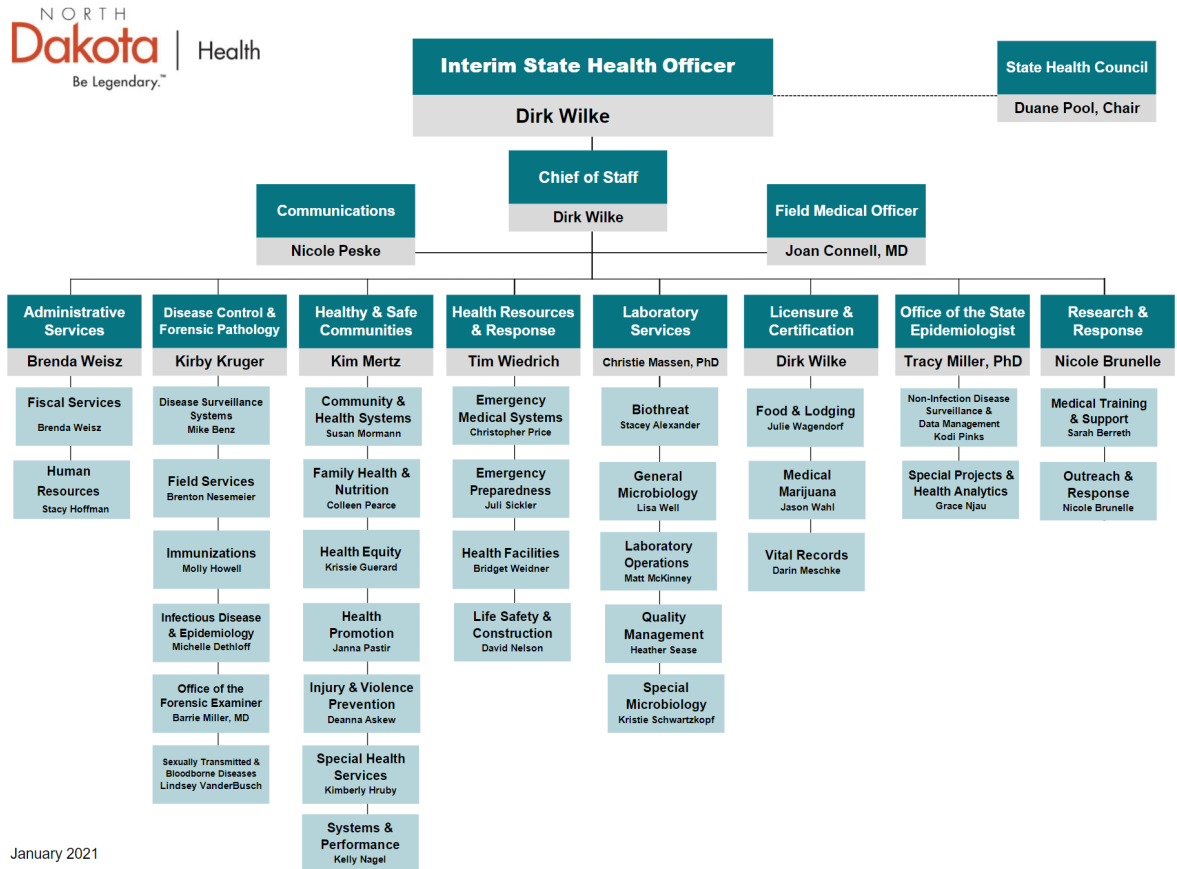


Department Overview

The department pursues its goals and objectives through eight sections:

- Administrative Services
- Disease Control & Forensic Pathology
- Health Resources & Response
- Healthy & Safe Communities
- Laboratory Services
- Licensure & Certification
- Office of the State Epidemiologist
- Research & Response

Each section is composed of several divisions that house the individual programs that carry out the work of the department. A copy of our organizational chart can be found below. More information on the Department of Health can be found in our [biennial report](#) found on our website at health.nd.gov.



While most people know that public health is important, they're not always sure what public health is or how it affects their lives. In fact, the efforts of public health professionals like those at the Department of Health touch the lives of every North Dakotan, every day:

- Our **Administrative Services** section houses fiscal services and human resources.
- Our **Disease Control & Forensic Pathology** section monitors infectious diseases, identifies and contains disease outbreaks such as COVID-19, educates the public, and manages state vaccination programs. They also conduct autopsies to determine cause and manner of death and

provide consultation to county coroners. We work closely with law enforcement and other investigating agencies and provide court testimony, as needed.

- Our **Health Resource & Response** section ensures that our public health system is prepared and able to respond to emergencies, such as COVID-19, 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. This section also ensures that health facilities are safely and adequately serving residents and patients. Our **Research & Response** section plans and executes COVID-19 testing events across North Dakota.
- Our **Healthy & 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 who have special health care 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 **Laboratory Services** section provides laboratory test services for various diseases related to public health. These services include testing for everything from sexually transmitted infections to respiratory pathogens to animal and environmental tests such as rabies. In addition, they're part of the National Laboratory Response Network that tests for anthrax, plague and other harmful biothreat agents.
- The **Licensure & Certification** section provides birth and death records, manages a successful Medical Marijuana Program and ensures food and lodging establishments meet all necessary safety requirements.
- And the **Office of the State Epidemiologist** is responsible for data collection, data analysis, data reporting and now includes a health analytics division.

Accomplishments

2020 was a historic and unprecedented year for the Department of Health. This is what we do; what we regularly plan for, prepare for and exercise for. On January 27, 2020, the Department Operations Center activated and on March

12 Unified Command was formed. In 2020, we exceeded goals and met hundreds of challenges we didn't even know existed in 2019 and in the process, we:

- Increased lab capacity from a few hundred samples to today, being able to run 7,500 COVID-19 samples a day. To date, the lab has tested over 920,000 COVID-19 samples.
- We fielded over 70,000 calls through the public health hotline, a service implemented last March to provide answers to questions and a listening ear to the public.
- More than 94% of our cases are contacted for case investigations. Of those we are able to reach, more than 94% are investigated within 24 hours of receiving the positive report.
- We partnered in some capacity or another with local public health units, dozens of other state agencies, and associations to ensure needs were met for North Dakotans.
- We completed over 9,000 testing missions with partners from the North Dakota National Guard and Department of Emergency Services.
- Our Healthy Return to Learning Team, a partnership with Department of Public Instruction, has held weekly town halls with school superintendents, handled over 12,000 school related COVID cases and helped identify over 30,000 school close contacts.

And this is just the beginning of the immense work that went on, executed by hundreds of state employees who rose to the challenge.

But our success didn't end at COVID-19. Despite our all-hands-on-deck mentality, our work in serving the citizens of North Dakota through important programming continued.

- The North Dakota Oral Health Program partnered with dentists in both rural and suburban areas to provide blood pressure screenings to North Dakota citizens. Since 2019, Dental providers conducted 27,634 screenings, detected 1,975 high blood pressures, made 456 referrals, and followed up on 209 of those referrals. During the pandemic, two individuals were sent directly to the ER after being screened for

- hypertensive crisis and were provided life saving measures, further indicating the importance of screening for chronic conditions and training all types of health care providers to do so.
- Nearly 18,000 women, infants and children continued to receive uninterrupted WIC services this past year.
 - In addition, over the past biennium, the department provided funding to 20 domestic violence/rape crisis agencies to provide crisis intervention, shelter and other services.
 - We grew the Cardiac Ready Communities designation to 11 communities with another 27 communities signing a letter of intent.
 - NDQuits served over 7,000 tobacco users in the last biennium. More than 40% were tobacco free seven months after completing the program.
 - Food & Lodging conducted more than 6,100 inspections of licensed facilities, including investigating 108 consumer health and safety concerns.
 - Health Facilities took the nurse aide registry online to make it more convenient for nurses and facilities to get licensed and access information.
 - The HIV Prevention Program provided over 10,000 free HIV tests to at-risk persons at Counseling Testing & Referral sites in the state.

While we've had many accomplishments, we do have a few challenges that continue to be ongoing.

Challenges

- Electronic Nicotine Delivery System (ENDS) including vaping, electronic cigarettes and other devices is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address the epidemic.
- While success has been evident, challenges still remain. Funding the COVID-19 response when the future is unclear and the need is everchanging, does present challenges. While we are tired, the NDDoH

team and partner entities have continued to “show up” and have worked the long hours for many months on a pandemic with seemingly no end date because we do care about the citizens of North Dakota.

Now I’d like to switch gears and move into the budget overview.

Budget Overview

The following material provides information on the current 2019-2021 Base Budget, the Governor’s Executive Recommended Budget, COVID-19 federal funding, and other fiscal related information as requested and outlined by the Legislative Council.

Comparison of Base Budget to Executive Recommendation

Description	2019-21 Base Budget	2021-23 Executive Recomm.	Increase / (Decrease)
Salaries and Wages	37,719,574	41,256,942	3,537,368
Operating Expenses	32,398,526	30,836,700	(1,561,826)
Capital Assets	2,164,813	2,646,393	481,580
Grants	53,257,292	54,313,687	1,056,395
Tobacco Prevention & Control	12,902,064	13,019,077	117,013
WIC Food Payments	19,780,000	19,900,000	120,000
Statewide Health Strategies	0	3,000,000	3,000,000
COVID-19	0	95,187,577	95,187,577
Total By Line Item	158,222,269	260,160,376	101,938,107
General Fund	36,270,590	88,879,743	52,609,153
Federal Funds	101,306,765	141,368,428	40,061,663
Special Funds	20,644,914	29,912,205	9,267,291
Total By Fund	158,222,269	260,160,376	101,938,107
FTE	204.00	221.50	17.50

2019 - 2021 Base Budget and One-Time Funding

The following includes areas in the current 2019 – 2021 appropriation I would like to highlight:

Vital Records - During the 2019 Legislative Session, Legislators approved an increase in the fees charged for Vital Records. This resulted in the ability of the program to be funded entirely with fees without any reliance on the

general fund. Also included in legislation was the requirement for collections in excess of the appropriated expenditures to be transferred to the general fund at biennium end. Since the onset of the pandemic, walk-in requests are no longer being filled. We are seeing a slight decrease in this area of approximately \$130,000 in revenue for the biennium. Earlier in the biennium we had estimated a transfer of \$650,000 to the general fund at June 30, 2021. That amount is estimated to be \$519,000 based on collections through November and then projected for remainder of the biennium.

Laboratory Services – The capital projects to replace the roof on the north portion of the building and to replace the HVAC in the south addition were completed slightly under budget. \$1,220,000 was appropriated and the project was completed for \$1,216,882. Also approved during the 2019 Legislative Session was an upgrade to the Laboratory Information Management System (LIMS). This project has been somewhat delayed by the pandemic but is on schedule to be completed by June 30, 2021. Both of these projects were included as one-time funding for the 2019 – 2021 biennium.

With food security being an important aspect and one of the six social determinants of health, we are pleased to inform you that in October 2020 team members from the **Women, Infant and Children (WIC)** program successfully moved all WIC food benefits to an electronic WIC card making it more convenient for families. The project will be considered fully implemented by the federal government when all of our WIC retailers are EBT certified. This should be finalized in the month of January with the final close out of the project completed at the end of February. We are projected to finish the project on time and under budget by approximately \$350,000. A portion of these costs were also reflected as one-time funding for the 2019 – 2021 biennium.

During the 2019 Legislative Session, as stated in SB 2317, the state Department of Health must make a determination on projects of no more than one million dollars within 60 days of receipt of a complete application. During the biennium the Department has met this requirement. Additionally, Section 6 of HB 1004 provided legislative intent that the Department reduce the minimum fee charged for **life safety construction** or renovation plans review of small projects for facilities from \$750 to \$500; this was successfully

implemented. Finally, in 2020 the Department of Health issued a request for proposal for professionals interested in conducting compliance reviews of construction documents. If a provider chose to work with one of two selected vendors, rather than the Department, the provider would enter a contract with the vendor to conduct the plan review. The State Department of Health would be responsible for the project's final approval; however, contracting with an outside vendor provides an alternative for plan review. Two vendors have been selected and contracts executed, however, this option has yet to be selected by the industry.

A final area of discussion is the implementation of Section 4 of HB 1268 which was enacted during 2019 Legislative Assembly to increase the maximum property tax levy for Emergency Medical Services (EMS) from 10 to 15 mills, **establish a formula for the distribution of state financial assistance to eligible EMS providers**, and excluded EMS providers with more than 700 average runs for the 2 most recent fiscal years from being eligible for grant funding. The formula included a base amount of \$60,000 and provided guidance stating if legislative appropriations for state rural assistance for EMS was not sufficient to provide the full grant funding calculated, the Department was to distribute a prorated share of the calculated grants. Both years of funding were prorated as the grant funding to be allocated exceeded the amount appropriated. Each year there were 15 EMS providers in the state that did not receive rural assistance grants because they exceeded the maximum number of average runs for funding. Additionally, 6 EMS providers in the state elected not to accept the rural assistance grants in year one and 8 EMS providers made the same election in year 2.

2021 – 2023 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 current 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, federal pass through funding, along with funding to address COVID-19 efforts, 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

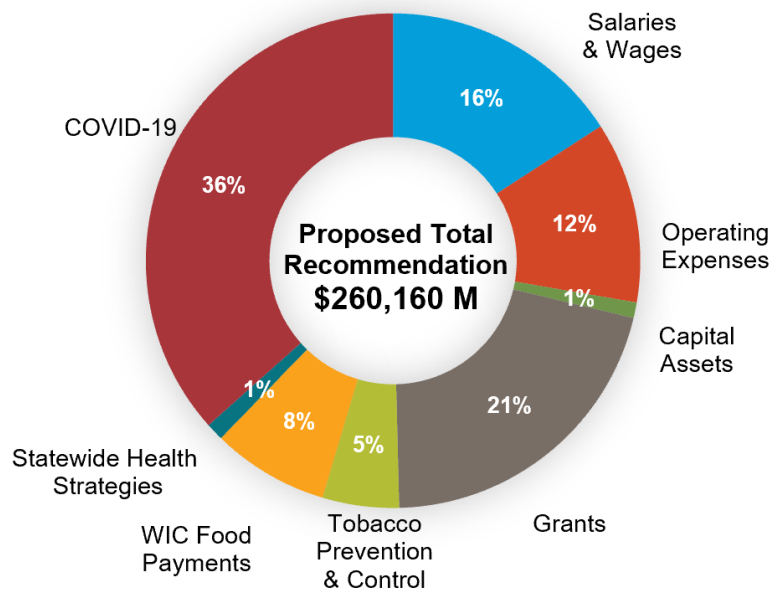
Department. Some of the local public health units are multi-county, some are city/county and others are single-county health units. Other local entities providing public health services include domestic violence entities, family planning entities, and Women, Infant and Children (WIC) sites. Grants and contracts amounting to just under \$87 million or 33% of our budget recommendation are planned to be passed through to the local public health units and other local entities to provide public health services. Approximately \$38.9 million is proposed for local public health units, and \$15.2 million to other local entities. The remaining \$32.9 million is proposed for state agencies, medical providers, tribal units and various other entities.

Nothing highlights the importance of public health more than a public health emergency. Approximately 36% of the proposed recommendation is to cover expenses associated with the efforts regarding COVID-19. Costs are identified as one-time and ongoing. I will cover this line item and the costs components later in my testimony.

Executive Recommendation by Line Item

Overall, the Governor’s Recommendation totals \$260,160,376 and is comprised of the following line items.

2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM



Salaries and Wages

Salaries and Wages make up \$41,256,942 or 16% of our budget. The increase to the salaries line item is attributed to the following:

- continuing the second year, legislatively approved salary increase for a full biennium (two years of the increase vs one year that was funded in 2019 – 2021);

- increase in salary to attract a new forensic examiner, new State Health Officer along with retaining staff; and
- the executive compensation package.

Operating Expenses

The operating budget recommendation is \$30,836,700 or 12% of the Executive Budget recommendation. Operating expenses have decreased primarily as a result of anticipated travel costs, professional fee contracts no longer planned and certain agreements more appropriately budgeted under the Grants line item. This reduction is partially offset by IT Unification where staff salaries were moved from the Salaries and Wages line item to the Operating line item, the addition of funding to accommodate the change in rental costs for the Judicial Wing space occupied by the department, the increased costs experienced by all agencies for Microsoft 365, and an increase to the Forensic Pathology contract with UND.

Capital Assets

Capital assets of \$2,646,393 make up only 1% of our total budget. The recommendation for this area includes bond payments on our laboratory building, the state morgue and a storage building along with equipment costs in excess of \$5,000. The increase is attributed to proposed increased efficiency in the Forensic Pathology Division with the addition of a full body imaging system and the implementation of an electronic reporting system. This increase of \$850,000 is offset by reduced bond payments as final payments are scheduled for December 2022.

Grants

Grants are provided to many local entities across the state and make up \$54,313,687 or 21% of our budget. The majority of grants (91%) are in the Healthy and Safe Communities and Health Resources and Response Sections. This area of the budget has increased as a result of increased funding in the Disease Control Division and the shift of agreements more appropriately requested in the grants line item rather than the operating line. This increase is offset by decreased grants as a result of federal funding that has ended.

Special Line Items

There are four special line items included in the Governor's Recommendation.

Tobacco Prevention and Control is recommended at \$13,019,077 or 5% of the recommendation. The increase in this area is attributed to additional funding to provide to vendors under contract to address the challenges and goals of the program.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up \$19,900,000 or 8% of the recommended budget. The Governor's Recommendation includes an increase of \$120,000 to accommodate eligibility increase anticipated as a result of income changes impacted by the pandemic. Administration by the local WIC sites is included in the grants line item and remains unchanged.

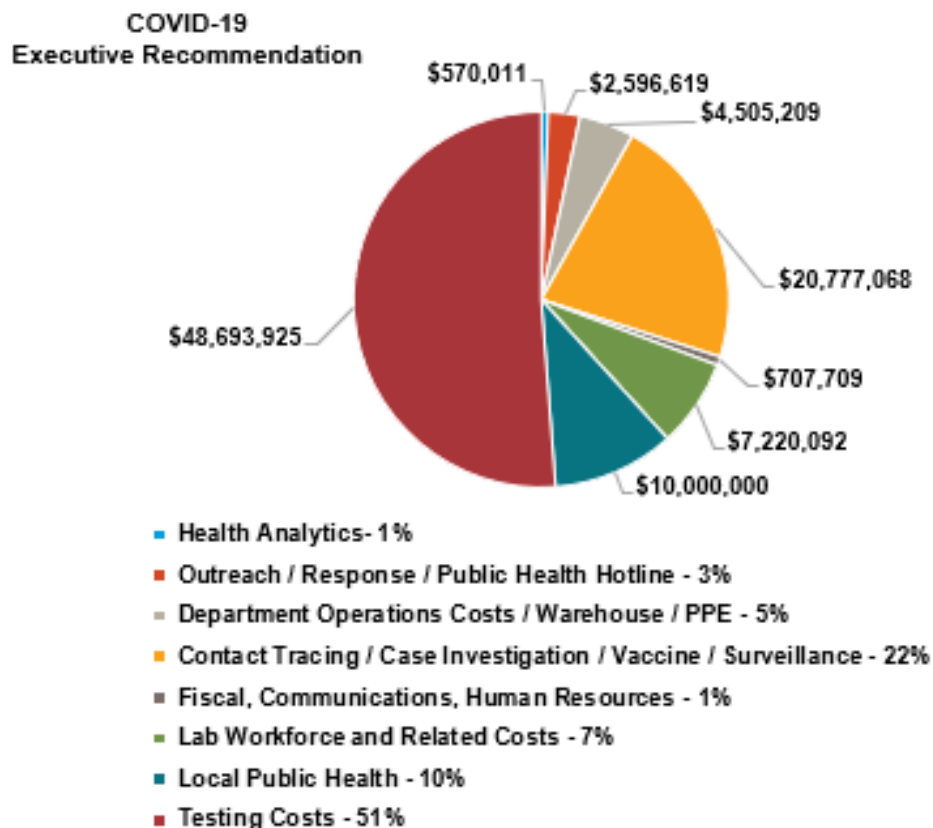
Statewide Health Strategies is included in the Executive Recommendation at \$3,000,000 and accounts for 1% of the recommendation. This proposal is the result of the work led by Joshua Wynne, MD, who was appointed by the Governor as Chief Public Health Strategist in May 2020. Dr. Wynne convened the Health Strategies Planning Group comprised of state leaders and public health experts to develop the Strategic Plan for Health with the mission of North Dakota to become the healthiest state in the nation. The plan proposes the following three goals and related budget.

- **Goal 1 - Support State and Local Health-Conscious Policy and Data-Driven Decision Making**
 - Adopt a Health-in-All Policy Approach with the addition of a Health Policy Analyst - \$300,000
- **Goal 2 - Expand Statewide Public Health Expertise and Leadership Capacity**
 - Enhance Public Health Knowledge and Build Capacity with the addition of Maternal & Child Health and Environmental Health Specializations, have NDSU and UND conduct Public Health Studies - \$1,282,000
 - Invest in Public Health Workforce
 - Addition of an Epidemiologist - \$240,000
 - 10 Master of Public Health Program Forgivable Loans upon completion of a 3-year work commitment - \$120,000

- **Goal 3 - Enhance Cross-Sector Collaboration and Integration**
 - Support Locally Driven Community Engagement and Health Education
 - Addition of a Public Information Officer - \$198,000
 - Health Improvement Campaign - \$60,000
 - Award Grants to Support Local Health Improvement Initiatives to 4 or more local community health improvement projects, contingent on 1:1 match, including in-kind - \$800,000

This \$3,000,000 is considered one-time funding in the 2021 – 2023 biennium.

COVID-19 is the final special line item in the recommendation and accounts for 36% or the largest percentage of the Executive Recommendation. This special line was approved by the Emergency Commission and Budget Section in the current biennium to track costs separately from the typical line items of our appropriation and to segregate the work dedicated to the public health emergency. Below is a breakdown by category of the proposed costs.



This line item includes the following major cost components:

- Testing supplies – just over \$48.6 million
 - 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow)
 - 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow)
 - 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only
 - 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays only
- Workforce - \$21.6 million
 - Regular FTE - 22.50 Regular
 - 1 -Fiscal Services
 - 3 – Health Analytics (Office of the State Epidemiologist)
 - 7.5 – Laboratory Services
 - 6 – Disease Control
 - 3 – Title V and Health Equity Office
 - 1 – Emergency Response
 - 1 – Outreach / Surveillance
 - Temporary Staffing
 - 1 Communication Specialist – year 1 of the biennium
 - 1 Human Resources / Payroll
 - 100 - Contact Tracers / Case Managers / Case Workers with work effort decreasing over the biennium
 - 22 – Laboratory Services
 - 25 – Department Operations decreasing over the biennium
- Media / Education Campaign - \$250,000
- Public Health Hotline Agreement - \$1.6 million
- Personal Protective Equipment - \$1.9 million
- Grants for Serology / Contract Tracing / Infectious Control - \$2 million
- Travel Costs / Courier Services / Additional Warehouse Space / Operations - approx. \$3.3 million
- Technology Costs for Systems / Licenses - \$5.8 million
- Local Public Health - \$10 million

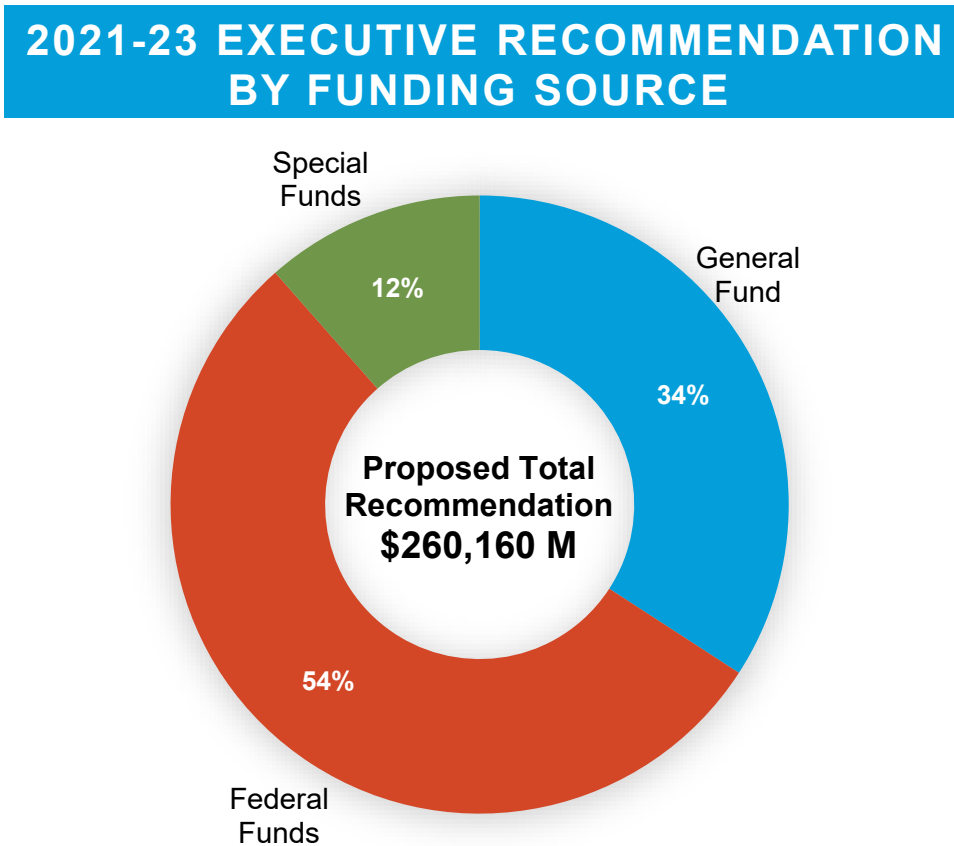
The Recommendation for COVID-19 totals \$95,070,633 with the funding breakdown as follows.

- General Fund - \$54,505,031
- Federal Funds - \$35,565,602
- Special Funds - \$5,000,000 (Community Health Trust Fund for 50% of the Local Public Health recommendation)

The COVID-19 special line item represents one-time costs of \$84,232,061 and ongoing costs of \$10,838,572.

Executive Recommendation by Funding Source

The breakdown by funding source of the Governor’s Recommendation for the Department of Health is as follows.



Summary of Funding Changes and Changes to meet the Governor's Budget Guidelines – See Attachment A

Executive Recommendation for FTE

The Executive Recommendation is 221.50 FTE. The Base Budget includes 204 FTE plus 22.50 additional team members associated with the public health emergency offset by the reduction of 5.0 FTE related to IT Unification.

Other language included in the Executive Recommendation

The Executive Recommendation includes language that allows the Department to borrow funds from the Bank of ND for areas such as testing, contact tracing, and other costs related to responding and mitigating the COVID-19 public health emergency. These funds are subject to approval from the Emergency Commission and would only be requested in the event the costs appropriated are not sufficient to cover costs of the public health emergency into the next biennium.

Agency collections

The department collects revenues which are appropriated and deposited in our operating fund under the following area:

- **Food and Lodging licensure fees** are collected from food and lodging establishments, along with other similar operations. Revenues are slightly down in the current biennium from previously biennia and we have reflected this in our budget request for the 2021 – 2023 biennium.
- **Life, Safety and Construction fees** are consistent with amounts estimated for the current biennium. In our proposed budget for the 2021 – 2023 biennium, we are able to use fees that were collected in the 2019-2021 biennium to offset the general fund need in the program for 2021-2023.
- **Licensure for Nurse Aid Registry, Basic Care, Hospitals and Long-Term Care** is consistent with amounts budgeted for the current biennium and we have anticipated the collections to remain consistent into the 2021 - 2023 biennium.
- **Laboratory collections** are consistent with amounts estimated in the current budget and consistently budgeted for the 2021- 2023 biennium.

- **Vital Records collections** are slightly down as previously discussed. The estimate of collections in the upcoming biennium are sufficient to cover estimated costs.
- **Ambulance licensure fees** are the only collections that are deposited into the general fund. Fees are estimated to be the same this biennium and next, at approximately \$7,300.

Changes to the Governor’s Recommendation

In working with NDIT, and subsequent to the finalization of the Executive Recommendation, it was noted that an FTE reflected as part of IT Unification should have been excluded bringing the number of FTE subject to unification to 4 FTE rather than proposed 5. Over the course of the current biennium the job responsibilities of this FTE have shifted from IT work to more programmatic work. The system that was heavily supported by this FTE was transitioned in the current biennium to a more efficient IT platform requiring less IT work effort. The costs associated with this FTE include \$185,535 in total with \$111,321 from the General Fund. We request this FTE be excluded from unification efforts.

Optional Adjustment Requests – See Attachment B

Other Department of Health-Related Bills

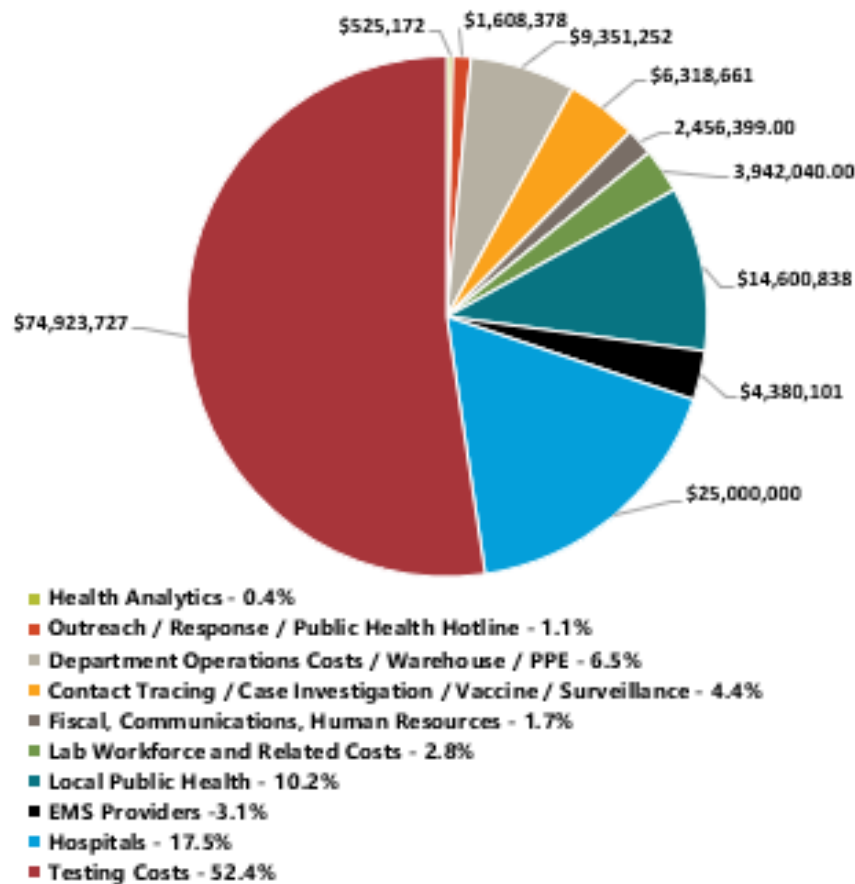
- HB 1025 – Deficiency Bill – budgetary impact

The following bills do not have a budgetary impact on the Department:

- HB 1073 – Allows for BCI / FBI criminal background checks for individuals on the nurse aide registry and emergency medical services registry
- HB 1103 – updates definitions (relating to mobile home park, recreational vehicle park, and campground), license renewal procedures, and resolves inconsistencies with other sections of NDCC
- HB 1106 – repealing NDCC relating to willfully transferring body fluid containing the human immunodeficiency virus
- HB 1118 – relating to the duration of a declaration of disaster of emergency

- HB 1247 – combining departments of Health and Human Services
- SB 2119 – housekeeping bill that updates licensure renewal procedures relating to food and lodging establishments
- SB 2123 – relating to access to death records
- SB 2124 – relating to virtual special session, state health officer’s and governor’s authority during declared disaster or emergency
- SB 2125 – adds a licensed behavior analyst as behavioral health professional in the health care professional student loan repayment program
- SB 2177 – adds the discipline of a licensed behavioral analysts to the behavioral health professional field section of the law under the health care student loan repayment program

COVID-19 Amount Spent as of 12/31/2020 and Federal Funds Available



The total amount of COVID-19 expenditures paid through December 31, 2020 is \$143,106,568; details are outlined below.

While the Department was awarded 10 different grants outside of the CARES (Coronavirus Relief Fund) and FEMA funding, the above expenditures were paid primarily from CARES (Coronavirus Relief Funds) and FEMA. Emergency Commission Requests were submitted requesting authority to spend the additional grants along with the request to track the COVID-19 expenditures under a separate line item. With the ability to use FEMA and CARES funding, the Department is able to maximize the majority of the other federal COVID-19 awards and only expend the dollars after the CARES funding has been fully expended within the amount approved for the current biennium and FEMA reimbursement is no longer available. The emergency declaration for FEMA is in place until January 23, 2021.

Below is a chart listing the grants, amounts expended and grant end dates.

COVID-19 Grants				
Description	Award	Expended	Remaining	End Date of Grant Award
CARES (Coronavirus Relief Fund)	\$174,115,929	\$106,410,023	\$67,705,906	12/31/2021
FEMA	54,540,000	32,594,651	21,945,349	1/23/2021
CMS Funding	200,000	152,788	47,212	9/30/2021
Ryan White	50,000	30,790	19,210	3/31/2021
Epidemiology & Lab Capacity - CARES	5,075,000	149,905	4,925,095	4/22/2022
Epidemiology & Lab Capacity - Enhanced	52,621,819	63,758	52,558,061	11/17/2022
Epidemiology & Lab Capacity - Infection Control	904,829	-	904,829	5/27/2022
Immunization Influenza Supplemental	240,831	53,346	187,485	7/5/2021
Public Health Crisis Response	4,567,500	3,607,589	959,911	3/31/2021
Hospital Preparedness Supplemental 1	473,417	-	473,417	6/30/2021
Hospital Preparedness Supplemental 2	1,161,700	-	1,161,700	6/30/2021
Family Violence Prevention	79,837	43,718	36,119	9/30/2021
Total	\$294,030,862	\$143,106,568	\$150,924,294	

Under the CARES funding as of December 30, 2020, there are outstanding obligations for which we are awaiting a request for reimbursement / invoice so we can make payment. The remainder of the CARES funding will offset the deficiency request contained in HB 1025.

With the passage of the COVID-19 Relief Bill signed by the President on December 27, 2020, we have recently been notified that the Department of Health will be receiving \$6.885 million for vaccination activities and \$43.863 million for testing. In the preliminary information it appears this funding not only covers actual testing costs but also contact tracing, case investigation, health communications, and many of the activities proposed in our COVID-19 executive recommendation. The grant awards have not been received officially, however we have received notification through email. It is our understanding that the grant period for vaccine activity will possibly extend into 2024 and the funding for testing will continue until July 2023.

Other Information

The Medical Marijuana Program is supported by a continuing appropriation as included in the legislation that established the program during the 2017 Legislative Session. The current biennium is the first biennium the program is fully funded with registration and application fees. The expected budget for the 2021 – 2023 biennium is \$1.5 million and includes operating with 5 staff members. We anticipate \$1.7 million of the revenue is to be collected with approximately \$1 million being paid by the Compassion Centers for registration fees and for the ability to grow additional plants. At the beginning of January 2021, the number of current active qualifying patients was 4,354 and the number of active designated caregiver cards was at 117.

Audit Findings

During our most recently completed operational audit for the period covering July 1, 2017 through June 30, 2019, we had the following two audit findings along with action taken to address each.

- We recommend the North Dakota Department of Health ensure compliance with appropriation limits set by the North Dakota Legislature.

- *The appropriation from the Environmental Rangeland Protection Fund was exceeded by \$2,995. Sufficient funding existed in the fund and we had sufficient general fund to cover the payment. Processes have been modified to prevent expenditures from being charged to funding sources that have reached their funding limits.*
- We recommend the North Dakota Department of Health ensure the calculation of the rural emergency medical services grant distribution is correct and that all supporting documentation is retained.
 - *We had used GIS mapping to update population figures from the 2010 census to more accurately include rural population counts. This documentation was not maintained due to staff turnover. There was also a formula error in one of the cells of the spreadsheet resulting in \$39,995 of \$6,875,000 (.58%) being allocated incorrectly. Procedures and additional internal controls have been added to verify information utilized to calculate grant payments. Additionally, staff communications were updated emphasizing the importance of maintaining supporting documentation for EMS payments.*

Conclusion

Chairman Holmberg and members of the Committee, this concludes the Department of Health testimony on Senate Bill 2004. In the upcoming weeks, we look forward to working with you on the detail of the Governor's recommended appropriation for the Department. I or other members of Department of Health team would be happy to address any questions you may have at this time.

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Base Budget 2019 - 2021	\$36,270,590	\$101,306,765	\$20,644,914	\$158,222,269
Bond Payment (Final payments scheduled Dec 2022)	(\$184,065)	(\$22,999)	\$0	(\$207,064)
Items impacted to meet the 85% General Fund Budget				
Eliminate Food & Lodging Part-time Temp	(\$50,000)			(\$50,000)
Funding shift due to increase federal collection for administrative costs	(\$1,060,000)	\$1,060,000		\$0
Funding shift - carryover collections in Life, Safety & Construction	(\$312,706)			(\$312,706)
Fetal Alcohol Syndrome - Unfund the contract payment to UND	(\$350,458)			(\$350,458)
Loan Repayment Program - Biennium hold on new contracts	(\$823,155)			(\$823,155)
Reduction to the Tobacco Program	(\$1,108,000)			(\$1,108,000)
Miscellaneous	\$17,073			\$17,073
Items impacted by Reprioritization Special Funds				
Funding no longer Expected from Private Foundations			(\$647,500)	(\$647,500)
Funding shift - carryover collections in Life, Safety & Construction			\$312,706	\$312,706
Utilize available Laboratory Fees to cover costs			\$200,000	\$200,000
Include funding from the Civil Money Penalties Fund			\$100,000	\$100,000
Redirect Community Health Trust Fund for Loan Repayment			\$70,500	\$70,500
Miscellaneous			(\$35,706)	(\$35,706)
Net increase in Federal Funds estimated to be Awarded		\$2,843,220		\$2,843,220
Department of Health Requested Budget	\$32,399,279	\$105,186,986	\$20,644,914	\$158,231,179
Executive Budget Changes				
Compensation Package	\$622,262	\$554,224	\$63,016	\$1,239,502
Rent Model Change	\$336,399			\$336,399
Office 365	\$21,542	\$61,616	\$8,275	\$91,433
Forensic Examiner - increase to UND for Forensic Pathology Services	\$85,230			\$85,230
Forensic Examiner - Electronic Records / Full Body Imaging System	\$910,000			\$910,000
Restore Tobacco Funding			\$1,196,000	\$1,196,000
Statewide Health Strategies			\$3,000,000	\$3,000,000
COVID-19	\$54,505,031	\$35,565,602	\$5,000,000	\$95,070,633
Executive Budget Recommendation	\$88,879,743	\$141,368,428	\$29,912,205	\$260,160,376



ND Department of Health
SB 2004
Senate Appropriations Committee
Optional Adjustment Requests (OAR) Summary
2021 - 2023 Biennium

ATTACHMENT B

TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS

	FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating	Capital Assets	Grants	Total
COVID19	143.50	227,459,235	35,565,601		58,910,334	164,450,449	2,504,000	37,160,053	263,024,836
Local Public Health State Aid Funding	0.00	5,226,900						5,226,900	5,226,900
Forensic Examiner One-Time Upgrades	0.00	910,000				60,000	850,000		910,000
Tobacco Prevention and Control Program Media and Cessation Support	0.00	1,946,000				1,613,000		333,000	1,946,000
Loan Repayment Programs	0.00	585,000						585,000	585,000
Forensic Examiner UND Contract	0.00	170,460				170,460			170,460
Convert Temps - Emergency Preparedness Division	4.00		44,605		44,605				44,605
Convert Temps - Office of the State Epidemiologist	2.00		20,445		20,445				20,445
Convert Temps - Division of Emergency Medical Systems	2.00	10,038	10,744		20,782				20,782
Total	151.50	\$ 236,307,633	\$ 35,641,395	\$ -	\$ 58,996,166	\$ 166,293,909	\$ 3,354,000	\$ 43,304,953	\$ 271,949,028

Funded in the Governor's Executive Budget

Partially Funded in the Governor's Executive Budget

Senator Ron Sorvaag,

My name is Doctor Larry Burd. I am a Professor in the Department of Pediatrics at the University of North Dakota School of Medicine and Health Sciences. Thank you for the opportunity to provide testimony today. In the budget for the upcoming biennium the NDDOH did not include existing funding of \$350,458 to prevent prenatal alcohol exposure which increases risk for fetal alcohol spectrum disorder (FASD).

8.4% (1 out of 12) pregnant women in North Dakota drink throughout pregnancy. In the United States, the prevalence of FASD ranges from 1 to 5% of live births. In North Dakota, we have about 107 new cases of FASD each year. The mortality rate is over 5%. The recurrence risk within that family is increased by 77%. The annual cost of care for a child with FASD is increased by \$22,800; for adults over \$24,300. Importantly, the cost to prevent a case using our methodology is \$20,200.

FASD is a lifetime condition increasing risk for learning impairments, mental health disorders, severe health problems, and increased risk for contact with juvenile and adult corrections systems. This funding is our only funding for prevention of FASD. This funding also helps support North Dakota Fetal Alcohol Syndrome Center diagnostic clinic. The Center provides diagnostic and management services for people from North Dakota needing assessment for fetal alcohol spectrum disorder. This is the only diagnostic clinic in North Dakota.

This program has achieved international and national recognition for the innovations, effectiveness and clinical excellence. This is evidenced by our invitations and participation in the following:

Consultant, National Zero to Three Model Court Teams on identification and management of young children with fetal alcohol spectrum disorder children in foster care.

National Institute on Alcohol Abuse and Alcoholism work group on harmonization of diagnostic criteria for FASD

National Organization on Fetal Alcohol Syndrome (NOFAS) Justice Taskforce.

Ireland ENDpae which is an advocacy working group on FASD in Ireland.

Principal Investigator of the Republic of Congo Fetal Alcohol Spectrum Disorders program

Member of the Advisory Committee for the Salford Parents and Careers Education Course for Improvements in FASD Outcomes in Children (SPECIFICS).

The National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC), in collaboration with the American Academy of Pediatrics (AAP) “Potential Strategies and Opportunities for Monitoring the Proportion of Children Affected by a Fetal Alcohol Spectrum Disorder”.

This program has provided services for families from every part of North Dakota. In my forty years with the University Medical school I have evaluated and treated over 16,000 children and adults with developmental disorders and severe mental health disorders from every part of

North Dakota. We have provided hundreds of training opportunities on FASD for physicians, nurses, teachers, substance use disorder treatment programs and with corrections and court personnel.

I would like to request that you restore this funding so we can continue to provide this essential service for the citizens of North Dakota.

Carl Young
Family Services Network Inc.
Executive Director
Lobbyist Badge Number 136
Bismarck, ND 58504
7012143152
carl@ndctn.org

Senators,

I write to you today to speak in opposition to the budget for the Department of Health. As written, it would remove funding for the Fetal Alcohol Syndrome Clinic at University of North Dakota from the budget.

The primary role of my organization is to support families of children born substance exposed. Removing this funding would be very detrimental to children across the state. Currently estimates are that 1 in 20 children are affected by being substance exposed to either drugs or alcohol in the country. This means that in an average size classroom of 20 to 25 kids, at least one child will have been exposed to drugs or alcohol in the womb.

The period of gestation where brain development occurs is in the first 12 weeks. Some mothers may not know that they are pregnant at this point. If they consume even an ounce or two of alcohol, this can affect the executive function portions of the brain.

The executive function portion of the brain gives us the ability to determine right from wrong. To decide not to do things. To apply logic to situations.

Currently the UND clinic run by Dr. Larry Burd is the only one in the state of North Dakota. There is a program starting later this year that will help identify potential community health centers that might be able to host a clinic, but that program isn't started yet.

On a personal note, my youngest son was born substance exposed. He wasn't diagnosed with FAS until he was 15. Because his IQ was deemed to high, he didn't qualify for Developmental Disability Services. He is 19 currently and a resident of the Burleigh/Morton County Detention Center awaiting trial on multiple felony counts.

He was diagnosed through the UND clinic by Dr. Larry Burd.

Family Services Network, Inc. was formed in 2018 to help families not experience the struggle that our family faced for 19 years, to help their children. Family Services Network, Inc., is the statewide affiliate to the National Organization of Fetal Alcohol Syndrome headquartered in Washington DC.

Please do not pull this funding from the Department Budget.

Thank you

Carl Young



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January 14, 2021

8:30 am CST

Senate Appropriations Committee for the 67th ND Legislative Assembly

Chairman Holmberg, and members of the Senate Appropriations 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 sustainable and sufficient funding for the State Tobacco Prevention and Control Program in SB 2004, 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 back in 2017, TFND has been much more involved and utilized, along with other Partners and stakeholders, to accomplish the goals outlined in our State Plan for Tobacco Prevention and Control. We have made great strides in the work accomplished for our citizens.

This work is highlighted in the attached synthesis report titled, "The State of Tobacco Control in North Dakota: 2019 – 2021: Innovation. Community focus. Fiscal responsibility." A contracted evaluator, Professional Data Analysts, working on behalf of our ND Department of Health collected, analyzed, and synthesized data from the many individuals and organizations across North Dakota working to implement our State Plan. I hope the Committee finds this information helpful in seeing the value provided to our state in funding this work. It is my hope that the recommended line-item funding for tobacco prevention and control of \$13,019,077 will be approved.

Also, of note, TFND is taking a lead alongside several of these same stakeholders and partners fulfilling work in our communities and schools educating and advocating for policy that would reduce e-cigarettes and vaping (ENDS) among our youth while also highlighting the dangers of these products. With the "vaping epidemic" announced by the FDA in 2018, and the COVID-19 pandemic that swept our country this past year, we know that lung health is as important as ever, and we know that there is still more work to be done to save the newest generation from the serious health and economic consequences of a lifelong addiction to tobacco.

I cite all this to say that there is much being done for tobacco prevention and cessation policy in North Dakota, but that there is still so much to do, and I think these combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. 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 levels to the previous \$22.7 million allocated in the 2015-2017 biennium before the substantial reductions were put in place. Just think of the health impacts and potential for lives saved any increase in funding could provide for our state.

Along with my testimony, you are also receiving a copy of our Resolution of Support for a fully Funded Tobacco Prevention and Control Program for ND. The following organizations/entities signed TFND's resolution. (Attached):

Cavalier County Memorial Hospital, Cavalier County Board of Health, Grand Forks Tobacco Free Coalition, McKenzie County Community Coalition, ND Public Health Association, Pembina County Board of Health, Pembina County Commission, Pembina County Memorial Hospital Association, University of Mary Health PRO, Upper Missouri District Health Unit, Walsh County Tobacco Free Coalition, Williams County Community Coalition.

With continued funding, and at a minimum at least no further reductions, we can lead the way in protecting all ND citizens, and that creates healthier youth and a healthier state, and that saves lives.

Again, thank you for this time in front of you, Chairman Holmberg, and the Committee. It is very appreciated. Please vote Do Pass with continued funding for Tobacco Prevention and Control included in SB 2004.

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.

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The State of Tobacco Control in North Dakota: 2019 – 2021

Innovation. Community focus. Fiscal responsibility.

Successes, challenges, and opportunities of the North Dakota comprehensive Tobacco Prevention and Control Program during the 2019 – 2021 biennium.

NORTH
Dakota | Health
Be Legendary.™

**Tobacco
annually
costs each
North
Dakota
household
\$724 in
taxes due to
smoking-
related
expenses.¹**

Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.¹

The North Dakota Tobacco Prevention and Control Program serves the health and economic interests of North Dakotans.



North Dakota youth displaying a poster promoting #ENDit, a call to be the first tobacco-free generation.



Brody Maack, PharmD, CTTS, presenting a gift to tribal speakers before a presentation on sacred tobacco use at the Nicotine Dependence Conference in Fargo, February 2020.



Nakisha, holding Kenzie, was able to quit smoking with help from North Dakota's BABY & ME - Tobacco Free Program.



Audience at the 2020 Nicotine Dependence Conference in Grand Forks, a collaboration of four health systems: Altru Health, Family Healthcare, North Dakota State University, and Spectra Health.

Tobacco is still a problem. What is North Dakota doing to address it?

Tobacco is still a problem

The financial and human toll from tobacco use – either directly or from exposure to secondhand smoke – continues to be the most costly, preventable cause of death in the state. With the increase in availability of Electronic Nicotine Delivery Systems (ENDS), vaping of nicotine and other substances has only escalated related health concerns.

Here is how North Dakota is addressing it

North Dakota's Tobacco Prevention and Control Partnership (TCP) has implemented **innovative and evidence-based strategies** to engage North Dakota **communities** in developing local solutions. These efforts work in tandem toward ensuring the program is **fiscally responsible** and working to prioritize the health and economic interests of the state.

Tobacco Control Programs and Grantees

Funding for North Dakota's Tobacco Program supports a small staff of 6.35 fulltime employees at the Department of Health, who manage several programs and grantees.

NDQuits. North Dakota's quitline is available to all North Dakotans, year-round. Telephone counseling and/or web counseling is available, as is Nicotine Replacement Therapy.

BABY & ME – Tobacco Free Program™ (BMTFP). North Dakota funds 15 grantees to provide cessation support to pregnant mothers, starting by 32 weeks prenatal and continuing for up to 12 months postpartum.

NDQuits Cessation (NDQC) Grant Program. North Dakota funds 17 grantees to provide brief cessation interventions and education to patients and the community.

Local Public Health Units (LPHU). All 28 LPHUs are funded to provide prevention, cessation, and policy work in their communities.

"It is important to keep in mind that many little steps will lead to big things in the future and sometimes it is hard to stay positive in the world of tobacco."

-Local Public Health Tobacco Coordinator

Who benefits from Tobacco Prevention and Control?

All who use nicotine, a highly addictive drug

Nicotine, which can be found in a variety of tobacco and vaping products, is a powerful drug. Nicotine, a drug that reaches the brain within seconds, increases dopamine, a reward center of the brain. However, the effects are temporary, meaning a user of nicotine needs to reach for another cigarette, dip, or vape sooner as they crave more, and they will use any kind of nicotine to satisfy the addiction.¹ Nicotine is one of thousands of ingredients in cigarettes, chew tobacco, other combustible tobacco products (cigars), and a major ingredient of nearly all ENDS products used to vape.

Residents with an interest in the economic well-being of the state

Tobacco costs the state of North Dakota much more than is brought in from the current tobacco tax. These tobacco taxes bring in \$19.7 million annually but tobacco costs the state \$326 million annually. All North Dakotans who care about the economic status of the state have an interest in the costs of tobacco to all citizens.

Intersectionality is a “prism for understanding” problems, a legal term that coined in 1989 by Kimberlé Crenshaw. In tobacco control, this means taking a lens that a North Dakotan is impacted by tobacco control through multiple factors, living in a rural area, Medicaid eligible, and having a behavioral health disorder.

Here is who is most at risk

In public health, equity is the just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. The Centers for Disease Control and Prevention’s (CDC) Best Practices in Tobacco Control defines tobacco-related disparities as: “Differences that exist among population groups with regard to key tobacco-related indicators, including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; capacity, infrastructure, and access to resources; and secondhand smoke exposure.”² In North Dakota, these groups are:

Rural: Adults in rural areas are more likely to smoke, more likely to be heavier smokers, and kids in rural areas are more likely to start smoking at an earlier age.³

American Indians: The commercial tobacco use rate in North Dakota’s American Indian populations is double that of the general population.⁴

Pregnant women: Just over 10% of women reported smoking in their first trimester, which has implications for the development of the fetus and the mom.

Behavioral health: An estimated 35% of cigarette smokers have a behavioral health disorder.⁵ Tobacco users with a behavioral health disorder use tobacco two times more often than the general population.

Youth and young adults: Over half (52.8%) of North Dakota high schoolers reporting trying an e-cigarette and over one-third (34.5%) have tried a cigarette before the age of 13.⁴ Both rates have increased.

Medicaid: Nearly 40% of North Dakotans who use Medicaid also use tobacco, double the rate of the general population.⁴

What is the purpose of this report?

The **purpose** of this report is to synthesize evaluation and surveillance activities during the 2019 – 2021 biennium. The North Dakota Department of Health (NDDoH) facilitates the state’s TPCP. This partnership includes over 50 organizations, mostly from North Dakota, with some support from national partners.

The TPCP work is driven by the North Dakota Tobacco Prevention and Control State Plan, which is a strategic plan coordinated by multiple agencies within the state.

The **mission** of the TPCP is 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 objectives and targets of this plan are externally evaluated and reported biennially to the North Dakota Legislature, the NDDoH and all of the TPCP partners and stakeholders.

Professional Data Analysts (PDA) is a B-corporation that is contracted to conduct an external evaluation of the North Dakota TPCP activities. PDA has been evaluating tobacco control efforts for over 20 years across the United States. This experience informs this comprehensive evaluation of the TPCP during the 2019 – 2021 biennium.

Transparency and data excitement are core values of PDA. While this report is intended to be visually appealing and easy to read for a broad audience, readers interested in the details can find our methods in Appendix B. A dashboard visualizing progress on the State Plan can be found in Appendix D. Please contact Melissa Chapman Haynes, PhD, with questions about this report. Questions about the TPCP should be directed to Neil Charvat, Director, TPCP.



Interested in more details?

[+ North Dakota Comprehensive Tobacco Prevention and Control State Plan](#)

[+ Tobacco Prevention and Control Evaluation Plan](#)

[+ CHI St. Alexius Case Study](#)

[+ NDQuits FY2019 Annual Report](#)

[+ North Dakota Tobacco Surveillance Data](#)

[+ 2017 – 2019 Synthesis Report](#)

7 key takeaways

This report is organized around three themes: **innovation** in addressing tobacco control and prevention, **community focus** in policy and overall engagement with North Dakotans, and **fiscal responsibility** to reduce tobacco prevalence and support North Dakota's economic interests.

Vaping is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address this epidemic.

Communication of tobacco control messages has been done in an innovative and effective manner, though the messages would reach more North Dakotans with increased funding.

Partnerships and persistence moved local tobacco policies forward. There are now over 900 policies, including raising the age to purchase nicotine products and restricting flavored ENDS.

Partnership with American Indians in tobacco control advanced this biennium, laying the groundwork for future impact. The number of smoke-free casinos doubled.

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do. Additional resources would expand evidence-based, community-driven work.

Tobacco costs the state \$326 million in smoking-related costs, likely more since ENDS-related costs are not captured. Only a fraction is recuperated through taxes.

With absence of regulations of ENDS products, there is no way to capture the true cost of nicotine addiction to North Dakotans.

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Community focus to pass tobacco control policies, engage tribal partners, and build local relationships to ensure North Dakotans have opportunities to quit tobacco.

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Fiscal responsibility to invest in efforts to prevent tobacco use initiation as well as support tobacco users who want to quit. Money and lives are saved from implementing evidence-based solutions.

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Recommendations for next steps, opportunities to consider, and overall successes in the 2019 – 2021 biennium.

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Appendices

Innovation

Tobacco control in North Dakota has a history of using innovative and evidence-based strategies to prevent tobacco use and increase cessation attempts.



Tobacco Prevention and Control has stayed at the forefront of combating the vaping epidemic with innovative new programming. The different forms of nicotine in vapes mean faster absorption and a new way to hook kids and adults on nicotine. North Dakota has responded quickly and flexibly.



Neil Charvat, Tobacco Prevention and Control Director at the NDDoH, welcoming the audience to North Dakota's first ENDS Summit in 2019. This innovative event brought together state and national speakers to address the vaping epidemic.

Epidemic levels of vaping call for immediate intervention at the state and local levels.

JUUL allows for more and faster absorption of nicotine as the first ENDS product to use nicotine salts. North Dakota's tobacco partners are connecting with schools and youth to educate, prevent, and support cessation of ENDS.

Local public health educated and coordinated with law enforcement, schools, parents, and community members. With e-cigarette use rate passing that of cigarettes, education on the products is essential.

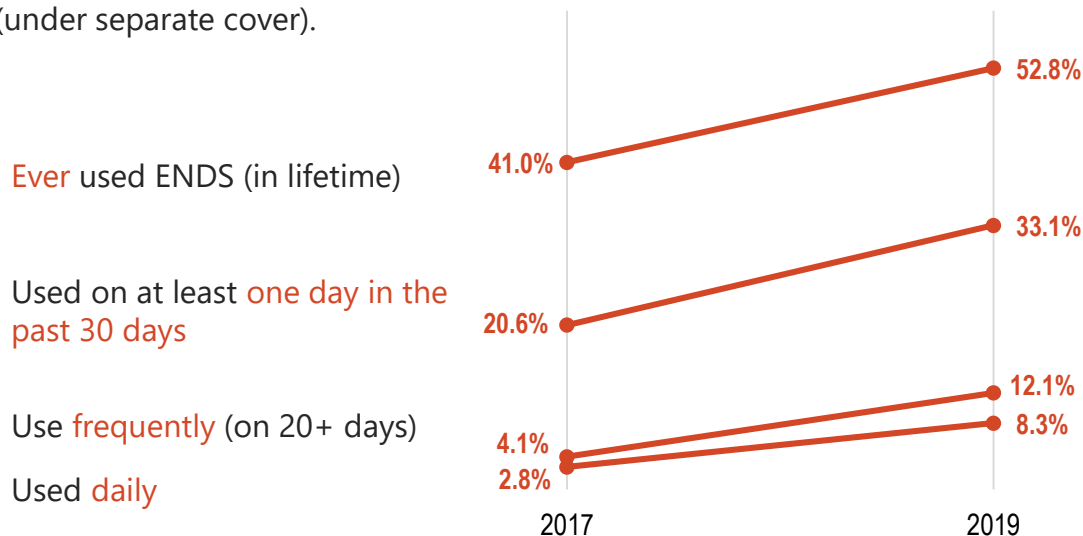


Melissa Markegard, Tobacco Prevention Coordinator for Fargo Cass Public Health, showing a range of vaping devices on August 8, 2019. Photo credit Bismarck Tribune



Jordyn Schaeffbauer, Prevention Outreach Coordinator Bismarck Burleigh Public Health, speaking on vaping at the North Dakota Association for Lifelong Learning in 2019. Photo credit: Tom Stromme, Bismarck Tribune

Over half of North Dakota high schoolers have tried a vaping product and one in twelve use an ENDS product daily. North Dakota's response to address cessation in this age group is detailed on [page 32](#) and in the annual quitline report (under separate cover).



Data from the North Dakota Department of Public Instruction, Youth Risk Behavior Survey in 2017, 2019

North Dakota took a strong stance on the danger of ENDS in 2018, for both youth and adults.

A statement on ENDS by the NDDoH cautions on the dangers of ENDS to youth and adults.

The NDDoH wrote an [ENDS Position Statement](#) in September 2018 that addressed a cautious approach to ENDS. ENDS are not approved by the Food and Drug Administration (FDA) as a cessation device, which addresses the marketing of these products by the tobacco and vaping industries (note that Altria, a tobacco company that makes Marlboro, owns a 35% stake in JUUL).

Further, these devices can explode, exposure of e-liquids to the skin can cause poisoning, and the particulate matter from secondhand vaping contains harmful chemicals.⁶ Finally, ENDS contain nicotine levels that are unregulated (see [page 14](#)).

The NDDoH took strong action to create and implement an annual ENDS Summit, pulling together public health, law enforcement, policy makers, educators, and students from across the state.

The NDDoH created and launched an ENDS Summit, bringing in national speakers to educate and develop actions to address the vaping epidemic. Presentations focused on:

- Vape shops, e-liquids, and policy considerations
- FDA and regulation of ENDS
- Flavors in e-cigarettes
- Emerging research on ENDS health effects

Actions resulting from the ENDS Summit include the AMA statement calling for strong action on vaping products and efforts at the local level to pass policies to address flavors, ENDS, and Tobacco 21 (see [page 27](#)).

A second ENDS Summit took place in December 2020, virtually due to COVID-19.

A statement on ENDS by the American Medical Association followed the North Dakota ENDS Summit.

The [American Medical Association](#) (AMA) put forth a statement in 2019 [calling for strong action on vaping products](#). Dr. Siobhan Westcott, professor at the University of North Dakota (UND) and Board member of the AMA, was instrumental in developing this statement, spurred by the ENDS Summit in 2019. Some aspects of this statement include advocating for research funding to study the safety and effectiveness of vaping products for tobacco cessation purposes and advocating for medical diagnostic codes for vaping associated illnesses, including pulmonary toxicity.



The first ENDS Summit in Bismarck, May 2019. A panel of school-based personnel speaking on ENDS, including a teacher, school administrator, school resource officer, and Abby Erickson, far right, NDDoH Community Programs Coordinator.

With an increasing number of vape shops in North Dakota, cutting edge research highlights gaps.

While most ENDS users calling NDQuits want to quit tobacco, nearly all are not able to do so. Without regulation, North Dakotans don't know what they are getting when they purchase ENDS.

Increase in vape shops without regulation means variability in nicotine content.

Kelly Buettner-Schmidt, PhD, RN, FAAN has led two rounds of studies to examine the content of nicotine and other substances present in vaping devices sold in all North Dakota shops selling ENDS products. **Vaping products are not currently regulated in North Dakota, despite the five-fold increase in shops selling these devices in a five-year time span.**

Date	Number of shops selling ENDS
2014	9
2016	24
2019	44

Concerning trends were uncovered in the 2019 vaping shop study.

A 2019 follow-up study to an earlier 2015 study examined the labeling and chemical concentration of nicotine salts at vaping shops in the state.⁷

Nearly one-third of the tested ENDS devices were not child proof.

Nearly 80% of those were in the form of eye-droppers with rubber bulbs, easily opened by children or chewed up by pets. This is out of compliance with North Dakota House Bill 1186, passed in 2015.

Only 3.8% of the 285 vape liquid samples had nicotine content within 10% of the labeled content. 91.9% had less nicotine than was labeled and 4.2% had more.

Only two vape shops (5.7%) were fully compliant with North Dakota's smoke-free air law. Noncompliance included recent smoking or vaping indoors (5 shops) or lack of signage.

Despite claims by the vaping industry that ENDS help smokers quit, that is not true for NDQuits participants.

84% of ENDS users who called NDQuits reported using ENDS as a quit aid.

79% of these ENDS users reported **also** using other forms of tobacco (e.g., cigarettes, smokeless, etc.) **7 months after calling NDQuits.** Dual use of cigarettes and vaping products means the users gets higher levels of nicotine, tobacco-specific nitrosamines, volatile organic compounds, and metals as compared to those with single product use.⁸

Switching is not quitting. The above finding is evidence that the messaging from the vaping industry about using their product to quit was effective. What is not supported is evidence that these products helped NDQuits users quit tobacco. Instead, nearly 4 in 5 were using ENDS as well as another tobacco product, increasing their exposure to nicotine.

NDQuits addresses vaping. In fiscal year (FY) 2019, 46% of people who enrolled in NDQuits and reported no other tobacco use at intake were using ENDS only (n=29). About half of the NDQuits users between ages 18 and 21 reported using ENDS at enrollment.

The long-term effects of vaping are unknown, but early results point to increased risk for a variety of chronic diseases.

Dr. Antranik Mangardich, pulmonologist at Altru Health System, stated:

"People who are vaping are at risk for respiratory disease, the kind of chronic lung disease that causes people to be asthmatics and have chronic bronchitis and emphysema – basically, the same things that lead to chronic obstructive lung disease."

TPCP has responded to two public health threats this biennium.

Both EVALI and COVID-19 highlight the importance of tobacco prevention and control.

Vaping-related lung injuries sends North Dakotans to the hospital. In late 2019, the vaping epidemic turned deadly with a national outbreak of **e-cigarette, or vaping, caused product use-associated lung injury (EVALI)**.

Patients with EVALI tended to be younger, otherwise healthy individuals that presented with severe lung infections, like Hailey (pictured right), North Dakota's first case. The NDDoH and its grantees responded to this public health threat by quickly submitting data to the CDC and highlighting the dangers of ENDS products in public communications.

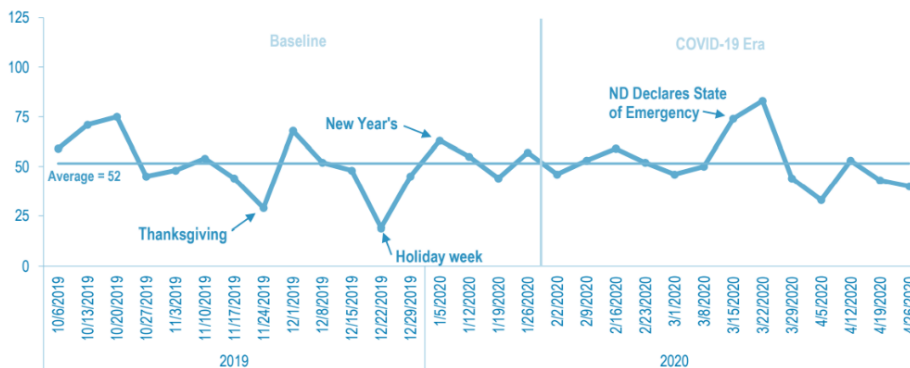


Hailey, North Dakota's first EVALI case, speaks about her experience in a case study video produced by Bismarck Burleigh Public Health. Posted on BreatheND's website.

Smoking is a risk factor for more severe COVID-19 symptoms. COVID-19 caused a rise in hospitalizations, added to hospital workloads, and drew TTS away from cessation work to direct patient care. Likewise, COVID-19 affected TPCP staff who were pulled into the COVID-19 hotline and school response team. The NDDoH health system partners responded immediately to this public health crisis by modifying their workflows to include COVID-19 testing, providing nicotine replacement therapy by mail and curbside pick-up, and offering **telehealth services** for tobacco cessation counseling.

COVID-19 and tobacco cessation in North Dakota

Number of incoming calls per week to NDQuits



Data monitoring implemented due to COVID-19 showed weekly incoming calls to NDQuits spiked in mid-March, overlapping with the COVID-19 crisis. This may indicate these two events are related; however, there could be other contributing factors.

"Individuals who smoke are at greater risk of a more severe case of COVID-19, should they contract it. Helping smokers quit has never been more important, but because of the pandemic, visiting a provider in person for healthcare can pose additional problems." - American Lung Association

Partnerships with health systems provide innovative, sustainable cessation to nicotine.

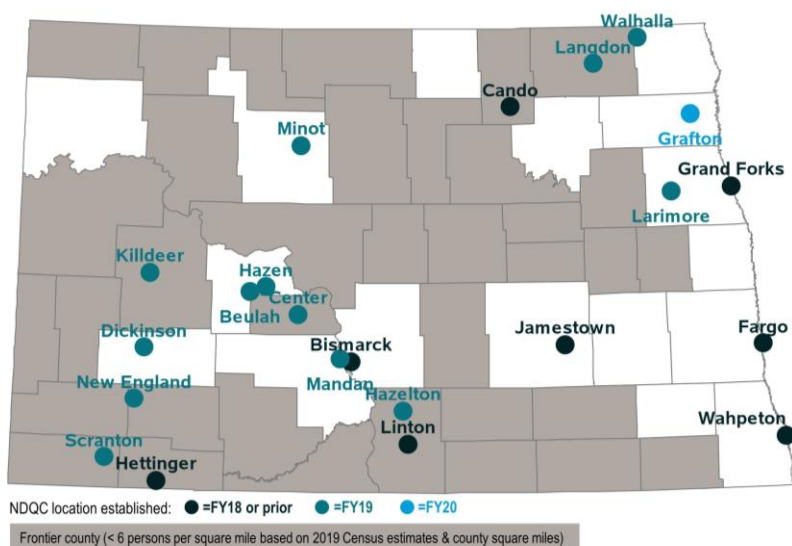
At least 70% of people who smoke see a physician every year. Even brief advice to quit from a clinician increases quit rates, making health systems an ideal partner in tobacco cessation.⁹ The **NDDoH funds health systems** to train Tobacco Treatment Specialists (TTS) and implement tobacco cessation counseling and pharmacotherapy through the NDQuits Cessation (NDQC) Grant Program. TTS work with physicians to support patients in tobacco cessation.

"I have been extremely impressed with the hard work that Kara Backer and her colleagues have done with promoting tobacco cessation throughout the state of North Dakota. Their ongoing efforts in promoting and coordinating tobacco treatment specialist training to people across the state, their dedication and determination in putting on a yearly nicotine dependence conference, and their passion for their work in tobacco control are very evident."

- Therese Shumaker, Addiction Coordinator, Mayo Clinic

In Fiscal Year (FY) 20, the NDQC Program had 17 grantees providing face-to-face counseling visits in 22 cities across the state and telehealth visits in many more. **NDQC grantees are providing tobacco cessation counseling in eight frontier counties.** Established grantees tend to be larger health systems serving more major metropolitan areas with newer grantees serving more rural areas.

NDQC locations overlaid on frontier counties



The NDQC Program meets the activity goals outlined in the State Plan regarding grantee diversity:

- hospitals,
- clinics,
- specialty care centers,
- college campus health clinics,
- addiction treatment facilities,
- Federally Qualified Health Centers, and
- cancer centers.

"Data demonstrates that patients are more likely to quit with proper counseling and pharmacotherapy. [The TTS] allow me to work more efficiently and assess more patients on a daily basis who may also need cessation counseling." - North Dakota physician

Health systems partnerships have grown into three innovative conferences on nicotine dependence.

NDQC grantees are independent health systems. Multiple grantees **partner together and with other organizations to provide educational conferences** on nicotine dependence to health care providers. The conferences provide North Dakotans education, awareness, and tools to address nicotine dependence across the state. The partnerships consist of independent health systems, Federally Qualified Health Center, local public health, and a university. Pooling resources across grantees allows for bigger events, hosting in multiple locations, and wider reach to providers.

"If you're hoarders of information, things don't grow. And that doesn't help anyone. You have to share what works and you have to share what doesn't work."

– Rajeane Backman, Interview with PDA, April 3, 2020



Nicotine Dependence Conference, January 2020. This event was a collaboration of three independent health systems: CHI St. Alexius Health, Mid Dakota Clinic, and Sanford Health Bismarck.

In this biennium, **over 300 providers received additional training** in tobacco and nicotine cessation at five events located across the state. In 2020 alone, there were three Nicotine Dependence conferences held in Bismarck, Fargo, and Grand Forks training over 200 health care providers. Specific topics covered include the vaping epidemic, mental health and tobacco use, sacred tobacco use, tobacco cessation and adolescents, and tobacco cessation in pregnancy.



Nicotine Dependence Conference, Fargo, February 2020. This event was a collaboration of five organizations: Essentia Health, Family HealthCare, Fargo Cass Public Health, North Dakota State University, and Sanford Medical Center Fargo.



Nicotine Dependence Conference, Grand Forks, December 2019. This event was a collaboration of four organizations: Altru Health System, Family HealthCare, North Dakota State University, and Spectra Health.

Ongoing and expanded Youth Action Summit brings youth together to become North Dakota's tobacco prevention and control leaders.

Meaningful youth engagement is critical for an effective comprehensive tobacco prevention and control program. Current research and the CDC's Best Practices in Tobacco Control guidelines suggest that involving youth as advocates in their own health and wellbeing leads to positive outcomes for youth and more effective tobacco programs and policies. Youth have a powerful voice and can mobilize peers and adults to change social norms messaging around tobacco use in their community.

For nearly 15 years, Bismarck-Burleigh Public Health, supported by the TPCP, has held the **Youth Action Summit** (YAS) for youth across the state to make their voices heard and develop skills to make real change in their community through increasing awareness, education, and policy efforts.

In 2019, the YAS **expanded** to the two locations of Bismarck and Fargo and brought together **more than 200 youth** to hear from national speakers and learn about tobacco prevention education and policy.



Students presenting at the 2019 YAS.

"[My favorite part was] getting to see people from across the State with the same views, education. Getting outside our little world helps to feel more confident in our own community." - 2020 YAS youth participant



Students speaking at the 2019 YAS.

In October 2020, the YAS was **adapted to a virtual format** which opened access to youth from across North Dakota who may not have been able to attend otherwise. There were **150 youth** who joined the virtual summit.

*"Since taking a dozen youth to Fargo Youth Summit in the fall, student leaders from Wahpeton High School have taken what they learned and ran with it teaching youth, educating school board officials and other community members to understand the harms and of tobacco products and the importance of tobacco control work!...They have become true ambassadors in tobacco prevention control and advocacy efforts."
- Local public health staff*

North Dakota's Break Free Youth Movement builds and expands youth engagement statewide.

North Dakota values the perspective of youth and recognizes the importance of partnering with young people to create change locally and statewide. Youth engagement continues to expand beyond the annual YAS to include youth-focused activities that raise awareness and promote tobacco prevention education and policy.

The 2019 YAS launched the **Break Free brand**, along with the logo to the right. The **Break Free Youth Board** was also established in 2020 to connect and organize youth from across the state to raise awareness about the harm of tobacco use and mobilize support for policy change.



KFYR-TV news story on Bismarck Break Free Youth Board.

In 2020, four student advocates wrote an **editorial, published in the Bismarck Tribune**, promoting the evidence supporting increasing the price of tobacco products. Another youth leader of the Bismarck Break Free Youth Board, Madeline Erickson, was accepted into the Campaign for Tobacco Free Kids' (CTFK) **2020 National Youth Ambassador Program**: *"I enjoy being a CTFK ambassador because of the opportunities it has given me. CTFK has taught me not only about the harmful effects of tobacco use but also how I can make a difference and advocate for change in regards to tobacco and vaping."*

Bismarck Mayor Steven Bakken and the Bismarck City Commission signed a **proclamation for the 2020 Take Down Tobacco National Day of Action on March 18, 2020**. The proclamation educated about the North Dakota Smoke Free Law and tobacco industry marketing to youth. Students of the Break Free Youth Board and Bismarck High School's Break Free youth chapter spoke at the City Commission meeting about the activities they had planned for the event.



Students from the Break Free youth board and Bismarck High School's Break Free youth chapter with Bismarck Mayor Steve Bakken and Bismarck City Commission.

Partners across the state are actively working to protect North Dakota's smoke-free, vape-free law.

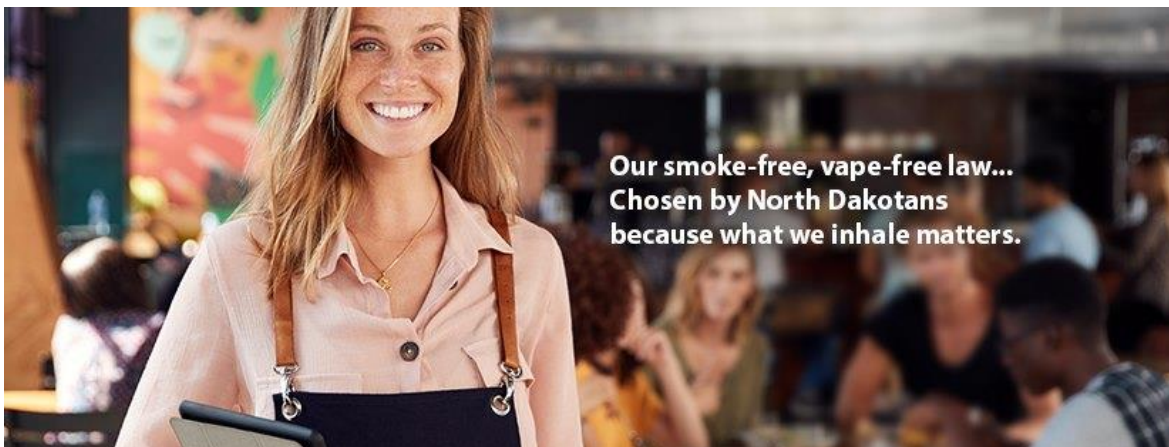
North Dakota's comprehensive smoke-free law, which was put in place by North Dakota residents in 2012, protects North Dakotans from the dangers of secondhand smoke as well as the particles in vaping products. North Dakota's law is among the strongest in the United States.

One effort to educate on the importance of this law was the third annual Big Tobacco Exposed contest. Tobacco Free North Dakota (TFND) partnered with Bismarck-Burleigh Public Health to sponsor this competition. Posters were received from students at Bismarck State College and United Tribes Technical College graphic design programs. Students from the University of Mary Health Professions program judged submissions. The winning poster is displayed to the right, and the top three posters were used on the Bismarck Burleigh Public Health and TFND Facebook pages.



Brady Braun of Bismarck State College won first prize in the third Big Tobacco Exposed poster competition.

A national partner, the American Cancer Society – Cancer Action Network (ACS-CAN), identified protecting smoke-free air as a priority in 2019. ACS-CAN partnered with TFND and local public health to create health communications around the importance of this law.



Digital banner communicating the importance of North Dakota's comprehensive law that protects North Dakotans from the dangers of secondhand smoke and vaping

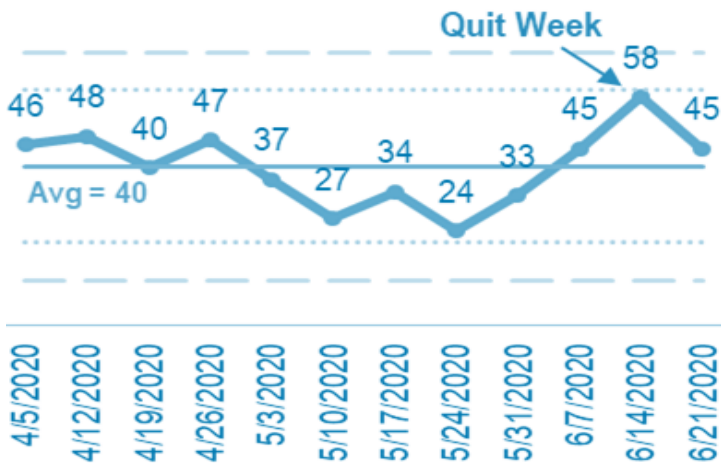
Innovations in media campaigns positively impact all North Dakotans and are proven to be effective.

North Dakota's **Quit Week** was held **June 15 - 21, 2020** as part of the "It's Quitting Time" statewide tobacco cessation campaign. Quit Week is a **partnership between the NDDoH, TFND, and Odney**, with TPCP partners sharing Quit Week media and materials. The goal of Quit Week was to raise awareness of the health risks associated with tobacco use, and to encourage North Dakotans who use tobacco to seek help to quit.



IT'S QUITTING TIME

Quit Week was a highly coordinated effort. Twenty-four LPHUs shared the Quit Week ads; a total of 163 posts were made by 24 LPHUs between June 15 and 21, 2020.



NDQuits enrollments increased leading up to and during Quit Week. There were 18 more enrollments during Quit Week than the average for the past 12 weeks.

"I like that we had a **unified campaign from Public Health, and it was received well.** I appreciate the well-made materials provided for the campaign."

- Local Public Health Tobacco Coordinator

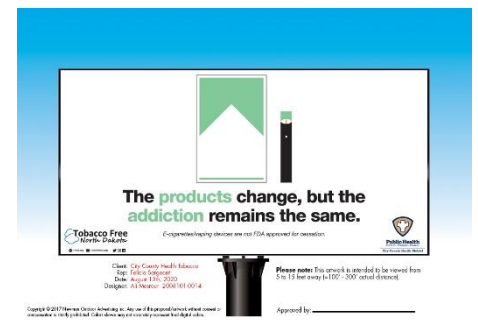
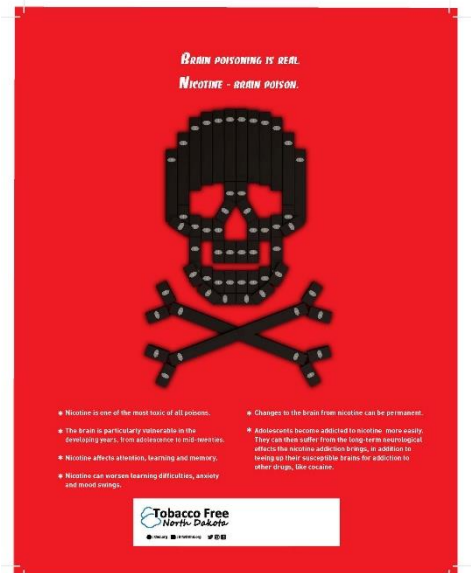
Clear, consistent messaging is essential – additional resources are needed to increase reach.

TFND created materials on ENDS for use by LPHUs and other partners. These ready-made materials educate on the dangers of ENDS products and are shared on social media sites by the TPCP partners. The materials could be modified for local contexts, as needed, while still aligning with a unified, statewide approach. Local public health responded positively:

"It was a smart and effective way of promoting quitting tobacco and tobacco advocacy and awareness through social media utilization. In line with the It's Quitting Time Quit Week promotion, the ready-made, yet easy to modify messages and resources aided Steele County Public Health in spreading the word and reaching the community in many ways."

"Having created artwork and sample messages you can edit for your specific service area makes it more likely to share TPC messages."

These messages are still being modified and shared by the tobacco partners. The billboard on the right was recently placed as a digital billboard in Valley City, North Dakota.

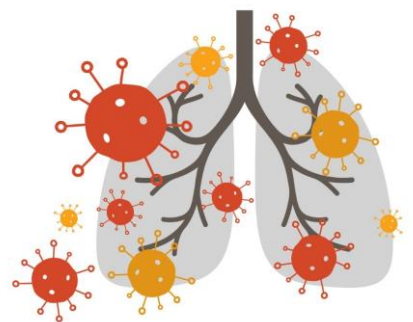


The importance of quitting tobacco during the COVID-19 pandemic is being created and shared. Placement is primarily on the social media sites of the NDDoH and the tobacco partners across the state. Examples of materials on smoking and vaping / COVID-19 are included on the right.



People who use **TOBACCO OR VAPING PRODUCTS** and have cardiovascular disease, respiratory disease, cancer, and diabetes are at **HIGHER RISK** for developing **SEVERE ILLNESS** with COVID-19.

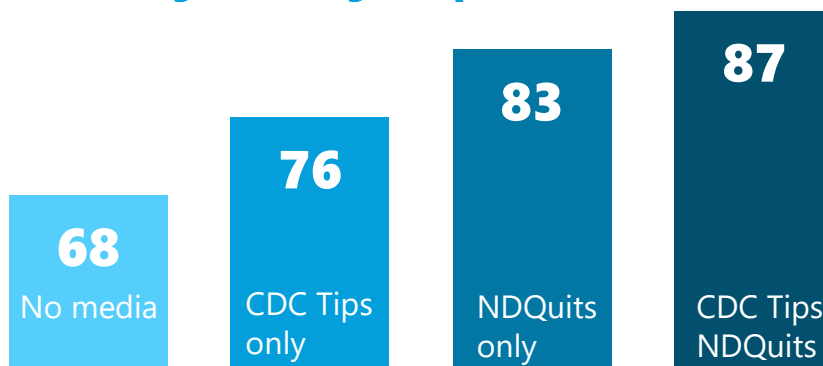
SMOKING OR VAPING MAKES IT **HARDER** FOR THE BODY TO FIGHT OFF **COVID-19** AND **THE FLU**.



Media investment is associated with higher reach of NDQuits, making it an efficient and judicious use of funds.

The highest number of calls occurs when a CDC Tips campaign is running and NDQuits is investing \$30k or more per week in media promotion. This result, from a longitudinal study of the relationship between media placement and calls to NDQuits from 2014 – 2019, highlights the importance of media to drive individuals to NDQuits. It is especially important to have funding to create and implement North Dakota-specific media.

Number of average incoming calls per week to NDQuits



The tobacco industry spends \$25 million each day on marketing its products. Those most influenced by this marketing are youth, who are three times as sensitive to tobacco advertising as compared to adults. To combat this, the recommended level of funding for counter-tobacco media in North Dakota is \$9 million, at a minimum. Actual current funding for media is a fraction of that, limiting the state’s ability to have resources to start to combat the millions of dollars put into marketing by the tobacco industry.



An extended interview with Dr. Warne of the UND was one of the new creative spots developed during the biennium.

Limited funding means that the evidence-based strategy of placing broadcast media is extremely limited. Digital and social media campaigns are placed on websites and spots that reach the intended audience, which is helpful for overall awareness but means that “spikes” in calls to the NDQuits are less likely to occur. An extended interview with Dr. Warne at UND was a new creative spot that was placed on social media.

Limited funding also means less resources to ensure materials are created that are specific to North Dakota. While some examples are provided on [pages 21](#) and [22](#), these are exceptions that were possible due to pockets of additional funding. Further, a study by Odney found that there was a decrease in 2019 among North Dakotans who recalled seeing an NDQuits ad, following a large increase from 2013 to 2016 (55% in 2013, 77% in 2016, 67% in 2019).¹⁰ A decrease in recognition of the brand is likely to be associated with a decrease in calls to NDQuits.

Community Focus

North Dakota is unique. It is important that tobacco control is grounded in, created by, and led by North Dakotans.

Tobacco control and prevention is about building relationships and working together to build a strong North Dakota.



Break Free is North Dakota's new, emerging 100% authentic youth movement. It is made up of middle and high school students from across the state working collectively to educate their peers and community members on tobacco prevention issues that affect their school, community, and state.



2019 Break Free Youth Summit, Bismarck, North Dakota



**There are 14,000
kids in North
Dakota alive now
that will die from
smoking.¹¹**

**Policies like T21 can
decrease new youth
smokers in North
Dakota by 200 kids
every year.**

Note: North Dakota smoking rates for high school 12th graders from 2017 Youth Risk Behavior Survey and Institute of Medicine reports that a T21 policy would reduce initiation by 25% in this age demographic.

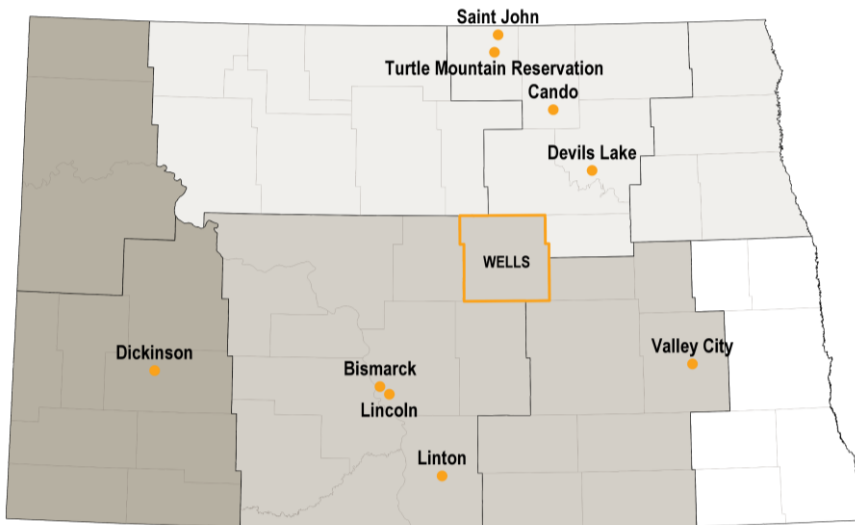
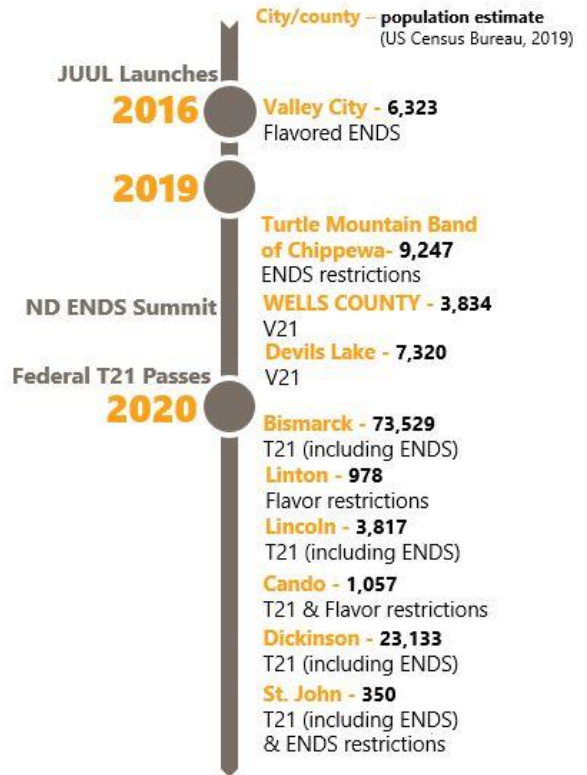
Local policies impact communities and build momentum for statewide policies.

Youth access and flavor restriction policies passed by local public health in North Dakota.

ENDS use among youth is a prominent issue in North Dakota (see [page 12](#) for more information on ENDS use rates by youth). Studies investigating the rise in use among youth have found that flavored e-liquids and flavored tobacco products are particularly attractive to youth.

The **NDDoH funds 28 LPHUs** to work on prevention, education, and capacity building activities in order to support the state tobacco program. Between 2019 and 2020, multiple LPHUs have **passed Tobacco 21 (T21) or Vaping 21 (V21) policies** prohibiting tobacco sales (sometimes including ENDS or exclusively ENDS) for those under the age of 21. Others passed **policies banning the sale of flavored products**. These policies protect more than 130,000 North Dakotans.

Cities, counties, and a tribal nation where these policies have passed are depicted in the map below. Shaded areas show the prevalence of e-cigarette use among high schoolers. These local communities are prioritizing the protection of their youth from tobacco through the passage of these types of prevention policies. This local commitment can fuel support for the passage of statewide policies to protect all North Dakotans across the state.



Eight LPHUs and a tribal nation have helped pass policies, yet parts of the state do not yet have any of these policies in place.

Youth e-cigarette use by region:



Partnerships and persistence across North Dakotan programs move policies forward.

Key players and community groups are instrumental in the education around and passage of local ordinances. Quotes are from local tobacco coordinators.



Community, State, & Local Organizations or Groups

Local coalitions and statewide workgroups promote and provide education around policy initiatives; partnerships with local, state, and national organizations and associations that support and enforce local ordinances

"We trained Police Officers [...] on how to complete [tobacco] compliance checks"



Youth Engagement

Education of their peers and communities, attendance at legislative days, and provision of compelling testimonies in support of local policies

"Our local youth have been actively engaging their peers and adults on the topic of tobacco products with specific regards to e-cigarettes (ENDS products). They've presented to the School Board and plan to go to the City Council this spring to keep the conversation going."



Local Legislators & Officials

One-on-one meetings with local officials, presentations to boards of health and city council meetings

"Maintenance of relationships with our state legislators is essential"



Media & Communications

Local media (newspapers and radio) and social media campaigns support education and public awareness; statewide campaigns allow for consistent messaging

"The continued effort and "seed planting" finally paid off with an adoption of a tobacco-free parks policy in February. We have provided them with media and success stories and have helped them to implement the new policy"



Local Schools, Universities, & Educators

Presentations at schools and partnerships with teachers, school administrators, and school resource officers (SROs) assist with implementation and enforcement

"We have sat down with all the [school] representatives, including the assistant superintendent, to discuss how to get them to have a comprehensive policy"

Strong partnerships also work to create and maintain smoke-free or tobacco-free environments. To date, the number of policies passed are...

**Multi-unit
Housing**

339

**Outdoor
Air**

250

School

221

**College/
University**

17

**Healthcare
Setting**

63

Casino

4

Partnership with American Indians in tobacco control advanced this biennium to lay the groundwork for future impact.

The UND Masters in Public Health Program is contracted to take a key role in engaging North Dakota's tribal nations in tobacco control work.



Social media post promoting the American Indian Commercial Tobacco Program, available to NDQuits callers who are American Indian or Alaska Native.

A Tribal Community Public Health Survey 2020 was conducted to identify areas of need specific to public health in North Dakota's tribal nations.

Dr. Nicole Redvers and Kalisi 'Ulu'ave conducted this study, creating a survey adapted from the 10 Essential Public Health Services. Key findings were:

85% of respondents believe their communities have less than adequate capacity and training to meet public health essential needs.

5 capacity building areas were identified: Improve public health communication materials, improve grant writing support, develop additional capacity for behavioral health programs, provide additional capacity for substance abuse programs, and develop a sustainable public health quality improvement and evaluation framework at the tribal community level.

Moving forward, this information will be acted upon in the following ways:

Counting matters: The American Indian Adult Tobacco Survey will be conducted to ensure accurate data is collected and baselines for tobacco prevalence can be calculated.

Contextually relevant, evidence-based education opportunities: A Public Health 101 module is being created by the UND Public Health Program, which will be made available to all tribal prevention and control coordinators and other key stakeholders.

A program specific to American Indians is available through NDQuits.

In FY20, out of all unique NDQuits enrollees, 7% identified as American Indian or Alaska Native (179 out of 2,424). Out of these 179 participants, only 41 (or 23%) chose to enroll in the American Indian Commercial Tobacco Program offered through NDQuits. This is similar to FY19 (37 out of 205, or 18%). Increasing the proportion of participants enrolling in this special protocol is an area of opportunity in North Dakota tobacco cessation.



AMERICAN INDIAN
Commercial Tobacco Program



Seven years of data collection, building relationships, and education has led to two more casinos expanding smoke-free areas.

The North Dakota Smoke-Free Casino Project (NDSFCP) was created in 2013 to work towards encouraging tribal casinos on all American Indian Reservations in North Dakota to be smoke-free. This work involves **educating on the health risks** of secondhand smoke to the casino employees and patrons through air quality testing, **collecting data to inform tribal councils** while they weigh decisions around going smoke-free, and asking other casino leadership to **share experiences** about going smoke-free. Stephanie Jay, the Health Educator from Turtle Mountain Band of Chippewa and the Statewide Smoke-free Casino Coordinator, has been coordinating the creation and implementation of this project from the start in collaboration with the NDDoH.

The NDSFCP work has centered around community and casino engagement. Much of the work has been centered around providing education, doing environmental assessments of the casinos, and surveying community, staff and patrons on their thoughts about implementing smoke-free environments.

In the last year, two of North Dakota’s casinos have expanded their smoke-free areas, a huge success in an effort that has been building education and support for most of the past decade. There are now a total of four casinos that have expanded smoke-free areas, **doubling during this biennium**.



Prairie Knights, operated by Standing Rock Tribal Nation, made all gaming floors smoke-free (with a designated smoking room).



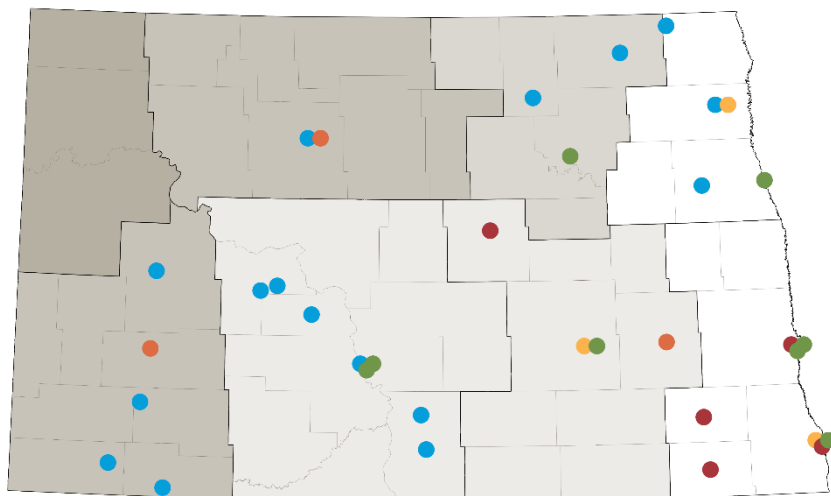
Sky Dancer Casino, operated by the Turtle Mountain Tribe, expanded its smoke-free area in September 2020.

Tobacco cessation work in North Dakota is community-focused, grounded in relationship building and local connections.

Grantees and LPHUs create a **network of support** throughout the state for tobacco users who want to quit. This promotes partnerships with local organizations for personalized support and health education.

"By working closer with Custer Health staff that works with Women's Way and Men's Health programs, we have found better access to tribal areas that may utilize our media and education material in order to better reach the Native American population. These contacts should increase the awareness of NDQuits on the reservation and provide our communities in Sioux county with better health education."

- Custer Health, LPHU



Program offered: **NDQC** **BMTFP** **in-person (IP) counseling** **BMTFP & IP** **NDQC & BMTFP**

Tobacco use prevalence: **< 20%** **20% - 22%** **23% - 25%** **26% - 28%** **> 28%**

Tobacco use prevalence data is from the North Dakota Behavioral Risk Factor Surveillance System (ND BRFSS) 2019

Counselors and providers are trained to help tobacco users quit with **tailored support**. The state quitline (NDQuits) counselors are **based in-state** at the UND, while LPHU and grantee counselors are dispersed locally throughout the state.



13,500

patients received counseling through the NDQC program grantees by a TTS in FY20.



1,300

pregnant women enrolled in North Dakota's BMTFP between 2014 and 2020.



125

TTS were trained & are providing services at NDQC grantees in FY20.



3,285

tobacco users enrolled, on average, in NDQuits each year since 2011.



1 in 4

referrals to NDQuits go on to enroll in the program. This is the same as the national average of quitlines at 25%.¹³



1.16%

of North Dakota tobacco users were provided treatment by NDQuits in FY20. This is similar to the national average of quitlines at 1.19%.¹⁴

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do.

Seven months after enrolling in NDQuits, **30.8%*** of participants who received treatment **were quit from tobacco**. This is slightly above the national quitline goal of 30%.¹¹

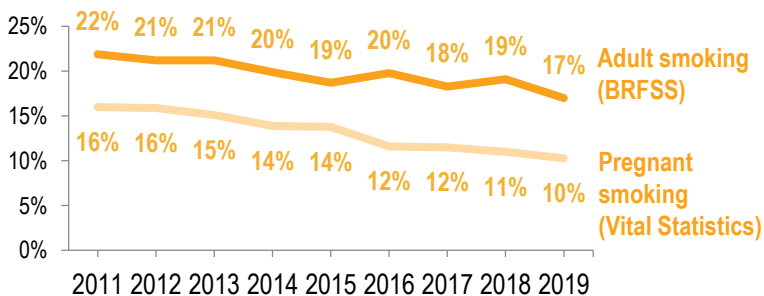
"[The] program really helps give confidence they believe in you when no one else does." – NDQuits participant

Pregnant smokers who enroll in the BMTFP have better birth outcomes than mothers in ND who smoked during pregnancy.

Through December 2019, BMTFP participants' babies had a **higher average birthweight** than the average birthweight reported by North Dakota mothers who had a baby in 2018 and reported smoking during pregnancy (7.5 lbs. vs. 7.1 lbs.).¹⁴ This is a difference of approximately 6 ounces.

"I had tried to quit smoking multiple times before and was unsuccessful. When I found out I was pregnant, I knew I needed to quit and stay quit for my baby. This program allows me to have constant support from others rather than trying to quit by myself...I have been smoke-free for two years now." – BMTFP participant

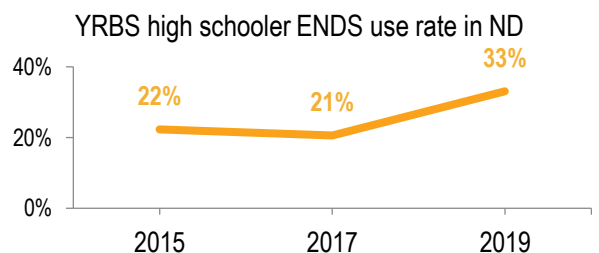
Though smoking rates have been declining, 17% of North Dakotans were still smoking cigarettes in 2019. One in ten pregnant women reported smoking during their first trimester in 2019.



While BMTFP in North Dakota has made a difference in higher average birthweights, the expenses to coordinate the program with the national BMTFP and in-state program support are high for the number of participants who can sustain a quit attempt. NDQuits has a pregnancy protocol that only enrolled 36 participants in FY20. Promotion of this protocol is an area of opportunity to continue helping pregnant women quit tobacco products.

Youth ENDS rates are an area of opportunity in tobacco cessation to reduce nicotine addiction.

NDQuits has a youth-specific program called **My Life, My Quit**, available to help youth under 18 quit ENDS and tobacco. Although 33% of high school students used ENDS in the past 30 days in 2019, only 23 youth enrolled in My Life, My Quit in FY20.



*The 95% confidence interval for the quit rate is 26.0%-35.5%. This quit rate is for December 2018-November 2019 enrollees.

Fiscal Responsibility

Tobacco prevention and control just makes sense. It is fiscally responsible to invest in efforts to prevent tobacco use initiation as well as to support tobacco users who want to quit.

Money and lives are saved from implementing evidence-based solutions.



"We want businesses to understand that the number two expense for most companies is healthcare and the biggest driver of healthcare expenses is smoking rates."



Quote by the United States Surgeon General Jerome Adams in 2019 at the Main Street Summit, Bismarck, North Dakota

Tobacco costs North Dakota much more than the revenue brought in by tobacco taxes.

Smokers do not pay for themselves with taxes. In fact, North Dakota brings in \$26.8 million annually from taxes on cigarettes and other tobacco, but tobacco use **costs the state more than twelve times that amount** (\$326 million annually).¹⁵

North Dakota's Century Code credits all revenue from the cigarette tax to the state General Fund (57-36-25 (2001)) with three cents distributed to incorporated cities based on population (57-36-31 and 57-36-32 (1993)). Funding for tobacco prevention and control is essential to implement programs that are based on evidence. These programs support cessation for those who want to quit and to prevent youth from starting to use tobacco. The time to fund tobacco has never been more urgent. With over half of North Dakota youth trying an ENDS device ([page 12](#)) and tobacco use exacerbating the length of hospital stays for tobacco users who contract COVID-19 ([page 36](#)), the costs of tobacco are high for the fiscal health of the state and for all North Dakota households.

The national estimate of smoking-related health costs and lost productivity is \$19.16 per pack of cigarettes¹⁵; North Dakota only collects a fraction of that to support costs of tobacco use to the state. North Dakota ranks **second to last in the nation** for its tax on tobacco products, putting the people of North Dakota at a disadvantage to combat the tobacco-related illnesses and lost productivity due to tobacco-related sickness or hospital stays.

\$0.44 per pack of cigarettes

28% of the wholesale purchase price for cigars and pipe tobacco

\$0.16 per ounce of chewing tobacco

\$0.60 per ounce of snuff

\$0.00 for any ENDS product

No tax or regulation of ENDS products in North Dakota means that the costs to the citizens of North Dakota using these products is unknown. ENDS and other nicotine products are being sold in North Dakota with little state regulation. Though these products contain nicotine synthesized from tobacco, North Dakota has no mechanism to track the number of products being sold, through which medium (stores, online, etc.), and to whom they are being sold.

Tobacco costs North Dakota \$326 million each year in smoking-related costs.

Nicotine addiction is expensive, starts young, and is tough to quit.

Smoking costs North Dakota businesses nearly \$6,000 per tobacco user each year.

Tobacco users take, on average, **six extra days of leave, take more breaks during the workday to smoke, and use more paid time off as compared to non-smokers.** Additionally, because tobacco use is harmful for nearly every organ in the body, it contributes to **multiple chronic conditions** such as heart disease, lung cancer, and stroke.¹⁶

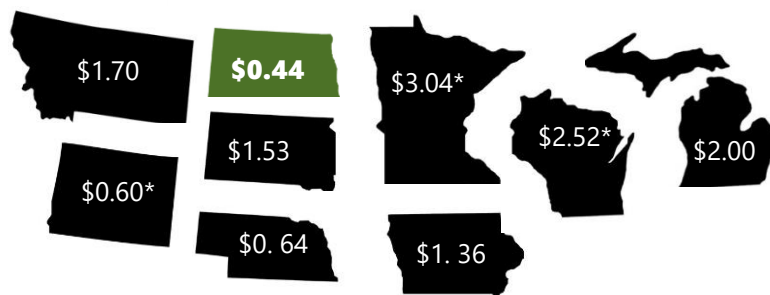
Nicotine is a highly addictive drug. Taxes on tobacco products are sometimes termed a “sin tax,” since tobacco initiation is sometimes seen as a personal choice. However, the main addictive ingredient in tobacco products, nicotine, is one of the most highly addictive drugs available. It is estimated that while 70% of tobacco users want to quit, **only 6% are ultimately successful** in staying quit. It’s widely known that quitting tobacco for good takes multiple attempts.¹⁷

Most users are addicted to nicotine by the time they are 18 years old.

Further, **nine out of ten smokers are addicted to nicotine by the age of 18 and 99% are addicted by the time they are 26 years old.** Brain development continues through the age of 25 and there is conclusive evidence that nicotine use in youth and young adults leads to changes in brain development related to attention, learning, and memory.¹⁸ In short, nicotine poisons the developing brain.

North Dakota’s tobacco tax is much lower than states in the region, and three of these states tax ENDS products.

The tax on tobacco in North Dakota is the second lowest in the United States and it does not include ENDS products. **The average state cigarette tax in the United States as of July 1, 2020 is \$1.82 per pack.** As shown below, North Dakota’s neighboring states all have higher taxes on tobacco, most by a substantial amount. Minnesota, Wisconsin, and Wyoming (indicated with an *) also passed state-level legislation that requires a tax on e-cigarettes. As of August 1, 2020, there are 25 states with this type of legislation.



Medicaid supports the cost effectiveness of tobacco cessation.

North Dakotans using Medicaid smoke at a higher rate than the general population.

Almost **40% of North Dakotans with Medicaid coverage smoke cigarettes** (39.1% or 18,017). This is **more than double** the rate of smoking in North Dakota overall (19.1%). Medicaid costs caused by smoking are \$56.9 million in North Dakota.¹⁵

Investment in cessation for North Dakotans using Medicaid is proven to be cost effective. A return-on-investment study found that **for every dollar spent on program costs, a \$2.12 return on investment to the Medicaid Program was realized** within one year of the benefits being used.^{19, 20} Tobacco cessation support by Medicaid has increased following evidence of the cost savings. Since the passing of the Affordable Care Act, Medicaid has covered cessation products such as Nicotine Replacement Therapy (e.g., patches, gum, etc.).

Starting on January 1, 2020 Medicaid made it even easier for North Dakotans to quit by covering all cessation medications (e.g., Chantix, bupropion) and removing the requirement for prior authorization from a physician. Providers are strongly encouraged to refer patients to NDQuits and/or to provide brief counseling to patients on how to successfully quit. **Since the coverage change, over 2,800 North Dakotans on Medicaid received a tobacco cessation medication and/or counseling visit.**

NDQuits helps Medicaid-insured tobacco users with their quit journey. During FY19, NDQuits served a high percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans with no insurance as compared to the state average.

19% of NDQuits participants were insured by Medicaid

28% of NDQuits participants had no insurance (compared to 18% statewide)

Opportunities exist to increase use of Medicaid benefits and to increase the cost savings. There are 46,081 adults in North Dakota who have Medicaid (American Community Survey 5-year estimates, 2018). Only 2,884 had a claim for medication or counseling, leaving an estimated 15,133 Medicaid smokers without any type of tobacco cessation support. Almost 20% of the \$326 million health care costs caused by smoking in North Dakota are paid by Medicaid. It is estimated that smoking costs Medicaid more than \$57 million (note that this estimate includes adults and children). This cost estimate was calculated by PDA in an ongoing analysis of Medicaid costs.

The NDDoH and the North Dakota Department of Human Services Medicaid Office have strengthened their collaboration. The agencies participated in a 6|18 Initiative Program from the CDC to establish a goal to allow the certified tobacco treatment specialists with a National Certificate of Tobacco Treatment Practice (NCTTP) to be recognized as Designated Providers for Medicaid. This will enable these providers to be reimbursed by Medicaid for outpatient counseling. Currently, there are at least 45 CTTS/NCTTP providers within the NDQC Grant Program.

COVID-19 has exacerbated the health and economic consequences of vaping and cigarette use.

"One worrisome impact of vaping during the COVID-19 pandemic, is that the symptoms of vaping lung injury mimic those of coronavirus."²¹

- Cleveland Clinic physician

Youth and young adults who vape or smoke are more likely to test positive for COVID-19. A recent study addressed the relationship between youth smoking and e-cigarette use and COVID-19.²² The results of this online, national survey of 13- to 24-year-olds found that **ever users of e-cigarettes were five times more likely to receive a positive COVID-19 diagnosis.** Ever dual users of e-cigarettes and combustible cigarettes were **7 times more likely to receive a positive diagnosis and 4.7 times more likely to have COVID-19 symptoms.**

Smokers are more likely to be hospitalized and have longer hospital stays due to COVID-19. North Dakotans who are **smokers have longer hospital stays** than North Dakotans who do not smoke. Looking at hospitalization data and comparing smokers and non-smokers who were hospitalized due to COVID-19:

2.8% of COVID-19 cases who were not smokers were hospitalized

7.2% of COVID-19 cases who were smokers were hospitalized

The average length of time in the hospital for non-smoking North Dakotans hospitalized for COVID-19 was **6.08 days while that rises to 7.09 days** for patients hospitalized for COVID-19 who smoke. The average inpatient costs for a nonprofit hospital in North Dakota is \$1,980 per day for nonprofit hospitals and \$4,501 per day with for-profit hospitals.²³ Calculations based on a COVID expense study by FAIR Health brief estimates that there is an \$11,000 per day charge for a hospital stay for a COVID patient in North Dakota.²⁴

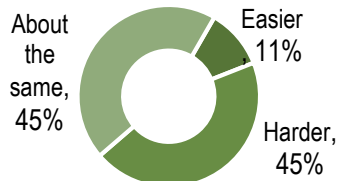
The COVID-19 pandemic appears to be affecting tobacco and ENDS users who use NDQuits in a variety of ways; while many are reporting no effect of COVID-19 on the challenge of quitting (or staying quit), others report quitting is harder, and a small number report quitting is easier.

Has the COVID-19 pandemic made it easier, harder, or about the same for you to quit/stay quit from:

e-cigarettes/vaping products (N=23)



Tobacco (N=159)



COVID-19 led to a **fear of sharing tobacco products** and ENDS, as well as trying to use tobacco products less in order to **keep one's mask clean** ("I wear a mask almost everywhere I go now and I don't want it to stink and try not to smoke while wearing it").

With no regulation of ENDS products, there is no way to capture the true cost to North Dakotans. North Dakota youth have been active in asking their legislators to increase the price of and regulate ENDS to reduce youth initiation.

The ACS-CAN, TFND, and the state's LPHUs collaborated to host the 2019 North Dakota Day at the Capitol for Tobacco Prevention. Over 150 students and their advisors from across the state attended and received advocacy training, tobacco prevention policy training, and North Dakota Legislative process and protocols training. The students hosted their district legislators for lunch and chatted with them about tobacco prevention policy best practices and what they are seeing in their local schools and communities.



A news conference held, and speakers included student advocates, ND Legislators, TFND, and ACS-CAN.

The tobacco coordinator at Jamestown's Central Valley LPHU, brought two student advocates to the Capitol during the Interim Taxation Committee Hearing in January 2020 to provide testimony on ENDS from a student's perspective, sharing what they see in their school, and asking for an increase in the price of ENDS to keep kids from using these products.



Two students testify at the January 29, 2020 Interim Taxation Committee Hearing

There is extensive evidence that e-cigarette use increases the risk of using combustible tobacco – a cause for concern with over half of North Dakota youth having tried ENDS.

"I have been seeing, for the last year and half, these devices expand to a segment of the young population that would never have thought of smoking. Last year, for the first time, e-cigarette use surpassed regular cigarette use with youth."

~ Pat McKone, regional senior director with the American Lung Association of the Upper Midwest.

A Congressionally mandated report on the public health consequences of e-cigarettes was published in 2018 from the National Academy of Science, Engineering, and Medicine. This report found "substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults."²⁵

A study just released in the journal Addictive Behaviors found that **youth who tried e-cigarettes were seven times more likely to use combustible tobacco a year later.**²⁶

We know what works to curb nicotine use in youth and young adults – whether from ENDS or from combustible tobacco like cigarettes and cigars.

- Safeguard North Dakota's **comprehensive smoke-free air law**, which protects against secondhand smoke and toxins produced by vaping
- Continue to **strengthen Tobacco 21 laws** at the local level to clarify enforcement
- **Increase the tobacco tax** to be comparable to the United States and neighboring states, as well as include ENDS products
- **Increase funding** for tobacco prevention
- **Increase access to cessation programs**, particularly for those disproportionately impacted by tobacco



American Lung Association, Proven Policies to Prevent and Reduce Tobacco Use, <https://www.lung.org/research/sotc>

Recommendations



Recommendations

Use of ENDS is at epidemic levels for youth and young adults, though the true impact on North Dakota cannot be estimated until these products are regulated through inclusion in the tax code.

Nearly all ENDS products contain some level of nicotine, which is highly addictive, and some products (e.g., JUUL) use nicotine salt which makes the products less harsh and more addictive. Further, research out of North Dakota State University (NDSU), supported by the TPCP, collected samples from all of North Dakota's shops that sold ENDS at two different time points (2015, 2019) revealed that the labeled ingredients of ENDS, including nicotine, are incorrect the majority of the time. This is consistent with research nationally which is increasingly pointing to a growing list of harmful ingredients, including nicotine, that are likely to lead to intermediate and/or long-term health effects. Three localities in the state have passed restrictions around flavored ENDS products, which are most likely to appeal to youth and young adults. North Dakota should join the 25 other states in the nation who tax ENDS products and regulate their content to protect the citizens of their states.

North Dakota has made significant progress in building systems that support evidence-based cessation support for North Dakotans wanting to quit nicotine of any form. Consider how to coordinate and deepen these multiple systems and programs to ensure all North Dakotans have access to cessation resources.

There are even more cessation resources available to North Dakotans in this biennium, as compared to 2017 – 2019. This has been a major point of success for the TPCP and the distribution of the types of cessation support is visualized on the map on [page 31](#). There are opportunities for grantees and LPHUs, which are a network of support throughout the state, to expand cessation resources, especially in regions with relatively higher levels of tobacco use. Further, the health systems work, as it continues to expand, might consider deepening relationships and buy-in from hospital administration to ensure long-term sustainability of the work that many NDQC grantees have been building for many years. Nicotine dependence is a serious, expensive, and large-scale problem and it takes multiple partners working in a coordinated, integrated manner to ensure strong cessation resources continue to be available across the state.

North Dakota TPCP has shown effectiveness in expanding cessation resources at a systems level; Medicaid users are twice as likely to be addicted to nicotine and they now have easier access to nicotine replacement therapy. The TPCP should continue to work with Medicaid and other partners to sustain tobacco control work and deepen research.

Given that tobacco is the leading cause of preventable death for North Dakotans, and despite reductions made to tobacco prevention and control funding over the last two bienniums, the TPCP has shown deep commitment to this work. For example, the NDDoH and Medicaid have deepened their work together to better reach Medicaid users through state-level policy changes. There are still 15,133 Medicaid smokers not utilizing the available tobacco cessation support (medication or counseling). Further, NDQuits served a higher percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans without insurance as compared to the state average.

Recommendations (continued)

There are serious disparities in tobacco use in some populations in the state; engagement to reach these populations is essential and North Dakota has taken important steps in the biennium to ensure resources are prioritized to reach these individuals.

In addition to the partnership with Medicaid, the TPCP has started to engage with American Indians in a new way. A new partnership with the public health program at the UND has Native Americans doing the work with North Dakota's four tribal nations and building tribal capacity to address nicotine dependence. There are opportunities to strengthen utilization of the NDQuits special protocols, to develop innovative ways to reach pregnant smokers and vapers in the state as the BMTFP is discontinued, and to engage with tobacco users in frontier and rural areas of the state. The broad education and awareness throughout the state, supported by coalitions and health communications, can build support for policies and educate on the obstacles faced by priority populations.

Building authentic youth engagement is an emerging area; during the 2019 – 2021 biennium some key activities were conducted to expand work with youth and young adults and youth leaders have emerged as new and powerful voices.

During the biennium, the YAS was expanded to two locations in 2019 and during 2020 moved forward in a virtual format due to COVID-19. The Break Free brand was developed in 2019 and throughout the biennium there were multiple venues and ways in which youth used their voices to educate and ask for improved tobacco policies, and to keep the comprehensive smoke-free air law in place. Youth engagement creates new leaders, and youth are an essential partners in prevention and control because they can educate peers on the harm of tobacco (and especially ENDS), mobilize youth and adults to take action, and they are savvy with social media and raising awareness.

Funding for broadcast media is a cost-effective strategy in North Dakota, and North Dakota specific ads are the most effective in motivating people to call NDQuits.

As funding for tobacco prevention and control was reduced by 42% in the 2017 biennium, and then reduced again in the 2019 biennium, the resources available to implement this proven strategy severely limit the program's ability to continue this strategy. The campaigns that were launched, such as Quit Week, were highly effective in increasing calls to NDQuits and raising awareness. Having limited resources to create North Dakota-specific broadcast ads, a cost-effective strategy, impacts the effectiveness of tobacco control in the state.

Continue to use data to drive decision-making, to maintain increased transparency of evaluation and research findings, and to further engagement of the TPCP partners in using this information to move forward the State Plan.

During the 2017 – 2019 biennium the TPCP was built as a diverse group of state and national partners; the building blocks developed in the last biennium were deepened during the current biennium. Numerous examples of national dissemination of North Dakota's work occurred (see Appendix D) and engagement continued of the partners despite the challenges of COVID-19. The data emerging from the two public health threats during this biennium only deepen the importance of tobacco prevention and control. The TPCP should continue to have evaluation as a partner at the table so the evaluation priorities can remain flexible and responsive to programmatic changes and the work of the partnership.

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Appendices



Supporting Documentation and Details

- p.48 A. What is the TPCP? Who does the work?***
- p.51 B. Evaluation approach and methods***
- p.54 C. Progress on the State Tobacco Plan***
- p.58 D. National dissemination of North Dakota's tobacco control efforts***
- p.61 E. Testimonials from participants in the TPCP cessation programs***

A. What is the TPCP? Who does the work?

The Tobacco Prevention and Control Partnership is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state.

Backbone of the TPCP

The North Dakota Department of Health facilitates and is responsible for the administrative functioning of the TPCP. This includes convening meetings of state and national partners quarterly; contracting with media, evaluation, and legal/policy training and technical assistance; and managing grantees at local public health units and at hospitals and health systems around the state.



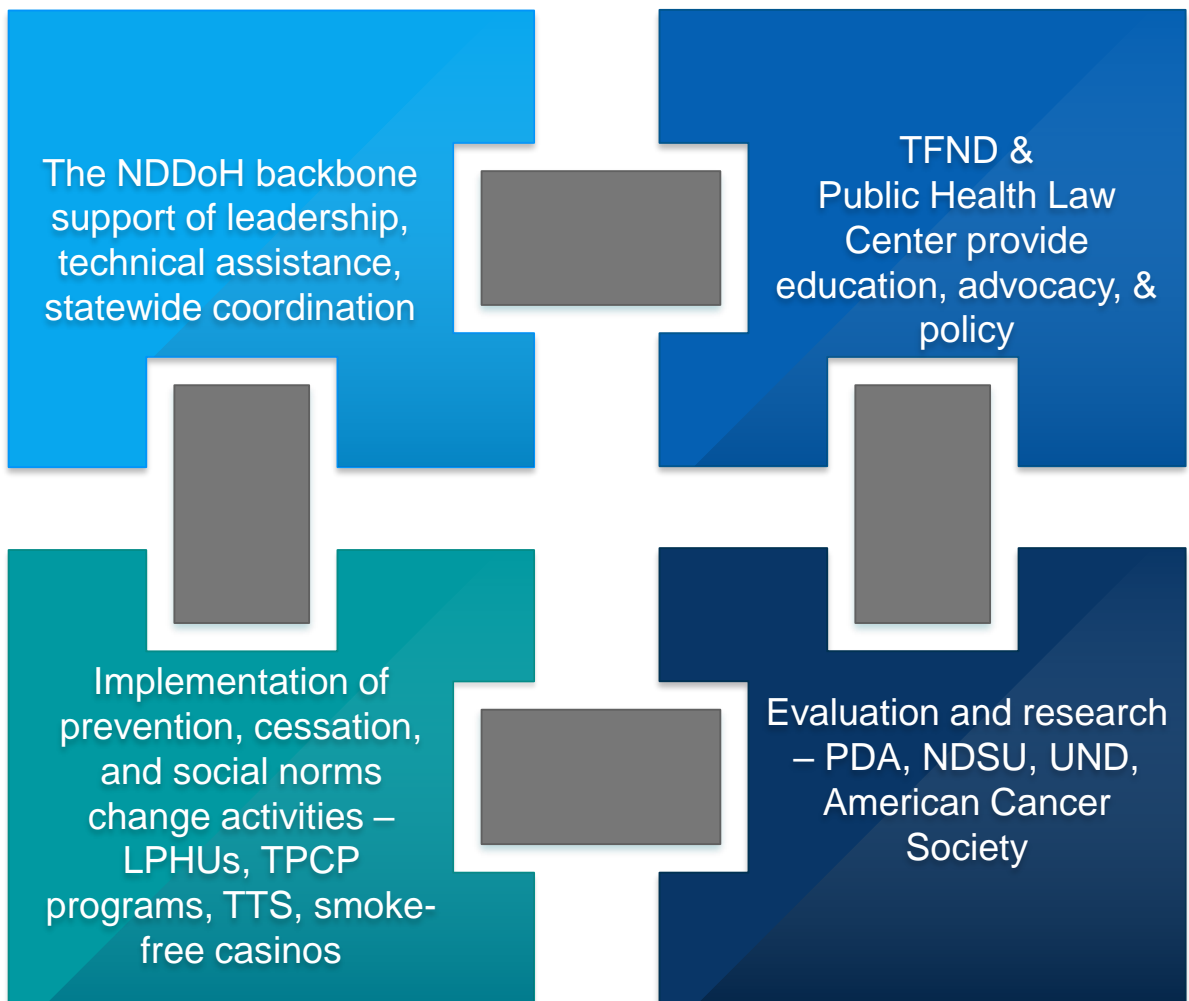
Pictured, left to right: Clint Boots (NDDoH), Neil Charvat (NDDoH), Kara Hickel (NDDoH), Kara Backer (NDDoH), Stan Glantz (University of California-San Francisco), Abby Erickson (NDDoH), Kelly Buettner-Schmidt (NDSU), Mylynn Tuft (State Health Officer at the NDDoH until May 2020).

TPCP Partners

Over 50 partners coordinate to implement the comprehensive tobacco prevention and control activities. The four goals of the TPCP are:

1. Prevent initiation of tobacco use among youth and young adults
2. Eliminate exposure to secondhand smoke
3. Promoting quitting tobacco use
4. Build capacity and infrastructure to implement a comprehensive, evidence-based tobacco prevention and control program.

The strategies to achieve these results are detailed throughout this report and in North Dakota's Comprehensive Tobacco Prevention and Control State Plan (see [Appendix C](#)), in coordination with the following partners:



B. Evaluation approach and methods

Methods in this section are included specific to the development of this synthesis report, as well as a brief summary of analyses that were conducted for specific project evaluations (and that are fully described in a separate report). PDA takes a utilization-focused approach to the evaluation, identifying the intended use of the evaluation by stakeholders and then keeping that intended use front and center throughout the evaluation process.

Approach to synthesizing the evaluation and surveillance data for this report

Who is PDA?

PDA is an evaluation and statistical consulting firm that has been conducting evaluation and research for over 35 years. The focus of PDA's work for the past two decades has been to work with states across the United States to evaluate tobacco control and prevention; PDA has been serving as the external evaluator for some or all of North Dakota's tobacco control work since 2012.

THE PDA team that contributed to this report includes:

[Melissa Chapman Haynes](#), Director of Evaluation

[Kate LaVelle](#), Senior Evaluator

[Sam Friedrichsen](#), Statistician

[Sara Richter](#), Senior Statistician

[Audrey Hanson](#), Associate Evaluator

[Lily Dunk](#), Associate Statistician

[Alyce Eaton](#), Evaluator

Overall approach

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.

How was information identified and synthesized for this report?

The PDA team started to identify key findings over the biennium in May 2020. The findings were compiled into an internal document and three themes were identified to organize the findings: innovation, community-focus, and fiscal responsibility. A face sheet was developed to identify and communicate the purpose of the report, the intended audiences, and the timeline. This was shared with the NDDoH and some additional data sources were identified for inclusion.

Over the later months of 2020, the PDA team conducted additional analysis as needed, including analysis of new data from Medicaid and an ongoing, multi-year comparative case study of local policy work over the past three years. PDA also conducted some targeted literature reviews to ensure the newest research was incorporated in this report, particularly on ENDS and vaping.

Within the three themes that organized this report, PDA identified three to five key findings within each theme. These findings included both successes as well as areas of opportunity.

A major purpose of this evaluation is to track and report on progress on the goals of the State Plan. Some of these goals are monitored quarterly, and progress is reported at least annually to the TPCP partners. The progress to date on the State Plan goals are visualized and detailed in [Appendix C](#).

Methods for specific program evaluations within PDA's comprehensive evaluation work

Full methods are found in reports that are under a separate cover. See [page 7](#) for a list of the reports that are publicly available on the NDDoH's website.

NDQuits. The primary datasets used to inform this evaluation include data extracts produced by the quitline vendor National Jewish Health: referral data, intake data, as well as follow-up survey data collected by Wyoming Survey & Analysis Center (WYSAC). In addition, PDA used surveillance results to interpret NDQuits results in light of overall trends. Specifically, PDA uses results from the Behavioral Risk Factor Surveillance System (BRFSS) and the North Dakota Adult Tobacco Survey (NDATS). Finally, PDA uses results from the North American Quitline Consortium (NAQC) annual survey as a way to understand North Dakota's results as compared to other quitlines in the United States.

NDQuits Cessation (NDQC). PDA hosts a secure, online reporting tool for the NDQC grantees to submit annual planning documents and quarterly reports. To collect the data for the quarterly progress reports, each NDQC grantee receives a link to the online data collection tool that is unique to their site. Data entry completeness and consistency is monitored, and regular updates are sent to the NDDoH. Each quarter when the data is collected, any data discrepancies are resolved through a quality assurance process. PDA then creates the individualized dashboard reports that show grantee accomplishments and program trends. The dashboard reports are specific to each grantee, highlighting data and trends unique to that grantee while also providing an overview of the data trends for the whole NDQC Program. Data from the planning document is also incorporated so grantees can monitor their progress towards their goals throughout the year. These reports are sent to the NDDoH and distributed to grantees.

BABY & ME – Tobacco Free Program (BMTFP). There are multiple data sources utilized for this evaluation. The primary source of information is appointment data for each participant that is collected by BMTFP grantees

and is recorded and entered into an online database called EvalForms. This database was launched in May 2019 to ensure accurate data collection. It is hosted and managed by PDA.

In addition, infant birthweight and mothers' gestational age data at the state level were obtained from North Dakota's annual Vital Statistics data. Finally, quarterly national calls and grantee materials (workplans, etc.) present information about participants' utilization of the program and program outcomes, which inform a larger understanding of the grantees' work.

Local Public Health. PDA maintains and updates a quarterly online tracking and reporting system to document Local Public Health Unit (LPHU) activities including: policy interventions (i.e., smoke-free multi-unit housing, tobacco-free business grounds and public places, and comprehensive tobacco-free schools), youth engagement work, retail tobacco point-of-sales activities (e.g., compliance checks), and education initiatives. From these quarterly reports, PDA creates quarterly dashboards to document collective progress of the LPHUs toward meeting objectives of the State Plan. Quarterly dashboards are combined with qualitative LPHU success stories and disseminated to the NDDoH, LPHUs, and TFND quarterly.

Health Communications. PDA conducted multiple linear regression to assess the relationship between NDQuits media investment, NDQuits broadcast TV Targeted Rating Points, and NDQuits digital impressions with incoming calls. The number of NDQuits registrations were examined by week from July 2013 – June 2020. The media data was obtained from Odney and examined weekly from July 2012 through June 2020. Finally, data was obtained from CDC on the Tips campaigns placed in North Dakota.

C. Progress on North Dakota's State Tobacco Plan

North Dakota was one of the first seven states in the United States to have a strategic, state-level plan, over 30 years ago. This plan coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature. The 2019 – 2021 North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a living document that is periodically reviewed, modified, and updated throughout the biennium.

In this section, progress on each goal of the State Plan is detailed. Approximately half of the goals have been met.



Progress on North Dakota's State Tobacco Plan

The following data represent the cumulative progress towards the 2019-2021 biennium goals through September 2020. **Blue bars indicate the goal has been met.**

● State goal ◆ National average

Goal 1: Prevent the initiation of tobacco use among youth and young adults

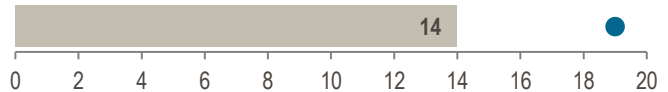
Objective 1.1: Increase price of tobacco products by the minimum amount necessary to effectively lower health impacts. Current tax rate is 44 cents.



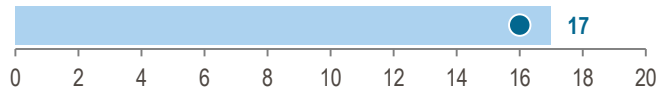
Objective 1.2: Collaborate with local education areas (LEAs) to adopt the NDDoH and North Dakota School Board Association comprehensive model tobacco-free school policy. Goal: 90% of LEAs covered.



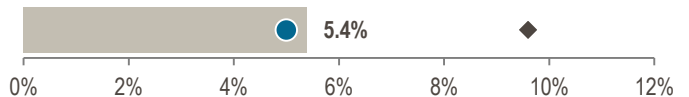
Objective 1.3: Collaborate with college campuses to adopt tobacco-free grounds policies. Goal: 19 colleges with tobacco-free grounds policies.



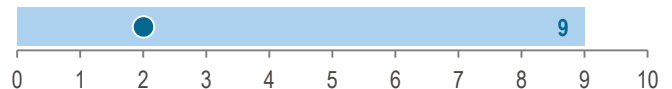
Objective 1.4: Engage youth in tobacco control efforts. Goal: 16 local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing. This number reported is for FY20 Quarter 1.



Objective 1.5: Reduce the percentage of retailers selling tobacco products to minors as determined by the Synar program to 5% or lower.*



Objective 1.6: Increase the number of local community promising practice policies/ordinances to reduce youth tobacco product initiation to 2.



*State average from Synar 2020; national average from Synar 2018.

Goal 2: Eliminate exposure to secondhand smoke

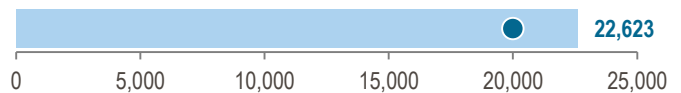
Objective 2.1: Eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

National partner, ACS-CAN and state partner, TFND, collaborated to educate on the importance of the 2012 law.

Objective 2.2: Prevent preemption in all North Dakota state tobacco prevention and control laws.

Desmond Jenson from the Public Health Law Center presented on pre-emption at both ENDS Summits. Also, TPCP partners attended the National Conference in Minneapolis in September 2019, where multiple presentations addressed preemption.

Objective 2.3: Increase number of smoke-free multi-unit housing to 20,000 housing units.



Objective 2.4: Increase the number of smoke-free policies and laws in casinos not covered by the ND Smoke-Free Law to five policies.

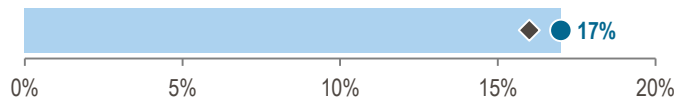


Objective 2.5: Increase the number of smoke-free policies in outdoor areas (including workplace grounds) not covered by the ND Smoke-Free Law to 250 policies.

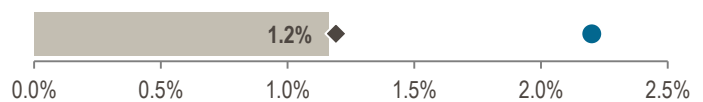


Goal 3: Promote quitting tobacco use

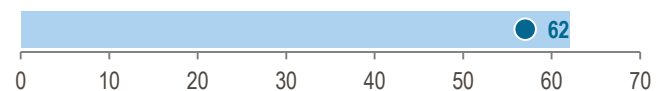
Objective 3.1: Decrease the percent of North Dakota adults who are current smokers to 17%.



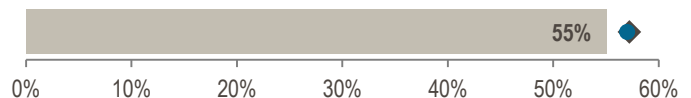
Objective 3.2: Increase the reach of NDQuits to 2.2%.



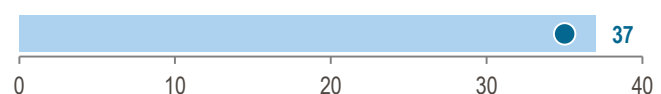
Objective 3.3: Increase the number of health care settings using the systems approach to 57.



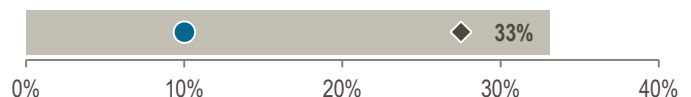
Objective 3.4: Increase the proportion of adults making quit attempts to 57%.



Objective 3.5: Increase the number of health systems and community organizations working to target special populations to 35.



Objective 3.6: Decrease the percent of North Dakota high school students who used ENDS products at least one day in the last 30 days to 10%.**



**State average from Youth Behavior Risk Survey 2019; national average from National Youth Tobacco Survey 2019.

Goal 4: Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program

Objective 4.1: 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*.

The NDDoH is not funded at CDC-recommended levels; the administrative structure of the staff is strategically prioritized to maximize the impact possible with the current resources. The State Plan has been responsive to incorporating emerging issues, such as ENDS.

Objective 4.2: 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*.

The TPCP partners were engaged in strategic planning efforts during May 2019 and again during the October 2019 quarterly partners meeting. Funding is provided to key partners to implement the State Plan activities in a manner that utilizes CDC-approved training resources and CDC Best Practices.

Objective 4.3: 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.

The health communications efforts are coordinated through two campaigns, NDQuits and BreatheND, in partnership with a North Dakota-based media contractor, Odney. Creative efforts were made to deliver strategic and targeted messages through earned and paid media. For example, TFND developed materials around ENDS that can be modified for local contexts. Further, the TPCP collaborated to place a high-impact cessation campaign called Quit Week in May 2020. During Quit Week, there were 18 more enrollments in NDQuits than the average for the past 12 weeks.

Objective 4.4: Maintain the North Dakota comprehensive statewide surveillance and evaluation plan.

This goal is met through coordinated, complementary efforts by epidemiological staff at the NDDoH and an external evaluation contractor. The external contractor maintains a comprehensive evaluation plan, annually evaluates NDQuits and other, funded tobacco programs and grantees. These reports, along with surveillance tables maintained by the tobacco epidemiologist at the NDDoH, are publicly available the NDDoH's website.

Objective 4.5: Maintain sustainability efforts for tobacco prevention and control in North Dakota.

The TPCP partners coordinate the work of the State Plan through quarterly partners meetings, multiple workgroups, and innovate activities such as the ENDS Summits. The progress on the State Plan was shared with TPCP partners by the external evaluation contractor in October 2019, July 2020, and then to a broad audience in this report.

D. National Dissemination of North Dakota's Tobacco Control Work

An important part of the TPCP's work is to share innovative work with researchers and practitioners around the tobacco control and prevention work happening in North Dakota. During the biennium, this included peer-reviewed research, national conferences, and case study recognition.

Peer-Reviewed Publications

Buettner-Schmidt, K., Muhlbradt, M., & Brierly, L. (2021). *Why not Minot: The battle over North Dakota's first smoke-free ordinance*. In D. J. Mason, Dickson, E., McLemore, M.R., Perez, A. Policy and Politics in Nursing and Health Care (8th ed., pp. 555-561). Saunders. (Invited).

Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in rural tobacco use, smoke-free policies, and tobacco taxes. *Western Journal of Nursing Research*, 41(8), 1184-1202. <https://doi.org/10.1177/0193945919828061> (Invited manuscript).

Case Study Recognition

Organization Highlighted

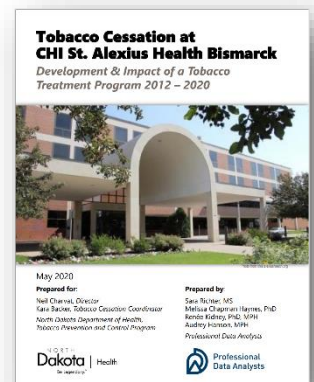
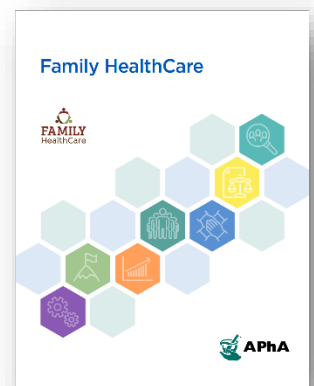
Family HealthCare
Fargo, ND
September 2020

Description

Family HealthCare was highlighted in the American Pharmacists Association's "Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions" as one of seven pharmacy practices across the nation engaged in tobacco cessation in meaningful and promising ways. https://www.pharmacist.com/sites/default/files/audience/APhAPromisingPracticesTobCess_web_2020.pdf

CHI St. Alexius Health
Bismarck, ND
September 2020

CHI St. Alexius Health was one of the first NDQC grantees and has helped shape that program. A case study examining their history establishing a strong tobacco treatment program was conducted. In September 2020, the Tobacco Control Network featured this case study in its bi-weekly newsletter. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/ND_QC_FY20_CHI-St_Alexius_Health_Case_Study.pdf

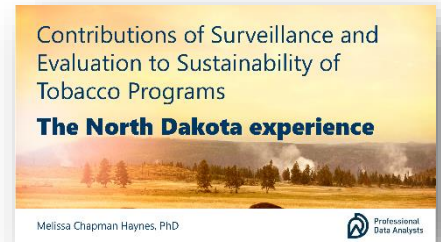


Presentations

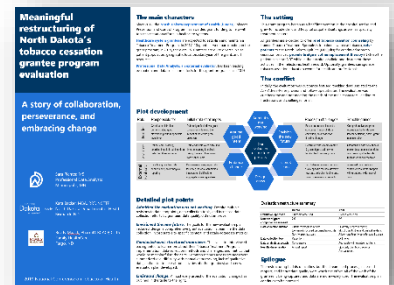
National Conference on Tobacco or Health

August 2019 | Minneapolis, MN

Melissa Chapman Haynes (PDA) gave an oral presentation entitled **“Contributions of surveillance and evaluation to sustainability of tobacco programs”** featuring the unique ways North Dakota has leveraged partnerships to expand their tobacco control and prevention program amid budget cuts.



Sara Richter (PDA), Kara Backer (NDDoH), and Brody Maack (Family HealthCare) presented a poster entitled **“Meaningful restructuring of North Dakota's tobacco cessation grantee program evaluation”** demonstrating the benefits of change and effectiveness of collaborative evaluation.



American Association of Respiratory Care Congress

November 2019 | New Orleans, LA

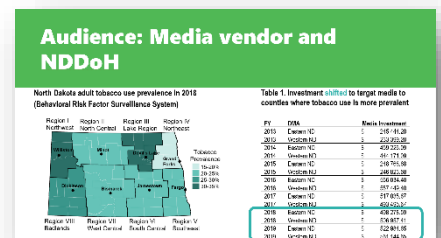
Michelle Earl (Altru Health System) gave an oral presentation entitled **“Brief interventions for respiratory therapists to treat tobacco use”** reviewing tobacco products, their effects on health, and how respiratory therapists can implement and maintain a Tobacco Treatment Program.



CDC Office on Smoking and Health Leadership & Sustainability School

August 2020 | Virtual seminar

Six PDA staff members facilitated a seminar entitled **“Communicating evidence and opportunity”** which focused on communicating evaluation processes and results as well as data visualization best practices. Many examples from North Dakota were used as exemplary cases.



E. Testimonials from TPCP Cessation Programs

North Dakota's TPCP has three cessation programs: NDQuits, the NDQuits Cessation Program, and the BABY & ME – Tobacco Free Program. Testimonials from various perspectives are regularly gathered and shared in quarterly reports, social media posts, and emails to grantees. Selected testimonials are provided in this appendix to showcase voices of participants, Tobacco Treatment Specialists, and the NDQuits coaches.

NDQuits testimonials

NDQuits Coaches

"You have to actively interrupt the behavior of quitting. That's what we are here to talk about when you call NDQuits."

- NDQuits coach

"Quitting is a challenge. It can be a scary feeling to quit, but that is a normal reaction. Just remember, it's never too late to change the rest of your life."

- NDQuits coach

NDQuits participants who successfully quit

"I quit within three weeks of starting with NDQuits. I felt like if I was going to break down and open a pack of cigarettes, somebody would be there for me. The support was there."

- NDQuits success story

"Very impressed with it and very grateful for the call backs and the people were very patient. I think it's a really great program. I'm 64 this year and started when I was 11. It was one of the hardest habits I had to quit and for my health I had to quit."

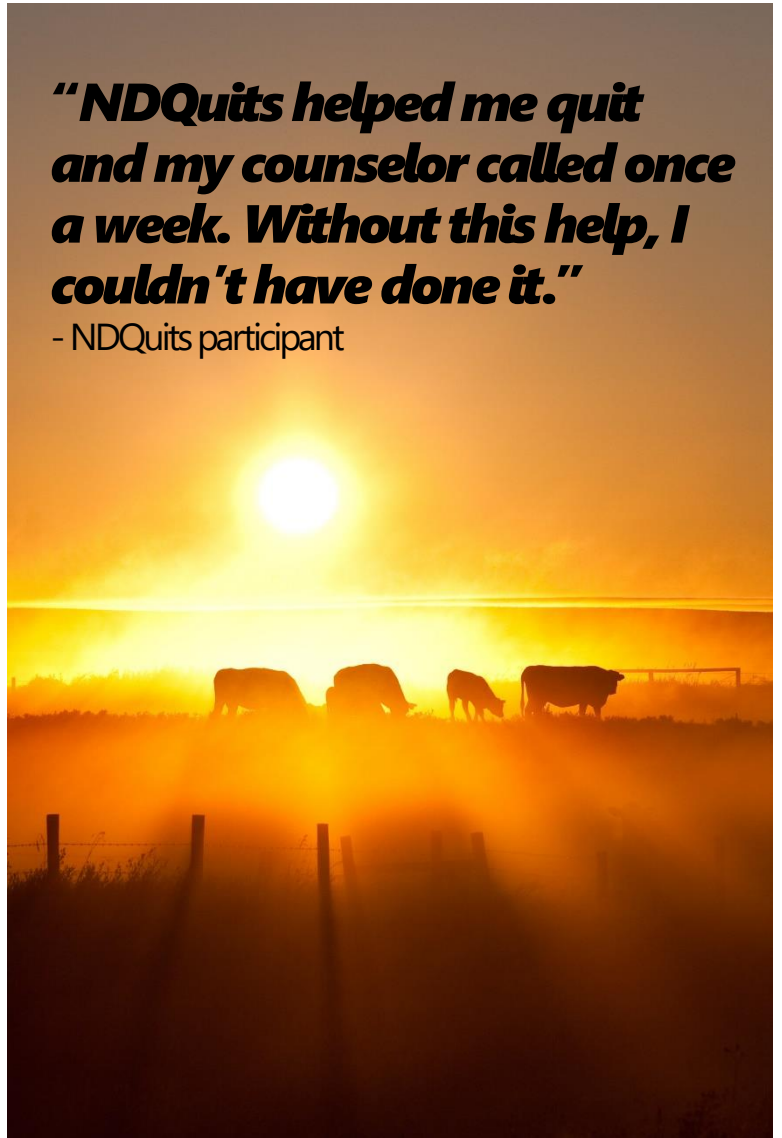
- NDQuits participant

"It gave me a positive energy to quit, to stay quit. Visiting with you guys once every two weeks helped, the text messages and all that helped."

- NDQuits participant

"NDQuits helped me quit and my counselor called once a week. Without this help, I couldn't have done it."

- NDQuits participant



Nicotine dependence is hard to quit

"I feel like the program wasn't long enough. I relapsed - I was 4 months in and couldn't keep going without. I felt kind of confident and I wasn't 100% convinced."

- NDQuits participant

"I think it has been an awesome program, I have used it several times, and this time it worked!"

- NDQuits participant

NDQC Program testimonials

Testimonials from the TTS

"Our biggest accomplishment this year was speaking at the National Respiratory Convention in New Orleans in November. I continue to have people reach out to me from all over the country asking questions and for advice with starting their program."

- Michelle Earl from Altru

"Enjoy the progress! Progress looks different for every patient, so use the progress that you notice to help motivate you and your patients on their tobacco cessation efforts."

- Heartview Foundation

"Outstanding work with the [Quit Week] campaign which engaged others in our health system other than TTS staff."

- Coal Country Community Health Center

Patient testimonials

"Thought you might like to know that I've already gone past my 1 yr. goal of no smokes. Not sure if you can see my quintet keeper, but it is over 7500 not smoked, and a savings of just about \$2100.00!!!!!"

"We saw a patient and she had been working on quitting on her own but was still struggling. After our visit, the patient felt that our counseling really helped motivate her to cut out those last few cigarettes."



Telehealth

"In the past an older male had 'stuck with the program' for a few months, but ultimately just gave up blaming the instability with his mental health. With the availability of telehealth and virtual visits, he is finally down to smoking max of 1 pack per day down from his previous 2.5. He is using NRT and Chantix and is really working hard to achieve a goal of cessation. His last few visits have been very positive and he has started talking about when he is completely quit. The frequent virtual visits have helped keep him on track and helps him keep his anxiety down by not coming into a health care facility."

- Essentia Health

"Overall, telehealth has been a positive experience due to providing access to patient care for patients not previously able to easily come to the clinic due to various issues (transportation, financial, etc.)."

- Family HealthCare

BABY & ME – Tobacco Free testimonials

Participant perspectives

"This program taught me about all the harmful chemicals that are in tobacco while providing positive encouragement to quit. I no longer have a nagging cough and have more energy to be active with my children."

- Magan W., program participant

"Receiving the diaper vouchers impacted the way I thought about things! One cigarette and starting back over is not worth anything my daughter needs."

- Jayme F., program participant

"The best part about quitting was improving my health and the money I was able to save for me and my son. Plus, what I've learned I've passed on to others."

- Shelby L., program participant

Provider perspectives

"She has been tobacco free for 612 days, has not smoked 5100 cigarettes, and has saved \$1785.00!"

"Her health is a motivator along with wanting the baby to be healthy. Has had family members die from complications related to their tobacco use and wants to have a different future ahead of her. Participant is 10/10 confident that she will remain tobacco free through pregnancy."



Bretta got help quitting from NDQuits and the BABY & ME – Tobacco Free Program after smoking for ten years. Here is her advice for smokers:

"I recommend quitting smoking to everyone, especially soon-to-be moms! If you do not think you can do it on your own, definitely utilize the options provided by your doctor and the NDQuits program! Having a good support system, along with the tools the hospital and the NDQuits program provide, I am determined that anyone will be able to quit, but you have to really want it! Do it not only for yourself but most importantly, your precious baby!"



Resolution to Support a Fully Funded Tobacco Control Program

Adopted by Tobacco Free North Dakota Board of Directors on October 2, 2020

Whereas the Centers for Disease Control and Prevention (CDC) recommends North Dakota spends \$9.8 million per year for a tobacco control programⁱ; and

Whereas North Dakota currently spends \$6.45 million per year for its tobacco control program (Sixty-sixth Legislative Assembly of North Dakota- HOUSE BILL NO. 1004, Tobacco Prevention Appropriation: 12,902,064 2019-2021 Biennium); and

Whereas North Dakota's program is responsible for offering tobacco cessation counseling and services to nearly 16,000 adults last year; and

Whereas having a robust media campaign has a direct effect on decreasing tobacco usage rates, increasing utilization and awareness of cessation services, and decreased youth initiation ratesⁱⁱ; and

Whereas an economic review shows media campaigns can have a return on invest as high as \$74:1, costing about \$213 to save one lifeⁱⁱⁱ; and

Whereas states that make larger investments into tobacco control programs see a reduction in tobacco sales^{iv}; and

Whereas 75 percent of North Dakota adults believe tobacco use in youth is a moderate or serious problem^v; and

Whereas nearly 9 in 10 people that smoke started before the age of 18^{vi}; and

Whereas 35.5% of high school students (grades 9-12) in North Dakota use tobacco products including cigarettes, cigars, electronic nicotine delivery systems (ENDS) or other smokeless products^{vii}, of whom many will develop a lifelong addiction to nicotine/tobacco products^{viii}; and

Whereas tobacco use in North Dakota imposes economic burden, with direct healthcare costs amounting to \$326 million each year, productivity losses approximating \$232.6 million annually, and each household paying \$730 per year in state and federal taxes from smoking-caused government expenditures^{ix}; and

Whereas this resolution addresses commercial tobacco, which is different from traditional tobacco used in American Indian spiritual and ceremonial practices; and

Whereas the Tobacco Industry spends \$38.2 million each year marketing in ND; and

Whereas the Surgeon General has concluded there is no risk-free level of exposure of secondhand smoke or vapor and that tobacco-free workplace policies are the only way to eliminate secondhand exposure; and

Whereas individuals living in communities with comprehensive smoke-free policies are 22 percent less likely to be hospitalized for Chronic Obstructive Pulmonary Disease (COPD) compared to individuals living in communities without strong smoke-free policies;

Now therefore be it resolved, _____ supports funding a comprehensive tobacco control program at the CDC recommended levels to reduce the prevalence of tobacco use in North Dakota. Further, _____ supports using money from the Master Settlement Agreement, tobacco taxes and any other relevant sources to fund the program.

Name of Organization Representative

Signature of Organization Representative

Date

ⁱ Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta: Centers for Disease Control and Prevention.

ⁱⁱ Centers for Disease Control and Prevention. (2017). *Tobacco Control Interventions*. Atlanta: Centers for Disease Control and Prevention. (<https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html>)

ⁱⁱⁱ Centers for Disease Control and Prevention. (2017). *Tobacco Control Interventions*. Atlanta: Centers for Disease Control and Prevention. (<https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html>)

^{iv} Office of the Surgeon General. (2014). *The Health Consequences of Smoking: 50 Years of Progress*. Rockville, MD: Office of the Surgeon General.

^v (<https://prevention.nd.gov/sites/default/files/North%20Dakota%20Community%20Readiness%20Report%202019.pdf>)

^{vi} Substance Abuse and Mental Health Services Administration. 2018 National Survey on Drug Use And Health: Detailed Tables external icon. Substance Abuse and Mental Health Data

^{vii} *North Dakota 2019 High School (Grades 9-12) YRBS Results*. (2019). Bismarck, ND: ND Department of Public Instruction.

^{viii} (https://www.health.nd.gov/sites/www/files/documents/Files/OSE/YRBS/2019_NDHS_Statewide_REA_Regions.pdf)

^{ix} Campaign for Tobacco Free Kids. (2020). *The Toll of Tobacco in North Dakota*. Washington, D.C.: Campaign for Tobacco Free Kids.

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Testimony
Senate Bill 2004
Senate Appropriations Committee – Human Resources Division
Wednesday, January 14 2021; 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 SB 2004.

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 \$1,487.89 per call while the average reimbursement averages only \$876.87. Since the last time we testified for this committee, the cost per call has increased by 34.5% while the reimbursement has increased by 2.2%. Additionally, it is important to note that ambulance services are supported locally through property taxes totaling just over \$10 million in 2019, which is a 35% increase over 4 years. 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.

Based on the distribution formula legislated last session, the need for funding exceeded the appropriated amount by over \$4 million for the biennium. This resulted in services calculated grant amount being reduced by 48% last year. We respectfully request that this committee consider increasing the appropriation to rural ambulance services to better meet the needs calculated in the distribution formula.

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.



North Dakota Veterinary Medical Association

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Testimony of Bleaux Johnson, DVM

West River Veterinary Clinic, Hettinger, N.D.

701-928-0969 (c) • dr.johnson@westrivervet.com

In Support of SB 2004

January 14, 2021

Chairman Holmberg and Members of the Committee,

I am a mixed animal rural practitioner in Hettinger, N.D. and am a board member of the North Dakota Veterinary Medical Association (NDVMA). I am here today on behalf of NDVMA to voice support of SB 2004 specifically as it relates to the Veterinarian Loan Repayment Program (VLRP).

I was a 2008 recipient of the Veterinarian Loan Repayment Program and completed my four-year contract. I would like to thank you for the valuable program, explain the opportunities it created for me and my family, and provide general information on the need for the program. Attached to my testimony is additional program data.

The Veterinarian Loan Repayment Program was a major deciding factor for me coming back to North Dakota for employment. I had the opportunity to visit with a few clinics in Montana and ultimately decided to move to Hettinger largely because of the opportunity with the Veterinarian Loan Repayment Program. The salary opportunities were very similar between all the clinics I considered but the biggest difference was having the opportunity to apply for the program. Walking out of veterinary school I had around \$240,000 in student loan debt and a starting salary around \$55,000. This debt-to-income ratio made it very difficult to financially advance myself and my career. Shortly after receiving the Veterinarian Loan Repayment Program contract, I purchased my first home and within two years I became a partner at West River Veterinary Clinic, where I continue to practice today. Lastly, I got married three years after working in Hettinger, and we now have four children. This program has given me so much more than just an opportunity to reduce my student loan debt, it gave me the opportunity to have a career, a home and most of all a family in rural North Dakota.

As an owner of a mixed animal veterinary practice, I have been fortunate enough to hire on three associate veterinarians with two being Veterinarian Loan Repayment Program recipients. They

continue to practice and live in North Dakota as well. To me, this is such a valuable program to recruiting and retaining food animal veterinarians in this state especially considering less than five percent of veterinarians work exclusively in food animal medicine.

Without the program, North Dakota will struggle to find and retain food animal veterinarians. The financial opportunities for veterinarians are much greater in more urban areas that have a large focus on companion animals. This program, with priority on communities with a population less than 5,000, allows food animal practitioners an opportunity to practice medicine and help support our agricultural community while being able to still pay off student loan debts and expand their ability to develop as practice owners and leaders in their rural communities.

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 do not 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 2.26:1. As in my situation, rural veterinary practices are unable to match salaries required to pay for this level of debt. This makes the Veterinary Loan Repayment Program very important in recruiting veterinarians to the state's rural communities.

The program has been very successful in recruiting large animal veterinarians, as well as retaining them with an overall retention rate of 69 percent after fulfilling the contract. In addition, the program has facilitated the buy-in to a practice or the starting of a practice with 48 percent of those completing their contracts becoming practice owners in North Dakota, like myself. Demand for the program is also significant. Between 2015 and 2020, applicants ranged from five to 11 for the three slots available.

Food animal veterinarians face significant costs to establish practices and these practices will not be economically viable unless there is community support. Veterinarians are needed to promote public health, protect our food supply, and to serve in rural areas. The food animal industry is vital to the economy of North Dakota. The program helps establish financial stability for veterinarians to serve in rural areas which in turn stimulates rural economies.

I am grateful for being a participant in the Veterinary Loan Repayment Program and strongly encourage you to fund the program at its current level, so North Dakota can continue to support three recipients annually to meet the veterinarian needs in its rural areas.

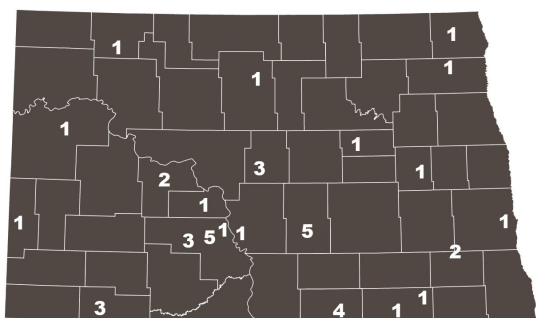


The North Dakota Veterinary Medical Association requests that:

The Veterinary Loan Repayment Program (VLRP) be continued to recruit food animal veterinarians to rural areas of need in ND.

Why NDVMA Supports the VLRP:

- The VLRP has been successful to recruit and retain food animal veterinarians to ND.



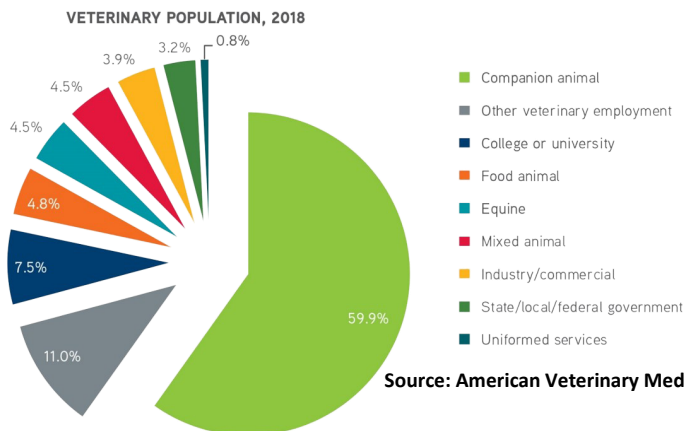
41 Recipients since the VLRP began from 2008—2020

Overall **68.9% retention rate** after fulfillment of contracts (through 2016)

- 100% retention of recipients from ND

48% of recipients through 2016 have gone on to become practice owners in ND

- The VLRP has been successful to recruit food animal veterinarians to ND especially since less than 5% of veterinarians work exclusively in food animal medicine.



Source: American Veterinary Medical Association

Estimated number of veterinarians as of December 31, 2018: 113,394

Requiring a service payback in ND will not fill the need for rural veterinarians. Most veterinarians are choosing to work in companion animal veterinary medicine (almost 60%). The VLRP is needed to recruit new food animal veterinarians to ND as the supply of practitioners in this area of practice is limited.

- Food animal veterinarians are critical to support ND's animal food production industry and to ensure a safe food supply.

Food animal veterinarians face significant costs to establish practices and these practices will not be economically viable unless there is community support. Veterinarians are needed to promote public health, protect our food supply, and to serve in rural areas. The food animal industry is vital to the economy of North Dakota. The VLRP helps establish financial stability for veterinarians to serve in rural areas which in turn stimulates rural economies.

Who We Are:

The North Dakota Veterinary Medical Association has spent more than a century representing the interests of North Dakota veterinarians, their clients and patients. Today, the organization has around 300 members. We represent and meet the needs of the broad spectrum of veterinary medicine, including, but not limited to, small and large animals, exotic species, bovine and equine practitioners as well as veterinarians working in research, industry, academia, public health and government capacities.

For More Information Contact:

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PRESIDENT

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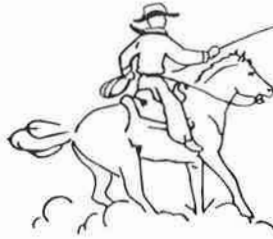
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North Dakota Stockmen's Association

Testimony to the Senate Appropriations Committee on SB 2004

Jan. 14, 2021

Good morning, Mr. Chairman and members of the Senate Appropriations Committee. My name is Julie Ellingson and I represent the North Dakota Stockmen's Association. The Stockmen's Association is a 91-year-old beef cattle trade organization representing approximately 3,000 cattle-ranching families in our state.

The North Dakota Stockmen's Association supports SB 2004 and, specifically, its provisions for the Veterinary Loan Repayment Program, which helps qualified veterinarians offset a portion of the debt incurred in pursuit of their veterinary medicine degrees in return for their service in certain high-priority veterinary shortage situations. It incentivizes large-animal veterinarians to practice in North Dakota, where there continues to be some shortages, and helps place the right kind of vets in the places they are needed.

North Dakota cattle producers regard their veterinarians as critical partners in their operations, helping them maintain healthy herds and, ultimately, profitable businesses.

For these reasons, we ask for your favorable consideration of this program and for you to maintain funding for it.

If you have any questions, feel free to contact me at (701) 223-2522 or jellingson@ndstockmen.org.

**ND CENTER FOR
NURSING
BOARD OF
DIRECTORS**

North Dakota Nurses
Association

College and University Nurse
Education Administrators

North Dakota Area Health
Education Center

North Dakota Emergency
Nurses Association

North Dakota Organization
for Nursing Leadership

North Dakota Board of
Nursing

North Dakota Nurse
Practitioners Association

North Dakota Public Health
Association, Nursing Section

Nursing Student Association
of North Dakota

North Dakota Directors of
Nursing Administration-
Long Term Care

Sigma Xi Kappa at Large
Chapter

North Dakota Association of
Nurse Anesthetists

Public/Consumer Member at
Large

40+ Nursing organizations,
state agencies, nursing
program and other
stakeholders

**Legislative Support for the Career Builders Program and the
ND Health Care Professional Student Loan Repayment Program**

The North Dakota Center for Nursing, a non-profit 501c3 organization, was developed in 2011 to represent over 20,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration guide ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy agenda has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

The North Dakota Center for Nursing supports the continuation of the Career Builders Program (SB X). We request the inclusion of a waiver for the required match or allow use of state dollars for Public and Government employees. We also request the addition of bachelor's degrees to the Scholarship program eligibility to support bachelor's degree in nursing (BSRN) students. We also request the addition of graduate degrees to the Loan Repayment program eligibility and to support the addition of Nursing Faculty to the High Needs list.

The North Dakota Center for Nursing also support continued funding (\$2,288,000 including general and community health trust funding) for the ND Health Care Professional Student Loan Repayment Program (43-12.3) included in the North Dakota Department of Health bill (SB 2004).

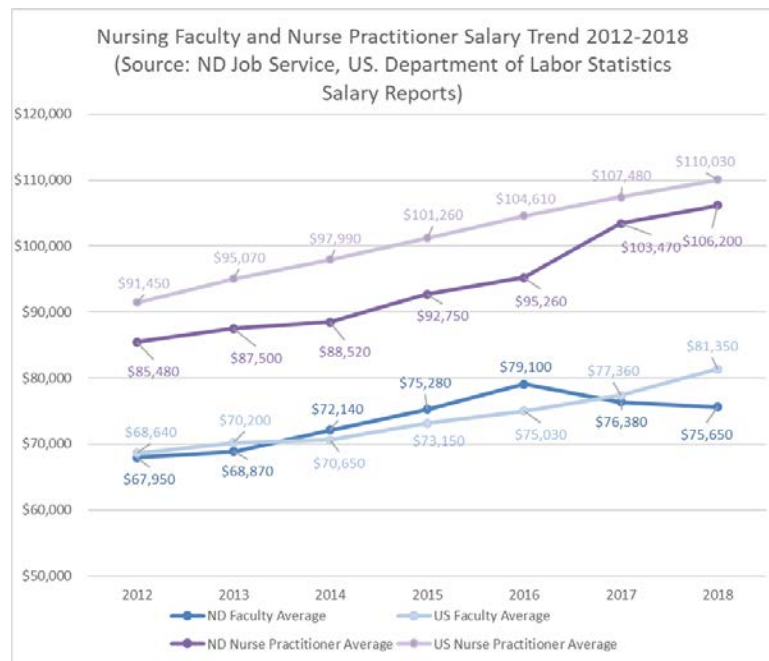
The skilled workforce scholarship and student loan repayment program (North Dakota University System) known as Career Builders was created during the 2019 Legislative Session to attract people into high need and emerging occupations in North Dakota. This unique program which is a partnership between the state and private-sector business provides scholarship and loan repayment to students within in High Need Occupations. During the current biennium, three nurses (two scholarships and one loan repayment) have participated in this program.

Both programs require a 1 to 1 match with private industry dollars matching state funding. This is a barrier to Public and Government nurse employees. For example, K-12, higher education, and state agencies would have a difficult time finding matching funds and would not be allowed to match within their budgets. **We propose waiving the required match for these employees or allowing agencies to provide the match with state funding. We also propose the addition of bachelor's degrees to the scholarship program to assist in increasing the availability of BSRN level nurses.**

The Higher Learning Commission establishes the requirements for higher education to receive accreditation on a regional and national level. Nursing faculty positions require a master's or doctorate-level degree and ND is experiencing a chronic shortage of faculty. The first factor is low faculty salaries as compared to practice settings. Faculty salaries are substantially lower than advanced practice nursing roles such as Nurse Practitioners and lower than national averages.

The second factor is student loan debt. Faculty that attend advanced degree programs end up with student loan debt that exacerbates low faculty salaries. In 2020 the average faculty student loan debt was \$34,103 (ND Center for Nursing Faculty Survey, 2020).

The third factor is recruitment. ND Nursing faculty are heavily recruited by nursing programs outside of the state. In 2020, 50% of faculty indicated that they had been contacted in the past year by a recruiter. Thirty-six percent of faculty also have considered during the last three months to changing their employment to a role outside of nursing education due to better salaries, decreased workloads and frustration with the academic work environment (ND Center for Nursing Faculty Survey, 2020).



In response to the shortage of advanced degree prepared nursing faculty, the North Dakota Board of Nursing created the Faculty Development Program in 2011. This program facilitates the growth of faculty to meet the national and state requirements for teaching in nursing education by allowing faculty that are in the process of obtaining their master's or Doctorate degree to hold a faculty position while completing the degree. Faculty in the program are paired by their employer with a mentor and their progress is tracked on a semester-by-semester basis. In 2018-2019 there was an average of 51 faculty enrolled in the program during the academic year (NDBON Education Annual Report 2018-2019). **We propose expanding eligibility for the loan repayment program to include graduate degrees in nursing. We also propose to expand the high needs occupation list to include nursing faculty to train future LPNs and RNs.**

The Health Care Professional Student Loan Repayment program (ND Department of Health) was established to provide loan repayment for health care professionals willing to provide services in areas of ND that have a defined need for services. Advanced Practice Registered Nurses (Nurse Practitioners, Clinical Nurse Specialists, Nurse Anesthetists and Certified Nurse Midwives) and Behavioral Health Registered Nurses are eligible for loan repayment which is matched with community dollars. During the 2019-2021 biennium, 4 APRNs and 4 behavioral health RNs have received support from this program. **We support continued funding of this program.**

For more information about ND Center for Nursing requests regarding loan repayment programs contact: Dr. Patricia Moulton Burwell, Executive Director, North Dakota Center for Nursing at patricia.moulton@ndcenterfornursing.org For more information about the ND Career Builders program, contact NDUS at ndfinaid@ndus.edu For more information about the Health Care Professional Student Loan Repayment Program contact Bobbie Will, Director, ND Primary Care Office at blwill@nd.gov



Senate Appropriations Committee

SB 2004

January 14, 2021

Chairman Holmberg and Committee Members, I am Courtney Koebele, Executive Director for the ND Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA is a strong supporter of the North Dakota Student Loan Repayment Program (LRP). As you know, the North Dakota State Legislature established the first Health Care Professional Student Loan Repayment Program in 1992 to recruit and retain providers in rural and defined health shortage areas. It is an excellent way to have physicians come to the state and serve in areas with a defined need.

Physicians enter into five-year contracts, which allows time for the physician to become invested, engaged and committed to working and living in rural and underserved communities. According to the data compiled by the LRP, 56 physicians (66%) from 1993-2020 who completed loan repayment contracts have remained in ND.

The state needs to continue this program to support our healthcare workforce. As of June 2020, about 94% of counties in North Dakota are fully or partially designated as health professional shortage areas for primary care. Without continued funding for new slots to be awarded to physicians, there will not be any incentives to offer in recruiting physicians in our rural and defined health professional shortage areas and physician shortages will remain in underserved areas.

We support the loan repayment program and would urge you to include the OAR in the Health Department's budget.

Thank you for the opportunity to testify. I would be happy to answer any questions.

Courtney Koebele
Executive Director
ND Medical Association
ckoebele@ndmed.com
701-400-6222

**Testimony to the Senate Appropriations Committee on SB 2004
January 14, 2021
North Dakota Association of City & County Health Officials
(NDSACCHO)**

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Mary Korsmo and I am the Executive Director for the North Dakota Association of City & County Health Officials. On behalf of all 28 local public health units which I represent, I submit this testimony in support of SB 2004. The Department of Health budget includes \$5,250,000 in State Aid funding to local public health units. This level funding is much needed to fill gaps not covered through other sources.

Local public health experts assess the health of their respective communities by listening to the people who live in there. They bring together different organizations – such as schools, businesses, and government agencies – to make decisions in an effort to stop health threats before they start. It's the mission of public health to make sure we have clean air, pure water and safe neighborhoods to prevent each of us from getting sick or injured in the first place.

Communicable diseases, chronic diseases, and environmental health are consistently reported as the biggest three areas of concern across the state. State Aid funding helps address these issues through immunizations, tobacco assessments and treatment, maternal and child health, emergency preparedness and response, public health nurse home visits, agency administration, community health needs and engagement, injury prevention, school health, jail health, behavioral health and environmental health.

Thank you for the opportunity to provide this testimony supporting SB 2004. I'm happy to answer any questions or provide additional information as requested. Please feel free to contact me at 701.471.2264 or mary.korsmo@ndaco.org.

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
1/26/2021
Senate Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Chairman Holmberg opened the meeting at 9:55 a.m.

Senators present: Holmberg, Krebsbach, Wanzek, Bekkedahl, Poolman, Erbele, Dever, Oehlke, Rust, Davison, Hogue, Sorvaag, Mathern, and Heckaman.

Discussion Topics:

- Upcoming sub-committee meeting
- Concerns about budget

Senator Sorvaag discussed the sub-committee on SB 2004

Chairman Holmberg closed the hearing at 9:59 a.m.

Rose Laning, Committee Clerk

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
1/27/2021
Senate Appropriations subcommittee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag called the hearing to order at 11:15 am. **Senators Sorvaag, Bekkedahl** and **Mathern** were present.

Discussion Topics:

- Budget Requests
- Employee positions
- COVID-19 / public health response
- One-time funding issues
- Long-term temporary employees

Brenda Weisz, CFO, North Dakota State Dept. of Health - answered questions of the sub-committee.

Additional written testimony: #4101

Senator Sorvaag closed the hearing at 11:44 am. *Rose Laning, Committee Clerk*

State Department of Health - Budget No. 301
Senate Bill No. 2004
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269
2021-23 Ongoing Funding Changes								
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910				\$0
Salary increase		512,281	508,135	1,020,416				0
Retirement contribution increase		103,938	103,110	207,048				0
Health insurance increase		6,043	5,995	12,038				0
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)				0
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses	(5.00)			0				0
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget	22.50	9,063,708	1,774,864	10,838,572				0
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000				0
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)				0
Removes funding for fetal alcohol syndrome grant		(350,458)		(350,458)				0
Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund		(823,155)	70,500	(752,655)				0

Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	0				
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)	0				
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706	0				
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500	0				
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000	0				
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000	0				
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270	0				
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	0				
Adds funding for Capitol complex rent proposal	336,399		336,399	0				
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	0				
Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund		8,841	8,841	0				
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund	35,205	(315,402)	(280,197)	0				
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216	\$13,796,046	0.00	\$0	\$0	\$0
One-time funding items								
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses		\$45,441,323	\$38,790,738	\$84,232,061				0

Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades	910,000	0	910,000					0
Adds one-time funding from the community health trust fund for statewide health strategies	0	3,000,000	3,000,000					0
Total one-time funding changes	<u>0.00</u>	<u>\$46,351,323</u>	<u>\$41,790,738</u>	<u>\$88,142,061</u>	<u>0.00</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Changes to Base Level Funding	<u>17.50</u>	<u>\$52,609,153</u>	<u>\$49,328,954</u>	<u>\$101,938,107</u>	<u>0.00</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
2021-23 Total Funding	<u>221.50</u>	<u>\$88,879,743</u>	<u>\$171,280,633</u>	<u>\$260,160,376</u>	<u>204.00</u>	<u>\$36,270,590</u>	<u>\$121,951,679</u>	<u>\$158,222,269</u>
<i>Total ongoing changes as a percentage of base level</i>	8.6%	17.3%	6.2%	8.7%	0.0%	0.0%	0.0%	0.0%
<i>Total changes as a percentage of base level</i>	8.6%	145.0%	40.4%	64.4%	0.0%	0.0%	0.0%	0.0%

Other Sections in State Department of Health - Budget No. 301

	<u>Executive Budget Recommendation</u>	<u>Senate Version</u>
Insurance tax distribution fund	Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	
Borrowing authority	Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.	

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/2/2021
Health Department subcommittee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 3:35 pm.

Senators Sorvaag, Bekkedahl and Mathern were present.

Discussion Topics:

- Employees, Full and Part-time
- Contractors/ Timelines
- Environmental reviewing

Brenda Weisz, CFO, North Dakota Dept. of Health – neutral testimony and submitted #5027

Kirby Kruger, North Dakota Dept. of Health – neutral testimony, but submitted no written testimony.

Kim Mertz, Healthy and Safe Communities – neutral testimony, but submitted no written testimony.

Tim Weidrich, Section Chief, Health Resources and Response, Dept. of Health – neutral testimony, but submitted no written testimony.

Senator Sorvaag closed the hearing at 4:27 pm.

Rose Laning, Committee Clerk

Duties / Timeframe	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23			Duration			
				General Fund	Federal Funds	Special Funds	5+ years	2 - 5 years	Less than 2 years	As needed
Fiscal and Operations										
PT Temp - Fiscal: Health Council Member Compensation	16,000	-	16,000	16,000	-	-				x
PT Temp - Fiscal: Provide medical related expertise in situations that may arise within the Department	15,000	-	15,000	3,000	12,000	-				x
PT Temp - VR: Scanning	10,000	19,120	29,120	-	-	29,120				x
FT Temp - Epi: National Violent Death Reporting System Data Abstractor	96,000	3,840	99,840	59,904	39,936	-		x		
FT Temp - Epi: Multi program	-	97,656	97,656	-	97,656	-			x	
FT Temp - Epi: NIOSH	-	97,656	97,656	-	97,656	-			x	
FT Temp - Epi: Health Equity	-	97,656	97,656	-	97,656	-			x	
FT Temp - Epi: Injury	-	97,656	97,656	-	97,656	-			x	
FT Temp - Epi: Student Interns	24,600	25,400	50,000	-	50,000	-				x
PT Temp - F&L: Plan Reviewer and Environmental	50,000	(50,000)	-	-	-	-				
PT Temp - Epi: Public Health Education and Data Collection	30,000	(30,000)	-	-	-	-				
OT - Fiscal Services staff during heavy workload periods	15,000	-	15,000	3,000	12,000	-				x
OT - Field Medical Officer	77,760	2,498	80,258	16,052	64,206	-				x
OT - Food and Lodging during heavy workload periods	5,000	-	5,000	5,000	-	-				x
Disease Control and Forensic Pathology										
FT Temp - DC: Maven Data Quality	-	88,999	88,999	-	88,999	-				x
FT Temp - DC: Ryan White Data Quality Management Coordinator	-	93,752	93,752	-	93,752	-				x
FT Temp - DC: Hepatitis Surveillance (1 for full bien & 1 for 2nd yr)	-	140,616	140,616	-	140,616	-				x
FT Temp - DC: Epidemiology Assistant - Epidemiology Lab Capacity program. Assists with general disease data entry, special projects, general surveillance activities	93,752	3,510	97,262	-	97,262	-	x			
FT Temp - DC: Data quality coordinator for the Sentinel Site program	93,752	2,562	96,314	-	96,314	-	x			
FT Temp - FP: Autopsy assistants (assist medical examiner with proper chain of custody of medical-legal purposes, completing appropriate documentation on each case, and with preparing specimens for shipping to laboratories)	98,938	(18,298)	80,640	80,640	-	-	x			
OT - FP: Overtime and On-Call costs for medical examination	13,300	1,555	14,855	14,855	-	-				x
PT Temp - FP: Dr. Massello - Assist with autopsies in Dr. Miller's absence	-	10,000	10,000	10,000	-	-				x
FT Temp - DC: The Infection Control Assessment Program	93,752	(93,752)	-	-	-	-				
Healthy and Safe Communities										
PT Temp - HP: Public Health Hygienists - Health Resources and Services Administration (HRSA) required Medical-dental integration strategies	-	100,000	100,000	-	100,000	-				x
PT Temp - HP: Public Health Hygienists - oral health screenings and application of fluoride varnish and sealants at school-based programs	224,000	(124,000)	100,000	-	-	100,000	x			
PT Temp - HP: Public Health Hygienist developing Early Childhood Education setting vignettes and materials to teach good oral hygiene	-	14,000	14,000	-	14,000	-				x
PT Temp - HP: Public Health Dentist for standing orders and other guidance to the oral health program	2,000	(1,200)	800	-	800	-				x
PT Temp - HP: Centers for Disease Control and Prevention (CDC) grant - Conduct the Oral Health Kindergarten Basic Screening Survey	9,000	16,000	25,000	-	25,000	-				x
FT Temp - HE: New Health Equity Grant - Provide training and increase knowledge to implement actionable health equity practices, policies and initiatives	-	112,320	112,320	-	112,320	-				x
OT - Family Health and Wellness	1,428	3,572	5,000	-	5,000	-				x
PT Temp - SHS: Family Advisory Council Consultant Stipends	-	5,400	5,400	2,322	3,078	-				x
PT Temp - SHS: Completing cleft palate clinic transcription	-	8,160	8,160	3,509	4,651	-				x
OT - Special Health Services	20,000	(12,000)	8,000	3,440	4,560	-				x
FT Temp - HP: Oral Health Program - implementation of oral health case management for the Seal!	52,000	(52,000)	-	-	-	-				

Duties / Timeframe	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23			Duration			
				General Fund	Federal Funds	Special Funds	5+ years	2 - 5 years	Less than 2 years	As needed
Health Resources and Response										
FT Temp - EP: Program Representative - Assists with implementing all preparedness and planning activities	147,500	2,500	150,000		150,000		x			
FT Temp - EP: Program Representative - Assists with preparation of grant applications and expenditure tracking	147,500	2,500	150,000		150,000		x			
FT Temp - EP: Warehouse Worker	50,000	33,200	83,200		83,200		x			
FT Temp - EP: Warehouse Worker	21,512	61,688	83,200		83,200			x		
FT Temp - EP: Warehouse Worker		83,200	83,200		83,200				x	
FT Temp - EP: Warehouse Worker		83,200	83,200		83,200				x	
FT Temp - EP: Administrative Assistant	56,000	-	56,000		56,000		x			
PT Temp - EP: CDL Drivers	71,984	-	71,984		71,984					x
PT Temp - EP: Network Engineer	17,140	2,860	20,000		20,000					x
FT Temp - EP: Hospital Preparedness Program Manager		132,480	132,480		132,480				x	
PT Temp - EP: Pager Pay	59,604	(15,904)	43,700	7,200	36,500					x
PT Temp - EP: IT Support Specialist - Technical support / equipment maintenance for hospitals and long term care users of state systems	10,000	-	10,000		10,000					x
FT Temp - EMS: Program Representative - Assists with coordination of the Emergency Medical Systems Operations	95,000	1,900	96,900	96,900			x			
FT Temp - EMS: Stroke Prevention Coordinator	140,000	(3,900)	136,100	136,100				x		
FT Temp - EMS: Emergency Medical Services for Children Coordinator	100,000	4,000	104,000		104,000			x		
PT Temp - HF: Surveyors - Augment existing staff to complete the required federal workload (2 individuals)	50,000	(15,000)	35,000	5,250	24,500	5,250				x
OT - EP: As needed during emergencies	70,143	1	70,144	14,384	55,760					x
OT - Life Safety and Construction (LSC)	5,000	2,500	7,500			7,500				x
PT Temp - LSC: Reviewer and Environmental Health Inspector	50,000	(50,000)	-							
PT Temp: EP: Opioid Crisis Response Grant	13,315	(13,315)	-							
Laboratory Services										
FT Temp - LS: Media prep and data entry	80,920	4,040	84,960	73,915	3,398	7,647	x			
PT Temp - LS: Mosquito surveillance program	60,480	3,026	63,506		63,506					x
FT Temp - LS: Microbiology lab assistant	52,000	2,600	54,600	49,686		4,914	x			
Total Temporary and Overtime	\$ 2,339,380	\$ 982,254	\$ 3,321,634	\$ 601,157	\$ 2,566,046	\$ 154,431				

Acronyms

- FT - Full Time
- PT - Part Time
- OT - Overtime
- VR - Vital Records
- Epi - Office of State Epidemiologist
- F&L - Food and Lodging
- NIOSH - National Institute for Occupational Safety and Health
- DC - Disease Control
- FP - Forensic Pathology
- HP - Health Promotion
- HE - Health Equity
- SHS - Special Health Services
- EP - Emergency Preparedness
- EMS - Emergency Medical Systems
- HF - Health Facilities
- LSC - Life, Safety & Construction
- LS - Laboratory Services

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/4/2021
Dept. of Health subcommittee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 3:03 p.m.

Senators Sorvaag, Bekkedahl and **Mathern** were present.

Discussion Topics:

- FTE's
- IT
- Budget Breakdown
- Federal Funds

Brenda Weisz, Chief Financial Officer, Department of Health, provided testimony #5554.

Kirby Kruger, Disease Control, Department of Health, answered questions of the subcommittee.

Senator Sorvaag closed the hearing at 4:00 p.m.

Rose Laning, Committee Clerk

ONGOING COSTS

22.50 FTE – *While the work effort for the next 24 months may have its peaks and valleys, the current level of effort and overtime is not sustainable with the current team of 204 FTE and does not allow for an appropriate work life balance.*

Administration (Admin)

Salaries and Wages

- 1 FTE – Accounting Budget Specialist – COVID presented the need to fiscally manage 14 additional federal grants w/o considering FEMA and Coronavirus Relief Funds (CRF). The large multimillion-dollar grants extend into the next 24 months.
 - Prior to COVID, work effort included the addition of the Medical Marijuana Division, absorbing fiscal effort of costs previously occurring in the Center for Tobacco Prevention and Control, along with handling the financial reporting for added federal programs – all with a reduction of a .50 FTE.
- General operating costs – IT connectivity, phone, rent, etc.
- Licensing costs for the soon to be implemented electronic time and attendance system - \$100,000

Federal funding - \$222,586 to cover portion of salaries and a portion of the operating costs

Office of the State Epidemiologist – Health Analytics (Epi A)

Salaries and Wages

- 3 FTE – Data Analytics, Dashboards and timely information across systems is important to be provided

Operating

- Licenses for Power BI (business intelligence) to work with data more effectively
- General operating costs - IT connectivity, phone, rent, etc.

Federal funding - \$200,715 to cover portion of salaries

Disease Control (DC)

Salaries and Wages

- 6 FTE – Epidemiologist – surveillance and coordination with data systems, 2 Healthcare Associated Infections (HAI) prevention specialists, Program Manager – COVID / Other Outbreaks, Program Manager – Vaccine Program, Administrative Assistant

Operating

- Cost for user licenses Dynamics / GIS software - \$260,000
- General operating costs – Phone, rent, travel, postage, etc.
- System hosting fees \$894,000 (Maven, Test Registry); System costs Dynamics - \$998,400; NDIT costs for Project Mgmt, Help Desk, Data Lake - \$1,383,697; NDIT Connectivity - \$22,032. Total \$3.2 million.

- Technology costs to enhance electronic records, data access. and messaging (Healthcare Standard) - \$428,571
- Translation services and team scheduling - \$28,632

Federal funding - \$867,111 with majority to cover portion of salaries and small share of the operating fees - \$64,603

Heath Equity Office (HEO)

Salaries and Wages

- 3 FTE – 1 Program Mgr. – Health Equity / Special Populations Coordinator, 1 Program Mgr. for work related to public health hotline and 1 Program Mgr. for School response and oversight

Operating

- General operating costs - IT connectivity, phone, rent, etc.

Funding is reflected from the General Fund

Laboratory Services (LS)

Salaries and Wages

- 7.5 FTE – 3 Lab Techs; 3 Microbiologists; 1 Admin. Asst; .50 - CLIA Director as required by federal regulations to oversee work effort in the Lab

Operating

- General operating costs - IT connectivity, phone, etc.
- General building supply needs due to increase usage - \$36,000
- Increased utilities - \$141,600
- Lease of additional space for test kits storage and assembly for distribution - \$243,000
- Maintenance agreements for new testing platforms – identified as Repairs - \$1.4 million
- Costs related to courier and janitorial – identified as Operating Fees & Services -\$647,400

Federal funding - \$484,182 to cover portion of salaries

Emergency Preparedness (EP)

Salaries and Wages

- 1 FTE – Program Mgr. in the Department Operations Center

Operating

- General operating costs - IT connectivity, phone, and travel

Funding is reflected from the General Fund

Outreach & Surveillance (O&S)

Salaries and Wages

- 1 FTE – Admin Asst to coordinate administrative tasks as this area merges into the overall operations of the Department
- Also reflected here is the funding to support the Chief Nursing Officer position which will serve the entire Department related to disease outbreak and necessary outreach

Operating

- General operating costs - IT connectivity, phone, rent, travel, etc.

One-Time

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							
536	Office Supplies							
541	Postage							
582	Lease \Rentals-- Buildings./Land							
601	IT-Data Processing							
602	IT-Telephone							
603	IT - Contractual Services							
621	Operating Fees & Services							
623	Professional Services							
625	Medical, Dental, and Optical							
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								

	Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
SALARIES AND WAGES								
FTE EMPLOYEES (Number)								0.00
511 Salaries		0		0				0
513/514 Temporary, Overtime	147,815	0	10,817,354	0	3,028,811	2,041,678		16,035,658
516 Benefits	14,781	0	1,081,736	0	302,881	204,168		1,603,566
TOTAL	162,596	0	11,899,090	0	3,331,692	2,245,846	0	17,639,224
General Fund	108,723	0	3,364,453	0	1,742,474	2,245,846		7,461,496
Federal Funds	53,873	0	8,534,637		1,589,218			10,177,728
Special Funds	0	0	0	0	0	0	0	0
OPERATING EXPENSES								
521 Travel	0	0		0	11,424	46,000		57,424
536 Office Supplies			0	0	4,528			4,528
541 Postage	0	0		0	3,252	50,000		53,252
582 Lease \Rentals-- Buildings./Land	3,680		138,000	0				141,680
601 IT-Data Processing	7,344		270,622	0	78,948	91,800		448,714
602 IT-Telephone	1,152		47,978	0	12,384	14,400		75,914
603 IT - Contractual Services			1,300,000					1,300,000
621 Operating Fees & Services	0	0			23,400			23,400
623 Professional Services	250,000	0						250,000
625 Medical, Dental, and Optical	0	0			48,693,925	1,895,000		50,588,925
TOTAL	262,176	0	1,756,600	0	48,827,861	2,097,200	0	52,943,837
General Fund	262,176		1,756,600	0	30,939,555	2,097,200		35,055,531
Federal Funds			0		17,888,306	0	0	17,888,306
Special Funds	0	0	0	0	0	0	0	0
GRANTS								
712 Grants - Non State	0	0	2,049,000	11,600,000	0	0	0	13,649,000
722 Grants - In State	0	0	0	0	0	0	0	0
TOTAL	0	0	2,049,000	11,600,000	0	0	0	13,649,000
General Fund	0	0	500,000	2,424,296	0	0	0	2,924,296
Federal Funds	0	0	1,549,000	4,175,704	0	0	0	5,724,704
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000
TOTAL	424,772	0	15,704,690	11,600,000	52,159,553	4,343,046	0	84,232,061
General Fund	370,899	0	5,621,053	2,424,296	32,682,029	4,343,046	0	45,441,323
Federal Funds	53,873	0	10,083,637	4,175,704	19,477,524	0	0	33,790,738
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000

ONE-TIME COSTS

Administration (Admin)

Salaries and Wages

- 2 Temp positions –
 - Human Resources Technician – while the new electronic time and attendance system is expected to be in place, the number of needed temp positions into the next biennium department-wide supports the need for assistance in this area
 - Communications Specialist to assist for year one of the biennium
- General operating costs – IT connectivity, phone, rent, etc.
- Education campaign for the biennium - \$250,000

Federal funding - \$53,873 to cover portion of the temp FTE costs

Disease Control (DC)

Salaries and Wages

- 25 Temp positions – COVID case managers / case workers
- 75 Temp positions – COVID contact tracers – reduced by 25% July 2022 – December 2022 and reduced an additional 25% from Jan – June 2023

Operating

- General operating costs – IT connectivity, phone, rent, etc.
- Development costs – NDIIS (immunization system with Noridian), Maven (disease reporting system) and Dynamics (test result, contact tracing system) \$1.3 million

Grants

- UND & NDSU – Serology grants - \$880,000; UND & NDSU – Contact Tracing - \$500,000; Infectious Control Grant and training - \$669,000

Federal funding - \$10 million with \$8.5 million to cover portion of salaries and \$1.5 million to cover portions of grants

Health Equity Office (HEO)

Grants

- Local Public Health (LPH) \$10 million and \$1.6 million for Public Health hotline

Funding \$4.175 million in federal funds and \$5 million from the Community Health Trust Fund for a portion of the LPH grants

Laboratory Services (LS)

Salaries and Wages

- 22 Temp positions – 15 Lab Techs; 5 Microbiologists; 2 customer support

Operating

- General operating costs - IT connectivity, phone, travel, etc.

Testing strategy - \$48.7 million

- 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow) - \$21.1 million
- 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow) - \$14.5 million
- 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only - \$8.3 million
- 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays only - \$4.8 million

Federal funding - \$19.4 million with \$1.7 million to cover a portion of salaries and \$17.8 million to cover testing costs.

Emergency Preparedness (EP)

Salaries and Wages

- 25 Temp positions – 10 Full time and 15 Part time to continue to serve the needs as overseen by the Department Operations Center – testing, facility nursing time, vaccination assistance

Operating

- General operating costs - IT connectivity, phone, travel, etc.

Personal Protective Equipment (PPE) - \$1,895,000

Funding is reflected from the General Fund

COVID-19: Ongoing & One-Time

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
534	Buildings/Vehicle Maintenance Supplies
536	Office Supplies
541	Postage
542	Printing
561	Utilities
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	

GRANTS

712	Grants - Non State
722	Grants - In State
TOTAL	
General Fund	
Federal Funds	
Special Funds	

TOTAL

General Fund	
Federal Funds	
Special Funds	

	Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
	1.00	3.00	6.00	3.00	7.50	1.00	1.00	22.50
511 Salaries	115,200	353,880	671,040	342,000	762,000	97,800	292,800	2,634,720
513/514 Temporary, Overtime	147,815		10,817,354	0	3,028,811	2,041,678		16,035,658
516 Benefits	72,305	174,492	1,423,396	172,126	732,947	258,318	127,654	2,961,238
TOTAL	335,320	528,372	12,911,790	514,126	4,523,758	2,397,796	420,454	21,631,616
General Fund	108,723	327,657	3,574,645	514,126	2,450,358	2,397,796	420,454	9,793,759
Federal Funds	226,597	200,715	9,337,145		2,073,400			11,837,857
Special Funds	0	0	0	0	0	0	0	0
OPERATING EXPENSES								
521 Travel	0	0	5,750	3,000	11,424	51,965	12,184	84,323
531 IT - Software/Supp.		12,375	260,000	0			600	272,975
532 Professional Supplies & Materials	0	0	0	0	4,800			4,800
534 Buildings/Vehicle Maintenance Supplies	0	0	0	0	36,000			36,000
536 Office Supplies	4,125		0	5,000	6,000		1,000	16,125
541 Postage	0	0	5,100	500	3,252	50,000	500	59,352
542 Printing	0	0	0	1,000			2,500	3,500
561 Utilities	0	0		0	141,600			141,600
582 Lease \Rentals-- Buildings./Land	5,520	5,520	149,040	5,520	243,000		3,680	412,280
591 Repairs	0	0			1,452,642			1,452,642
601 IT-Data Processing	11,016	11,016	3,568,751	11,016	108,324	95,472	7,344	3,812,939
602 IT-Telephone	1,728	1,728	51,434	1,728	16,992	14,976	1,152	89,738
603 IT - Contractual Services	0	0	1,728,571					1,728,571
611 Professional Development	0	11,000	19,000	2,875	1,500		2,160	36,535
621 Operating Fees & Services	0	0	28,632		670,800		280	699,712
623 Professional Services	350,000	0	0				0	350,000
625 Medical, Dental, and Optical	0	0			48,693,925	1,895,000	0	50,588,925
TOTAL	372,389	41,639	5,816,278	30,639	51,390,259	2,107,413	31,400	59,790,017
General Fund	322,257	41,639	5,751,675	30,639	33,501,953	2,107,413	31,400	41,786,976
Federal Funds	50,132		64,603		17,888,306	0	0	18,003,041
Special Funds	0	0	0	0	0	0	0	0
GRANTS								
712 Grants - Non State	0	0	2,049,000	11,600,000	0	0	0	13,649,000
722 Grants - In State	0	0	0	0	0	0	0	0
TOTAL	0	0	2,049,000	11,600,000	0	0	0	13,649,000
General Fund	0	0	500,000	2,424,296	0	0	0	2,924,296
Federal Funds	0	0	1,549,000	4,175,704	0	0	0	5,724,704
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000
TOTAL	707,709	570,011	20,777,068	12,144,765	55,914,017	4,505,209	451,854	95,070,633
General Fund	430,980	369,296	9,826,320	2,969,061	35,952,311	4,505,209	451,854	54,505,031
Federal Funds	276,729	200,715	10,950,748	4,175,704	19,961,706	0	0	35,565,602
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/8/2021
Department of Health Sub-Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 11:05 a.m.

Senators present: **Sorvaag, Bekkedahl, and Mathern**

Discussion Topics:

- Health Department Priorities
- Health Council & State Health Officer
- Health Strategy

Brenda Weisz, Department of Health, answered questions from the committee and submitted testimony #5881 and #5892.

Tara Brandner, General Council, Department of Health, answered questions from the committee.

Dirk Wilke, Interim State Health Officer, Department of Health, answered questions from the committee.

Senator Bekkedahl, District 1, submitted testimony #5891.

Senator Sorvaag closed the hearing at 11:55 a.m.

Rose Laning, Committee Clerk

Prioritization of first 7.50 FTE

1. CLIA Director (.50)
2. Accounting Budget Specialist
3. Health Equity / Special Populations Manager
4. Vaccination Manager
5. Department Operations Center Program Manager
6. Data Analyst (1 of 3)
7. Disease Outbreak / COVID Program Manger
8. LTA in the Lab (1 of 3)

Remainder – Prioritized by Groups of 5

Group 1

HAI (Healthcare Associated Infections) Coordinator (1 of 2)
Administrative Asst. – Lab
Microbiologist (1 of 3)
Data Analyst (2 of 3)
Epidemiologist (surveillance and coordination with data systems)

Group 2

LTA in the Lab (2 of 3)
HAI Coordinator (2 of 2)
Microbiologist (2 of 3)
Data Analyst (3 of 3)
Administrative Asst. – Outreach & Response

Group 3

LTA in the Lab (3 of 3)
Microbiologist (3 of 3)
Administrative Asst. – Disease Control
School Response Program Manager
Hotline Manager



**ND Department of Health
Health Professional Loan Repayment Program
Executive Recommendation 2021 - 2023**

Description	2019 - 2021 Final Budget			2021 - 2023 Executive Recommendation			Change from 2019 -21 Final Budget to 2021-23 Recommendation		
	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total
Dental	416,000	324,000	740,000		360,000	360,000	(416,000)	36,000	(380,000)
Medical	704,000		704,000	492,220	-	492,220	(211,780)	-	(211,780)
Behavioral Health	164,000	200,000	364,000	13,625	234,500	248,125	(150,375)	34,500	(115,875)
Veterinarians	480,000		480,000	435,000	-	435,000	(45,000)	-	(45,000)
Total	<u>1,764,000</u>	<u>524,000</u>	<u>2,288,000</u>	<u>940,845</u>	<u>594,500</u>	<u>1,535,345</u>	<u>(823,155)</u>	<u>70,500</u>	<u>(752,655)</u>

Optional Adjustment Request (OAR) Request

Cost of each new slot for a biennium:	Cost per one slot*	Number of slots in OAR	Cost for the biennium
Dental	60,000	3	180,000
Physician	60,000	3	180,000
Advanced Practice Nurse	12,000	3	36,000
Clinical Psychologist	36,000	2	72,000
Behavioral Health	12,000	6	72,000
Veterinarian	15,000	3	45,000
Total	<u>195,000</u>		<u>585,000</u>

* - assumes that the same number of slots are requested each year of the biennium.



**ND Department of Health
Health Professional Loan Repayment Program
Executive Recommendation 2021 - 2023**

Description	2019 - 2021 Final Budget			2021 - 2023 Executive Recommendation			Change from 2019 -21 Final Budget to 2021-23 Recommendation		
	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total
Dental	416,000	324,000	740,000		360,000	360,000	(416,000)	36,000	(380,000)
Medical	704,000		704,000	492,220	-	492,220	(211,780)	-	(211,780)
Behavioral Health	164,000	200,000	364,000	13,625	234,500	248,125	(150,375)	34,500	(115,875)
Veterinarians	480,000		480,000	435,000	-	435,000	(45,000)	-	(45,000)
	<u>1,764,000</u>	<u>524,000</u>	<u>2,288,000</u>	<u>940,845</u>	<u>594,500</u>	<u>1,535,345</u>	<u>(823,155)</u>	<u>70,500</u>	<u>(752,655)</u>

Optional Adjustment Request (OAR) Request

Cost of each new slot for a biennium:	Cost per one slot*	Number of slots in OAR	Cost for the biennium
Dental	60,000	3	180,000
Physician	60,000	3	180,000
Advanced Practice Nurse	12,000	3	36,000
Clinical Psychologist	36,000	2	72,000
Behavioral Health	12,000	6	72,000
Veterinarian	15,000	3	45,000
Total	<u>195,000</u>		<u>585,000</u>

* - assumes that the same number of slots are requested each year of the biennium.

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/10/2021
Dept. of Health Sub-committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 2:31 p.m.

Senators present: **Sorvaag, Bekkedahl and Mathern.**

Discussion Topics:

- Funding – Grants & FEMA money
- COVID money
- Amendments

Brenda Weisz, CFO, North Dakota Department of Health – answering sub-committee questions and submitting neutral testimony #6271.

Senator Sorvaag closed the hearing at 2:59 p.m.

Rose Laning, Committee Clerk

Department of Health
SB 2004
COVID-19 Executive Recommendation

COVID-19: Ongoing & One-Time

SALARIES AND WAGES

FTE EMPLOYEES (Number)

511	Salaries						
513/514	Temporary, Overtime						
516	Benefits						
TOTAL							
General Fund							
Federal Funds							
Special Funds							

Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
1.00	3.00	6.00	3.00	7.50	1.00	1.00	22.50
115,200	353,880	671,040	342,000	762,000	97,800	292,800	2,634,720
147,815		10,817,354	0	3,028,811	2,041,678		16,035,658
72,305	174,492	1,423,396	172,126	732,947	258,318	127,654	2,961,238
335,320	528,372	12,911,790	514,126	4,523,758	2,397,796	420,454	21,631,616
108,723	327,657	3,574,645	514,126	2,450,358	2,397,796	420,454	9,793,759
226,597	200,715	9,337,145		2,073,400			11,837,857
0	0	0	0	0	0	0	0

OPERATING EXPENSES

521	Travel						
531	IT - Software/Supp.						
532	Professional Supplies & Materials						
534	Buildings/Vehicle Maintenance Supplies						
536	Office Supplies						
541	Postage						
542	Printing						
561	Utilities						
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							

0	0	5,750	3,000	11,424	51,965	12,184	84,323
	12,375	260,000	0			600	272,975
0	0	0	0	4,800			4,800
0	0	0	0	36,000			36,000
4,125	0	0	5,000	6,000		1,000	16,125
0	0	5,100	500	3,252	50,000	500	59,352
0	0	0	1,000			2,500	3,500
0	0	0	0	141,600			141,600
5,520	5,520	149,040	5,520	243,000		3,680	412,280
0	0	0	0	1,452,642			1,452,642
11,016	11,016	3,568,751	11,016	108,324	95,472	7,344	3,812,939
1,728	1,728	51,434	1,728	16,992	14,976	1,152	89,738
0	0	1,728,571					1,728,571
0	11,000	19,000	2,875	1,500		2,160	36,535
0	0	28,632		670,800		280	699,712
350,000	0					0	350,000
0	0			48,693,925	1,895,000	0	50,588,925
372,389	41,639	5,816,278	30,639	51,390,259	2,107,413	31,400	59,790,017
322,257	41,639	5,751,675	30,639	33,501,953	2,107,413	31,400	41,786,976
50,132		64,603		17,888,306	0	0	18,003,041
0	0	0	0	0	0	0	0

GRANTS

712	Grants - Non State						
722	Grants - In State						
TOTAL							
General Fund							
Federal Funds							
Special Funds							

0	0	2,049,000	11,600,000	0	0	0	13,649,000
0	0	0	0	0	0	0	0
0	0	2,049,000	11,600,000	0	0	0	13,649,000
0	0	500,000	2,424,296	0	0	0	2,924,296
0	0	1,549,000	4,175,704	0	0	0	5,724,704
0	0	0	5,000,000	0	0	0	5,000,000
707,709	570,011	20,777,068	12,144,765	55,914,017	4,505,209	451,854	95,070,633
430,980	369,296	9,826,320	2,969,061	35,952,311	4,505,209	451,854	54,505,031
276,729	200,715	10,950,748	4,175,704	19,961,706	0	0	35,565,602
0	0	0	5,000,000	0	0	0	5,000,000

NEW FUNDING - TOTAL

General Fund							
Federal Funds							
Special Funds							

0	0	0	0	0	0	0	0
(76,630)	(257,388)	(6,670,571)	(2,938,422)	(34,755,846)	(542,881)	(56,482)	(45,298,220)
76,630	257,388	6,670,571	3,423,126	34,755,846	542,881	56,482	45,782,924
0	0	0	(484,704)	0	0	0	(484,704)

REVISED - TOTAL

General Fund							
Federal Funds							
Special Funds							

707,709	570,011	20,777,068	12,144,765	55,914,017	4,505,209	451,854	95,070,633
354,350	111,908	3,155,749	30,639	1,196,465	3,962,328	395,372	9,206,811
353,359	458,103	17,621,319	7,598,830	54,717,552	542,881	56,482	81,348,526
0	0	0	4,515,296	0	0	0	4,515,296

One-Time

SALARIES AND WAGES

FTE EMPLOYEES (Number)

	Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
511 Salaries		0		0				0
513/514 Temporary, Overtime	147,815	0	10,817,354	0	3,028,811	2,041,678		16,035,658
516 Benefits	14,781	0	1,081,736	0	302,881	204,168		1,603,566
TOTAL	162,596	0	11,899,090	0	3,331,692	2,245,846	0	17,639,224
General Fund	108,723	0	3,364,453	0	1,742,474	2,245,846		7,461,496
Federal Funds	53,873	0	8,534,637		1,589,218			10,177,728
Special Funds	0	0	0	0	0	0	0	0

OPERATING EXPENSES

521 Travel	0	0		0	11,424	46,000		57,424
536 Office Supplies			0	0	4,528			4,528
541 Postage	0	0		0	3,252	50,000		53,252
582 Lease \Rentals-- Buildings /Land	3,680		138,000	0				141,680
601 IT-Data Processing	7,344		270,622	0	78,948	91,800		448,714
602 IT-Telephone	1,152		47,978	0	12,384	14,400		75,914
603 IT - Contractual Services			1,300,000					1,300,000
621 Operating Fees & Services	0	0			23,400			23,400
623 Professional Services	250,000	0						250,000
625 Medical, Dental, and Optical	0	0			48,693,925	1,895,000		50,588,925
TOTAL	262,176	0	1,756,600	0	48,827,861	2,097,200	0	52,943,837
General Fund	262,176		1,756,600	0	30,939,555	2,097,200		35,055,531
Federal Funds			0		17,888,306	0	0	17,888,306
Special Funds	0	0	0	0	0	0	0	0

GRANTS

712 Grants - Non State	0	0	2,049,000	11,600,000	0	0	0	13,649,000
722 Grants - In State	0	0	0	0	0	0	0	0
TOTAL	0	0	2,049,000	11,600,000	0	0	0	13,649,000
General Fund	0	0	500,000	2,424,296	0	0	0	2,924,296
Federal Funds	0	0	1,549,000	4,175,704	0	0	0	5,724,704
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000
TOTAL	424,772	0	15,704,690	11,600,000	52,159,553	4,343,046	0	84,232,061
General Fund	370,899	0	5,621,053	2,424,296	32,682,029	4,343,046	0	45,441,323
Federal Funds	53,873	0	10,083,637	4,175,704	19,477,524	0	0	33,790,738
Special Funds	0	0	0	5,000,000	0	0	0	5,000,000

NEW FUNDING - TOTAL

	0	0	0	0	0	0	0	0
General Fund	(76,630)	0	(4,968,442)	(2,424,296)	(32,682,029)	(542,881)	0	(40,694,278)
Federal Funds	76,630	0	4,968,442	2,909,000	32,682,029	542,881	0	41,178,982
Special Funds	0	0	0	(484,704)	0	0	0	(484,704)

REVISED - TOTAL

	424,772	0	15,704,690	11,600,000	52,159,553	4,343,046	0	84,232,061
General Fund	294,269	0	652,611	0	0	3,800,165	0	4,747,045
Federal Funds	130,503	0	15,052,079	7,084,704	52,159,553	542,881	0	74,969,720
Special Funds	0	0	0	4,515,296	0	0	0	4,515,296

COVID-19 Line Item

COVID-19 Line Item	Immunization		Epidemiology & Lab Capacity (ELC)			Total
	Admin 1111	DC 2201	Admin 1111	DC 2201	LS 5571	
SALARIES AND WAGES						
FTE EMPLOYEES (Number)						0.00
Temporary Salaries / Benefits	139,198	754,575	258,571	2,436,689	2,127,159	5,716,192
OPERATING EXPENSES						
Travel		13,730		8,475		22,205
General Operating Costs		4,800		9,700		14,500
IT-Data Processing		546,752		332,546		879,298
Professional Services		2,052,134		386,964		2,439,098
Medical, Dental, and Optical					848,790	848,790
TOTAL	0	2,617,416	0	737,685	848,790	4,203,891
GRANTS						
Grants - Non State	0	324,625		1,400,000	0	1,724,625
TOTAL - COVID-19 LINE - Federal Funds	139,198	3,696,616	258,571	4,574,374	2,975,949	11,644,708

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2004
2/15/2021
Dept. of Health Sub-committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 11:02 a.m.

Senators present: **Sorvaag, Bekkedahl** and **Mathern**.

Discussion Topics:

- Budget Changes
- Amendments

Brenda Weisz, Chief Financial Officer, Department of Health, answered questions of the sub-committee.

Sheila Sandness, Fiscal Analyst, Legislative Council, submitted testimony #6640

Senator Mathern, District 11, presented amendment LC 21.0286.01001 and moved to adopt; testimony #6642

Senator Bekkedahl, seconded the motion

Senators		
<i>Senator Sorvaag</i>	Y	
<i>Senator Bekkedahl</i>	Y	
<i>Senator Mathern</i>	Y	

Motion Passed 3-0-0

Senator Mathern, District 11, presented amendment LC 21.0286.01002 and moved to adopt; testimony #6641

Senator Bekkedahl, seconded the motion

Senators		
<i>Senator Sorvaag</i>	Y	
<i>Senator Bekkedahl</i>	Y	
<i>Senator Mathern</i>	Y	

Motion Passed 3-0-0

Senator Sorvaag closed the hearing at 11:24 a.m.

Skyler Strand, Committee Clerk

mpe
2

21.0286.01001
Title.

Prepared by the Legislative Council staff for
Senator Mathern

February 12, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; and to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council"

Page 2, after line 24, insert:

"SECTION 6. AMENDMENT. Section 23-01-02 of the North Dakota Century Code is amended and reenacted as follows:

23-01-02. Health council - Members, terms of office, vacancies, compensation, officers, meetings.

The health council consists of nine members appointed by the governor including four persons from the health care field, and five persons representing consumer interests. The governor may select members to the council from recommendations submitted by trade, professional, and consumer organizations. On the expiration of the term of any member, the governor, in the manner provided by this section, shall appoint for a term of three years, persons to take the place of members whose terms on the council are about to expire. The officers of the council must be elected annually. Any state agency may serve in an advisory capacity to the health council at the discretion of the council. The council shall meet at least twice each year and at other times as the council or its chairman may direct. The health council shall have as standing committees any committees the council may find necessary. The chairman of the council shall select the members of these committees. The members of the council are entitled to receive ~~sixty-two dollars and fifty cents~~ as compensation per day at the rate set for a member of the legislative assembly under subsection 1 of section 54-03-20 and their necessary mileage and travel expenses as provided in sections 44-08-04 and 54-06-09 while attending council meetings or in the performance of any special duties as the council may direct. The per diem and expenses must be audited and paid in the manner in which the expenses of state officers are audited and paid. The compensation provided for in this section may not be paid to any member of the council who received salary or other compensation as a regular employee of the state, or any of its political subdivisions, or any institution or industry operated by the state."

Renumber accordingly

February 12, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; and to provide for a legislative management study"

Page 2, after line 24, insert:

"SECTION 6. LEGISLATIVE MANAGEMENT STUDY - STATE DEPARTMENT OF HEALTH. During the 2021-22 interim, the legislative management shall consider studying the roles of the state health officer, health council, medical advisory board, and governor as they relate to the administration of the state department of health. The study must include consideration of the role of the health council if the governor seeks to terminate the appointment of the state health officer or to adjust the salary of or take punitive action against the state health officer. Additionally, the study must include whether the orders of the state health officer regarding public health directives have primacy over orders issued by the governor. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly

**State Department of Health - Budget No. 301
 Senate Bill No. 2004
 Base Level Funding Changes**

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269
2021-23 Ongoing Funding Changes								
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910				\$0
Salary increase		512,281	508,135	1,020,416				0
Retirement contribution increase		103,938	103,110	207,048				0
Health insurance increase		6,043	5,995	12,038				0
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)				0
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses	(5.00)			0				0
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget	22.50	9,063,708	1,774,864	10,838,572				0
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000				0
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)				0

Removes funding for fetal alcohol syndrome grant	(350,458)		(350,458)	0
Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(823,155)	70,500	(752,655)	0
Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	0
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)	0
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706	0
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500	0
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000	0
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000	0
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270	0
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	0
Adds funding for Capitol complex rent proposal	336,399		336,399	0
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	0

Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund			8,841	8,841					0
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund		35,205	(315,402)	(280,197)					0
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216	\$13,796,046	0.00	\$0	\$0	\$0	\$0
One-time funding items									
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses		\$45,441,323	\$38,790,738	\$84,232,061					0
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades		910,000	0	910,000					0
Adds one-time funding from the community health trust fund for statewide health strategies		0	3,000,000	3,000,000					0
Total one-time funding changes	0.00	\$46,351,323	\$41,790,738	\$88,142,061	0.00	\$0	\$0	\$0	\$0
Total Changes to Base Level Funding	17.50	\$52,609,153	\$49,328,954	\$101,938,107	0.00	\$0	\$0	\$0	\$0
2021-23 Total Funding	221.50	\$88,879,743	\$171,280,633	\$260,160,376	204.00	\$36,270,590	\$121,951,679	\$158,222,269	
<i>Total ongoing changes as a percentage of base level</i>	8.6%	17.3%	6.2%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Total changes as a percentage of base level</i>	8.6%	145.0%	40.4%	64.4%	0.0%	0.0%	0.0%	0.0%	0.0%

Other Sections in State Department of Health - Budget No. 301

	Executive Budget Recommendation	Senate Version
Insurance tax distribution fund	Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	

Other Sections in State Department of Health - Budget No. 301

Borrowing authority

Executive Budget Recommendation

Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.

Senate Version

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6642

21.0286.01001
Title.

Prepared by the Legislative Council staff for
Senator Mathern

February 12, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; and to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council"

Page 2, after line 24, insert:

"SECTION 6. AMENDMENT. Section 23-01-02 of the North Dakota Century Code is amended and reenacted as follows:

23-01-02. Health council - Members, terms of office, vacancies, compensation, officers, meetings.

The health council consists of nine members appointed by the governor including four persons from the health care field, and five persons representing consumer interests. The governor may select members to the council from recommendations submitted by trade, professional, and consumer organizations. On the expiration of the term of any member, the governor, in the manner provided by this section, shall appoint for a term of three years, persons to take the place of members whose terms on the council are about to expire. The officers of the council must be elected annually. Any state agency may serve in an advisory capacity to the health council at the discretion of the council. The council shall meet at least twice each year and at other times as the council or its chairman may direct. The health council shall have as standing committees any committees the council may find necessary. The chairman of the council shall select the members of these committees. The members of the council are entitled to receive ~~sixty-two dollars and fifty cents~~ as compensation per day at the rate set for a member of the legislative assembly under subsection 1 of section 54-03-20 and their necessary mileage and travel expenses as provided in sections 44-08-04 and 54-06-09 while attending council meetings or in the performance of any special duties as the council may direct. The per diem and expenses must be audited and paid in the manner in which the expenses of state officers are audited and paid. The compensation provided for in this section may not be paid to any member of the council who received salary or other compensation as a regular employee of the state, or any of its political subdivisions, or any institution or industry operated by the state."

Renumber accordingly

February 12, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; and to provide for a legislative management study"

Page 2, after line 24, insert:

"SECTION 6. LEGISLATIVE MANAGEMENT STUDY - STATE DEPARTMENT OF HEALTH. During the 2021-22 interim, the legislative management shall consider studying the roles of the state health officer, health council, medical advisory board, and governor as they relate to the administration of the state department of health. The study must include consideration of the role of the health council if the governor seeks to terminate the appointment of the state health officer or to adjust the salary of or take punitive action against the state health officer. Additionally, the study must include whether the orders of the state health officer regarding public health directives have primacy over orders issued by the governor. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/16/2021
Department of Health Sub-committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the sub-committee at 11:17 a.m.

Senators present: **Sorvaag, Bekkedahl and Mathern.**

Discussion Topics:

- Federal Funding
- Health Strategies
- FTE's

Brenda Weisz, Chief Financial Officer, Department of Health, answered questions of the sub-committee.

Dr. Christie Massen, State Public Health Lab Director, answered questions of the sub-committee.

Kim Mertz, Healthy and Safe Communities, answered questions of the sub-committee.

Senator Mathern moved to add 'Health Strategies'
Motion Dies – Lack of second

Senator Bekkedahl moves to make groups 1 & 2 'Full Time Employees' and groups 3 & 4 'Full Time Temporary Employees'.

Senator Mathern seconded the motion.

Motion Passed 3-0-0

Sheila Sandness, Fiscal Analyst, Legislative Council, submitted testimony #6755.

Senator Bekkedahl moves to transfer one-time funding item.

Senator Mathern seconded the motion.

Motion Passed 3-0-0

Senator Sorvaag closed the hearing at 12:00 p.m.

Skyler Strand, Clerk

State Department of Health - Budget No. 301
Senate Bill No. 2004
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269	0.00	\$0	\$0	\$0
2021-23 Ongoing Funding Changes												
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910		(\$1,839,117)	\$5,356,027	\$3,516,910				\$0
Salary increase		512,281	508,135	1,020,416		500,723	502,492	1,003,215		(11,558)	(5,643)	(17,201)
Retirement contribution increase		103,938	103,110	207,048				0		(103,938)	(103,110)	(207,048)
Health insurance increase		6,043	5,995	12,038		6,072	6,015	12,087		29	20	49
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)		1,890,945	(2,241,952)	(351,007)				0
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses (The Senate transferred 4 FTE positions)	(5.00)			0	(4.00)	2,135	17,643	19,778	1.00	2,135	17,643	19,778
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget	22.50	9,063,708	1,774,864	10,838,572	22.50	4,459,766	6,378,806	10,838,572		(4,603,942)	4,603,942	0
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000		(1,108,000)	1,196,000	88,000				0
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)		(362,706)		(362,706)				0
Removes funding for fetal alcohol syndrome grant		(350,458)		(350,458)				0		350,458		350,458
Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund		(823,155)	70,500	(752,655)		(823,155)	70,500	(752,655)				0
Adds funding to maintain the number of available professional state loan repayment program				0		585,000		585,000		585,000		585,000

Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	(1,060,000)	1,060,000	0						
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)		(975,000)	(975,000)					0	
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706		312,706	312,706					0	
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500		327,500	327,500					0	
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000		200,000	200,000					0	
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000		100,000	100,000					0	
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270	105,270		105,270					0	
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	21,542	69,891	91,433					0	
Adds funding for Capitol complex rent proposal	336,399		336,399			0		(336,399)			(336,399)	
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	(274,065)	(22,999)	(297,064)					0	
Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund		8,841	8,841		8,841	8,841					0	
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund	35,205	(315,402)	(280,197)	35,205	(315,402)	(280,197)					0	
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216	\$13,796,046	18.50	\$2,139,615	\$12,051,068	\$14,190,683	1.00	(\$4,118,215)	\$4,512,852	\$394,637
One-time funding items												
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses		\$45,441,323	\$38,790,738	\$84,232,061		4,747,045	79,485,016	84,232,061		(40,694,278)	40,694,278	0
Adds funding from federal funds for increased effort related to COVID-19				0			11,644,708	11,644,708			11,644,708	11,644,708
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades		910,000		910,000		910,000		910,000				0

Adds one-time funding from the community health trust fund for statewide health strategies			3,000,000	3,000,000		3,000,000	3,000,000				0	
Total one-time funding changes	0.00	\$46,351,323	\$41,790,738	\$88,142,061	0.00	\$5,657,045	\$94,129,724	\$99,786,769	0.00	(\$40,694,278)	\$52,338,986	\$11,644,708
Total Changes to Base Level Funding	17.50	\$52,609,153	\$49,328,954	\$101,938,107	18.50	\$7,796,660	\$106,180,792	\$113,977,452	1.00	(\$44,812,493)	\$56,851,838	\$12,039,345
2021-23 Total Funding	221.50	\$88,879,743	\$171,280,633	\$260,160,376	222.50	\$44,067,250	\$228,132,471	\$272,199,721	1.00	(\$44,812,493)	\$56,851,838	\$12,039,345
<i>Total ongoing changes as a percentage of base level</i>	8.6%	17.3%	6.2%	8.7%	9.1%	5.9%	9.9%	9.0%				
<i>Total changes as a percentage of base level</i>	8.6%	145.0%	40.4%	64.4%	9.1%	21.5%	87.1%	72.0%				

Other Sections in State Department of Health - Budget No. 301

	<u>Executive Budget Recommendation</u>	<u>Senate Version</u>
Insurance tax distribution fund	Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	Section 3 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.
Borrowing authority	Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.	
Tobacco prevention and control trust fund		This section is removed from the base budget.
Community health trust fund		This section is amended to identify funding provided from the community health trust fund.
Health Council compensation		A section is added to amend Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.
Legislative Management Study - Health Council Authority		A section is added to provide for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
2/17/2021
Department of Health Sub-committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the sub-committee at 11:31 a.m.

Senators present: **Sorvaag, Bekkedahl and Mathern.**

Discussion Topics:

- Budget changes

Sheila Sandness, Legislative Council, presented the Council's long worksheet and went over the changes to the budget. Testimony #6824.

Senator Sorvaag closed the hearing at 11:44 a.m.

Rose Laning, Committee Clerk

State Department of Health - Budget No. 301
 Senate Bill No. 2004
 Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Position	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269	0.00	\$0	\$0	\$0
2021-23 Ongoing Funding Changes												
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910		(\$1,839,117)	\$5,356,027	\$3,516,910				\$0
Salary increase		512,281	508,135	1,020,416		500,723	502,492	1,003,215		(11,558)	(5,643)	(17,201)
Retirement contribution increase		103,938	103,110	207,048				0		(103,938)	(103,110)	(207,048)
Health insurance increase		6,043	5,995	12,038		6,072	6,015	12,087		29	20	49
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)		1,890,945	(2,241,952)	(351,007)				0
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses (The Senate transferred 4 FTE positions)	(5.00)			0	(4.00)	2,135	17,643	19,778	1.00	2,135	17,643	19,778
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget (The Senate added 12.5 FTE positions and 10 temporary positions)	22.50	9,063,708	1,774,864	10,838,572	12.50	4,459,766	6,378,806	10,838,572	(10.00)	(4,603,942)	4,603,942	0
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000		(1,108,000)	1,196,000	88,000				0
Increases funding from the community health trust fund for tobacco prevention grants to local public health units				0			323,500	323,500			323,500	323,500
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)		(362,706)		(362,706)				0
Removes funding for fetal alcohol syndrome grant		(350,458)		(350,458)				0		350,458		350,458

Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(823,155)	70,500	(752,655)	(823,155)	70,500	(752,655)					0	
Adds funding to maintain the number of slots available in professional state loan repayment programs			0	585,000		585,000	585,000				585,000	
Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	(1,060,000)	1,060,000	0					0	
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)		(975,000)	(975,000)					0	
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706		312,706	312,706					0	
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500		327,500	327,500					0	
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000		200,000	200,000					0	
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000		100,000	100,000					0	
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270	105,270		105,270					0	
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	21,542	69,891	91,433					0	
Adds funding for Capitol complex rent proposal	336,399		336,399			0	(336,399)				(336,399)	
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	(274,065)	(22,999)	(297,064)					0	
Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund		8,841	8,841		8,841	8,841					0	
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund	35,205	(315,402)	(280,197)	35,205	(315,402)	(280,197)					0	
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216	\$13,796,046	8.50	\$2,139,615	\$12,374,568	\$14,514,183	(9.00)	(\$4,118,215)	\$4,836,352	\$718,137

One-time funding items

Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response (The Senate provided \$4.52 million from the community health trust fund)	\$45,441,323	\$38,790,738	\$84,232,061	4,747,045	79,485,016	84,232,061	(40,694,278)	40,694,278	0			
Adds funding from federal funds for increased effort related to COVID-19			0		11,644,708	11,644,708		11,644,708	11,644,708			
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades	910,000		910,000	910,000		910,000			0			
Adds one-time funding from the community health trust fund for statewide health strategies		3,000,000	3,000,000			0		(3,000,000)	(3,000,000)			
COVID-19 Line of Credit			0		25,000,000	25,000,000		25,000,000	25,000,000			
Total one-time funding changes	0.00	\$46,351,323	\$41,790,738	\$88,142,061	0.00	\$5,657,045	\$116,129,724	\$121,786,769	0.00	(\$40,694,278)	\$74,338,986	\$33,644,708
Total Changes to Base Level Funding	17.50	\$52,609,153	\$49,328,954	\$101,938,107	8.50	\$7,796,660	\$128,504,292	\$136,300,952	(9.00)	(\$44,812,493)	\$79,175,338	\$34,362,845
2021-23 Total Funding	221.50	\$88,879,743	\$171,280,633	\$260,160,376	212.50	\$44,067,250	\$250,455,971	\$294,523,221	(9.00)	(\$44,812,493)	\$79,175,338	\$34,362,845
Total ongoing changes as a percentage of base level	8.6%	17.3%	6.2%	8.7%	4.2%	5.9%	10.1%	9.2%				
Total changes as a percentage of base level	8.6%	145.0%	40.4%	64.4%	4.2%	21.5%	105.4%	86.1%				

Other Sections in State Department of Health - Budget No. 301

	<u>Executive Budget Recommendation</u>	<u>Senate Version</u>
Borrowing authority	Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.	Section 3 allows the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.
Insurance tax distribution fund	Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	Section 4 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.
Tobacco prevention and control trust fund		This section is removed from the base budget.
Community health trust fund		Section 5 is amended to identify funding provided from the community health trust fund.

Other Sections in State Department of Health - Budget No. 301

Executive Budget Recommendation

Senate Version

Health Council compensation

Section 6 is added to amend Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.

Legislative Management Study - Health Council Authority

Section 7 is added to provide for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2004
2/18/2021

Senate Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Chairman Holmberg opened the hearing at 8:33 a.m.

Senators present: **Holmberg, Krebsbach, Wanzek, Bekkedahl, Poolman, Erbele, Dever, Oehlke, Rust, Davison, Hogue, Sorvaag, Mathern, and Heckaman.**

Senator Sorvaag presented amendment LC 21.0286.01003; testimony #6904.

Senator Sorvaag moved to adopt the amendment LC 21.0286.01003
Senator Bekkedahl seconded the motion

Senators		Senators	
<i>Senator Holmberg</i>	Y	<i>Senator Hogue</i>	Y
<i>Senator Krebsbach</i>	Y	<i>Senator Oehlke</i>	Y
<i>Senator Wanzek</i>	Y	<i>Senator Poolman</i>	Y
<i>Senator Bekkedahl</i>	Y	<i>Senator Rust</i>	Y
<i>Senator Davison</i>	Y	<i>Senator Sorvaag</i>	Y
<i>Senator Dever</i>	Y	<i>Senator Heckaman</i>	Y
<i>Senator Erbele</i>	Y	<i>Senator Mathern</i>	Y

Motion Passes 14-0-0.

Senator Sorvaag moved DO PASS AS AMENDED
Senator Dever seconded the motion

Senators		Senators	
<i>Senator Holmberg</i>	Y	<i>Senator Hogue</i>	Y
<i>Senator Krebsbach</i>	Y	<i>Senator Oehlke</i>	Y
<i>Senator Wanzek</i>	Y	<i>Senator Poolman</i>	Y
<i>Senator Bekkedahl</i>	Y	<i>Senator Rust</i>	Y
<i>Senator Davison</i>	Y	<i>Senator Sorvaag</i>	Y
<i>Senator Dever</i>	Y	<i>Senator Heckaman</i>	Y
<i>Senator Erbele</i>	Y	<i>Senator Mathern</i>	Y

Motion Passes 14-0-0.

Senator Sorvaag will carry the bill.

Chairman Holmberg closed the hearing at 8:55 a.m.

Rose Laning, Committee Clerk

21061
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PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study"

Page 1, replace lines 10 through 24 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
Operating expenses	32,398,526	(2,063,983)	30,334,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	508,177	13,410,241
Women, infants, and children food payments	19,780,000	120,000	19,900,000
COVID-19	<u>0</u>	<u>106,813,177</u>	<u>106,813,177</u>
Total all funds	\$158,222,269	\$111,374,452	\$269,596,721
Less estimated income	<u>121,951,679</u>	<u>103,577,792</u>	<u>225,529,471</u>
Total general fund	\$36,270,590	\$7,796,660	\$44,067,250
Full-time equivalent positions	204.00	8.50	212.50"

Page 2, line 1, after "FUNDING" insert "- EFFECT ON BASE BUDGET - REPORT TO SIXTY-EIGHTH LEGISLATIVE ASSEMBLY"

Page 2, line 2, after "biennium" insert "and the 2021-23 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 9 with:

"Microbiology laboratory capital improvements	\$1,220,000	\$0
Microbiology laboratory technology upgrades	483,000	0
Women, infants, and children system upgrade	354,554	0
COVID-19 response	0	84,232,061
COVID-19 increased effort	0	11,644,708
Forensic examiner upgrades	<u>0</u>	<u>910,000</u>
Total all funds	\$2,057,554	\$96,786,769
Less estimated income	<u>1,967,554</u>	<u>91,129,724</u>
Total general fund	\$90,000	\$5,657,045

The 2021-23 biennium one-time funding amounts are not a part of the entity's base budget for the 2023-25 biennium. The state department of health shall report to the appropriations committees of the sixty-eighth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2021, and ending June 30, 2023.

SECTION 3. COVID-19 BORROWING AUTHORITY - APPROPRIATION. The state department of health, subject to the approval of the emergency commission, may borrow up to \$25,000,000 from the Bank of North Dakota for the purposes of responding to the COVID-19 public health emergency. Any moneys borrowed from the Bank of North Dakota pursuant to this section are appropriated and may be spent by the state department of health for testing, contact tracing, and other costs related to

responding and mitigating the COVID-19 public health emergency for the biennium beginning July 1, 2021, and ending June 30, 2023. If the state department of health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation from the sixty-eighth legislative assembly sufficient for repayment of the amount borrowed plus interest. The funding in this section is considered one-time funding."

Page 2, remove lines 13 through 17

Page 2, line 19, replace "\$10,824,000" with "\$18,337,620"

Page 2, line 20, remove ". Of this amount, \$200,000 is for the behavioral health loan repayment program,"

Page 2, replace lines 21 through 24 with:

"for the following programs:

Behavioral risk factor survey	\$200,000
Behavioral health loan repayment	234,500
Domestic violence prevention	300,000
Women's way	329,500
Dentists' loan repayment	360,000
Local public health state aid	525,000
Cancer programs	580,324
Local public health pandemic response grants	4,515,296
Tobacco prevention and control	5,043,000
Tobacco prevention and control grants to local public health units	<u>6,250,000</u>
Total community health trust fund	\$18,337,620

SECTION 6. AMENDMENT. Section 23-01-02 of the North Dakota Century Code is amended and reenacted as follows:

23-01-02. Health council - Members, terms of office, vacancies, compensation, officers, meetings.

The health council consists of nine members appointed by the governor including four persons from the health care field, and five persons representing consumer interests. The governor may select members to the council from recommendations submitted by trade, professional, and consumer organizations. On the expiration of the term of any member, the governor, in the manner provided by this section, shall appoint for a term of three years, persons to take the place of members whose terms on the council are about to expire. The officers of the council must be elected annually. Any state agency may serve in an advisory capacity to the health council at the discretion of the council. The council shall meet at least twice each year and at other times as the council or its chairman may direct. The health council shall have as standing committees any committees the council may find necessary. The chairman of the council shall select the members of these committees. The members of the council are entitled to receive ~~sixty-two dollars and fifty cents~~ as compensation per day at the rate set for a member of the legislative assembly under subsection 1 of section 54-03-20 and their necessary mileage and travel expenses as provided in sections 44-08-04 and 54-06-09 while attending council meetings or in the performance of any special duties as the council may direct. The per diem and expenses must be audited and paid in the manner in which the expenses of state officers are audited and paid. The compensation provided for in this section may not be paid to any member of the council who received salary or other compensation as a

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regular employee of the state, or any of its political subdivisions, or any institution or industry operated by the state.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - STATE DEPARTMENT OF HEALTH. During the 2021-22 interim, the legislative management shall consider studying the roles of the state health officer, health council, medical advisory board, and governor as they relate to the administration of the state department of health. The study must include consideration of the role of the health council if the governor seeks to terminate the appointment of the state health officer or to adjust the salary of or take punitive action against the state health officer. Additionally, the study must include whether the orders of the state health officer regarding public health directives have primacy over orders issued by the governor. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
Operating expenses	32,398,526	(2,063,983)	30,334,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	508,177	13,410,241
WIC food payments	19,780,000	120,000	19,900,000
COVID 19		106,813,177	106,813,177
COVID 19 Line of Credit		25,000,000	25,000,000
Total all funds	\$158,222,269	\$136,374,452	\$294,596,721
Less estimated income	121,951,679	128,577,792	250,529,471
General fund	\$36,270,590	\$7,796,660	\$44,067,250
FTE	204.00	8.50	212.50

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Decreases Funding for Salaries and Wages ³	Increases Funding for Life, Safety, Construction Plans Review ⁴	Transfers FTE for IT Unification ⁵	Adds Positions Related to COVID-19 Response ⁶
Salaries and wages	\$3,440,720	\$889,512	(\$362,706)	\$312,706	(\$756,584)	
Operating expenses					806,896	
Capital assets						
Grants						
Tobacco prevention	76,190	27,954			(30,534)	
WIC food payments						
COVID 19		97,836				\$10,838,572
COVID 19 Line of Credit						
Total all funds	\$3,516,910	\$1,015,302	(\$362,706)	\$312,706	\$19,778	\$10,838,572
Less estimated income	5,356,027	508,507	0	312,706	17,643	6,378,806
General fund	(\$1,839,117)	\$506,795	(\$362,706)	\$0	\$2,135	\$4,459,766
FTE	0.00	0.00	0.00	0.00	(4.00)	12.50

	Adjusts Funding for Cost to Continue⁷	Adjusts Funding for Tobacco Prevention and Control⁸	Increases Funding for Local Public Health Unit Tobacco Prevention Grants⁹	Adjusts Funding for Professional State Loan Repayment Programs¹⁰	Adjusts Funding for an Increase in the Federal Indirect Rate¹¹	Decreases Funding from Private Foundations¹²
Salaries and wages						
Operating expenses	(\$2,710,082)					(\$745,000)
Capital assets						
Grants	2,289,508			(\$167,655)		(230,000)
Tobacco prevention	(50,433)	\$88,000	\$397,000			
WIC food payments	120,000					
COVID 19						
COVID 19 Line of Credit						
Total all funds	(\$351,007)	\$88,000	\$397,000	(\$167,655)	\$0	(\$975,000)
Less estimated income	(2,241,952)	1,196,000	397,000	70,500	1,060,000	(975,000)
General fund	\$1,890,945	(\$1,108,000)	\$0	(\$238,155)	(\$1,060,000)	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	Adds Funding for Automatic External Defibrillators¹³	Adds Funding for State Laboratory Equipment¹⁴	Adds Funding for Grants to Long-Term Care Facilities¹⁵	Increases Funding for Forensic Examiner Contract¹⁶	Increases Funding for Microsoft Office 365 Licenses¹⁷	Decreases Funding for Bond and Capital Payments¹⁸
Salaries and wages						
Operating expenses	\$327,500			\$105,270	\$91,433	
Capital assets		\$200,000				(\$297,064)
Grants			\$100,000			
Tobacco prevention						
WIC food payments						
COVID 19						
COVID 19 Line of Credit						
Total all funds	\$327,500	\$200,000	\$100,000	\$105,270	\$91,433	(\$297,064)
Less estimated income	327,500	200,000	100,000	0	69,891	(22,999)
General fund	\$0	\$0	\$0	\$105,270	\$21,542	(\$274,065)
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	Adjusts Funding for Extraordinary Repairs¹⁹	Adjusts Funding for Equipment and IT Equipment²⁰	Adds One-Time Funding for COVID-19 Response²¹	Adds One-Time Funding for Increased Effort Related to COVID-19²²	Adds One-Time Funding for Forensic Examiner Upgrades²³	Adds BND Borrowing Authority for COVID-19 Response²⁴
Salaries and wages						
Operating expenses					\$60,000	
Capital assets	\$8,841	(\$280,197)			850,000	
Grants						
Tobacco prevention						
WIC food payments						
COVID 19			\$84,232,061	\$11,644,708		
COVID 19 Line of Credit						\$25,000,000
Total all funds	\$8,841	(\$280,197)	\$84,232,061	\$11,644,708	\$910,000	\$25,000,000
Less estimated income	8,841	(315,402)	79,485,016	11,644,708	0	25,000,000
General fund	\$0	\$35,205	\$4,747,045	\$0	\$910,000	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

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	Total Senate Changes
Salaries and wages	\$3,523,648
Operating expenses	(2,063,983)
Capital assets	481,580
Grants	1,991,853
Tobacco prevention	508,177
WIC food payments	120,000
COVID 19	106,813,177
COVID 19 Line of Credit	25,000,000
Total all funds	\$136,374,452
Less estimated income	128,577,792
General fund	\$7,796,660
 FTE	 8.50

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2021-23 biennium salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month:

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
Salary increase	\$500,723	\$502,492	\$1,003,215
Health insurance increase	6,072	6,015	12,087
Total	\$506,795	\$508,507	\$1,015,302

³ Funding is decreased for salaries and wages. The department may determine the specific areas to reduce.

⁴ Funding for costs related to the plans review program within the Life, Safety, and Construction Division is increased.

⁵ Four FTE information technology (IT) positions are transferred to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and tobacco prevention, and an increase in operating expenses.

⁶ Funding for COVID-19 response is added to the COVID-19 line item in the department's budget as follows:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
12.5 FTE positions	\$354,336	\$1,798,907	\$2,153,243
10 temporary positions	436,496	1,402,653	1,839,149
Other operating expenses	<u>3,668,934</u>	<u>3,177,246</u>	<u>6,846,180</u>
Total	\$4,459,766	\$6,378,806	\$10,838,572

The 12.5 FTE positions added include:

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	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
1.00 FTE research analyst IV position - Fiscal and Operations	\$133,786	\$85,794	\$219,580
1.00 FTE account/budget specialist II position - Fiscal and Operations	0	172,724	172,724
1.00 FTE research analyst II position - Fiscal and Operations	68,600	85,796	154,396
1.00 FTE epidemiologist II position - Medical Services	0	155,548	155,548
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE epidemiologist II position - Medical Services	0	186,628	186,628
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE administrative staff officer III position - Healthy and Safe Communities	0	171,376	171,376
0.50 FTE senior microbiologist position - Laboratory Services	0	135,494	135,494
1.00 FTE administrative assistant I position - Laboratory Services	0	135,691	135,691
1.00 FTE microbiologist I position - Laboratory Services	0	161,394	161,394
1.00 FTE laboratory technician I position - Laboratory Services	0	145,566	145,566
<u>1.00 FTE administrative staff officer II position - Health Resources</u>	<u>151,950</u>	<u>0</u>	<u>151,950</u>
12.50	\$354,336	\$1,798,907	\$2,153,243

⁷ Funding is adjusted for cost to continue, including a shift from professional fees to grants and adjustments to provide funding for certain items from the community health trust fund instead of the tobacco prevention and control trust fund.

⁸ Funding from the community health trust fund is increased for the tobacco prevention program, including funding for professional fees and grants.

⁹ Funding is increased for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund.

¹⁰ Funding for grants for professional state loan repayment programs is adjusted, including an increase in funding from the community health trust fund.

¹¹ Funding sources are adjusted for an increase in the federal indirect rate to support agencywide costs.

¹² Funding for professional services and grants related to private and foundation grant opportunities is reduced.

¹³ Funding from the Helmsley Charitable Trust is added for training to continue increased access to automatic external defibrillators for law enforcement.

¹⁴ Funding from fees is added to purchase equipment in the State Laboratory.

¹⁵ Funding from civil penalties collected by the department is added for grants for long-term care facility improvements.

¹⁶ Funding for the University of North Dakota forensic examiner contract is increased to provide a total of \$625,270.

¹⁷ Funding for Microsoft Office 365 licensing expenses is increased.

¹⁸ Funding for bond and capital payments is reduced to provide a total of \$221,393, of which \$183,882 is from the general fund.

¹⁹ Funding for extraordinary repairs is adjusted to provide a total of \$136,500, of which \$30,650 is from the general fund.

²⁰ Funding for IT equipment and equipment over \$5,000 is adjusted to provide a total of \$1,238,500, of which \$40,000 is from the general fund.

²¹ One-time funding, including federal funds and \$4,515,296 from the community health trust fund, is added for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses.

²² One-time funding from federal funds is added for increased effort required by federal grants related to COVID-19 response.

²³ One-time funding is added for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and IT upgrades.

²⁴ One-time funding is added to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota are appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If funds available to the State Department of Health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation to repay the amount borrowed plus interest.

This amendment also:

- Adds a section to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota and appropriates the funding for the purpose of responding to the COVID-19 public health emergency;
- Removes a section related to funding from the tobacco prevention and control trust fund;
- Amends a section related to funding from the community health trust fund;
- Adds a section to amend North Dakota Century Code Section 23-01-02 related to the compensation of members of the Health Council; and
- Adds a section to provide for a Legislative Management study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

REPORT OF STANDING COMMITTEE

SB 2004: 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). SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 2, after "health" insert "; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study"

Page 1, replace lines 10 through 24 with:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
Operating expenses	32,398,526	(2,063,983)	30,334,543
Capital assets	2,164,813	481,580	2,646,393
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Tobacco prevention	12,902,064	508,177	13,410,241
Women, infants, and children food payments	19,780,000	120,000	19,900,000
COVID-19	0	106,813,177	106,813,177
Total all funds	\$158,222,269	\$111,374,452	\$269,596,721
Less estimated income	121,951,679	103,577,792	225,529,471
Total general fund	\$36,270,590	\$7,796,660	\$44,067,250
Full-time equivalent positions	204.00	8.50	212.50"

Page 2, line 1, after "FUNDING" insert "- EFFECT ON BASE BUDGET - REPORT TO SIXTY-EIGHTH LEGISLATIVE ASSEMBLY"

Page 2, line 2, after "biennium" insert "and the 2021-23 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 9 with:

"Microbiology laboratory capital improvements	\$1,220,000	\$0
Microbiology laboratory technology upgrades	483,000	0
Women, infants, and children system upgrade	354,554	0
COVID-19 response	0	84,232,061
COVID-19 increased effort	0	11,644,708
Forensic examiner upgrades	0	910,000
Total all funds	\$2,057,554	\$96,786,769
Less estimated income	1,967,554	91,129,724
Total general fund	\$90,000	\$5,657,045

The 2021-23 biennium one-time funding amounts are not a part of the entity's base budget for the 2023-25 biennium. The state department of health shall report to the appropriations committees of the sixty-eighth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2021, and ending June 30, 2023.

SECTION 3. COVID-19 BORROWING AUTHORITY - APPROPRIATION.

The state department of health, subject to the approval of the emergency commission, may borrow up to \$25,000,000 from the Bank of North Dakota for the purposes of responding to the COVID-19 public health emergency. Any moneys borrowed from the Bank of North Dakota pursuant to this section are appropriated and may be spent by the state department of health for testing, contact tracing, and other costs related to responding and mitigating the COVID-19 public health emergency for the biennium beginning July 1, 2021, and ending June 30, 2023. If the state department of health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation from the sixty-eighth

legislative assembly sufficient for repayment of the amount borrowed plus interest.
The funding in this section is considered one-time funding."

Page 2, remove lines 13 through 17

Page 2, line 19, replace "\$10,824,000" with "\$18,337,620"

Page 2, line 20, remove ". Of this amount, \$200,000 is for the behavioral health loan
repayment program,"

Page 2, replace lines 21 through 24 with:

"for the following programs:

Behavioral risk factor survey	\$200,000
Behavioral health loan repayment	234,500
Domestic violence prevention	300,000
Women's way	329,500
Dentists' loan repayment	360,000
Local public health state aid	525,000
Cancer programs	580,324
Local public health pandemic response grants	4,515,296
Tobacco prevention and control	5,043,000
Tobacco prevention and control grants to local public health units	<u>6,250,000</u>
Total community health trust fund	\$18,337,620

SECTION 6. AMENDMENT. Section 23-01-02 of the North Dakota Century Code is amended and reenacted as follows:

23-01-02. Health council - Members, terms of office, vacancies, compensation, officers, meetings.

The health council consists of nine members appointed by the governor including four persons from the health care field, and five persons representing consumer interests. The governor may select members to the council from recommendations submitted by trade, professional, and consumer organizations. On the expiration of the term of any member, the governor, in the manner provided by this section, shall appoint for a term of three years, persons to take the place of members whose terms on the council are about to expire. The officers of the council must be elected annually. Any state agency may serve in an advisory capacity to the health council at the discretion of the council. The council shall meet at least twice each year and at other times as the council or its chairman may direct. The health council shall have as standing committees any committees the council may find necessary. The chairman of the council shall select the members of these committees. The members of the council are entitled to receive ~~sixty-two dollars and fifty cents~~ as compensation per day at the rate set for a member of the legislative assembly under subsection 1 of section 54-03-20 and their necessary mileage and travel expenses as provided in sections 44-08-04 and 54-06-09 while attending council meetings or in the performance of any special duties as the council may direct. The per diem and expenses must be audited and paid in the manner in which the expenses of state officers are audited and paid. The compensation provided for in this section may not be paid to any member of the council who received salary or other compensation as a regular employee of the state, or any of its political subdivisions, or any institution or industry operated by the state.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - STATE DEPARTMENT OF HEALTH. During the 2021-22 interim, the legislative management shall consider studying the roles of the state health officer, health council, medical advisory board, and governor as they relate to the administration of the state department of health. The study must include consideration of the role of the health council if the governor seeks to terminate the appointment of the state health officer or to adjust the salary of or take punitive action against the state health

officer. Additionally, the study must include whether the orders of the state health officer regarding public health directives have primacy over orders issued by the governor. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

ReNUMBER accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
Operating expenses	32,398,526	(2,063,983)	30,334,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	508,177	13,410,241
WIC food payments	19,780,000	120,000	19,900,000
COVID 19		106,813,177	106,813,177
COVID 19 Line of Credit		25,000,000	25,000,000
Total all funds	\$158,222,269	\$136,374,452	\$294,596,721
Less estimated income	121,951,679	128,577,792	250,529,471
General fund	\$36,270,590	\$7,796,660	\$44,067,250
FTE	204.00	8.50	212.50

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Decreases Funding for Salaries and Wages ³	Increases Funding for Life, Safety, Construction Plans Review ⁴	Transfers FTE for IT Unification ⁵	Adds Positions Related to COVID-19 Response ⁶
Salaries and wages	\$3,440,720	\$889,512	(\$362,706)	\$312,706	(\$756,584)	
Operating expenses					806,896	
Capital assets						
Grants						
Tobacco prevention	76,190	27,954			(30,534)	
WIC food payments						
COVID 19		97,836				\$10,838,572
COVID 19 Line of Credit						
Total all funds	\$3,516,910	\$1,015,302	(\$362,706)	\$312,706	\$19,778	\$10,838,572
Less estimated income	5,356,027	508,507	0	312,706	17,643	6,378,806
General fund	(\$1,839,117)	\$506,795	(\$362,706)	\$0	\$2,135	\$4,459,766
FTE	0.00	0.00	0.00	0.00	(4.00)	12.50

	Adjusts Funding for Cost to Continue ⁷	Adjusts Funding for Tobacco Prevention and Control ⁸	Increases Funding for Local Public Health Unit Tobacco Prevention Grants ⁹	Adjusts Funding for Professional State Loan Repayment Programs ¹⁰	Adjusts Funding for an Increase in the Federal Indirect Rate ¹¹	Decreases Funding for Private Foundations ¹²
Salaries and wages						
Operating expenses	(\$2,710,082)					(\$745,000)
Capital assets						
Grants	2,289,508			(\$167,655)		(230,000)
Tobacco prevention	(50,433)	\$88,000	\$397,000			
WIC food payments	120,000					
COVID 19						
COVID 19 Line of Credit						
Total all funds	(\$351,007)	\$88,000	\$397,000	(\$167,655)	\$0	(\$975,000)
Less estimated income	(2,241,952)	1,196,000	397,000	70,500	1,060,000	(975,000)
General fund	\$1,890,945	(\$1,108,000)	\$0	(\$238,155)	(\$1,060,000)	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adds Funding for Automatic External Defibrillators ¹³	Adds Funding for State Laboratory Equipment ¹⁴	Adds Funding for Grants to Long-Term Care Facilities ¹⁵	Increases Funding for Forensic Examiner Contract ¹⁶	Increases Funding for Microsoft Office 365 Licenses ¹⁷	Decreases Funding for Bond and Capital Payments ¹⁸
Salaries and wages						
Operating expenses	\$327,500			\$105,270	\$91,433	
Capital assets		\$200,000				(\$297,064)
Grants			\$100,000			
Tobacco prevention						
WIC food payments						
COVID 19						
COVID 19 Line of Credit						
Total all funds	\$327,500	\$200,000	\$100,000	\$105,270	\$91,433	(\$297,064)
Less estimated income	327,500	200,000	100,000	0	69,891	(22,999)
General fund	\$0	\$0	\$0	\$105,270	\$21,542	(\$274,065)
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Adjusts Funding for Extraordinary Repairs ¹⁹	Adjusts Funding for Equipment and IT Equipment ²⁰	Adds One-Time Funding for COVID-19 Response ²¹	Adds One-Time Funding for Increased Effort Related to COVID-19 ²²	Adds One-Time Funding for Forensic Examiner Upgrades ²³	Adds BND Borrowing Authority for COVID-19 Response ²⁴
Salaries and wages						
Operating expenses					\$60,000	
Capital assets	\$8,841	(\$280,197)			850,000	
Grants						
Tobacco prevention						
WIC food payments						
COVID 19			\$84,232,061	\$11,644,708		
COVID 19 Line of Credit						\$25,000,000
Total all funds	\$8,841	(\$280,197)	\$84,232,061	\$11,644,708	\$910,000	\$25,000,000
Less estimated income	8,841	(315,402)	79,485,016	11,644,708	0	25,000,000
General fund	\$0	\$35,205	\$4,747,045	\$0	\$910,000	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	\$3,523,648
Operating expenses	(2,063,983)
Capital assets	481,580
Grants	1,991,853
Tobacco prevention	508,177
WIC food payments	120,000
COVID 19	106,813,177
COVID 19 Line of Credit	25,000,000
Total all funds	\$136,374,452
Less estimated income	128,577,792
General fund	\$7,796,660
FTE	8.50

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2021-23 biennium salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month:

	General Fund	Other Funds	Total
Salary increase	\$500,723	\$502,492	\$1,003,215
Health insurance increase	6,072	6,015	12,087
Total	\$506,795	\$508,507	\$1,015,302

³ Funding is decreased for salaries and wages. The department may determine the specific areas to reduce.

⁴ Funding for costs related to the plans review program within the Life, Safety, and

Construction Division is increased.

⁵ Four FTE information technology (IT) positions are transferred to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and tobacco prevention, and an increase in operating expenses.

⁶ Funding for COVID-19 response is added to the COVID-19 line item in the department's budget as follows:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
12.5 FTE positions	\$354,336	\$1,798,907	\$2,153,243
10 temporary positions	436,496	1,402,653	1,839,149
Other operating expenses	<u>3,668,934</u>	<u>3,177,246</u>	<u>6,846,180</u>
Total	\$4,459,766	\$6,378,806	\$10,838,572

The 12.5 FTE positions added include:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
1.00 FTE research analyst IV position - Fiscal and Operations	\$133,786	\$85,794	\$219,580
1.00 FTE account/budget specialist II position - Fiscal and Operations	0	172,724	172,724
1.00 FTE research analyst II position - Fiscal and Operations	68,600	85,796	154,396
1.00 FTE epidemiologist II position - Medical Services	0	155,548	155,548
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE epidemiologist II position - Medical Services	0	186,628	186,628
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE administrative staff officer III position - Healthy and Safe Communities	0	171,376	171,376
0.50 FTE senior microbiologist position - Laboratory Services	0	135,494	135,494
1.00 FTE administrative assistant I position - Laboratory Services	0	135,691	135,691
1.00 FTE microbiologist I position - Laboratory Services	0	161,394	161,394
1.00 FTE laboratory technician I position - Laboratory Services	0	145,566	145,566
1.00 FTE administrative staff officer II position - Health Resources	<u>151,950</u>	<u>0</u>	<u>151,950</u>
12.50	\$354,336	\$1,798,907	\$2,153,243

⁷ Funding is adjusted for cost to continue, including a shift from professional fees to grants and adjustments to provide funding for certain items from the community health trust fund instead of the tobacco prevention and control trust fund.

⁸ Funding from the community health trust fund is increased for the tobacco prevention program, including funding for professional fees and grants.

⁹ Funding is increased for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund.

¹⁰ Funding for grants for professional state loan repayment programs is adjusted, including an increase in funding from the community health trust fund.

¹¹ Funding sources are adjusted for an increase in the federal indirect rate to support agencywide costs.

¹² Funding for professional services and grants related to private and foundation grant opportunities is reduced.

¹³ Funding from the Helmsley Charitable Trust is added for training to continue increased access to automatic external defibrillators for law enforcement.

¹⁴ Funding from fees is added to purchase equipment in the State Laboratory.

¹⁵ Funding from civil penalties collected by the department is added for grants for long-term care facility improvements.

¹⁶ Funding for the University of North Dakota forensic examiner contract is increased to provide a total of \$625,270.

¹⁷ Funding for Microsoft Office 365 licensing expenses is increased.

¹⁸ Funding for bond and capital payments is reduced to provide a total of \$221,393, of which \$183,882 is from the general fund.

¹⁹ Funding for extraordinary repairs is adjusted to provide a total of \$136,500, of which \$30,650 is from the general fund.

²⁰ Funding for IT equipment and equipment over \$5,000 is adjusted to provide a total of \$1,238,500, of which \$40,000 is from the general fund.

²¹ One-time funding, including federal funds and \$4,515,296 from the community health trust fund, is added for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses.

²² One-time funding from federal funds is added for increased effort required by federal grants related to COVID-19 response.

²³ One-time funding is added for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and IT upgrades.

²⁴ One-time funding is added to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota are appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If funds available to the State Department of Health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation to repay the amount borrowed plus interest.

This amendment also:

- Adds a section to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota and appropriates the funding for the purpose of responding to the COVID-19 public health emergency;
- Removes a section related to funding from the tobacco prevention and control trust fund;
- Amends a section related to funding from the community health trust fund;
- Adds a section to amend North Dakota Century Code Section 23-01-02 related to the compensation of members of the Health Council; and
- Adds a section to provide for a Legislative Management study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2004

Page 1, line 2, after "health" insert "; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study"

Page 1, replace lines 10 through 24 with:

"	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
Operating expenses	32,398,526	(2,063,983)	30,334,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	508,177	13,410,241
Women, infants, and children food payments	19,780,000	120,000	19,900,000
COVID-19	0	<u>106,813,177</u>	<u>106,813,177</u>
Total all funds	\$158,222,269	\$111,374,452	\$269,596,721
Less estimated income	<u>121,951,679</u>	<u>103,577,792</u>	<u>225,529,471</u>
Total general fund	\$36,270,590	\$7,796,660	\$44,067,250
Full-time equivalent positions	204.00	8.50	212.50"

Page 2, line 1, after "**FUNDING**" insert "**- EFFECT ON BASE BUDGET - REPORT TO SIXTY-EIGHTH LEGISLATIVE ASSEMBLY**"

Page 2, line 2, after "biennium" insert "and the 2021-23 biennium one-time funding items included in the appropriation in section 1 of this Act"

Page 2, replace lines 4 through 9 with:

"Microbiology laboratory capital improvements	\$1,220,000	\$0
Microbiology laboratory technology upgrades	483,000	0
Women, infants, and children system upgrade	354,554	0
COVID-19 response	0	84,232,061
COVID-19 increased effort	0	11,644,708
Forensic examiner upgrades	<u>0</u>	<u>910,000</u>
Total all funds	\$2,057,554	\$96,786,769
Less estimated income	<u>1,967,554</u>	<u>91,129,724</u>
Total general fund	\$90,000	\$5,657,045

The 2021-23 biennium one-time funding amounts are not a part of the entity's base budget for the 2023-25 biennium. The state department of health shall report to the appropriations committees of the sixty-eighth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2021, and ending June 30, 2023.

SECTION 3. COVID-19 BORROWING AUTHORITY - APPROPRIATION. The state department of health, subject to the approval of the emergency commission, may borrow up to \$25,000,000 from the Bank of North Dakota for the purposes of responding to the COVID-19 public health emergency. Any moneys borrowed from the Bank of North Dakota pursuant to this section are appropriated and may be spent by the state department of health for testing, contact tracing, and other costs related to

responding and mitigating the COVID-19 public health emergency for the biennium beginning July 1, 2021, and ending June 30, 2023. If the state department of health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation from the sixty-eighth legislative assembly sufficient for repayment of the amount borrowed plus interest. The funding in this section is considered one-time funding."

Page 2, remove lines 13 through 17

Page 2, line 19, replace "\$10,824,000" with "\$18,337,620"

Page 2, line 20, remove ". Of this amount, \$200,000 is for the behavioral health loan repayment program,"

Page 2, replace lines 21 through 24 with:

"for the following programs:

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Behavioral health loan repayment	234,500
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Tobacco prevention and control grants to local public health units	<u>6,250,000</u>
Total community health trust fund	\$18,337,620

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regular employee of the state, or any of its political subdivisions, or any institution or industry operated by the state.

SECTION 7. LEGISLATIVE MANAGEMENT STUDY - STATE DEPARTMENT OF HEALTH. During the 2021-22 interim, the legislative management shall consider studying the roles of the state health officer, health council, medical advisory board, and governor as they relate to the administration of the state department of health. The study must include consideration of the role of the health council if the governor seeks to terminate the appointment of the state health officer or to adjust the salary of or take punitive action against the state health officer. Additionally, the study must include whether the orders of the state health officer regarding public health directives have primacy over orders issued by the governor. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	\$37,719,574	\$3,523,648	\$41,243,222
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Capital assets	2,164,813	481,580	2,646,393
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WIC food payments	19,780,000	120,000	19,900,000
COVID 19		106,813,177	106,813,177
COVID 19 Line of Credit		25,000,000	25,000,000
Total all funds	\$158,222,269	\$136,374,452	\$294,596,721
Less estimated income	121,951,679	128,577,792	250,529,471
General fund	\$36,270,590	\$7,796,660	\$44,067,250
FTE	204.00	8.50	212.50

Department 301 - State Department of Health - Detail of Senate Changes

	Adjusts Funding for Base Payroll Changes ¹	Adds Funding for Salary and Benefit Increases ²	Decreases Funding for Salaries and Wages ³	Increases Funding for Life, Safety, Construction Plans Review ⁴	Transfers FTE for IT Unification ⁵	Adds Positions Related to COVID-19 Response ⁶
Salaries and wages	\$3,440,720	\$889,512	(\$362,706)	\$312,706	(\$756,584)	
Operating expenses					806,896	
Capital assets						
Grants						
Tobacco prevention	76,190	27,954			(30,534)	
WIC food payments						
COVID 19		97,836				\$10,838,572
COVID 19 Line of Credit						
Total all funds	\$3,516,910	\$1,015,302	(\$362,706)	\$312,706	\$19,778	\$10,838,572
Less estimated income	5,356,027	508,507	0	312,706	17,643	6,378,806
General fund	(\$1,839,117)	\$506,795	(\$362,706)	\$0	\$2,135	\$4,459,766
FTE	0.00	0.00	0.00	0.00	(4.00)	12.50

	Adjusts Funding for Cost to Continue⁷	Adjusts Funding for Tobacco Prevention and Control⁸	Increases Funding for Local Public Health Unit Tobacco Prevention Grants⁹	Adjusts Funding for Professional State Loan Repayment Programs¹⁰	Adjusts Funding for an Increase in the Federal Indirect Rate¹¹	Decreases Funding from Private Foundations¹²
Salaries and wages						
Operating expenses	(\$2,710,082)					(\$745,000)
Capital assets						
Grants	2,289,508			(\$167,655)		(230,000)
Tobacco prevention	(50,433)	\$88,000	\$397,000			
WIC food payments	120,000					
COVID 19						
COVID 19 Line of Credit						
Total all funds	(\$351,007)	\$88,000	\$397,000	(\$167,655)	\$0	(\$975,000)
Less estimated income	(2,241,952)	1,196,000	397,000	70,500	1,060,000	(975,000)
General fund	\$1,890,945	(\$1,108,000)	\$0	(\$238,155)	(\$1,060,000)	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	Adds Funding for Automatic External Defibrillators¹³	Adds Funding for State Laboratory Equipment¹⁴	Adds Funding for Grants to Long-Term Care Facilities¹⁵	Increases Funding for Forensic Examiner Contract¹⁶	Increases Funding for Microsoft Office 365 Licenses¹⁷	Decreases Funding for Bond and Capital Payments¹⁸
Salaries and wages						
Operating expenses	\$327,500			\$105,270	\$91,433	
Capital assets		\$200,000				(\$297,064)
Grants			\$100,000			
Tobacco prevention						
WIC food payments						
COVID 19						
COVID 19 Line of Credit						
Total all funds	\$327,500	\$200,000	\$100,000	\$105,270	\$91,433	(\$297,064)
Less estimated income	327,500	200,000	100,000	0	69,891	(22,999)
General fund	\$0	\$0	\$0	\$105,270	\$21,542	(\$274,065)
FTE	0.00	0.00	0.00	0.00	0.00	0.00
	Adjusts Funding for Extraordinary Repairs¹⁹	Adjusts Funding for Equipment and IT Equipment²⁰	Adds One- Time Funding for COVID-19 Response²¹	Adds One- Time Funding for Increased Effort Related to COVID-19²²	Adds One- Time Funding for Forensic Examiner Upgrades²³	Adds BND Borrowing Authority for COVID-19 Response²⁴
Salaries and wages						
Operating expenses					\$60,000	
Capital assets	\$8,841	(\$280,197)			850,000	
Grants						
Tobacco prevention						
WIC food payments						
COVID 19			\$84,232,061	\$11,644,708		
COVID 19 Line of Credit						\$25,000,000
Total all funds	\$8,841	(\$280,197)	\$84,232,061	\$11,644,708	\$910,000	\$25,000,000
Less estimated income	8,841	(315,402)	79,485,016	11,644,708	0	25,000,000
General fund	\$0	\$35,205	\$4,747,045	\$0	\$910,000	\$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

	Total Senate Changes
Salaries and wages	\$3,523,648
Operating expenses	(2,063,983)
Capital assets	481,580
Grants	1,991,853
Tobacco prevention	508,177
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Less estimated income	128,577,792
General fund	\$7,796,660
FTE	8.50

¹ Funding is adjusted for base payroll changes.

² The following funding is added for 2021-23 biennium salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month:

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
Salary increase	\$500,723	\$502,492	\$1,003,215
Health insurance increase	<u>6,072</u>	<u>6,015</u>	<u>12,087</u>
Total	\$506,795	\$508,507	\$1,015,302

³ Funding is decreased for salaries and wages. The department may determine the specific areas to reduce.

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⁵ Four FTE information technology (IT) positions are transferred to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and tobacco prevention, and an increase in operating expenses.

⁶ Funding for COVID-19 response is added to the COVID-19 line item in the department's budget as follows:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
12.5 FTE positions	\$354,336	\$1,798,907	\$2,153,243
10 temporary positions	436,496	1,402,653	1,839,149
Other operating expenses	<u>3,668,934</u>	<u>3,177,246</u>	<u>6,846,180</u>
Total	\$4,459,766	\$6,378,806	\$10,838,572

The 12.5 FTE positions added include:

		<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
1.00	FTE research analyst IV position - Fiscal and Operations	\$133,786	\$85,794	\$219,580
1.00	FTE account/budget specialist II position - Fiscal and Operations	0	172,724	172,724
1.00	FTE research analyst II position - Fiscal and Operations	68,600	85,796	154,396
1.00	FTE epidemiologist II position - Medical Services	0	155,548	155,548
1.00	FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00	FTE epidemiologist II position - Medical Services	0	186,628	186,628
1.00	FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00	FTE administrative staff officer III position - Healthy and Safe Communities	0	171,376	171,376
0.50	FTE senior microbiologist position - Laboratory Services	0	135,494	135,494
1.00	FTE administrative assistant I position - Laboratory Services	0	135,691	135,691
1.00	FTE microbiologist I position - Laboratory Services	0	161,394	161,394
1.00	FTE laboratory technician I position - Laboratory Services	0	145,566	145,566
<u>1.00</u>	FTE administrative staff officer II position - Health Resources	<u>151,950</u>	<u>0</u>	<u>151,950</u>
12.50		\$354,336	\$1,798,907	\$2,153,243

⁷ Funding is adjusted for cost to continue, including a shift from professional fees to grants and adjustments to provide funding for certain items from the community health trust fund instead of the tobacco prevention and control trust fund.

⁸ Funding from the community health trust fund is increased for the tobacco prevention program, including funding for professional fees and grants.

⁹ Funding is increased for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund.

¹⁰ Funding for grants for professional state loan repayment programs is adjusted, including an increase in funding from the community health trust fund.

¹¹ Funding sources are adjusted for an increase in the federal indirect rate to support agencywide costs.

¹² Funding for professional services and grants related to private and foundation grant opportunities is reduced.

¹³ Funding from the Helmsley Charitable Trust is added for training to continue increased access to automatic external defibrillators for law enforcement.

¹⁴ Funding from fees is added to purchase equipment in the State Laboratory.

¹⁵ Funding from civil penalties collected by the department is added for grants for long-term care facility improvements.

¹⁶ Funding for the University of North Dakota forensic examiner contract is increased to provide a total of \$625,270.

¹⁷ Funding for Microsoft Office 365 licensing expenses is increased.

¹⁸ Funding for bond and capital payments is reduced to provide a total of \$221,393, of which \$183,882 is from the general fund.

¹⁹ Funding for extraordinary repairs is adjusted to provide a total of \$136,500, of which \$30,650 is from the general fund.

²⁰ Funding for IT equipment and equipment over \$5,000 is adjusted to provide a total of \$1,238,500, of which \$40,000 is from the general fund.

²¹ One-time funding, including federal funds and \$4,515,296 from the community health trust fund, is added for costs related to COVID-19 response, including temporary salaries and wages, grants, and other operating expenses.

²² One-time funding from federal funds is added for increased effort required by federal grants related to COVID-19 response.

²³ One-time funding is added for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and IT upgrades.

²⁴ One-time funding is added to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota are appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If funds available to the State Department of Health does not have sufficient funds to repay the Bank of North Dakota, the department shall request a deficiency appropriation to repay the amount borrowed plus interest.

This amendment also:

- Adds a section to allow the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota and appropriates the funding for the purpose of responding to the COVID-19 public health emergency;
- Removes a section related to funding from the tobacco prevention and control trust fund;
- Amends a section related to funding from the community health trust fund;
- Adds a section to amend North Dakota Century Code Section 23-01-02 related to the compensation of members of the Health Council; and
- Adds a section to provide for a Legislative Management study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

2021 HOUSE APPROPRIATIONS

SB 2004

**Department 301 - State Department of Health
Senate Bill No. 2004**

Executive Budget Comparison to Prior Biennium Appropriations

	FTE Positions	General Fund	Other Funds	Total
2021-23 Executive Budget	221.50	\$88,879,743	\$171,280,633	\$260,160,376
2019-21 Legislative Appropriations ¹	204.00	36,360,590	123,919,233	160,279,823
Increase (Decrease)	17.50	\$52,519,153	\$47,361,400	\$99,880,553

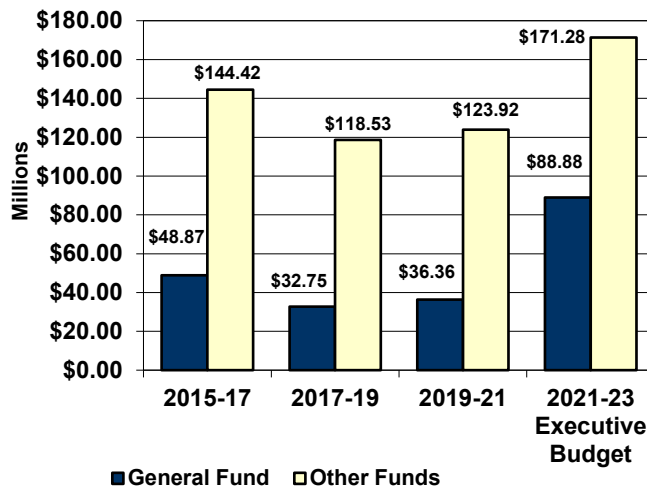
¹The 2019-21 biennium agency appropriation amounts have not been adjusted for the following:

- Additional federal and special funds authority of \$4,119,000 resulting from Emergency Commission action during the 2019-21 biennium; and
- Additional federal Coronavirus (COVID-19) funds authority of \$259,405,534 resulting from Emergency Commission action during the 2019-21 biennium.

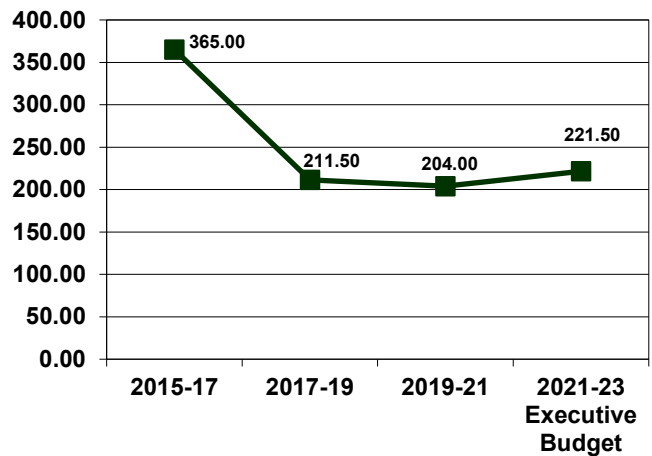
Ongoing and One-Time General Fund Appropriations

	Ongoing General Fund Appropriation	One-Time General Fund Appropriation	Total General Fund Appropriation
2021-23 Executive Budget	\$42,528,420	\$46,351,323	\$88,879,743
2019-21 Legislative Appropriations	36,270,590	90,000	36,360,590
Increase (Decrease)	\$6,257,830	\$46,261,323	\$52,519,153

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).

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2021-23 Executive Budget	\$88,879,743	\$171,280,633	\$260,160,376
2021-23 Base Level	36,270,590	121,951,679	158,222,269
Increase (Decrease)	\$52,609,153	\$49,328,954	\$101,938,107

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 \$260,209 is for salary increases, \$2,887 is for health insurance increases, and \$53,854 is for retirement contribution increases. Of this total \$20,804 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$249,161	\$67,789	\$316,950
2. Adjusts base payroll	(\$1,231,962)	\$2,318,089	\$1,086,127
3. Decreases funding for Food and Lodging Division temporary salaries and wages to meet the Governor's 85 percent budget	(\$50,000)	\$0	(\$50,000)
4. Adds 1 FTE research analyst IV, 1 FTE account/budget specialist II, and 2 FTE research analyst II positions, including salaries and wages totaling \$701,096 and operating expenses totaling \$151,852 to the COVID-19 line item. The Senate added 1 FTE research analyst IV, 1 FTE account/budget specialist II, and 1 FTE research analyst II positions, including salaries and wages totaling \$546,700 and operating expenses totaling \$151,852. The remaining position and related funding of \$154,396 was added as a temporary position. The Senate also adjusted the funding source for additional federal funding that has become available.	\$429,377	\$423,571	\$852,948
5. Decreases funding for cost to continue programs and funding source adjustments, including reductions in operating expenses of \$32,183 and grants of \$62,800, including a decrease in funding from the community health trust fund for the Behavioral Risk Factor State Survey of \$70,500	\$1,110,713	(\$1,205,696)	(\$94,983)
6. Adjusts funding source for an increase in the federal indirect rate to support agencywide costs	(\$1,060,000)	\$1,060,000	\$0
7. Increases funding for operating expenses for the information technology (IT) unification initiative. The Senate IT unification initiative increased operating expenses by \$806,896, including \$787,118 for base salaries and \$19,778 for salary and benefit increases related to the positions transferred.	\$197,657	\$774,997	\$972,654
8. Adds funding for operating expenses related to Microsoft Office 365 licensing expenses	\$21,542	\$69,891	\$91,433
9. Adds funding for operating expenses for the state agency Capitol complex rent proposal. The Senate did not add funding for the Capitol complex rent proposal.	\$336,399	\$0	\$336,399
10. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$162,596 and operating expenses totaling \$262,176. The Senate reduced funding from the general fund for one-time COVID-19 response and increased funding from federal funds agencywide to reflect additional federal funding that has become available.	\$370,899	\$53,873	\$424,772
Medical Services			
11. Adds funding for state employee salary and benefit increases, of which \$178,986 is for salary increases, \$2,003 is for health insurance increases, and \$35,822 is for retirement contribution increases. Of this total \$29,786 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$94,313	\$122,498	\$216,811

12. Adjusts base payroll	\$85,459	\$962,121	\$1,047,580
13. Transfers 1 FTE data processing coordinator III position to the Information Technology Department (ITD) for the IT unification initiative	(\$2,327)	(\$230,577)	(\$232,904)
14. Adds 1 FTE administrative assistant II, 2 FTE health/human services program administrator III, and 3 FTE epidemiologist II positions, including salaries and wages totaling \$1,012,700 and operating expenses totaling \$4,059,678 to the COVID-19 line item. The Senate added 2 FTE health/human services program administrator III, and 2 FTE epidemiologist II positions, including salaries and wages totaling \$705,072 and operating expenses totaling \$4,059,678. The remaining positions and related funding of \$307,628 were added as temporary positions. The Senate also adjusted the funding source for additional federal funding that has become available.	\$4,205,267	\$867,111	\$5,072,378
15. Increases funding for cost to continue program adjustments, including a decrease in operating expenses of \$907,227 and an increase in grants of \$1,261,417. Adjustments include a shift from professional fees to grants.	\$180,843	\$173,347	\$354,190
16. Increases funding for operating expenses related to the University of North Dakota forensic examiner contract to provide a total of \$625,270 for contract services	\$105,270	\$0	\$105,270
17. Adjusts funding for bond and capital payments to provide a total of \$76,765 from the general fund	(\$133,782)	(\$21,726)	(\$155,508)
18. Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and IT upgrades	\$910,000	\$0	\$910,000
19. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$11,899,090, operating expenses totaling \$1,756,600, and grants totaling \$2,049,000. The Senate reduced funding from the general fund for one-time COVID-19 response and increased funding from federal funds agencywide to reflect additional federal funding that has become available.	\$5,621,053	\$10,083,637	\$15,704,690

Healthy and Safe Communities

20. Adds funding for state employee salary and benefit increases, of which \$226,287 is for salary increases, \$2,567 is for health insurance increases, and \$45,511 is for retirement contribution increases. Of this total \$33,790 is related to tobacco prevention and control and \$15,173 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$64,957	\$209,408	\$274,365
21. Adjusts base payroll, including increases in salaries and wages of \$172,634 and in the tobacco prevention and control line item of \$76,190	(\$551,709)	\$800,533	\$248,824
22. Transfers 1 FTE data processing coordinator III position to ITD for the IT unification initiative, resulting in decreases in salaries and wages of \$173,016 and in the tobacco prevention and control line item of \$30,534	(\$39,426)	(\$164,124)	(\$203,550)
23. Adds 3 FTE administrative staff officer III positions, including salaries and wages totaling \$514,126 and operating expenses totaling \$30,639 to the COVID-19 line item. The Senate added 1 FTE administrative staff officer III position, including salaries and wages totaling \$171,376 and operating expenses totaling \$30,639. The remaining positions and related funding of \$342,750 were added as temporary positions. The Senate also adjusted the funding source for additional federal funding that has become available.	\$544,765	\$0	\$544,765

24. Increases funding for cost to continue program adjustments, including decreases in operating expenses (\$2,067,778) and tobacco prevention and control (\$50,433) and increases in grants and Women, Infants, and Children food payments of \$2,427,178 and \$120,000, respectively. Adjustments include a shift from professional fees to grants and adjustments to fund cancer programs (\$580,324), domestic violence prevention (\$300,000), and local public health state aid grants (\$525,000) from the community health trust fund instead of the tobacco prevention and control trust fund.	\$555,385	(\$126,418)	\$428,967
25. Decreases funding for operating expenses related to private and foundation grant opportunities	\$0	(\$515,000)	(\$515,000)
26. Removes funding for equipment over \$5,000	(\$4,795)	(\$8,402)	(\$13,197)
27. Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund. The Senate added \$585,000 from the general fund to maintain the number of slots available in professional state loan repayment programs for a net reduction of \$238,155 from the general fund for state loan repayment programs.	(\$823,155)	\$70,500	(\$752,655)
28. Removes funding for a fetal alcohol syndrome grant. The Senate did not remove funding for the fetal alcohol syndrome grant.	(\$350,458)	\$0	(\$350,458)
29. Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the program to provide a total of \$10,896,000 from the community health trust fund for tobacco prevention and control. The Senate increased funding from the community health trust fund by \$397,000 for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund.	(\$1,108,000)	\$1,196,000	\$88,000
30. Adds one-time funding , including \$5,000,000 from the community health trust fund and \$4,175,704 from federal funds, to the COVID-19 line item for grants related to COVID-19 response. Funding from the community health trust fund is provided for grants to local public health pandemic response. The Senate reduced funding from the general fund and the community health trust fund for one-time COVID-19 response and increased funding from federal funds agencywide to reflect additional federal funding that has become available. The Senate provided \$4,515,296 from the community health trust fund for one-time COVID-19 response.	\$2,424,296	\$9,175,704	\$11,600,000

Laboratory Services

31. Adds funding for state employee salary and benefit increases, of which \$108,211 is for salary increases, \$1,362 is for health insurance increases, and \$22,272 is for retirement contribution increases. Of this total \$33,871 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$117,768	\$14,077	\$131,845
32. Adjusts base payroll	\$102,086	\$267,427	\$369,513
33. Adds 1 FTE administrative assistant I, .50 FTE senior microbiologist, 3 FTE microbiologist I, and 3 FTE laboratory technician I positions, including salaries and wages totaling \$1,192,066 and operating expenses totaling \$2,562,398 to the COVID-19 line item. The Senate added 1 FTE administrative assistant I, .50 FTE senior microbiologist, 1 FTE microbiologist I, and 1 FTE laboratory technician I positions, including salaries and wages totaling \$578,145 and operating expenses totaling \$2,562,398. The remaining	\$3,270,282	\$484,182	\$3,754,464

positions and related funding of \$613,921 were added as temporary positions. The Senate also adjusted the funding source for additional federal funding that has become available.

34. Decreases funding for the cost to continue programs and adjusts the funding sources of operating expenses	(\$102,086)	\$77,316	(\$24,770)
35. Adjusts funding for bond and capital payments to provide a total of \$144,628, of which \$107,117 is from the general fund	(\$140,283)	(\$1,273)	(\$141,556)
36. Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund	\$0	\$8,841	\$8,841
37. Adjusts funding for equipment over \$5,000 to provide a total of \$145,000 from the special funds	\$0	(\$525,000)	(\$525,000)
38. Adds funding from fees to purchase equipment over \$5,000 for the state laboratory	\$0	\$200,000	\$200,000
39. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and wages totaling \$3,331,692, medical expenses totaling \$48,693,925, and other operating expenses totaling \$133,936. The Senate reduced funding from the general fund for one-time COVID-19 response and increased funding from federal funds agencywide to reflect additional federal funding that has become available.	\$32,682,029	\$19,477,524	\$52,159,553

Health Resources and Response

40. Adds funding for state employee salary and benefit increases, of which \$236,052 is for salary increases, \$3,074 is for health insurance increases, and \$45,880 is for retirement contribution increases. Of this total \$4,347 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$83,100	\$201,906	\$285,006
41. Adjusts base payroll	(\$242,991)	\$838,589	\$595,598
42. Decreases funding from the general fund for salaries and wages to meet the Governor's 85 percent budget and restores funding from special funds from program fees for salaries and wages related to the plans review program within the Life, Safety, and Construction Division	(\$312,706)	\$312,706	\$0
43. Transfers 3 FTE data processing coordinator III positions to ITD for the IT unification initiative. The Senate transferred 2 FTE data processing coordinator III positions.	(\$155,904)	(\$380,296)	(\$536,200)
44. Adds 1 FTE administrative staff officer II position, including salaries and wages totaling \$151,950 and operating expenses totaling \$10,213 to the COVID-19 line item	\$162,163	\$0	\$162,163
45. Decreases funding for cost to continue program adjustments, including an increase in operating expenses of \$321,876 and a decrease in grants of \$1,336,287	\$146,090	(\$1,160,501)	(\$1,014,411)
46. Adds funding from the Helmsley Charitable Trust for operating expenses for training to continue increased access to automatic external defibrillators for law enforcement	\$0	\$327,500	\$327,500
47. Decreases funding for professional services (\$230,000) and grants (\$230,000) related to a foundation grant opportunity	\$0	(\$460,000)	(\$460,000)
48. Adds funding from civil penalties for grants to improve services at long-term care facilities	\$0	\$100,000	\$100,000
49. Increases funding for equipment over \$5,000 to provide a total of \$1,093,500, of which \$40,000 is from the general fund and \$1,053,500 is from federal funds	\$40,000	\$268,000	\$308,000
50. Removes funding for IT equipment over \$5,000	\$0	(\$50,000)	(\$50,000)
51. Adds one-time funding for costs related to COVID-19 response to the COVID-19 line item, including temporary salaries and	\$4,343,046	\$0	\$4,343,046

wages totaling \$2,245,846, medical expenses totaling \$1,895,000, and other operating expenses totaling \$202,200. **The Senate reduced funding from the general fund for one-time COVID-19 response and increased funding from federal funds agencywide to reflect additional federal funding that has become available.**

Research and Response

52. Adds funding for state employee salary and benefit increases, of which \$10,671 is for salary increases, \$145 is for health insurance increases, and \$3,709 is for retirement contribution increases. Of this total \$12,963 is related to the COVID-19 line item. The Senate added salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300 and 2 percent on July 1, 2022, and increases in health insurance premiums from \$1,427 to \$1,429 per month. The Senate did not add funding for retirement contribution increases.	\$12,963	\$1,562	\$14,525
53. Adjusts base payroll	\$0	\$169,268	\$169,268
54. Adds funding for salaries and wages to the COVID-19 line item. An existing position was transferred to the Research and Response section. Federal funding for this position is also included in the executive recommendation.	\$276,418	\$0	\$276,418
55. Adds 1 FTE administrative assistant III position, including salaries and wages totaling \$144,036 and operating expenses totaling \$31,400 to the COVID-19 line item. The Senate added this position and related funding as a temporary position. The Senate also adjusted the funding source for additional federal funding that has become available.	\$175,436	\$0	\$175,436
56. Adds one-time funding from the community health trust fund for statewide health strategies. The Senate did not add one-time funding for statewide health strategies.	\$0	\$3,000,000	\$3,000,000

Other Sections in Senate Bill No. 2004

Borrowing authority - Section 3 allows the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25,000,000 from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If the State Department of Health does not have sufficient funds to repay the Bank of North Dakota, the section requires the State Department of Health to request a deficiency appropriation for the amount borrowed plus interest.

Insurance tax distribution fund - Section 4 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services (EMS) grants during the 2021-23 biennium.

Community health trust fund - Section 5 identifies \$18,337,620 from the community health trust fund for various State Department of Health programs.

Health Council compensation - Section 6 amends North Dakota Century Code Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.

Legislative Management study - Health Council authority - Section 7 provides for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

Continuing Appropriations

Medical marijuana - 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 on a continuing basis 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 the following two audit findings related to the State Department of Health:

- The State Department of Health did not retain supporting documentation for the population statistics used to calculate funding for the EMS grant distribution. In addition, calculation errors occurred making the grant distribution inaccurate. The State Auditor recommended the State Department of Health ensure the calculation of the rural EMS grant distribution is correct and that all supporting documentation is retained.
- The State Department of Health overspent appropriation authority from the environment and rangeland protection fund by \$2,995. Predetermined coding, commonly referred to as "speed charts," is used to code expenditures and quickly allocate expenditures with predetermined numbers entered into PeopleSoft. One speed chart was not closed promptly, which resulted in an expenditure being charged to the special fund when the appropriation was no longer available. The State Auditor recommended State Department of Health ensure compliance with appropriation limits set by the Legislative Assembly.

Major Related Legislation

Senate Bill No. 2059 - Relates to the definition of marijuana and the scheduling of controlled substances.

Senate Bill No. 2119 - Relates to food and lodging establishment licenses.

Senate Bill No. 2125 - Adds licensed behavior analyst to the list of behavioral health professionals eligible for student loan repayment.

Senate Bill No. 2181 - Relates to the State Health Officer and Governor's authority during a declared disaster or emergency.

Senate Bill No. 2209 - Allows the State Department of Health to contract with another state for the importation of prescription drugs from Canada. A fiscal note prepared by the department indicates expenditures from other funds totaling \$169,341; however, no appropriation would be necessary because the program would operate under a continuing appropriation from the drug importation fund.

Senate Bill No. 2226 - Requires the State Department of Health to license and inspect residential end-of-life facilities.

Senate Bill No. 2241 - Allows the State Department of Health to use a third party to review construction and renovation plans and provides a continuing appropriation to pay the third party from fees charged to the providers.

Senate Bill No. 2252 - Requires the State Department of Health regulate and conduct quality testing on water sold at retail purified water dispensers. A fiscal note prepared by the department indicates estimated revenue from licensing fees of \$34,200 and estimated expenditures from other funds totaling \$12,300.

Senate Bill No. 2334 - Requires the State Department of Health to license extended stay centers. A fiscal note prepared by the department indicates estimated revenue from licensing fees of \$60,000 and estimated expenditures from other funds totaling \$18,020; however, the department would not need additional funding authority.

Senate Concurrent Resolution 4015 - Amends Sections 2 and 4 of Article V of the Constitution of North Dakota to provide for the election and the qualifications of the state health officer.

House Bill No. 1103 - Relates to mobile home park, recreational vehicle park, and campground license renewals and transfers.

House Bill No. 1247 - Merges the State Department of Health and the Department of Human Services to create the Department of Health and Human Services. A fiscal note prepared by the Office of Management and Budget indicates there would be no immediate fiscal impact; however, if long-term savings are identified, they would be reflected in the budget for the 2023-25 biennium.

House Bill No. 1359 - Eliminates the \$50 application fee for designated caregivers, allows up to 5 designated caregivers for a registered qualifying patient, and changes the membership of the Medical Marijuana Advisory Board. A fiscal note prepared by the department indicates a reduction in revenue of \$22,250 and additional expenditures from other funds of \$4,000; however, no appropriation is necessary because the program operates under a continuing appropriation.

House Bill No. 1394 - Provides an appropriation of \$100,532,232 of federal funds for COVID-19 related expenditures for the remainder of the 2019-21 biennium and the 2021-23 biennium.

House Bill No. 1395 - Provides an appropriation of \$174,115,929 for federal coronavirus relief fund spending authority approved for the State Department of Health for the 2019-21 biennium by the Emergency Commission and Budget Section.

House Bill No. 1420 - Modifies penalties for the possession of marijuana, creates a new chapter of the Century Code for adult use of marijuana, including edible products. A fiscal note prepared by the department indicates establishing a new program will require additional manufacturing facilities and dispensaries to be registered resulting in an estimated increase in revenue of \$1,499,000. The new program will require additional FTE positions to monitor operations, resulting in an increase in expenditures of an estimated \$1,429,791; however, no appropriation is necessary because the program operates under a continuing appropriation.

House Bill No. 1493 - Provides for the distribution of annual financial assistance to eligible ambulance service operations. Funding for EMS grants is provided in the State Department of Health appropriation in Senate Bill No. 2004.

State Department of Health - Budget No. 301
Senate Bill No. 2004
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269
2021-23 Ongoing Funding Changes								
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910		(\$1,839,117)	\$5,356,027	\$3,516,910
Salary increase		512,281	508,135	1,020,416		500,723	502,492	1,003,215
Retirement contribution increase		103,938	103,110	207,048				0
Health insurance increase		6,043	5,995	12,038		6,072	6,015	12,087
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)		1,890,945	(2,241,952)	(351,007)
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses (The Senate transferred 4 FTE positions)	(5.00)			0	(4.00)	2,135	17,643	19,778
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget (The Senate added 12.5 FTE positions and 10 temporary positions)	22.50	9,063,708	1,774,864	10,838,572	12.50	4,459,766	6,378,806	10,838,572
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000		(1,108,000)	1,196,000	88,000
Increases funding for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund				0			397,000	397,000
Decreases salaries and wages to meet the Governor's 85 percent budget		(362,706)		(362,706)		(362,706)		(362,706)
Removes funding for fetal alcohol syndrome grant		(350,458)		(350,458)				0

Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(823,155)	70,500	(752,655)	(823,155)	70,500	(752,655)		
Adds funding to maintain the number of slots available in professional state loan repayment programs			0	585,000		585,000		
Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	(1,060,000)	1,060,000	0		
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)		(975,000)	(975,000)		
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706		312,706	312,706		
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500		327,500	327,500		
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000		200,000	200,000		
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000		100,000	100,000		
Increases funding for the University of North Dakota forensic examiner contract	105,270		105,270	105,270		105,270		
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	21,542	69,891	91,433		
Adds funding for Capitol complex rent proposal	336,399		336,399			0		
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	(274,065)	(22,999)	(297,064)		
Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund		8,841	8,841		8,841	8,841		
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund	35,205	(315,402)	(280,197)	35,205	(315,402)	(280,197)		
Total ongoing funding changes	17.50	\$6,257,830	\$7,538,216	\$13,796,046	8.50	\$2,139,615	\$12,448,068	\$14,587,683

One-time funding items									
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response (The Senate provided \$4.52 million from the community health trust fund)		\$45,441,323	\$38,790,738	\$84,232,061		4,747,045	79,485,016	84,232,061	
Adds funding from federal funds for increased effort related to COVID-19				0			11,644,708	11,644,708	
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades		910,000		910,000		910,000		910,000	
Adds one-time funding from the community health trust fund for statewide health strategies			3,000,000	3,000,000					0
COVID-19 Line of Credit				0			25,000,000	25,000,000	
Total one-time funding changes		0.00	\$46,351,323	\$41,790,738	\$88,142,061	0.00	\$5,657,045	\$116,129,724	\$121,786,769
Total Changes to Base Level Funding		17.50	\$52,609,153	\$49,328,954	\$101,938,107	8.50	\$7,796,660	\$128,577,792	\$136,374,452
2021-23 Total Funding		221.50	\$88,879,743	\$171,280,633	\$260,160,376	212.50	\$44,067,250	\$250,529,471	\$294,596,721
<i>Total ongoing changes as a percentage of base level</i>		8.6%	17.3%	6.2%	8.7%	4.2%	5.9%	10.2%	9.2%
<i>Total changes as a percentage of base level</i>		8.6%	145.0%	40.4%	64.4%	4.2%	21.5%	105.4%	86.2%

Other Sections in State Department of Health - Budget No. 301

	<u>Executive Budget Recommendation</u>	<u>Senate Version</u>
Borrowing authority	Section 4 would allow the State Department of Health, subject to the approval of the Emergency Commission, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If, at the end of the biennium, funds available to the State Department of Health are not sufficient to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.	Section 3 allows the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If the department does not have sufficient funds to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.
Insurance tax distribution fund	Section 3 would identify \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	Section 4 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.

Other Sections in State Department of Health - Budget No. 301

Executive Budget Recommendation

Community health trust fund

Health Council compensation

Legislative Management Study - Health Council
Authority

Senate Version

Section 5 is amended to identify funding provided from the community health trust fund.

Section 6 is added to amend Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.

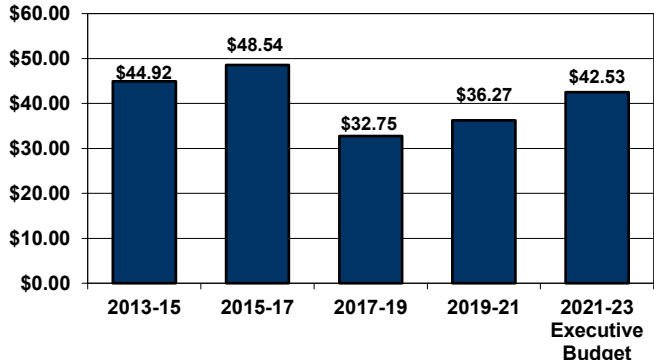
Section 7 is added to provide for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

Department 301 - State Department of Health

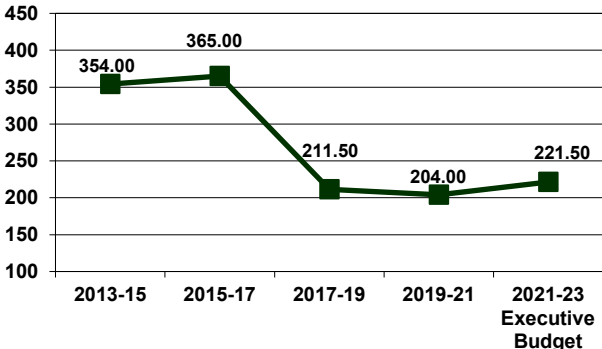
Historical Appropriations Information

Ongoing General Fund Appropriations Since 2013-15

Agency Funding (in Millions)¹



FTE Positions¹



Ongoing General Fund Appropriations ¹					
	2013-15	2015-17	2017-19	2019-21	2021-23 Executive Budget
Ongoing general fund appropriations	\$44,921,508	\$48,535,568	\$32,750,309	\$36,270,590	\$42,528,420
Increase (decrease) from previous biennium	N/A	\$3,614,060	(\$15,785,259)	\$3,520,281	\$6,257,830
Percentage increase (decrease) from previous biennium	N/A	8.0%	(32.5%)	10.7%	17.3%
Cumulative percentage increase (decrease) from 2011-13 biennium	N/A	8.0%	(27.1%)	(19.3%)	(5.3%)

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).

Major Increases (Decreases) in Ongoing General Fund Appropriations

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

- | | |
|---|---------------|
| 1. Adjusted funding 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 | \$1,109,194 |
| 2. Provided 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, 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 | \$6,378,195 |
| 3. Removed 6.5 FTE undesignated positions and related funding for salaries and wages and operating expenses agencywide | (\$3,184,844) |
| 4. Removed 1 FTE office assistant III position, including salaries and wages, and related funding for the medical marijuana program because these costs will be paid through a continuing appropriation | (\$451,267) |
| 5. Transferred the suicide prevention program 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 | (\$1,260,512) |
| 6. Added 1 FTE food and lodging environmental health position, including salaries and wages of \$159,720 and operating expenses of \$26,185 | \$185,905 |
| 7. Increased funding for temporary salaries related to life safety construction and renovation plan review to provide a total of \$130,000, of which \$50,000 is from the general fund and \$80,000 is from fee revenue | \$50,000 |
| 8. Added funding to implement an EMS data licensing and records management system | \$126,000 |
| 9. Added funding for operating expenses related to Microsoft Office 365 licensing expenses | \$42,377 |
| 10. Changed the funding source for cancer programs and domestic violence offender treatment grants to the tobacco prevention and control trust fund and increased domestic violence offender treatment grants 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). | (\$830,324) |
| 11. Added funding to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health | \$75,000 |
| 12. Increased 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 | \$200,000 |

2021-23 Biennium (Executive Budget Recommendation)

- | | |
|---|---------------|
| 1. Transfers 5 FTE positions to ITD for the IT unification initiative and increases funding for operating expenses. The Senate transferred 4 FTE positions, including a reduction in salaries and wages of \$787,118 and an increase in operating expenses of \$806,896, including \$787,118 for base salaries and \$19,778 for salary and benefit increases related to the positions transferred. | \$0 |
| 2. Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to a new COVID-19 line item in the department's budget of which \$9,063,708 is from the general fund and \$1,774,864 is from federal funds. The Senate added 12.5 FTE positions and 10 temporary positions, including salaries and wages totaling \$3,992,392 and operating expenses totaling \$6,846,180. The Senate also adjusted the funding source for additional federal funding that has become available to provide \$4,459,766 from the general fund and \$6,378,806 from federal funds. | \$9,063,708 |
| 3. Decreases funding from the general fund and increases funding from the community health trust fund for tobacco prevention and control. The Senate increased funding from the community health trust fund by \$397,000 for tobacco prevention and control grants to local public health units to provide a total of \$6,250,000 from the community health trust fund. | (\$1,108,000) |
| 4. Adjusts funding source for agencywide costs due to an increase in the federal indirect rate | (\$1,060,000) |
| 5. Adds funding for the state agency Capitol complex rent proposal. The Senate did not add funding for the Capitol complex rent proposal. | \$336,399 |
| 6. Increases funding for operating expenses related to the University of North Dakota forensic examiner contract to provide a total of \$625,270 | \$105,270 |
| 7. Decreases funding from the general fund for grants for state loan repayment programs for professionals and increases funding from the community health trust fund to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund. The Senate added \$585,000 from the general fund to maintain the number of slots available in professional state loan repayment programs for a net reduction of \$238,155 from the general fund for state loan repayment programs. | (\$823,155) |
| 8. Removes funding for a fetal alcohol syndrome grant. The Senate did not remove funding for the fetal alcohol syndrome grant. | (\$350,458) |

**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, 2021 and ending June 30, 2023, as follows:

	<u>Base Level</u>	<u>Adjustments or Enhancements</u>	<u>Appropriation</u>
Salaries and Wages	\$ 37,719,574	\$ 3,537,368	\$ 41,256,942
Operating Expenses	32,398,526	(1,561,826)	30,836,700
Capital Assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,056,395	54,313,687
Tobacco Prevention	12,902,064	117,013	13,019,077
WIC Food Payments	19,780,000	120,000	19,900,000
COVID-19	0	95,187,577	95,187,577
Statewide Health Strategies	<u>0</u>	<u>3,000,000</u>	<u>3,000,000</u>
Total All Funds	\$158,222,269	\$101,938,107	\$260,160,376
Less Estimated Income	<u>121,951,679</u>	<u>49,328,954</u>	<u>171,280,633</u>
Total General Fund	\$ 36,270,590	\$52,609,153	\$ 88,879,743
Full-time Equivalent Positions	204.00	17.50	221.50

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-EIGHTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty- sixth legislative assembly for the 2019-21 biennium and 2021-23 one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2019-21</u>	<u>2021-23</u>
WIC System Upgrade	\$ 354,554	\$ 0
Microbiology Lab Capital Projects	1,220,00	0
Microbiology Lab IT Upgrades	483,000	0
Forensic Examiner IT Upgrades	0	910,000
COVID-19	0	84,232,061
Statewide Health Strategies	<u>0</u>	<u>3,000,000</u>
Total All Funds	\$2,057,554	\$88,142,061
Less Estimated Income	<u>1,967,554</u>	<u>41,790,738</u>
Total General Fund	\$ 90,000	\$46,351,323

The 2021-23 one-time funding amounts are not a part of the entity's base budget for the 2023-25 biennium. The state department of health shall report to the appropriations committees of the sixty-eighth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2021 and ending June 30, 2023.

SECTION 3. 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, 2021 and ending June 30, 2023.

SECTION 4. AUTHORITY TO BORROW FOR COVID RESPONSE COSTS. The department of health, subject to the approval of the emergency commission, may borrow up to \$25,000,000 from the Bank of North Dakota for the purposes of responding to the COVID-19 public health emergency. any moneys borrowed from the Bank of North Dakota pursuant to this section are hereby appropriated and may be spent by the department of health for testing, contact tracing and other costs related to responding and

mitigating the COVID-19 public health emergency. If at the end of the biennium the amount available to the department of health is insufficient to repay the Bank of North Dakota, the borrower shall request from the legislative assembly a deficiency appropriation sufficient for repayment of the amount borrowed plus interest.

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004

3/5/2021

am

House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 9:01 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Department of Health Overview
- Administrative Services
- Disease Control
- Research and Response
- Accomplishments

Dirk Wilke, Interim State Health Officer (9:03 am) testified #7356

Brenda Weisz, CFO, North Dakota Department of Health (9:20 am) testified

#7357

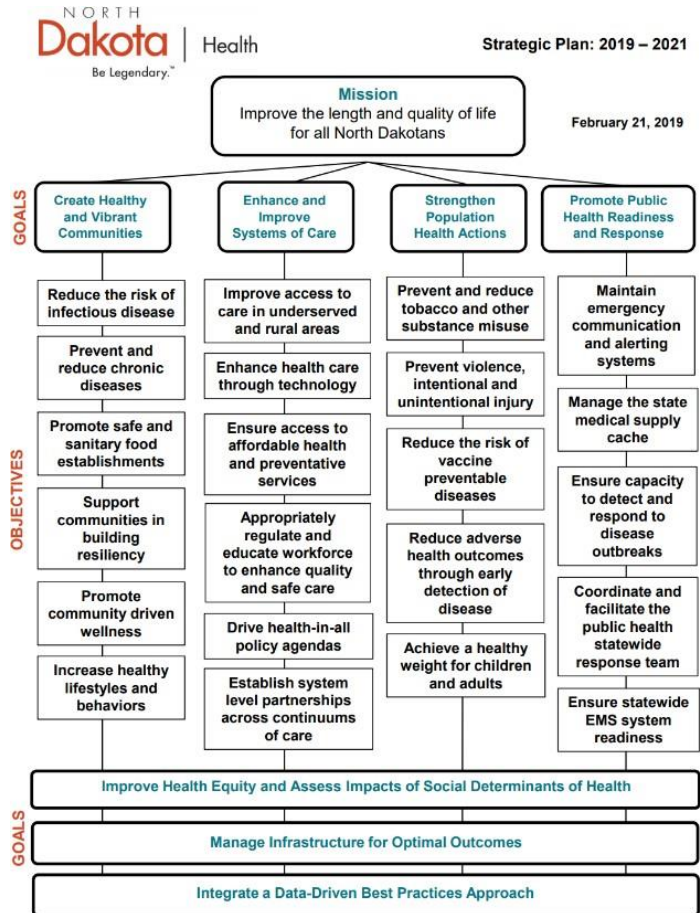
Chair Nelson closed the meeting at 10:30 a.m.

Cole Fleck, Committee Clerk

Good morning Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Dirk Wilke and I am the Interim State Health Officer for the North Dakota Department of Health (NDDoH). I am here today to testify in support of Senate Bill 2004.

Mission

The mission of the North Dakota 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 performance measures that help us assess our progress toward our goals. Included in your testimony is the department’s 2019-2021 strategic plan which details our mission, goals and objectives.

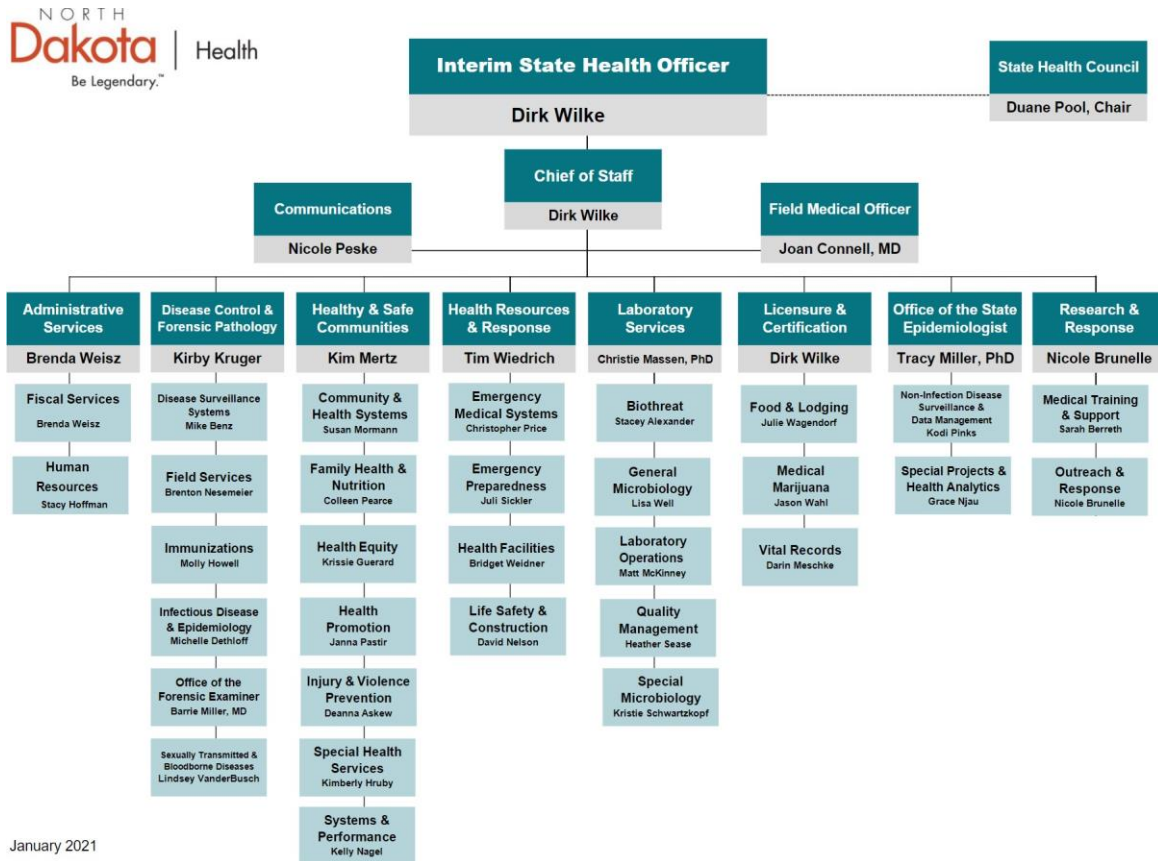


Department Overview

The department pursues its goals and objectives through eight sections:

- Administrative Services
- Disease Control & Forensic Pathology
- Health Resources & Response
- Healthy & Safe Communities
- Laboratory Services
- Licensure & Certification
- Office of the State Epidemiologist
- Research & Response

Each section is composed of several divisions that house the individual programs that carry out the work of the department. A copy of our organizational chart can be found below. More information on the Department of Health can be found in our [biennial report](#) found on our website at health.nd.gov.



While most people know that public health is important, they're not always sure what public health is or how it affects their lives. In fact, the efforts of public health professionals like those at the Department of Health touch the lives of every North Dakotan, every day:

- Our **Administrative Services** section houses fiscal services and human resources.
- Our **Disease Control & Forensic Pathology** section monitors infectious diseases, identifies and contains disease outbreaks such as COVID-19, educates the public, and manages state vaccination programs. They also conduct autopsies to determine cause and manner of death and

provide consultation to county coroners. We work closely with law enforcement and other investigating agencies and provide court testimony, as needed.

- Our **Health Resource & Response** section ensures that our public health system is prepared and able to respond to emergencies, such as COVID-19, 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. This section also ensures that health facilities are safely and adequately serving residents and patients.
- Our **Research & Response** section plans and executes COVID-19 testing events across North Dakota.
- Our **Healthy & 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 who have special health care 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, and domestic and sexual violence.
- Our **Laboratory Services** section provides laboratory test services for various diseases related to public health. These services include testing for everything from sexually transmitted infections to respiratory pathogens to animal and environmental tests such as rabies. In addition, they're part of the National Laboratory Response Network that tests for anthrax, plague and other harmful biothreat agents.
- The **Licensure & Certification** section provides birth and death records, manages a successful Medical Marijuana Program and ensures food and lodging establishments meet all necessary safety requirements.
- And the **Office of the State Epidemiologist** is responsible for data collection, data analysis, data reporting and now includes a health analytics division.

Accomplishments

2020 was a historic and unprecedented year for the Department of Health. This is what we do; what we regularly plan for, prepare for and exercise for. On January 27, 2020, the Department Operations Center activated and on March

13 Unified Command was formed. In 2020, we exceeded goals and met hundreds of challenges we didn't even know existed in 2019 and in the process, we:

- Increased lab capacity from a few hundred samples to now being able to run 7,500 COVID-19 samples a day. To date, the lab has tested over 920,000 COVID-19 samples.
- We fielded over 70,000 calls through the public health hotline, a service implemented last March to provide answers to questions and a listening ear to the public.
- More than 94% of our cases are contacted for case investigations. Of those we are able to reach, more than 94% are investigated within 24 hours of receiving the positive report.
- We partnered in some capacity or another with local public health units, dozens of other state agencies, and associations to ensure needs were met for North Dakotans.
- We completed over 9,000 testing missions with partners from the North Dakota National Guard and Department of Emergency Services.
- Our Healthy Return to Learning Team, a partnership with Department of Public Instruction, has held weekly town halls with school superintendents, handled over 12,000 school related COVID cases and helped identify over 30,000 school close contacts.

And this is just the beginning of the immense work that went on, executed by hundreds of state employees who rose to the challenge.

But our success didn't end at COVID-19. Despite our all-hands-on-deck mentality, our work in serving the citizens of North Dakota through important programming continued.

- The North Dakota Oral Health Program partnered with dentists in both rural and suburban areas to provide blood pressure screenings to North Dakota citizens. Since 2019, Dental providers conducted 27,634 screenings, detected 1,975 high blood pressures, made 456 referrals, and followed up on 209 of those referrals. During the pandemic, two individuals were sent directly to the ER after being screened for

- hypertensive crisis and were provided life saving measures, further indicating the importance of screening for chronic conditions and training all types of health care providers to do so.
- Nearly 18,000 women, infants and children continued to receive uninterrupted WIC services this past year.
 - In addition, over the past biennium the department provided funding to 20 domestic violence/rape crisis agencies to provide crisis intervention, shelter and other services.
 - We grew the Cardiac Ready Communities designation to 11 communities with another 27 communities signing a letter of intent.
 - NDQuits served over 7,000 tobacco users in the last biennium. More than 40% were tobacco free seven months after completing the program.
 - Food & Lodging conducted more than 6,100 inspections of licensed facilities, including investigating 108 consumer health and safety concerns.
 - Health Facilities took the nurse aide registry online to make it more convenient for nurses and facilities to get licensed and access information.
 - The HIV Prevention Program provided over 10,000 free HIV tests to at-risk persons at Counseling Testing & Referral sites in the state.

While we've had many accomplishments, we do have a few challenges that continue to be ongoing.

Challenges

- Electronic Nicotine Delivery System (ENDS) including vaping, electronic cigarettes and other devices is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address the epidemic.
- In regard to COVID, challenges still remain. Funding the COVID-19 response, when the future is unclear and the need is ever-changing, does present challenges. The NDDoH

Team, Local Public Health, and partner entities are tired, but we have continued to “show up” and have worked the long hours for almost a year straight on the pandemic because we do care about the citizens of North Dakota. We are proud of our results. Throughout the pandemic, we have been in the top 5 in testing per capita, top 5 in vaccinations doses administered as a percentage of doses received from the federal government, the state’s 14-day test positivity rate is under 3%, and our seven-day PCR test positivity rate ranked second-lowest among all 50 states in the White House report. WalletHub on February 18th named North Dakota one of the top 5 safest states in the nation during COVID. I would like to take a brief moment to thank the team and our partners for their service and sacrifice this past year.

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 the Budget Overview.

Budget Overview

The following material provides information on the current 2019-2021 Base Budget, the Governor's Executive Recommended Budget, COVID-19 federal funding, the amendments made by the Senate, and other fiscal related information as requested and outlined by the Legislative Council.

Comparison of Base Budget to Executive Recommendation

Description	2019-21 Base Budget	2021-23 Executive Recomm.	Increase / (Decrease)
Salaries and Wages	37,719,574	41,256,942	3,537,368
Operating Expenses	32,398,526	30,836,700	(1,561,826)
Capital Assets	2,164,813	2,646,393	481,580
Grants	53,257,292	54,313,687	1,056,395
Tobacco Prevention & Control	12,902,064	13,019,077	117,013
WIC Food Payments	19,780,000	19,900,000	120,000
Statewide Health Strategies	0	3,000,000	3,000,000
COVID-19	0	95,187,577	95,187,577
Total By Line Item	158,222,269	260,160,376	101,938,107
General Fund	36,270,590	88,879,743	52,609,153
Federal Funds	101,306,765	141,368,428	40,061,663
Special Funds	20,644,914	29,912,205	9,267,291
Total By Fund	158,222,269	260,160,376	101,938,107
FTE	204.00	221.50	17.50

2019 - 2021 Base Budget and One-Time Funding

The following includes areas in the current 2019 – 2021 appropriation I would like to highlight:

Vital Records - During the 2019 Legislative Session, Legislators approved an increase in the fees charged for Vital Records. This resulted in the ability of the program to be funded entirely with fees without any reliance on the general fund. Also included in legislation was the requirement for collections in excess of the appropriated expenditures to be transferred to the general fund at biennium end. Since the onset of the pandemic, walk-in requests are no longer being filled. We are seeing a slight decrease in this area of approximately \$130,000 in revenue for the biennium. Earlier in the biennium we had estimated a transfer of \$650,000 to the general fund at June 30, 2021. That amount is estimated to be \$519,000 based on collections through November and then projected for remainder of the biennium.

Laboratory Services – The capital projects to replace the roof on the north portion of the building and to replace the HVAC in the south addition were completed slightly under budget. \$1,220,000 was appropriated and the project was completed for \$1,216,882. Also approved during the 2019 Legislative Session was an upgrade to the Laboratory Information Management System (LIMS). This project has been somewhat delayed by the pandemic but is on schedule to be completed by June 30, 2021. Both of these projects were included as one-time funding for the 2019 – 2021 biennium.

With food security being an important aspect and one of the six social determinants of health, we are pleased to inform you that in October 2020 team members from the **Women, Infant and Children (WIC)** program successfully moved all WIC food benefits to an electronic WIC card making it more convenient for families. The project is considered fully implemented by the federal government since all of our WIC retailers are EBT certified as of January. We are projected to finish the project on time and under budget by approximately \$350,000. A portion of these costs were also reflected as one-time funding for the 2019 – 2021 biennium.

During the 2019 Legislative Session, as stated in SB 2317, the state Department of Health must make a determination on projects of no more than one million dollars within 60 days of receipt of a complete application. During the biennium the Department has met this requirement. Additionally, Section 6 of HB 1004 provided legislative intent that the Department reduce the minimum fee charged for **life safety construction** or renovation plans review of small projects for facilities from \$750 to \$500; this was successfully implemented. Finally, in 2020 the Department of Health issued a request for proposal for professionals interested in conducting compliance reviews of construction documents. If a provider chose to work with one of two selected vendors, rather than the Department, the provider would enter a contract with the vendor to conduct the plan review. The State Department of Health would be responsible for the project's final approval; however, contracting with an outside vendor provides an alternative for plan review. Two vendors have been selected and contracts executed, however, this option has yet to be selected by the industry.

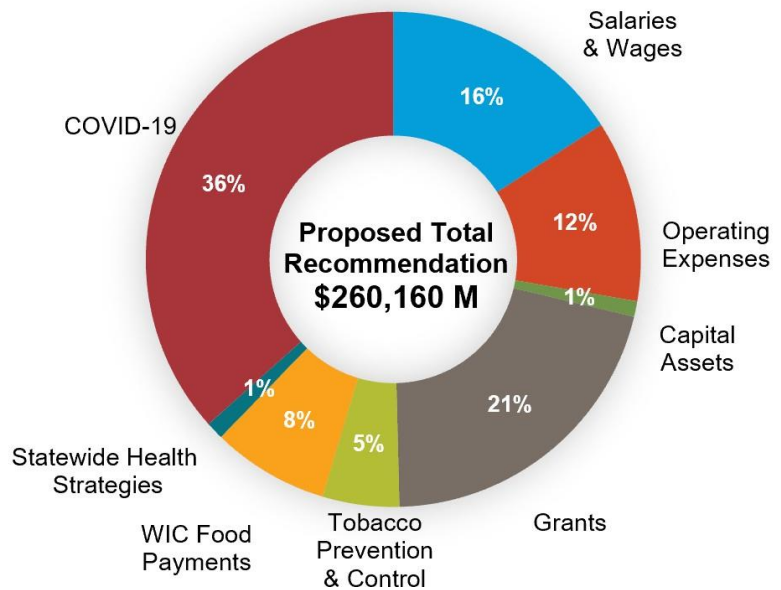
A final area of discussion for the 2019 – 2021 Base Budget is the implementation of Section 4 of HB 1268 which was enacted during 2019 Legislative Assembly to increase the maximum property tax levy for Emergency Medical Services (EMS) from 10 to 15 mills, **establish a formula for the distribution of state financial assistance to eligible EMS providers**, and excluded EMS providers with more than 700 average runs for the 2 most recent fiscal years from being eligible for grant funding. The formula included a base amount of \$60,000 and provided guidance stating if legislative appropriations for state rural assistance for EMS was not sufficient to provide the full grant funding calculated, the Department was to distribute a prorated share of the calculated grants. Both years of funding were prorated as the grant funding to be allocated exceeded the amount appropriated. Each year there were 15 EMS providers in the state that did not receive rural assistance grants because they exceeded the maximum number of average runs for funding. Additionally, 6 EMS providers in the state elected not to accept the rural assistance grants in year one and 8 EMS providers made the same election in year 2.

2021 – 2023 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 current 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, federal pass through funding, along with funding to address COVID-19 efforts, 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. 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 just under \$87 million or 33% of our budget recommendation are planned to be passed through to the local public health units and other local entities to provide public health services. Approximately \$38.9 million is proposed for local public health units, and \$15.2 million to other local entities. The remaining \$32.9 million is proposed for state agencies, medical providers, tribal units and various other entities.

Nothing highlights the importance of public health more than a public health emergency. Approximately 36% of the proposed recommendation is to cover expenses associated with the efforts regarding COVID-19. Costs are identified as one-time and ongoing. I will cover this line item and the costs components later in my testimony.

2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM



Executive Recommendation by Line Item

Overall, the Governor’s Recommendation totals \$260,160,376 and comprises the following line items.

Salaries and Wages

Salaries and Wages make up \$41,256,942 or 16% of our budget. The increase to the salaries line item is attributed to the following:

- continuing the second year, legislatively approved salary increase for a full biennium (two years of the increase vs one year that was funded in 2019 – 2021);
- increase in salary to attract a new forensic examiner, new State Health Officer along with retaining staff; and
- the executive compensation package.

Operating Expenses

The operating budget recommendation is \$30,836,700 or 12% of the Executive Budget recommendation. Operating expenses have decreased primarily as a result of anticipated travel costs, professional fee contracts no longer planned and certain agreements more appropriately budgeted under the Grants line

item. This reduction is partially offset by IT Unification where staff salaries were moved from the Salaries and Wages line item to the Operating line item, the addition of funding to accommodate the change in rental costs for the Judicial Wing space occupied by the department, the increased costs experienced by all agencies for Microsoft 365, and an increase to the Forensic Pathology contract with UND.

Capital Assets

Capital assets of \$2,646,393 make up only 1% of our total budget. The recommendation for this area includes bond payments on our laboratory building, the state morgue and a storage building along with equipment costs in excess of \$5,000. The increase is attributed to proposed increased efficiency in the Forensic Pathology Division with the addition of a full body imaging system and the implementation of an electronic reporting system. This increase of \$850,000 is offset by reduced bond payments as final payments are scheduled for December 2022.

Grants

Grants are provided to many local entities across the state and make up \$54,313,687 or 21% of our budget. The majority of grants (91%) are in the Healthy and Safe Communities and Health Resources and Response Sections. This area of the budget has increased as a result of increased funding in the

Disease Control Division and the shift of agreements more appropriately requested in the grants line item rather than the operating line. This increase is offset by decreased grants as a result of federal funding that has ended.

Special Line Items

There are four special line items included in the Governor's Recommendation.

Tobacco Prevention and Control is recommended at \$13,019,077 or 5% of the recommendation. The increase in this area is attributed to additional funding to provide to vendors under contract to address the challenges and goals of the program.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Payments make up \$19,900,000 or 8% of the recommended

budget. The Governor's Recommendation includes an increase of \$120,000 to accommodate eligibility increase anticipated as a result of income changes impacted by the pandemic. Administration by the local WIC sites is included in the grants line item and remains unchanged.

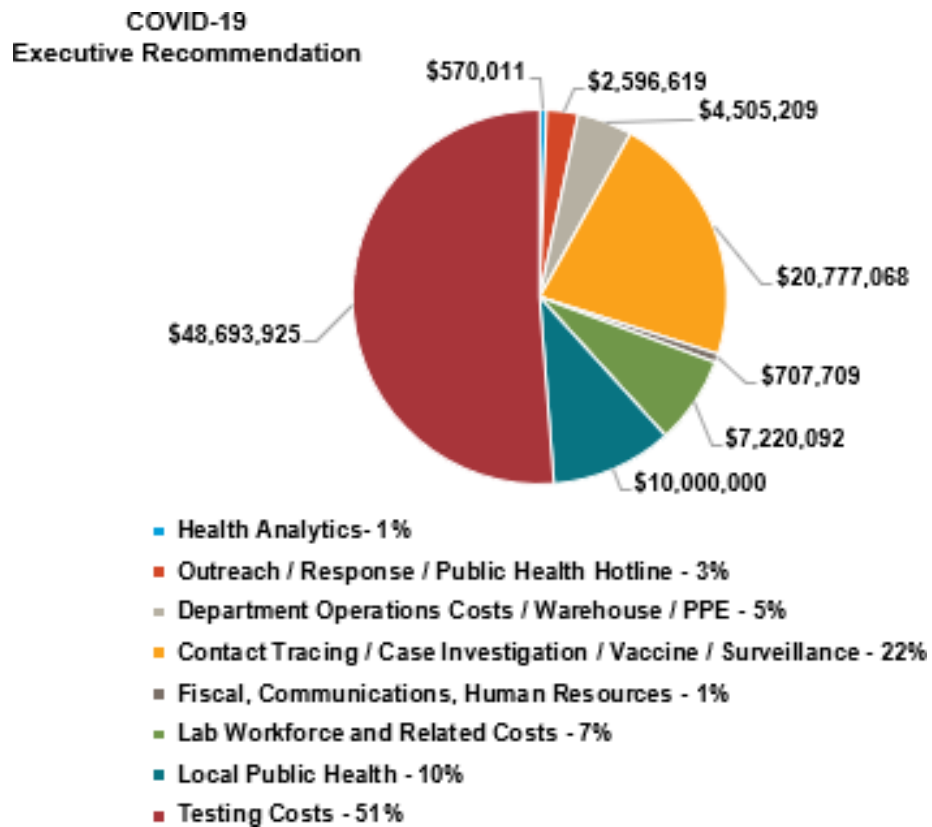
Statewide Health Strategies is included in the Executive Recommendation at \$3,000,000 and accounts for 1% of the recommendation. This proposal is the result of the work led by Joshua Wynne, MD, who was appointed by the Governor as Chief Public Health Strategist in May 2020. Dr. Wynne convened the Health Strategies Planning Group comprised of state leaders and public health experts to develop the Strategic Plan for Health with the mission of North Dakota to become the healthiest state in the nation. The plan proposes the following three goals and related budget.

- **Goal 1 - Support State and Local Health-Conscious Policy and Data-Driven Decision Making**
 - Adopt a Health-in-All Policy Approach with the addition of a Health Policy Analyst - \$300,000
- **Goal 2 - Expand Statewide Public Health Expertise and Leadership Capacity**
 - Enhance Public Health Knowledge and Build Capacity with the addition of Maternal & Child Health and Environmental Health Specializations, have NDSU and UND conduct Public Health Studies - \$1,282,000
 - Invest in Public Health Workforce
 - Addition of an Epidemiologist - \$240,000
 - 10 Master of Public Health Program Forgivable Loans upon completion of a 3-year work commitment - \$120,000
- **Goal 3 - Enhance Cross-Sector Collaboration and Integration**
 - Support Locally Driven Community Engagement and Health Education
 - Addition of a Public Information Officer - \$198,000
 - Health Improvement Campaign - \$60,000

- Award Grants to Support Local Health Improvement Initiatives to 4 or more local community health improvement projects, contingent on 1:1 match, including in-kind - \$800,000

This \$3,000,000 is considered one-time funding in the 2021 – 2023 biennium. This budget line item was removed in its entirety by the Senate.

COVID-19 is the final special line item in the recommendation and accounts for 36% or the largest percentage of the Executive Recommendation just over \$95 million. This special line was approved by the Emergency Commission and Budget Section in the current biennium to track costs separately from the typical line items of our appropriation and to segregate the work dedicated to the public health emergency. Below is a breakdown by category of the proposed costs.



This line item includes the following major cost components:

- Testing supplies – just over \$48.6 million
 - 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow)
 - 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow)
 - 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only
 - 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays only
- Workforce - \$21.6 million
 - Regular FTE - 22.50 Regular
 - 1 -Fiscal Services
 - 3 – Health Analytics (Office of the State Epidemiologist)
 - 7.5 – Laboratory Services
 - 6 – Disease Control
 - 3 – Title V and Health Equity Office
 - 1 – Emergency Response
 - 1 – Outreach / Surveillance
 - Temporary Staffing
 - 1 Communication Specialist – year 1 of the biennium
 - 1 Human Resources / Payroll
 - 100 - Contact Tracers / Case Managers / Case Workers with work effort decreasing over the biennium
 - 22 – Laboratory Services
 - 25 – Department Operations decreasing over the biennium
- Media / Education Campaign - \$250,000
- Public Health Hotline Agreement - \$1.6 million
- Personal Protective Equipment - \$1.9 million
- Grants for Serology / Contract Tracing / Infectious Control - \$2 million
- Travel Costs / Courier Services / Additional Warehouse Space / Operations - approx. \$3.3 million
- Technology Costs for Systems / Licenses - \$5.8 million
- Local Public Health - \$10 million

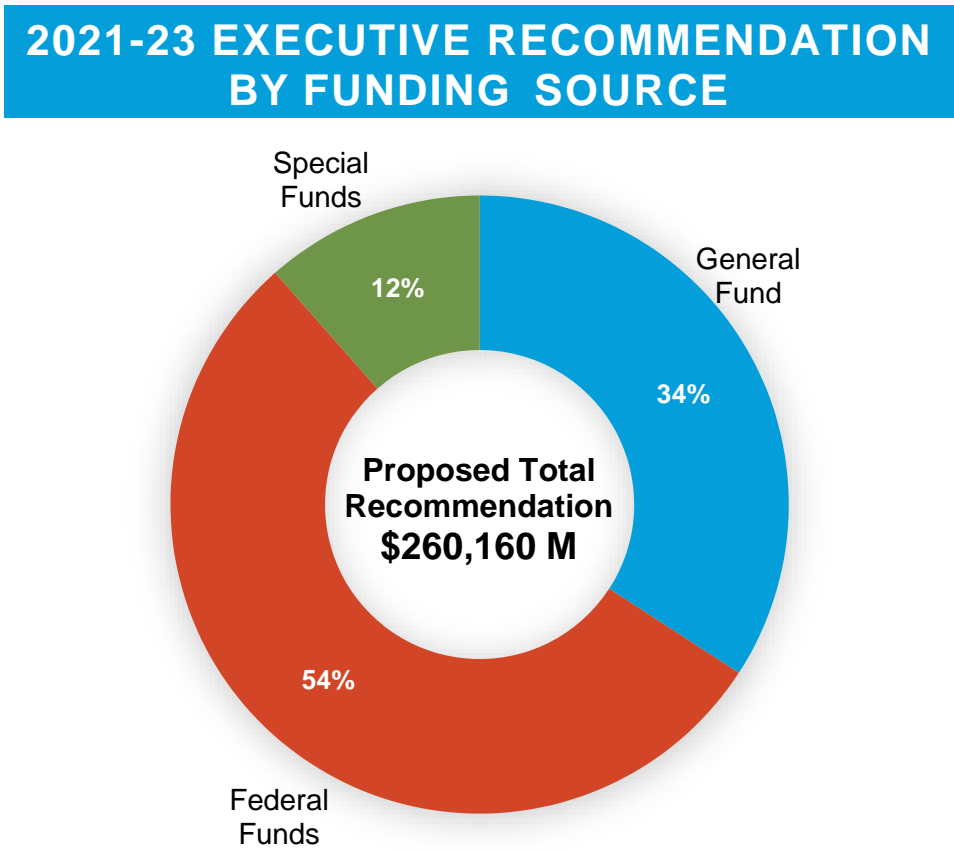
The Executive Recommendation for COVID-19 totals \$95,070,633 with the funding breakdown as follows, which was amended by the Senate.

- General Fund - \$54,505,031
- Federal Funds - \$35,565,602
- Special Funds - \$5,000,000 (Community Health Trust Fund for 50% of the Local Public Health recommendation)

The COVID-19 special line item represents one-time costs of \$84,232,061 and ongoing costs of \$10,838,572.

Executive Recommendation by Funding Source

The breakdown by funding source of the Governor’s Recommendation for the Department of Health is as follows.



Summary of Funding Changes - See Attachment A

Executive Recommendation for FTE

The Executive Recommendation included 221.50 FTE. The Base Budget includes 204 FTE plus 22.50 additional team members associated with the public health emergency offset by the reduction of 5.0 FTE related to IT Unification. After Senate amendments the FTE stands at 212.50. The FTE associated with the public health emergency was reduced by 10.0 and the reduction of 4.0 FTE related to IT Unification.

Other language included in the Executive Recommendation

The Executive Recommendation includes language that allows the Department to borrow funds up to \$25,000,000 from the Bank of ND for areas such as testing, contact tracing, and other costs related to responding and mitigating the COVID-19 public health emergency. These funds are subject to approval from the Emergency Commission and would only be requested in the event the costs appropriated are not sufficient to cover costs of the public health emergency into the next biennium.

Agency collections

The department collects revenues which are appropriated and deposited in our operating fund under the following area:

- **Food and Lodging licensure fees** are collected from food and lodging establishments, along with other similar operations. Revenues are slightly down in the current biennium from previously biennia and we have reflected this in our budget request for the 2021 – 2023 biennium.
- **Life, Safety and Construction fees** are consistent with amounts estimated for the current biennium. In our proposed budget for the 2021 – 2023 biennium, we are able to use fees that were collected in the 2019-2021 biennium to offset the general fund need in the program for 2021-2023.
- **Licensure for Nurse Aid Registry, Basic Care, Hospitals and Long-Term Care** is consistent with amounts budgeted for the current biennium and we have anticipated the collections to remain consistent into the 2021 - 2023 biennium.

- **Laboratory collections** are consistent with amounts estimated in the current budget and consistently budgeted for the 2021- 2023 biennium.
- **Vital Records collections** are slightly down as previously discussed. The estimate of collections in the upcoming biennium are sufficient to cover estimated costs.

Ambulance licensure fees are the only collections that are deposited into the **general fund**. Fees are estimated to be the same this biennium and next, at approximately \$7,300.

Changes to the Governor's Recommendation

In working with NDIT, and subsequent to the finalization of the Executive Recommendation, it was noted that an FTE reflected as part of IT Unification should have been excluded bringing the number of FTE subject to unification to 4 FTE rather than proposed 5. Over the course of the current biennium the job responsibilities of this FTE have shifted from IT work to more programmatic work. The system that was heavily supported by this FTE was transitioned in the current biennium to a more efficient IT platform requiring less IT work effort. The costs associated with this FTE include \$185,535 in total with \$111,321 from the General Fund. We request this FTE be excluded from unification efforts. The Senate did make this adjustment.

Optional Adjustment Requests – See Attachment B

Other Department of Health - Related Bills

- HB 1073 – Allows for BCI / FBI criminal background checks for select individuals
- HB 1103 – Updates definitions (relating to mobile home park, recreational vehicle park, and campground), license renewal procedures, and resolves inconsistencies with other sections of NDCC
- HB 1118 – Relating to the authority of the state health officer to issue a written order
- HB 1163 – Relating to the needle exchange program

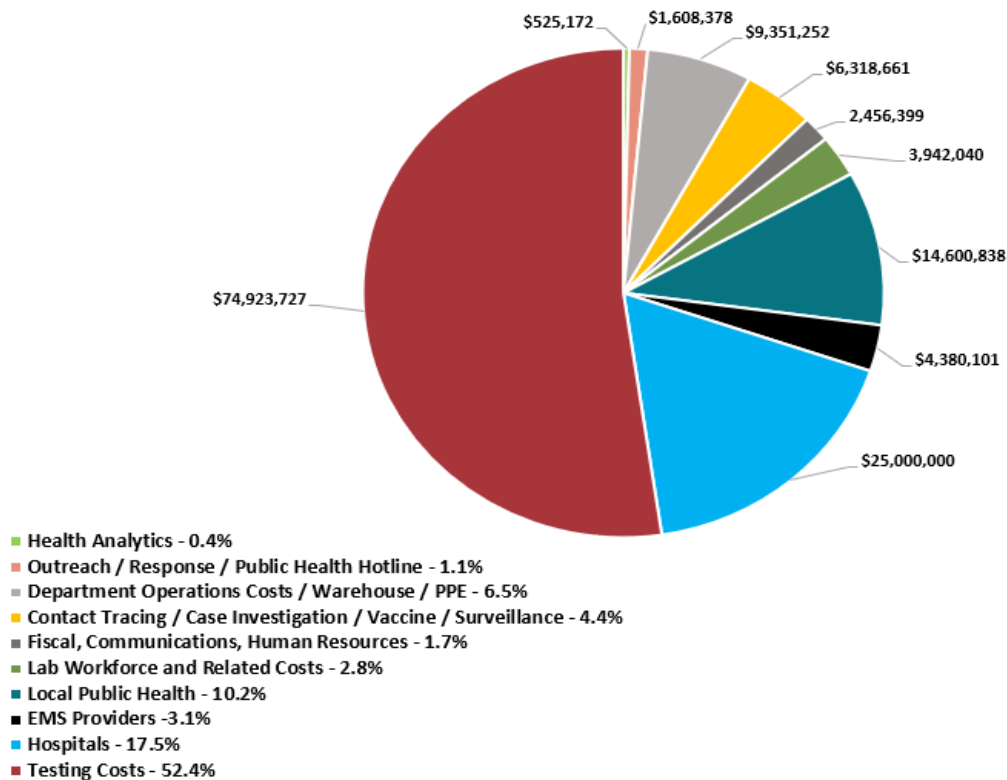
- HB 1205 – Relating to establishing the maternal mortality review committee and to provide for a report to the legislative management and other agencies.
- HB 1213 – Relating to medical marijuana designated caregivers
- HB 1219 – Relating to reportable conditions and post-mortem communicable diseases.
- HB 1247 – Relating to merging of the state department of health and the department of human services
- HB 1323 – Relating to limitations on mask wearing requirements
- HB 1359 – Relating to medical marijuana designated caregiver fees and the medical marijuana advisory board
- HB 1391 – Relating to regulating edible medical marijuana products
- HB 1394 – Appropriation for costs related to COVID-19 and other services
- HB 1395 – Adjusts state agency spending authority approved by the emergency commission and budget section
- HB 1418 – Relating to qualifications of the state health officer
- HB 1420 – Relating to the personal use of marijuana under an “adult use” program
- HB 1493 – Provide for ambulance service operation funding
- HB 1495 – Relating to the state health officer's authority and the governor's and legislative assembly's authority during a declared state of disaster or emergency; and to provide a penalty
- SB 2119 – Updates relating to food and lodging establishments license renewal procedures, and resolves inconsistencies with other sections of NDCC
- SB 2123 – Relating to access to death records
- SB 2124 – Relating to virtual special session, state health officer's and governor's authority during declared disaster or emergency

- SB 2125 – Adds a licensed behavior analyst as behavioral health professional in the health care professional student loan repayment program
- SB 2209 - Relating to increased access to low-cost prescription drugs
- SB 2241 – Relating to review of health facility construction and renovation projects
- SB 2248 – Relating to administration of epinephrine
- SB 2252 – Relating to the regulation of purified water dispensers
- SB 2303 – Relating to tribal health units

COVID-19 Amount Spent as of 12/31/2020 and Federal Funds Available

The total amount of COVID-19 expenditures paid through December 31, 2020 is \$143,106,568; details are outlined below.

COVID-19 Expenditure paid through 12/31/2020 - \$143,106,568



While the Department was awarded 14 different grants outside of the CARES

(Coronavirus Relief Fund) and FEMA funding, the above expenditures were paid primarily from CARES (Coronavirus Relief Funds) and FEMA. Emergency Commission Requests were submitted requesting authority to spend the

additional grants along with the request to track the COVID-19 expenditures under a separate line item. With the ability to use FEMA and CARES funding, the Department is able to maximize the majority of the other federal COVID-19 awards and expend the other federal funds after the CARES funding has been fully expended within the amount approved for the current biennium and FEMA reimbursement is not available. In January 2021, the emergency declaration for FEMA was extended from January 23, 2021 to September 30, 2021 and reimbursement is now at 100% rather than 75%. This change in rate of reimbursement is effective back to January 20, 2020.

Below is a chart listing the grants, amounts expended, and grant end dates.

Description	Award	Expended as of December 31, 2020	Remaining	End Date of Grant Award
CARES (Coronavirus Relief Fund)	\$174,115,929	\$106,410,023	\$67,705,906	12/31/2021
FEMA	54,540,000	32,594,651	21,945,349	9/30/2021
CMS Funding	237,405	152,788	84,617	9/30/2021
Ryan White	50,000	30,790	19,210	3/31/2021
Epidemiology & Lab Capacity - CARES	5,075,000	149,905	4,925,095	4/22/2022
Epidemiology & Lab Capacity - Enhanced	52,621,819	63,758	52,558,061	11/17/2022
Epidemiology & Lab Capacity - Infection Control	904,829	-	904,829	5/27/2022
Epidemiology & Lab Capacity - Supplemental	846,000	-	846,000	9/30/2022
Epidemiology & Lab Capacity - Expansion	43,863,056	-	43,863,056	7/31/2023
Immunization Influenza Supplemental	240,831	53,346	187,485	7/5/2021
Immunization Vaccination Services	344,088	-	344,088	6/30/2022
Immunization COVID Vaccination	6,885,880	-	6,885,880	6/30/2024
Public Health Crisis Response	4,567,500	3,607,589	959,911	3/31/2021
Hospital Preparedness Supplemental 1	473,417	-	473,417	6/30/2021
Hospital Preparedness Supplemental 2	1,161,700	-	1,161,700	6/30/2021
Family Violence Prevention	79,837	43,718	36,119	9/30/2021
Total	\$346,007,291	\$143,106,568	\$202,900,723	

Under the CARES funding as of December 31, 2020, there were outstanding obligations for which we were awaiting a request for reimbursement / invoice in order to make payment. The remainder of the CARES funding has allowed the Department to the deficiency request contained in HB 1025. The Department of Health is no longer in need of a deficiency appropriation.

With the passage of the COVID-19 Relief Bill signed by the President on December 27, 2020, the Department of Health received two additional grant awards totaling \$6.885 million for vaccination activities and \$43.863 million for testing and surveillance. The additional federal funding along with FEMA funding being extended through September 30, 2021 at 100% rate of reimbursement has allowed the Department to offset \$45.3 million of the General Fund request included in the Executive Recommendation. The Senate made this adjustment.

Other Information

The Medical Marijuana Program is supported by a continuing appropriation as included in the legislation that established the program during the 2017 Legislative Session. The current biennium is the first biennium the program is fully funded with registration and application fees. The expected budget for the 2021 – 2023 biennium is \$1.5 million and includes operating with 5 staff members. We anticipate \$1.7 million of the revenue is to be collected with approximately \$1 million being paid by the Compassion Centers for registration fees and for the ability to grow additional plants. At the beginning of January 2021, the number of current active qualifying patients was 4,354 and the number of active designated caregiver cards was at 117.

Audit Findings

During our most recently completed operational audit for the period covering July 1, 2017 through June 30, 2019, we had the following two audit findings along with action taken to address each.

- We recommend the North Dakota Department of Health ensure compliance with appropriation limits set by the North Dakota Legislature.
 - *The appropriation from the Environmental Rangeland Protection*

Fund was exceeded by \$2,995. Sufficient funding existed in the fund and we had sufficient general fund to cover the payment. Processes have been modified to prevent expenditures from being charged to funding sources that have reached their funding limits.

- We recommend the North Dakota Department of Health ensure the calculation of the rural emergency medical services grant distribution is correct and that all supporting documentation is retained.
 - *We had used GIS mapping to update population figures from the 2010 census to more accurately include rural population counts. This documentation was not maintained due to staff turnover. There was also a formula error in one of the cells of the spreadsheet resulting in \$39,995 of \$6,875,000 (.58%) being allocated incorrectly. Procedures and additional internal controls have been added to verify information utilized to calculate grant payments. Additionally, staff communications were updated emphasizing the importance of maintaining supporting documentation for EMS payments.*

Conclusion

Chairman Nelson and members of the Committee, this concludes the Department of Health testimony on Senate Bill 2004. In the upcoming weeks, we look forward to working with you on the detail of the Governor's recommended appropriation for the Department. I or other members of Department of Health team would be happy to address any questions you may have at this time.

Description	General Fund	Federal Funds	Special Funds	Total
Base Budget 2019 - 2021	\$36,270,590	\$101,306,765	\$20,644,914	\$158,222,269
Bond Payment (Final payments scheduled Dec 2022)	(\$184,065)	(\$22,999)	\$0	(\$207,064)
Items impacted to meet the 85% General Fund Budget				
Eliminate Food & Lodging Part-time Temp	(\$50,000)			(\$50,000)
Funding shift due to increase federal collection for administrative costs	(\$1,060,000)	\$1,060,000		\$0
Funding shift - carryover collections in Life, Safety & Construction	(\$312,706)			(\$312,706)
Fetal Alcohol Syndrome - Unfund the contract payment to UND	(\$350,458)			(\$350,458)
Loan Repayment Program - Biennium hold on new contracts	(\$823,155)			(\$823,155)
Reduction to the Tobacco Program	(\$1,108,000)			(\$1,108,000)
Miscellaneous	\$17,073			\$17,073
Items impacted by Reprioritization Special Funds				
Funding no longer Expected from Private Foundations			(\$647,500)	(\$647,500)
Funding shift - carryover collections in Life, Safety & Construction			\$312,706	\$312,706
Utilize available Laboratory Fees to cover costs			\$200,000	\$200,000
Include funding from the Civil Money Penalties Fund			\$100,000	\$100,000
Redirect Community Health Trust Fund for Loan Repayment			\$70,500	\$70,500
Miscellaneous			(\$35,706)	(\$35,706)
Net increase in Federal Funds estimated to be Awarded		\$2,843,220		\$2,843,220
Department of Health Requested Budget	\$32,399,279	\$105,186,986	\$20,644,914	\$158,231,179
Executive Budget Changes				
Compensation Package	\$622,262	\$554,224	\$63,016	\$1,239,502
Rent Model Change	\$336,399			\$336,399
Office 365	\$21,542	\$61,616	\$8,275	\$91,433
Forensic Examiner - increase to UND for Forensic Pathology Services	\$85,230			\$85,230
Forensic Examiner - Electronic Records / Full Body Imaging System	\$910,000			\$910,000
Restore Tobacco Funding			\$1,196,000	\$1,196,000
Statewide Health Strategies			\$3,000,000	\$3,000,000
COVID-19	\$54,505,031	\$35,565,602	\$5,000,000	\$95,070,633
Executive Budget Recommendation	\$88,879,743	\$141,368,428	\$29,912,205	\$260,160,376
Senate Changes				
Reinstate the Fetal Alcohol Syndrome grant	\$350,458			\$350,458
Add funding for Contract Awards under the Loan Repayment Program	\$585,000			\$585,000
Changes to the Executive Compensation Package	(\$115,467)	(\$102,190)	(\$6,543)	(\$224,200)
Change in COVID-19 Executive Recommendation	(\$45,298,220)	\$45,782,924	(\$484,704)	\$0
Add authority for additional COVID work		\$11,644,708		\$11,644,708
IT Unification 4.0 FTE instead of 5.0 FTE	\$2,135	\$17,643		\$19,778
Remove the Capital Complex Rent Proposal	(\$336,399)			(\$336,399)
Restore Tobacco Funding to LPH			\$397,000	\$397,000
Remove funding for Statewide Health Strategies			(\$3,000,000)	(\$3,000,000)
Senate Budget	\$44,067,250	\$198,711,513	\$26,817,958	\$269,596,721



ND Department of Health
SB 2004
Senate Appropriations Committee
Optional Adjustment Requests (OAR) Summary
2021 - 2023 Biennium

ATTACHMENT B

TOTAL BUDGET ADJUSTMENT REQUEST BY CLASS

	FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating	Capital Assets	Grants	Total
COVID19	143.50	227,459,235	35,565,601		58,910,334	164,450,449	2,504,000	37,160,053	263,024,836
Local Public Health State Aid Funding	0.00	5,226,900						5,226,900	5,226,900
Forensic Examiner One-Time Upgrades	0.00	910,000				60,000	850,000		910,000
Tobacco Prevention and Control Program Media and Cessation Support	0.00	1,946,000				1,613,000		333,000	1,946,000
Loan Repayment Programs	0.00	585,000						585,000	585,000
Forensic Examiner UND Contract	0.00	170,460				170,460			170,460
Convert Temps - Emergency Preparedness Division	4.00		44,605		44,605				44,605
Convert Temps - Office of the State Epidemiologist	2.00		20,445		20,445				20,445
Convert Temps - Division of Emergency Medical Systems	2.00	10,038	10,744		20,782				20,782
Total	151.50	\$ 236,307,633	\$ 35,641,395	-	\$ 58,996,166	\$ 166,293,909	\$ 3,354,000	\$ 43,304,953	\$ 271,949,028

Funded in the Governor's Executive Budget

Partially Funded in the Governor's Executive Budget



House Appropriations Committee
Human Resources Division
Department of Health
Senate Bill 2004
2021 – 2023 #7357

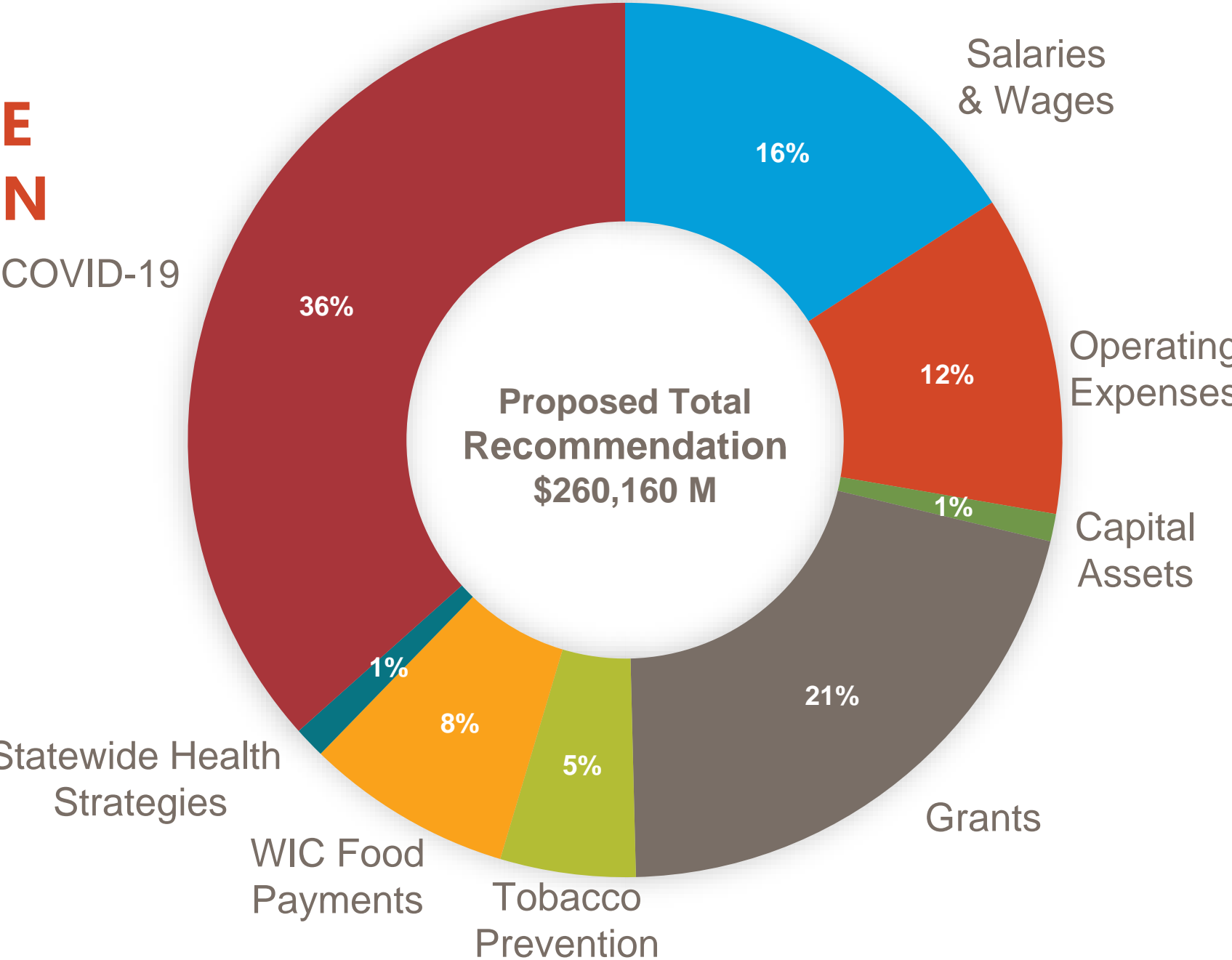
March 4, 2021

COMPARISON

BASE BUDGET TO EXECUTIVE RECOMMENDATION

Description	2019-21 Base Budget	2021-23 Executive Recomm.	Increase / (Decrease)
Salaries and Wages	37,719,574	41,256,942	3,537,368
Operating Expenses	32,398,526	30,836,700	(1,561,826)
Capital Assets	2,164,813	2,646,393	481,580
Grants	53,257,292	54,313,687	1,056,395
Tobacco Prevention & Control	12,902,064	13,019,077	117,013
WIC Food Payments	19,780,000	19,900,000	120,000
Statewide Health Strategies	0	3,000,000	3,000,000
COVID-19	0	95,187,577	95,187,577
Total By Line Item	158,222,269	260,160,376	101,938,107
General Fund	36,270,590	88,879,743	52,609,153
Federal Funds	101,306,765	141,368,428	40,061,663
Special Funds	20,644,914	29,912,205	9,267,291
Total By Fund	158,222,269	260,160,376	101,938,107
FTE	204.00	221.50	17.50

2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM



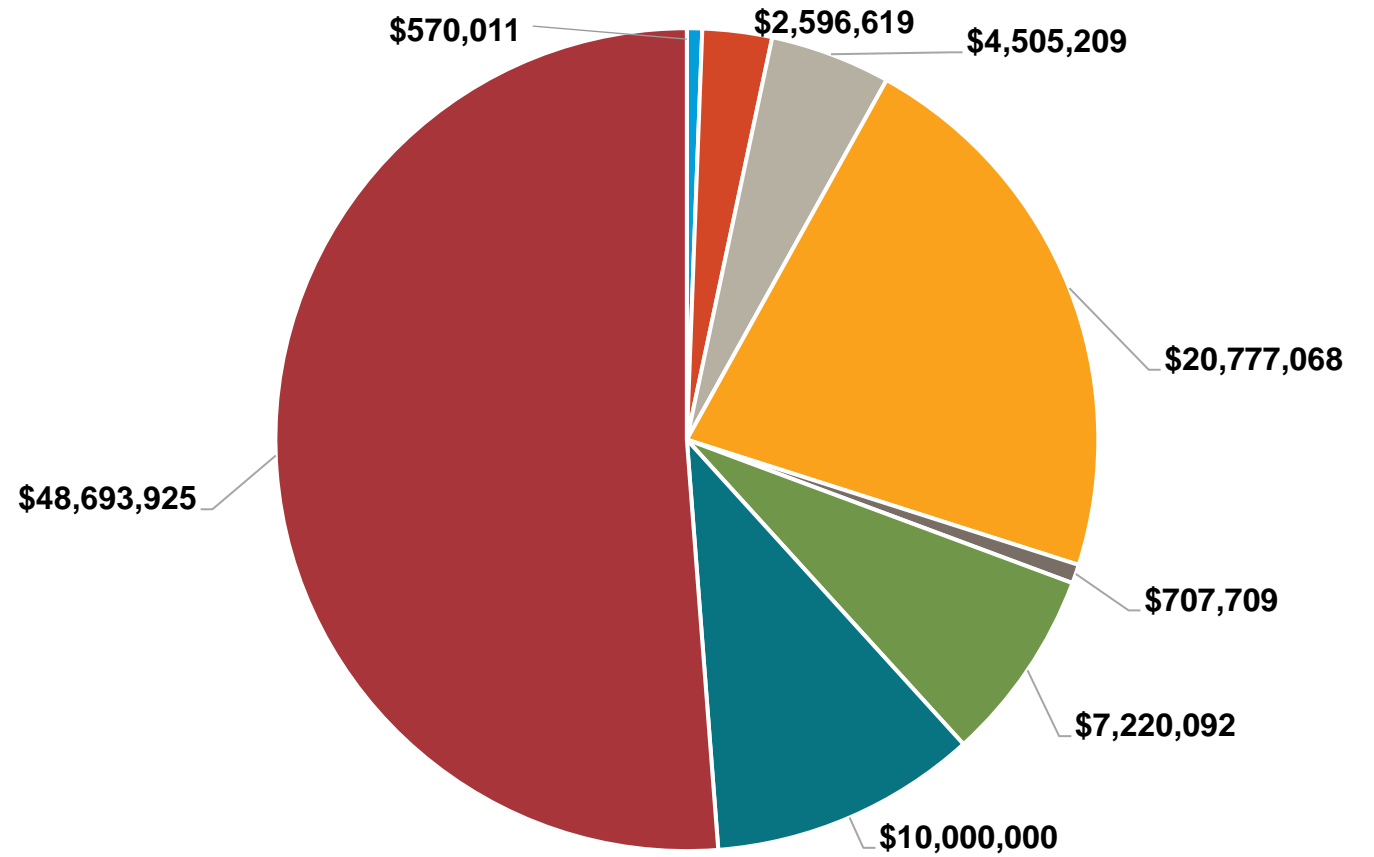
Statewide Health Strategies

BUDGET ITEM	DESCRIPTION	BIENNIUM AMOUNT
Goal 1		
Adopt a Health in All Policy Approach	1 Health Policy Analyst	\$ 300,000
Goal 2		
Enhance Public Health Knowledge and Build Capacity	Addition of Maternal & Child Health and Environmental Health Specializations, have NDSU and UND conduct Public Health Studies	\$1,282,000
Invest in Public Health Workforce	1 Epidemiologist	\$ 240,000
Invest in Public Health Workforce	10 Master of Public Health Program Forgivable Loans upon completion of 3-year work commitment	\$ 120,000
Goal 3		
Support Locally Driven Community Engagement and Health Education	1 Public Information Officer	\$ 198,000
Support Locally Driven Community Engagement and Health Education	Health Improvement Education Campaign	\$ 60,000
Award Grants to Support Local Health Improvement Initiatives	4 or more local community health improvement projects, contingent on a 1:1 match, including in-kind	\$ 800,000

Total Request: \$3,000,000

COVID-19 EXECUTIVE RECOMMENDATION

\$95,070,633



- Health Analytics- 1%
- Outreach / Response / Public Health Hotline - 3%
- Department Operations Costs / Warehouse / PPE - 5%
- Contact Tracing / Case Investigation / Vaccine / Surveillance - 22%
- Fiscal, Communications, Human Resources - 1%
- Lab Workforce and Related Costs - 7%
- Local Public Health - 10%
- Testing Costs - 51%

COVID-19 | MAJOR COST COMPONENTS

Testing supplies – just over \$48.6 million

- 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow)
- 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow)
- 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only
- 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays

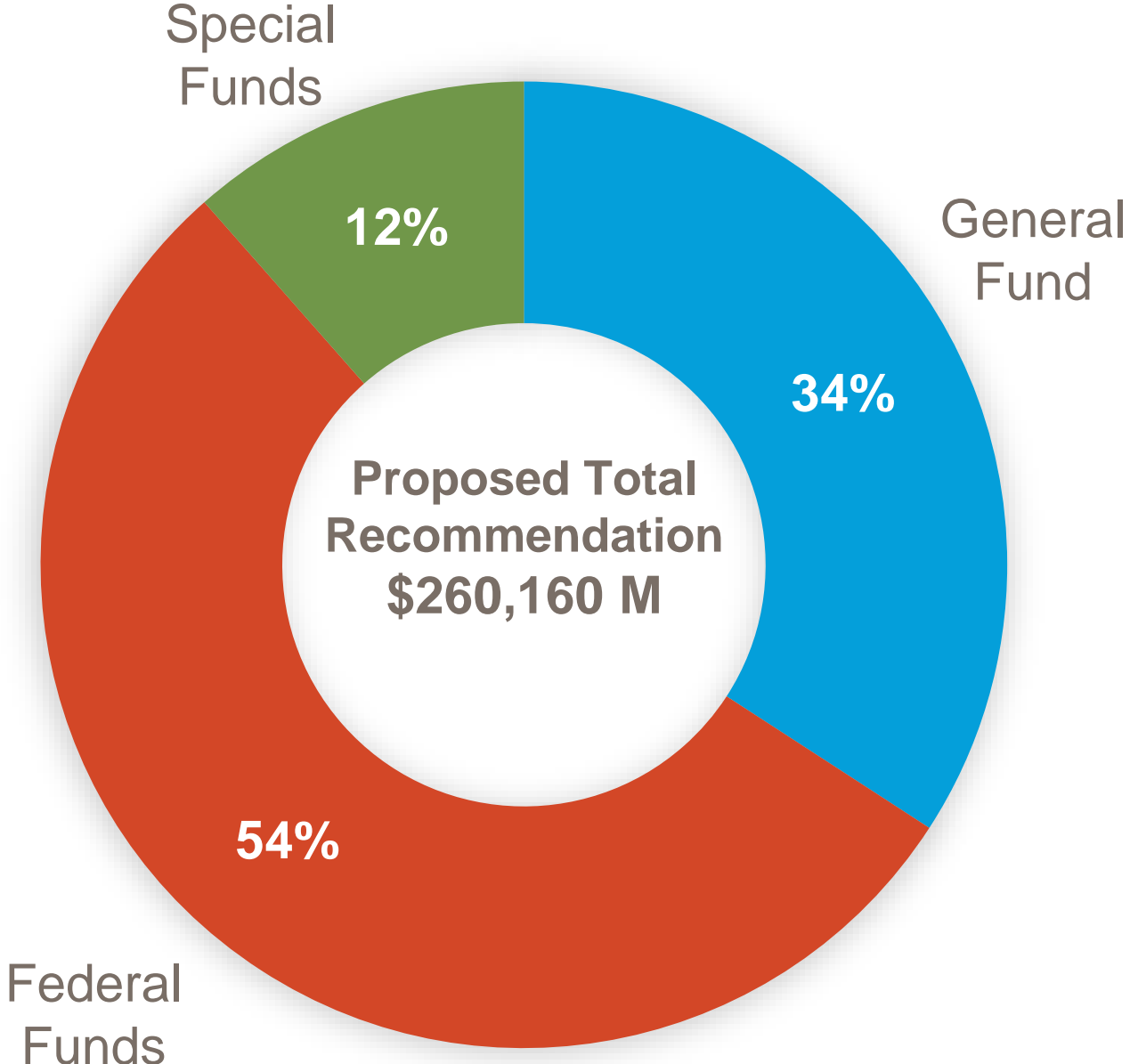
Workforce - \$21.6 million

- Regular FTE - 22.50 Regular
 - 1 -Fiscal Services
 - 3 – Health Analytics (Office of the State Epidemiologist)
 - 7.5 – Laboratory Services
 - 6 – Disease Control
 - 3 – Title V and Health Equity Office
 - 1 – Emergency Response
 - 1 – Outreach / Surveillance
- Temporary Staffing
 - 1 Communication Specialist – year 1 of the biennium
 - 1 Human Resources / Payroll
 - 100 - Contact Tracers / Case Managers / Case Workers with work effort decreasing over the biennium
 - 22 – Laboratory Scientists / Techs
 - 25 – Department Operations decreasing over the biennium

Other Costs

- Media / Education Campaign - \$250,000
- Public Health Hotline Agreement - \$1.6 million
- PPE - \$1.9 million
- Grants for Serology / Contract Tracing / Infectious Control - \$2 million
- Travel Costs / Courier Services / Additional warehouse space / operations - approx. \$3.3 million
- Technology Costs for systems / licenses - \$5.8 million
- Local Public Health - \$10 million

**2021-23 EXECUTIVE
RECOMMENDATION
BY FUNDING SOURCE**



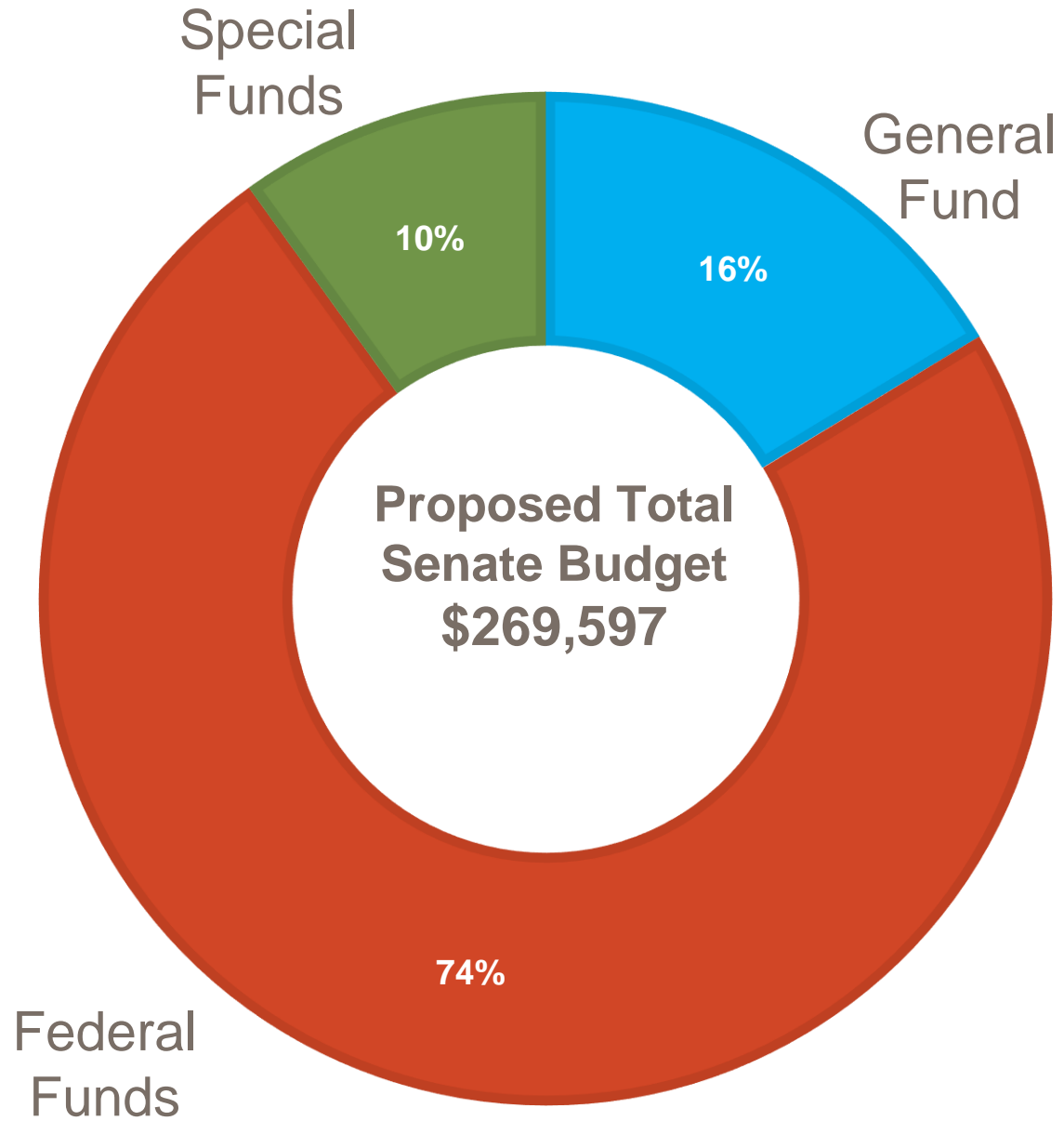
FUNDING CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Base Budget 2019 - 2021	\$36,270,590	\$101,306,765	\$20,644,914	\$158,222,269
Bond Payment (Final payments scheduled Dec 2022)	(\$184,065)	(\$22,999)	\$0	(\$207,064)
Items impacted to meet the 85% General Fund Budget				
Eliminate Food & Lodging Part-time Temp	(\$50,000)			(\$50,000)
Funding shift due to increase federal collection for administrative co	(\$1,060,000)	\$1,060,000		\$0
Funding shift - carryover collections in Life, Safety & Construction	(\$312,706)			(\$312,706)
Fetal Alcohol Syndrome - Unfund the contract payment to UND	(\$350,458)			(\$350,458)
Loan Repayment Program - Biennium hold on new contracts	(\$823,155)			(\$823,155)
Reduction to the Tobacco Program	(\$1,108,000)			(\$1,108,000)
Miscellaneous	\$17,073			\$17,073
Items impacted by Reprioritization Special Funds				
Funding no longer Expected from Private Foundations			(\$647,500)	(\$647,500)
Funding shift - carryover collections in Life, Safety & Construction			\$312,706	\$312,706
Utilize available Laboratory Fees to cover costs			\$200,000	\$200,000
Include funding from the Civil Money Penalties Fund			\$100,000	\$100,000
Redirect Community Health Trust Fund for Loan Repayment			\$70,500	\$70,500
Miscellaneous			(\$35,706)	(\$35,706)
Net increase in Federal Funds estimated to be Awarded		\$2,843,220		\$2,843,220
Department of Health Requested Budget	\$32,399,279	\$105,186,986	\$20,644,914	\$158,231,179
Executive Budget Changes				
Compensation Package	\$622,262	\$554,224	\$63,016	\$1,239,502
Rent Model Change	\$336,399			\$336,399
Office 365	\$21,542	\$61,616	\$8,275	\$91,433
Forensic Examiner - increase to UND for Forensic Pathology Services	\$85,230			\$85,230
Forensic Examiner - Electronic Records / Full Body Imaging System	\$910,000			\$910,000
Restore Tobacco Funding			\$1,196,000	\$1,196,000
Statewide Health Strategies			\$3,000,000	\$3,000,000
COVID-19	\$54,505,031	\$35,565,602	\$5,000,000	\$95,070,633
Executive Budget Recommendation	\$88,879,743	\$141,368,428	\$29,912,205	\$260,160,376

SENATE CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$88,879,743	\$141,368,428	\$29,912,205	\$260,160,376
Senate Changes				
Reinstate the Fetal Alcohol Syndrome grant	\$350,458			\$350,458
Add funding for Contract Awards under the Loan Repayment Program	\$585,000			\$585,000
Changes to the Executive Compensation Package	(\$115,467)	(\$102,190)	(\$6,543)	(\$224,200)
Change in COVID-19 Executive Recommendation	(\$45,298,220)	\$45,782,924	(\$484,704)	\$0
Add authority for additional COVID work		\$11,644,708		\$11,644,708
IT Unification 4.0 FTE instead of 5.0 FTE	\$2,135	\$17,643		\$19,778
Remove the Capital Complex Rent Proposal	(\$336,399)			(\$336,399)
Restore Tobacco Funding to LPH			\$397,000	\$397,000
Remove funding for Statewide Health Strategies			(\$3,000,000)	(\$3,000,000)
Senate Budget	\$44,067,250	\$198,711,513	\$26,817,958	\$269,596,721

2021-23 SENATE BUDGET BY FUNDING SOURCE



OPTIONAL ADJUSTMENT REQUESTS (OARS)

	FTE	General Fund	Federal Funds	Special Funds	Salaries	Operating	Capital Assets	Grants	Total
COVID19	143.50	227,459,235	35,565,601		58,910,334	164,450,449	2,504,000	37,160,053	263,024,836
Local Public Health State Aid Funding	0.00	5,226,900						5,226,900	5,226,900
Forensic Examiner One-Time Upgrades	0.00	910,000				60,000	850,000		910,000
Tobacco Prevention and Control Program Media and Cessation Support	0.00	1,946,000				1,613,000		333,000	1,946,000
Loan Repayment Programs	0.00	585,000						585,000	585,000
Forensic Examiner UND Contract	0.00	170,460				170,460			170,460
Convert Temps - Emergency Preparedness Division	4.00		44,605		44,605				44,605
Convert Temps - Office of the State Epidemiologist	2.00		20,445		20,445				20,445
Convert Temps - Division of Emergency Medical Systems	2.00	10,038	10,744		20,782				20,782
Total	151.50	\$ 236,307,633	\$ 35,641,395	\$ -	\$ 58,996,166	\$ 166,293,909	\$ 3,354,000	\$ 43,304,953	\$ 271,949,028
Funded in the Governor's Executive Budget									
Partially Funded in the Governor's Executive Budget									

OTHER DEPARTMENT OF HEALTH-RELATED BILLS

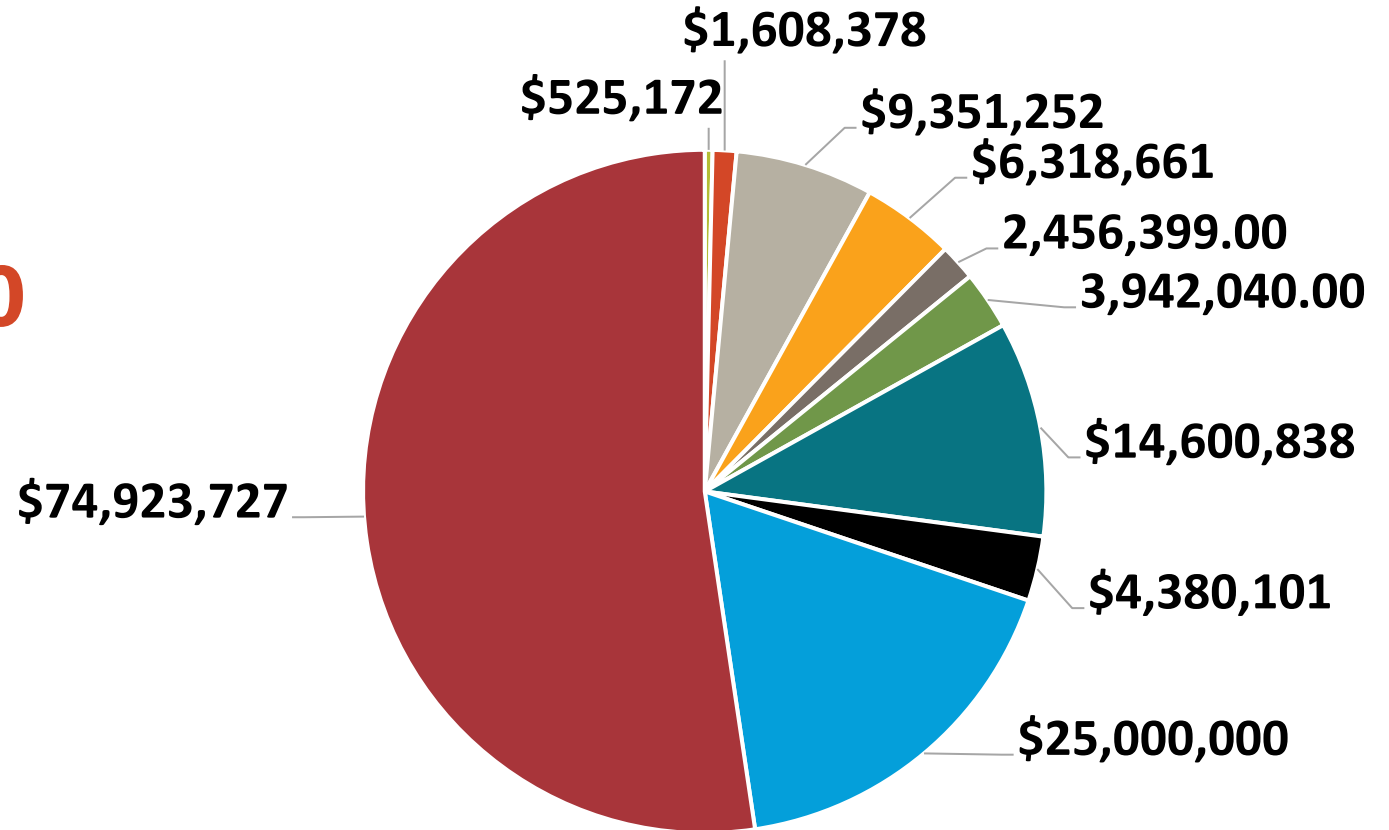
- HB 1073 – Allows for BCI / FBI criminal background checks for select individuals
- HB 1103 – Update definitions (relating to mobile home park, recreational vehicle park, and campground), license renewal procedures, and resolves inconsistencies with other sections of NDCC
- HB 1118 – Relating to the authority of the state health officer to issue a written order
- HB 1163 – Relating to the needle exchange program
- HB 1205 – Relating to establishing the maternal mortality review committee and to provide for a report to the legislative management and other agencies.
- HB 1213 – Relating to medical marijuana designated caregivers
- HB 1219 – Relating to reportable conditions and post-mortem communicable diseases.
- HB 1247 – Relating to merging of the state department of health and the department of human services
- HB 1323 – Relating to limitations on mask wearing requirements
- HB 1359 – Relating to medical marijuana designated caregiver fees and the medical marijuana advisory board
- HB 1391 – Relating to regulating edible medical marijuana products
- HB 1394 – Appropriation for costs related to COVID-19 and other services
- HB 1395 – Adjusts state agency spending authority approved by the emergency commission and budget section

OTHER DEPARTMENT OF HEALTH-RELATED BILLS

- HB 1418 – Relating to qualifications of the state health officer
- HB 1420 – Relating to the personal use of marijuana under an “adult use” program
- HB 1493 – Provide for ambulance service operation funding
- HB 1495 – Relating to the state health officer's authority and the governor's and legislative assembly's authority during a declared state of disaster or emergency; and to provide a penalty
- SB 2119 – Updates relating to food and lodging establishments license renewal procedures, and resolves inconsistencies with other sections of NDCC
- SB 2123 – Relating to access to death records
- SB 2124 – Relating to virtual special session, state health officer's and governor's authority during declared disaster or emergency
- SB 2125 – Adds a licensed behavior analyst as behavioral health professional in the health care professional student loan repayment program
- SB 2209 - Relating to increased access to low-cost prescription drugs
- SB 2241 – Relating to review of health facility construction and renovation projects
- SB 2248 – Relating to administration of epinephrine
- SB 2252 – Relating to the regulation of purified water dispensers
- SB 2303 – Relating to tribal health units

COVID-19 EXPENDITURES PAID THROUGH 12/31/2020

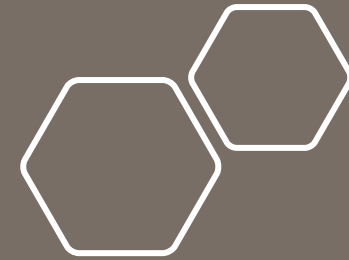
\$143,106,568



- Health Analytics - 0.4%
- Outreach / Response / Public Health Hotline - 1.1%
- Department Operations Costs / Warehouse / PPE - 6.5%
- Contact Tracing / Case Investigation / Vaccine / Surveillance - 4.4%
- Fiscal, Communications, Human Resources - 1.7%
- Lab Workforce and Related Costs - 2.8%
- Local Public Health - 10.2%
- EMS Providers - 3.1%
- Hospitals - 17.5%
- Testing Costs - 52.4%

COVID-19 Grants

Description	Award	Expended as of December 31, 2020	Remaining	End Date of Grant Award
CARES (Coronavirus Relief Fund)	\$174,115,929	\$106,410,023	\$67,705,906	12/31/2021
FEMA	54,540,000	32,594,651	21,945,349	9/30/2021
CMS Funding	237,405	152,788	84,617	9/30/2021
Ryan White	50,000	30,790	19,210	3/31/2021
Epidemiology & Lab Capacity - CARES	5,075,000	149,905	4,925,095	4/22/2022
Epidemiology & Lab Capacity - Enhanced	52,621,819	63,758	52,558,061	11/17/2022
Epidemiology & Lab Capacity - Infection Control	904,829	-	904,829	5/27/2022
Epidemiology & Lab Capacity - Supplemental	846,000	-	846,000	9/30/2022
Epidemiology & Lab Capacity - Expansion	43,863,056	-	43,863,056	7/31/2023
Immunization Influenza Supplemental	240,831	53,346	187,485	7/5/2021
Immunization Vaccination Services	344,088	-	344,088	6/30/2022
Immunization COVID Vaccination	6,885,880	-	6,885,880	6/30/2024
Public Health Crisis Response	4,567,500	3,607,589	959,911	3/31/2021
Hospital Preparedness Supplemental 1	473,417	-	473,417	6/30/2021
Hospital Preparedness Supplemental 2	1,161,700	-	1,161,700	6/30/2021
Family Violence Prevention	79,837	43,718	36,119	9/30/2021
Total	\$346,007,291	\$143,106,568	\$202,900,723	



THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004

3/9/2021

am

House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 8:32 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Department of Health
- Ongoing costs
- Administration
- Budget

Brenda Weisz, CFO, North Dakota Department of Health (8:34 am) testified

#7995 #7996

Dirk Wilke, Interim State Health Officer (10:17 am) testified #8006

Brenda Weisz, CFO, North Dakota Department of Health(10:36 am) testified

#8007

Chair Nelson closed the meeting at 11:16 a.m. *Cole Fleck, Committee Clerk*



**Department of Health #7995
SB 2004
COVID-19 Executive Recommendation with Senate
Amendments**

COVID-19: Ongoing & One-Time

	Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
SALARIES AND WAGES	1.00	3.00	6.00	3.00	7.50	1.00	1.00	22.50
FTE EMPLOYEES (Number)	1.00	2.00	4.00	1.00	3.50	1.00	0.00	12.50
511 Salaries	115,200	353,880	671,040	342,000	762,000	97,800	292,800	2,634,720
513/514 Temporary, Overtime	147,815		10,817,354	0	3,028,811	2,041,678		16,035,658
516 Benefits	72,305	174,492	1,423,396	172,126	732,947	258,318	127,654	2,961,238
TOTAL	335,320	528,372	12,911,790	514,126	4,523,758	2,397,796	420,454	21,631,616
General Fund	32,093	70,269	0	0	0	2,117,066	363,972	2,583,400
Federal Funds	303,227	458,103	12,911,790	514,126	4,523,758	280,730	56,482	19,048,216
Special Funds	0	0	0	0	0	0	0	0
OPERATING EXPENSES								
521 Travel	0	0	5,750	3,000	11,424	51,965	12,184	84,323
531 IT - Software/Supp.		12,375	260,000	0			600	272,975
532 Professional Supplies & Materials	0	0	0	0	4,800			4,800
534 Buildings Maintenance Supplies	0	0	0	0	36,000			36,000
536 Office Supplies	4,125		0	5,000	6,000		1,000	16,125
541 Postage	0	0	5,100	500	3,252	50,000	500	59,352
542 Printing	0	0	0	1,000			2,500	3,500
561 Utilities	0	0	0	0	141,600			141,600
582 Lease \Rentals-- Buildings./Land	5,520	5,520	149,040	5,520	243,000		3,680	412,280
591 Repairs	0	0			1,452,642			1,452,642
601 IT-Data Processing	11,016	11,016	3,568,751	11,016	108,324	95,472	7,344	3,812,939
602 IT-Telephone	1,728	1,728	51,434	1,728	16,992	14,976	1,152	89,738
603 IT - Contractual Services		0	1,728,571					1,728,571
611 Professional Development	0	11,000	19,000	2,875	1,500		2,160	36,535
621 Operating Fees & Services	0	0	28,632		670,800		280	699,712
623 Professional Services	350,000	0					0	350,000
625 Medical, Dental, and Optical	0	0			48,693,925	1,895,000	0	50,588,925
TOTAL	372,389	41,639	5,816,278	30,639	51,390,259	2,107,413	31,400	59,790,017
General Fund	322,257	41,639	2,905,749	30,639	1,196,465	1,845,262	31,400	6,373,411
Federal Funds	50,132	0	2,910,529	0	50,193,794	262,151	0	53,416,606
Special Funds	0	0	0	0	0	0	0	0
GRANTS								
712 Grants - Non State	0	0	2,049,000	11,600,000	0	0	0	13,649,000
722 Grants - In State	0	0	0	0	0	0	0	0
TOTAL	0	0	2,049,000	11,600,000	0	0	0	13,649,000
General Fund	0	0	250,000	0	0	0	0	250,000
Federal Funds	0	0	1,799,000	7,084,704	0	0	0	8,883,704
Special Funds	0	0	0	4,515,296	0	0	0	4,515,296
TOTAL	707,709	570,011	20,777,068	12,144,765	55,914,017	4,505,209	451,854	95,070,633
General Fund	354,350	111,908	3,155,749	30,639	1,196,465	3,962,328	395,372	9,206,811
Federal Funds	353,359	458,103	17,621,319	7,598,830	54,717,552	542,881	56,482	81,348,526
Special Funds	0	0	0	4,515,296	0	0	0	4,515,296

ONGOING COSTS

22.50 FTE – *While the work effort for the next 24 months may have its peaks and valleys, the current level of effort and overtime is not sustainable with the current team of 204 FTE and does not allow for an appropriate work life balance. The Senate reduced the FTE to 12.50 and shifted the remaining 10 as temporary positions to address work effort.*

Administration (Admin)

Salaries and Wages

- 1 FTE – Accounting Budget Specialist – COVID presented the need to fiscally manage 14 additional federal grants w/o considering FEMA and Coronavirus Relief Funds (CRF). The large multimillion-dollar grants extend into the next 24 months.
 - Prior to COVID, work effort included the addition of the Medical Marijuana Division, absorbing fiscal effort of costs previously occurring in the Center for Tobacco Prevention and Control, along with handling the financial reporting for added federal programs – all with a reduction of a .50 FTE.
- General operating costs – IT connectivity, phone, rent, etc.
- Licensing costs for the soon to be implemented electronic time and attendance system - \$100,000

Office of the State Epidemiologist – Health Analytics (Epi A)

Salaries and Wages

- 3 FTE – Data Analytics, Dashboards and timely information across systems is important to be provided. **Senate shifted 1 FTE to temp. position**

Operating

- Licenses for Power BI (business intelligence) to work with data more effectively
- General operating costs - IT connectivity, phone, rent, etc.

Disease Control (DC)

Salaries and Wages

- 6 FTE – Epidemiologist – surveillance and coordination with data systems, 2 Healthcare Associated Infections (HAI) prevention specialists, Program Manager – COVID / Other Outbreaks, Program Manager – Vaccine Program, Administrative Assistant. **Senate shifted 1 HAI prevention specialist and the Administrative Assistant to temp. positions.**

Operating

- Cost for user licenses Dynamics / GIS software - \$260,000
- General operating costs – Phone, rent, travel, postage, etc.
- System hosting fees \$894,000 (Maven, Test Registry); System costs Dynamics - \$998,400; NDIT costs for Project Mgmt, Help Desk, Data Lake - \$1,383,697; NDIT Connectivity - \$22,032. Total \$3.2 million.

- Technology costs to enhance electronic records, data access. and messaging (Healthcare Standard) - \$428,571
- Translation services and team scheduling - \$28,632

Heath Equity Office (HEO)

Salaries and Wages

- 3 FTE – 1 Program Mgr. – Health Equity / Special Populations Coordinator, 1 Program Mgr. for work related to public health hotline and 1 Program Mgr. for School response and oversight. **Senate moved the Program Mgrs for the hotline and school response to temp. positions**

Operating

- General operating costs - IT connectivity, phone, rent, etc.

Laboratory Services (LS)

Salaries and Wages

- 7.5 FTE – 3 Lab Techs; 3 Microbiologists; 1 Admin. Asst; .50 - CLIA Director as required by federal regulations to oversee work effort in the Lab. **Senate moved 2 Lab Techs and 2 Microbiologists to temp. positions**

Operating

- General operating costs - IT connectivity, phone, etc.
- General building supply needs due to increase usage - \$36,000
- Increased utilities - \$141,600
- Lease of additional space for test kits storage and assembly for distribution - \$243,000
- Maintenance agreements for new testing platforms – identified as Repairs - \$1.4 million
- Costs related to courier and janitorial – identified as Operating Fees & Services -\$647,400

Emergency Preparedness (EP)

Salaries and Wages

- 1 FTE – Program Mgr. in the Department Operations Center

Operating

- General operating costs - IT connectivity, phone, and travel

Outreach & Surveillance (O&S)

Salaries and Wages

- 1 FTE – Admin Asst to coordinate administrative tasks as this area merges into the overall operations of the Department. **Senate moved this position to temp. position**
- Also reflected here is the funding to support the Chief Nursing Officer position which will serve the entire Department related to disease outbreak and necessary outreach

Operating

- General operating costs - IT connectivity, phone, rent, travel, etc.



**Department of Health
SB 2004
COVID-19 Executive Recommendation
with Senate Amendments**

One-Time

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
536 Office Supplies
541 Postage
582 Lease \Rentals-- Buildings./Land
601 IT-Data Processing
602 IT-Telephone
603 IT - Contractual Services
621 Operating Fees & Services
623 Professional Services
625 Medical, Dental, and Optical

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

	Admin 1111	Epi A 1191	DC 2201	HEO 4541	LS 5571	EP 6611	O&S 7711	Total
SALARIES AND WAGES								
FTE EMPLOYEES (Number)								0.00
511 Salaries		0		0				0
513/514 Temporary, Overtime	147,815	0	10,817,354	0	3,028,811	2,041,678		16,035,658
516 Benefits	14,781	0	1,081,736	0	302,881	204,168		1,603,566
TOTAL	162,596	0	11,899,090	0	3,331,692	2,245,846	0	17,639,224
General Fund	32,093	0	0	0	0	1,965,116	0	1,997,209
Federal Funds	130,503	0	11,899,090	0	3,331,692	280,730	0	15,642,015
Special Funds	0	0	0	0	0	0	0	0
OPERATING EXPENSES								
521 Travel	0	0		0	11,424	46,000		57,424
536 Office Supplies			0	0	4,528			4,528
541 Postage	0	0		0	3,252	50,000		53,252
582 Lease \Rentals-- Buildings./Land	3,680		138,000	0				141,680
601 IT-Data Processing	7,344		270,622	0	78,948	91,800		448,714
602 IT-Telephone	1,152		47,978	0	12,384	14,400		75,914
603 IT - Contractual Services			1,300,000					1,300,000
621 Operating Fees & Services	0	0			23,400			23,400
623 Professional Services	250,000	0						250,000
625 Medical, Dental, and Optical	0	0			48,693,925	1,895,000		50,588,925
TOTAL	262,176	0	1,756,600	0	48,827,861	2,097,200	0	52,943,837
General Fund	262,176	0	402,611	0	0	1,835,049	0	2,499,836
Federal Funds	0	0	1,353,989	0	48,827,861	262,151	0	50,444,001
Special Funds	0	0	0	0	0	0	0	0
GRANTS								
712 Grants - Non State	0	0	2,049,000	11,600,000	0	0	0	13,649,000
722 Grants - In State	0	0	0	0	0	0	0	0
TOTAL	0	0	2,049,000	11,600,000	0	0	0	13,649,000
General Fund	0	0	250,000	0	0	0	0	250,000
Federal Funds	0	0	1,799,000	7,084,704	0	0	0	8,883,704
Special Funds	0	0	0	4,515,296	0	0	0	4,515,296
TOTAL	424,772	0	15,704,690	11,600,000	52,159,553	4,343,046	0	84,232,061
General Fund	294,269	0	652,611	0	0	3,800,165	0	4,747,045
Federal Funds	130,503	0	15,052,079	7,084,704	52,159,553	542,881	0	74,969,720
Special Funds	0	0	0	4,515,296	0	0	0	4,515,296

ONE-TIME COSTS

Administration (Admin)

Salaries and Wages

- 2 Temp positions –
 - Human Resources Technician – while the new electronic time and attendance system is expected to be in place, the number of needed temp positions into the next biennium department-wide supports the need for assistance in this area
 - Communications Specialist to assist for year one of the biennium
- General operating costs – IT connectivity, phone, rent, etc.
- Education campaign for the biennium - \$250,000

Disease Control (DC)

Salaries and Wages

- 25 Temp positions – COVID case managers / case workers
- 75 Temp positions – COVID contact tracers – reduced by 25% July 2022 – December 2022 and reduced an additional 25% from Jan – June 2023

Operating

- General operating costs – IT connectivity, phone, rent, etc.
- Development costs – NDIIS (immunization system with Noridian), Maven (disease reporting system) and Dynamics (test result, contact tracing system) \$1.3 million

Grants

- UND & NDSU – Serology grants - \$880,000; UND & NDSU – Contact Tracing - \$500,000; Infectious Control Grant and training - \$669,000

Health Equity Office (HEO)

Grants

- Local Public Health (LPH) \$10 million and \$1.6 million for Public Health hotline

Laboratory Services (LS)

Salaries and Wages

- 22 Temp positions – 15 Lab Techs; 5 Microbiologists; 2 customer support

Operating

- General operating costs - IT connectivity, phone, travel, etc.

Testing strategy - \$48.7 million

- 4000 per day from July – Dec 2021 (3000 PCR, 1000 BinaxNow) - \$21.1 million
- 3000 per day from Jan – June 2022 (2000 PCR, 1000 BinaxNow) - \$14.5 million
- 3000 per day from July – Dec 2022 (1500 PCR, 1500 BinaxNow) weekdays only - \$8.3 million
- 2000 per day from Jan – June 2023 (1000 PCR, 1000 BinaxNow) weekdays only - \$4.8 million

Emergency Preparedness (EP)

Salaries and Wages

- 25 Temp positions – 10 Full time and 15 Part time to continue to serve the needs as overseen by the Department Operations Center – testing, facility nursing time, vaccination assistance

Operating

- General operating costs - IT connectivity, phone, travel, etc.

Personal Protective Equipment (PPE) - \$1,895,000

COVID-19 Line Item

COVID-19 Line Item	Immunization		Epidemiology & Lab Capacity (ELC)			Total
	Admin 1111	DC 2201	Admin 1111	DC 2201	LS 5571	
SALARIES AND WAGES						
FTE EMPLOYEES (Number)						0.00
Temporary Salaries / Benefits	139,198	754,575	258,571	2,436,689	2,127,159	5,716,192
OPERATING EXPENSES						
Travel		13,730		8,475		22,205
General Operating Costs		4,800		9,700		14,500
IT-Data Processing		546,752		332,546		879,298
Professional Services		2,052,134		386,964		2,439,098
Medical, Dental, and Optical					848,790	848,790
TOTAL	0	2,617,416	0	737,685	848,790	4,203,891
GRANTS						
Grants - Non State	0	324,625		1,400,000	0	1,724,625
TOTAL - COVID-19 LINE - Federal Funds	139,198	3,696,616	258,571	4,574,374	2,975,949	11,644,708

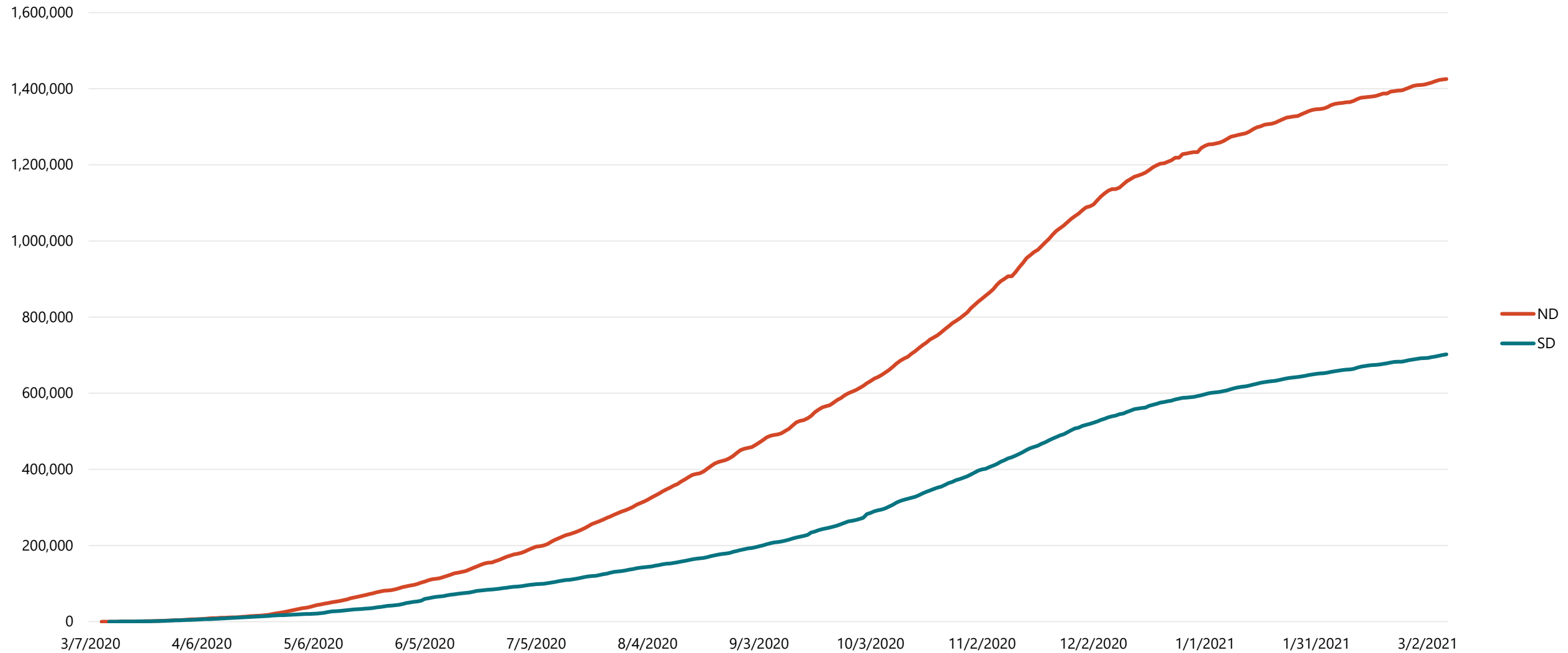


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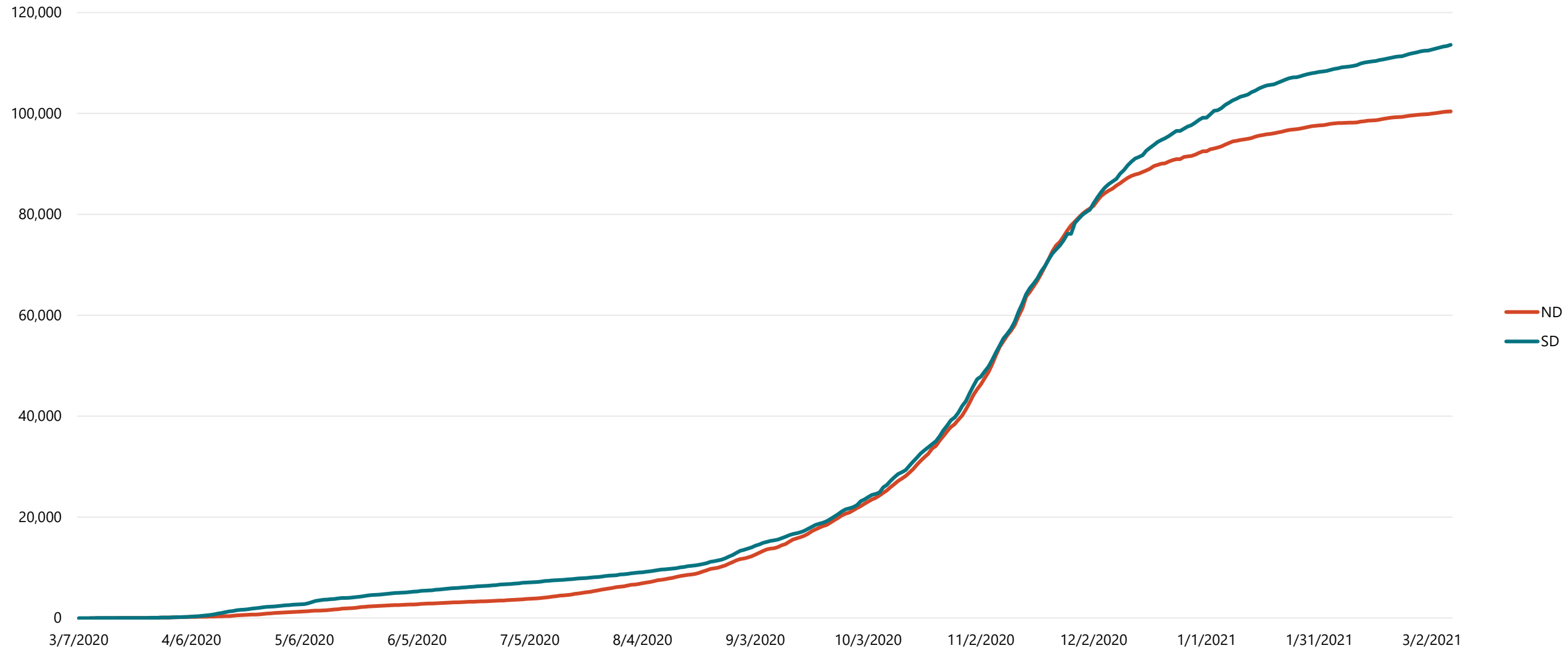
REP. NELSON LEGISLATIVE
REQUEST – MARCH 8, 2021 #8006

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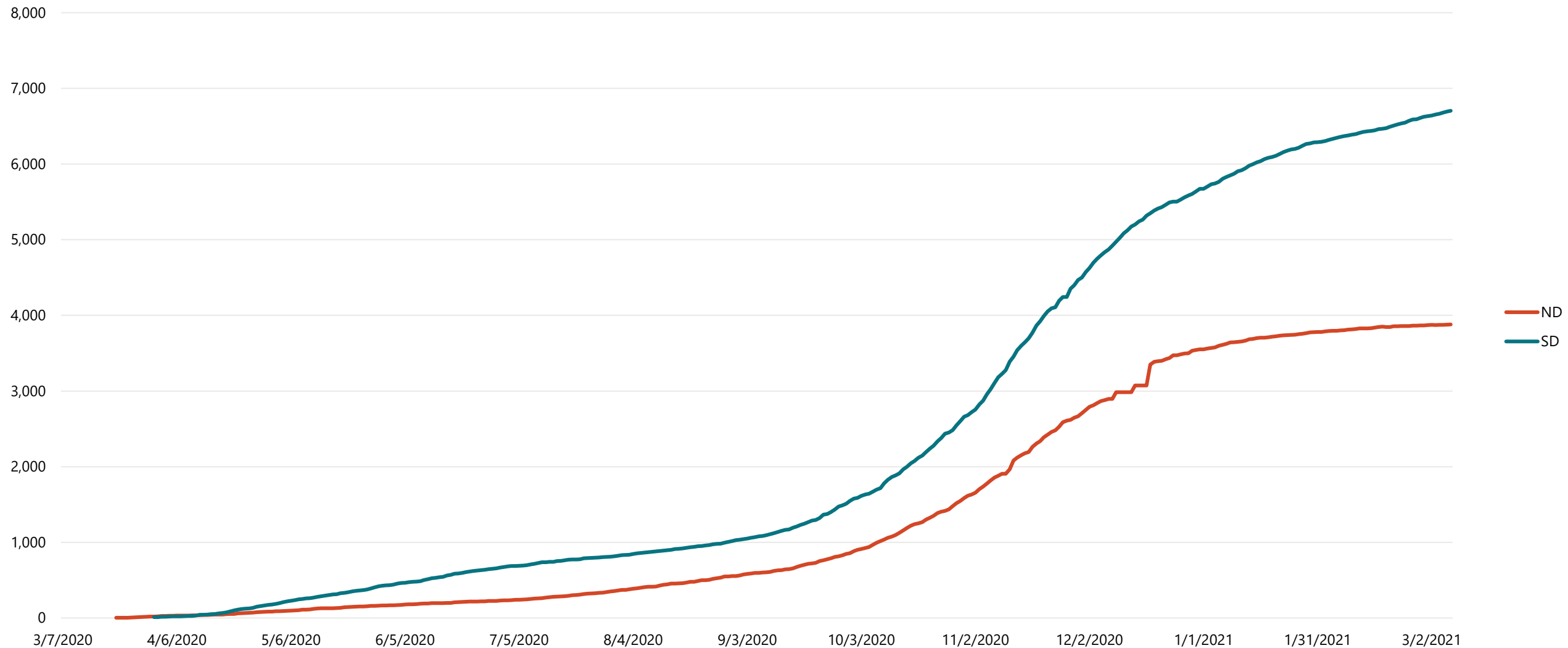
ND VS SD CUMULATIVE TESTS



ND VS SD CUMULATIVE POSITIVES



ND VS SD CUMULATIVE HOSPITALIZED



ND VS SD: KEY METRICS (AS OF 3/8/2021)

	North Dakota	South Dakota
Current Test Positivity	2.49%	24.71%
Cumulative Test Positivity	7.50%	14.30%
Highest Test Positivity Rate (As Given on Dashboard)	16% (Nov 15, 2021)	34.9% (April 13, 2020)
Total Tests (CDC)	1,218,140	530,620
# Tests per 100k (CDC calculations)	159,848	59,980



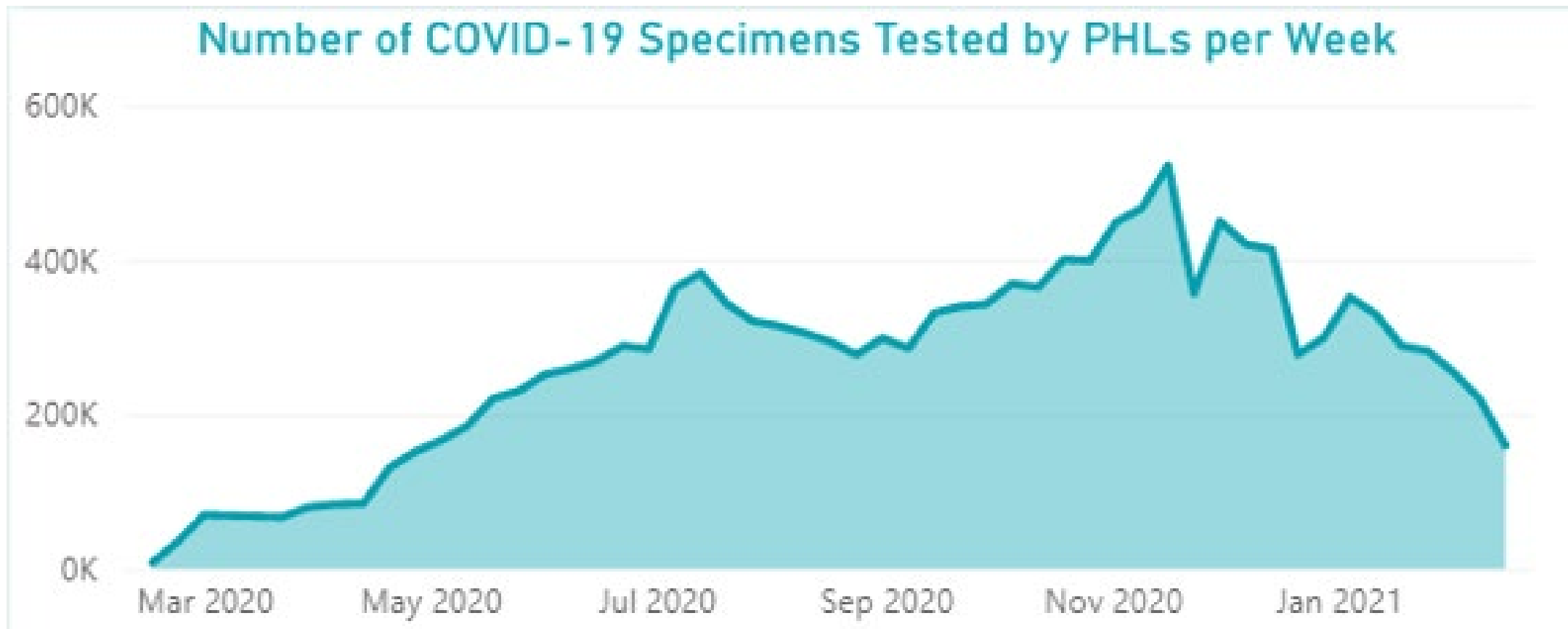
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NDDOH PUBLIC HEALTH LABORATORY

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COVID Electronic Laboratory Reporting Program (CELR) Pipelines

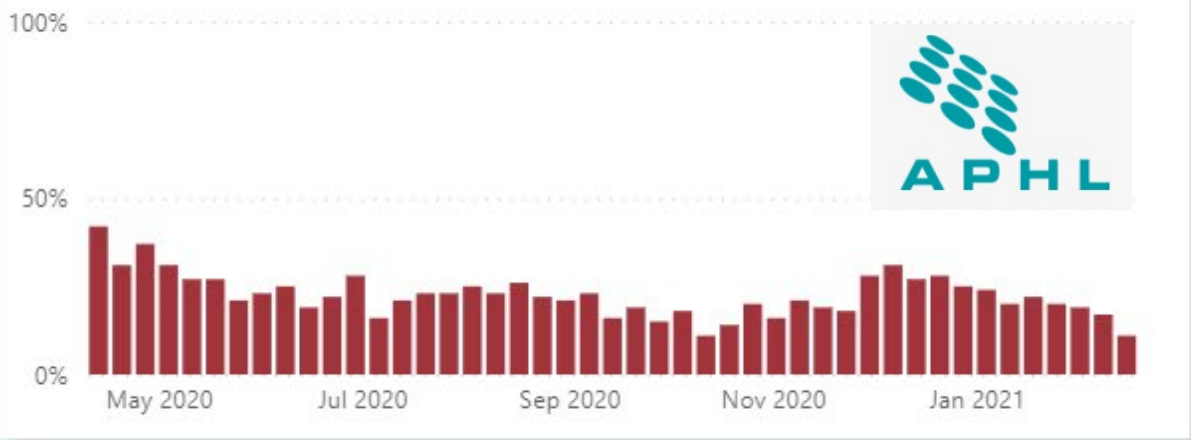




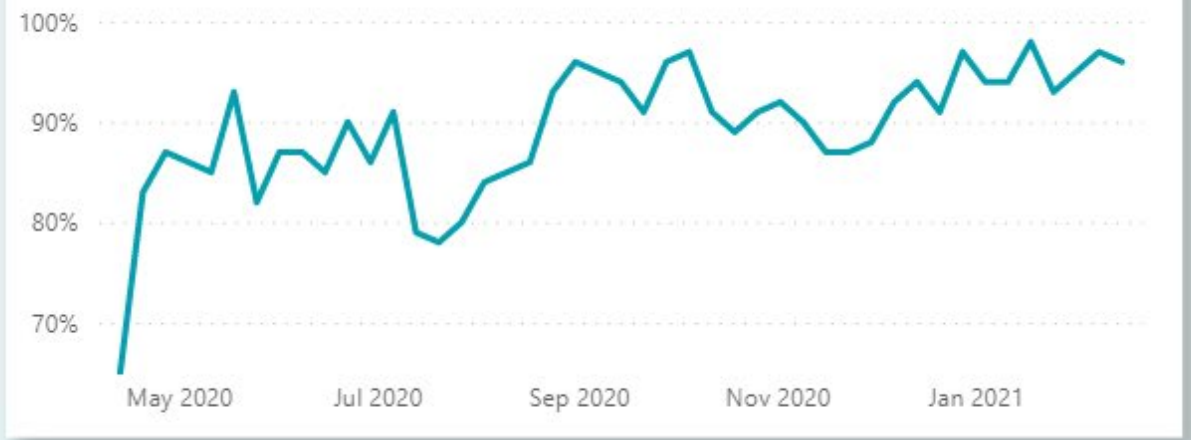
ND DoH PHL: 7.6% of all PHL COVID PCR tests (nation wide).

Perspective-ND DoH PHL has completed the equivalent of 20% of total PCR testing in: Mexico, Sweden, Iraq, or Romania

PHLs at Risk of Running Out of Some Reagents or Supplies Within the Week



PHLs Meeting Their Current Testing Demand (Based on Volume Submitted)



Number of COVID-19 Specimens Tested by PHLs per Week





Total Specimens Tested since February 16, 2020

14M



PHLs Performing NGS (N=55*)

67%



PHLs Performing Molecular Testing (N=99)

100%



PHLs Performing Serology Testing (N=99)

59%

ND DoH PHL: Performing Genome Sequencing since May2020

ND DoH PHL: Many weeks, was ONLY PHL to have every 'type' of test available

ND DoH PHL: one of 2 US PHLs to have more than 6 high-throughput PCR tests

Beginning April 13, 2020, APHL has conducted a weekly survey of 99 state, local and territorial public health laboratories (PHLs) to collect the status of current and projected capability and capacity of laboratories to test for SARS-CoV-2, the virus that causes the Coronavirus Disease (COVID-19). Data from this survey are used to inform HHS, FEMA, CDC and other federal partners to support public health laboratory supply and reagent needs.

In the United States, 80% of all COVID-19 Tests have been ran in a private lab.

ND DoH PHL : Responsible for 75% of all ND COVID-19 PCR Testing.

*1,070,000 total

*Average 3,203 per day (7,500 surge capacity)

SD PHL Total COVID-19 PCR: 696,656

*15% of SD total capability

*Averages 200-400 per day

MN PHL Total COVID-19 PCR: 7,560,000

*1.63% of MN total capability (116,048)

*Averages 331 per day.



House Appropriations
Human Resources Division
Department of Health
Laboratory Services
Engrossed Senate Bill 2004
2021 – 2023 #8007

March 9, 2021

DIVISIONS:

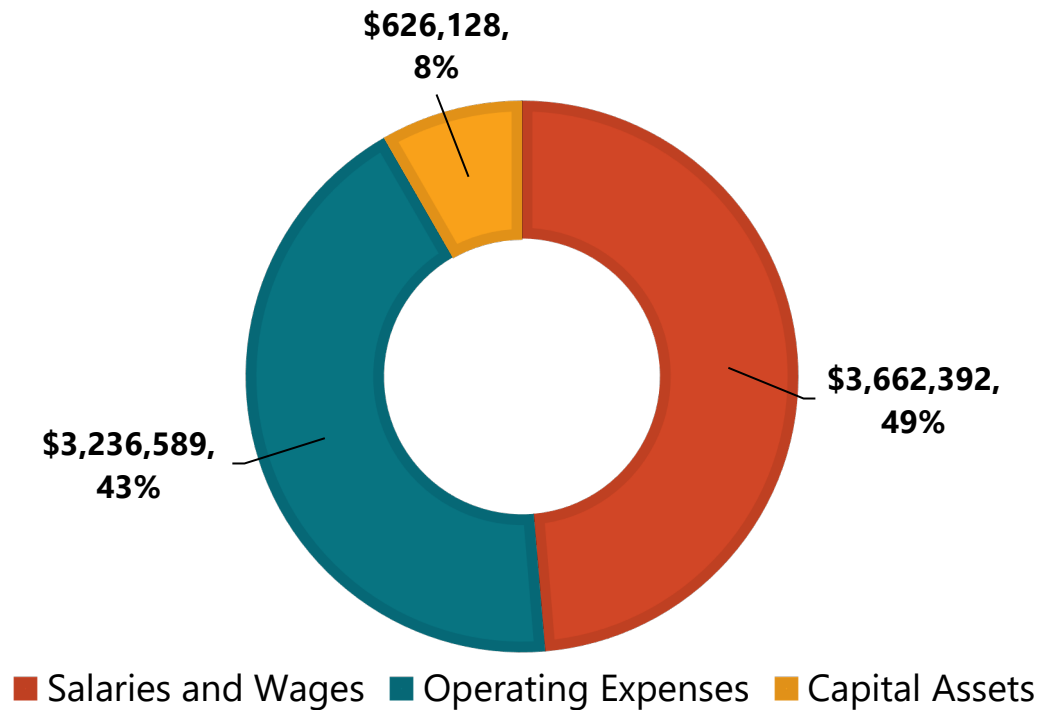
- **Biothreat**
 - Provides rapid, accurate detection and identification of organisms that may threaten the public's health
- **General Microbiology**
 - Conducts Disease Testing
 - Provides Support for Disease Prevention & Control Activities
- **Laboratory Operations**
 - Performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology

- **Quality Management**
- **Special Microbiology**

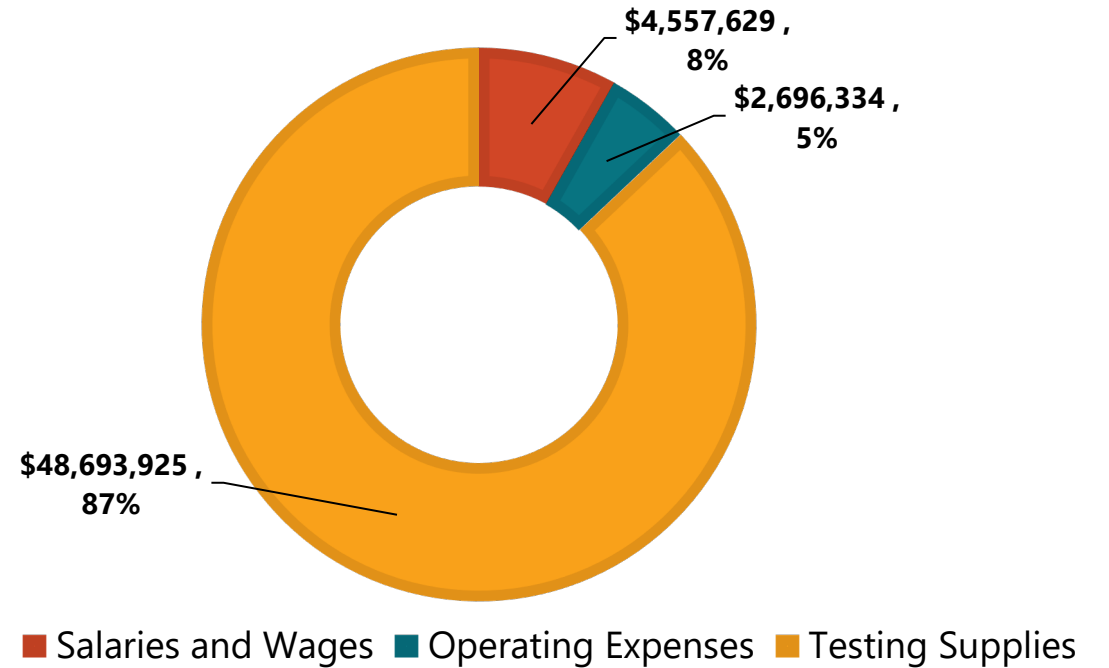


2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

CORE BUDGET - \$7.5 MILLION

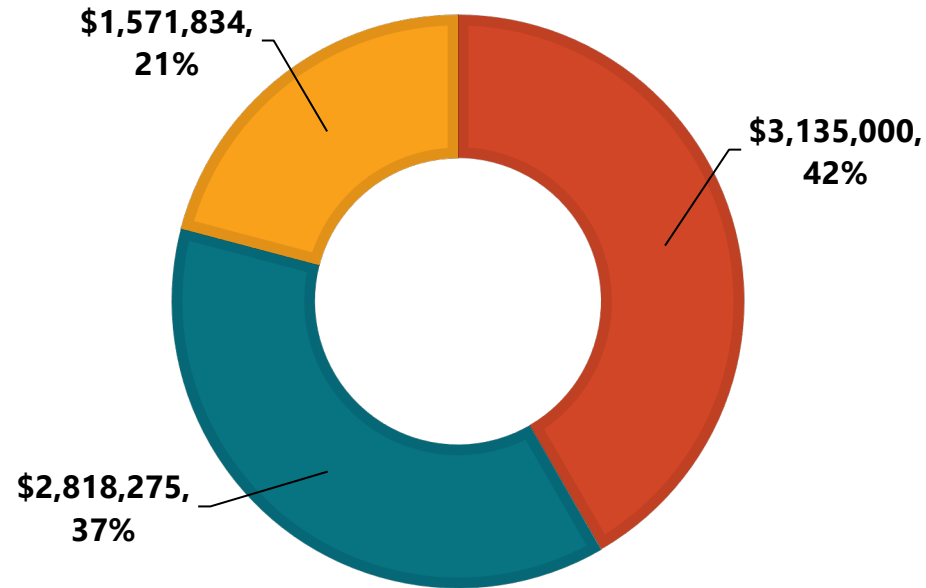


COVID-19 BUDGET - \$55.9 MILLION



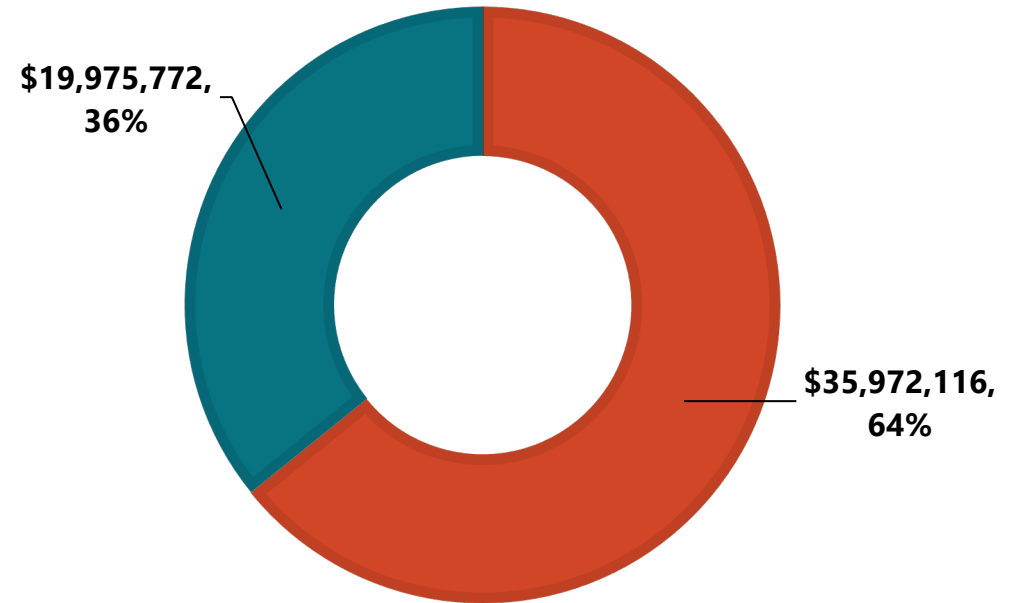
2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

CORE BUDGET - \$7.5 MILLION



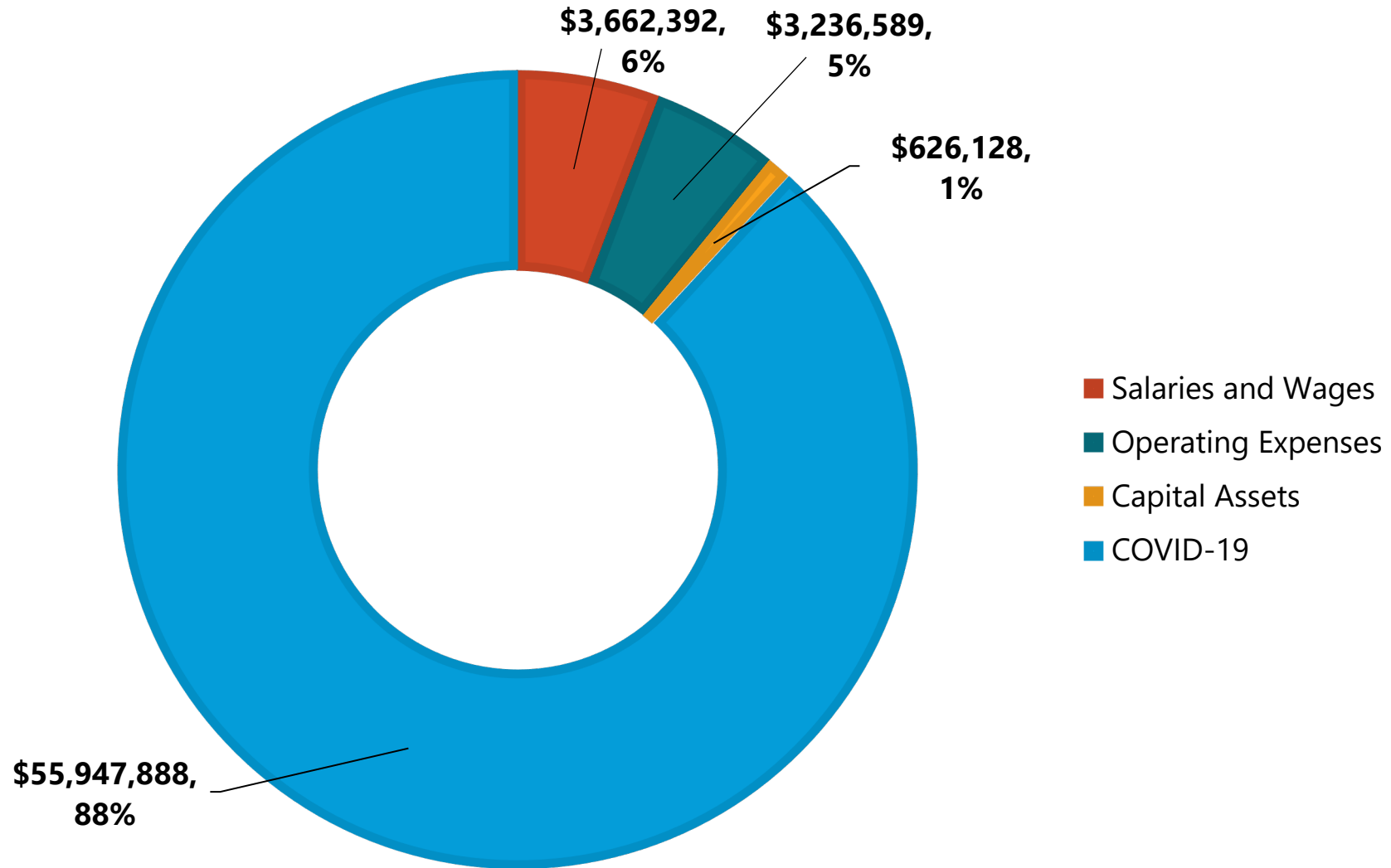
■ General Fund ■ Federal Funds ■ Special Funds

COVID-19 - \$55.9 MILLION



■ General Fund ■ Federal Funds

2021-23 EXECUTIVE RECOMMENDATION \$63.5 Million BY LINE ITEM

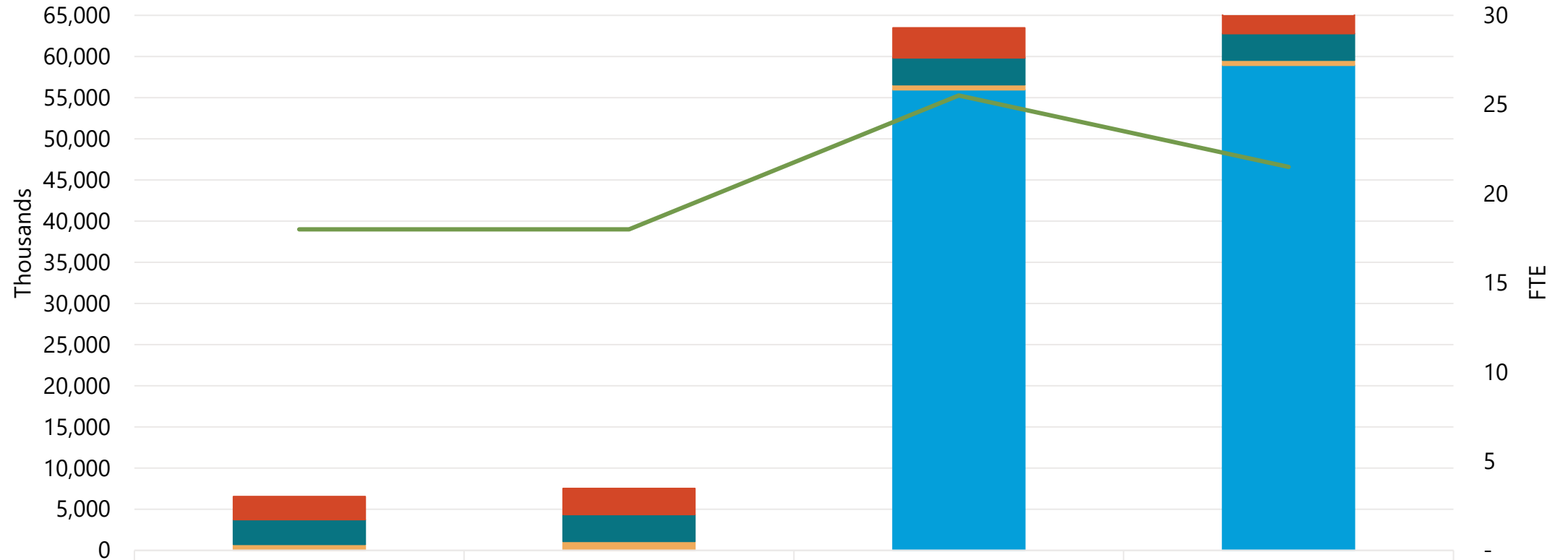


COMPARISON

BASE BUDGET TO SENATE BUDGET

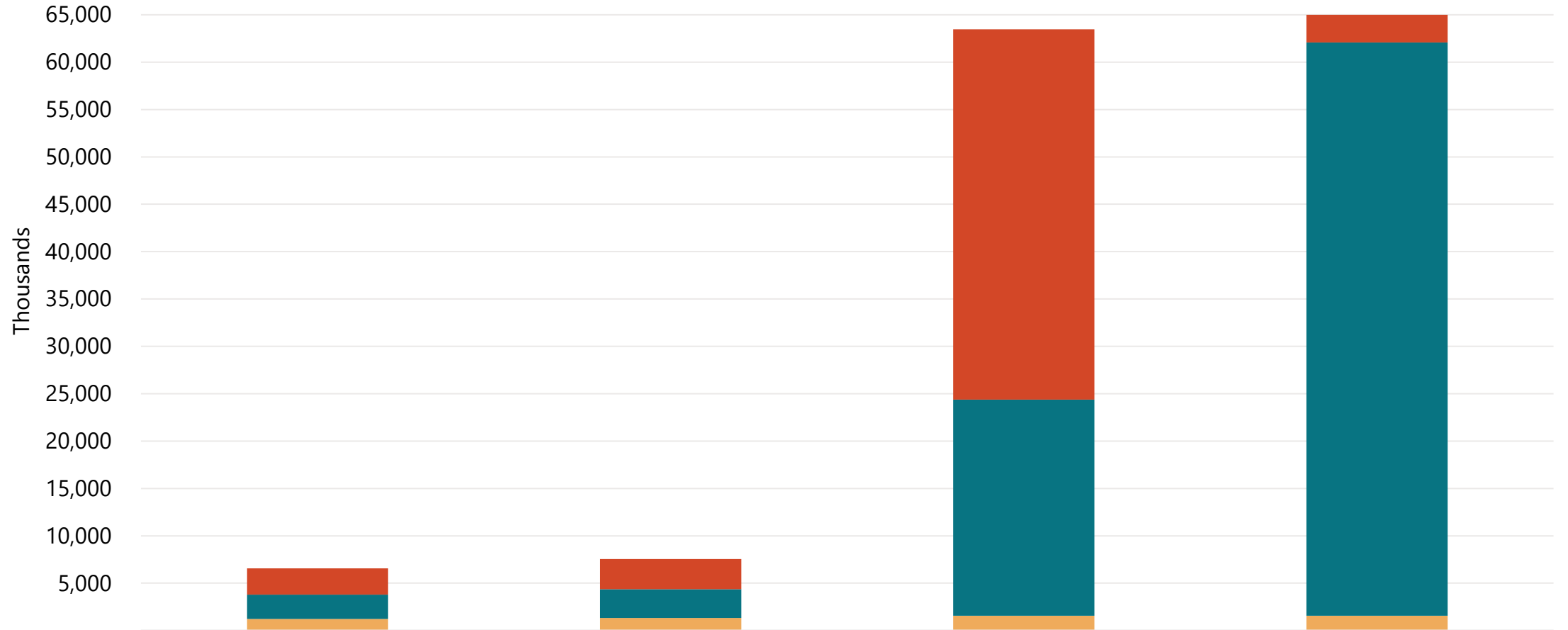
Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Salaries and Wages	\$3,194,905	\$467,487	\$3,662,392	(\$16,557)	\$3,645,835
Operating Expenses	3,261,359	(24,770)	3,236,589		3,236,589
Capital Assets	1,083,843	(457,715)	626,128		626,128
Grants	0	0	0		0
Tobacco Prevention & Control	0	0	0		0
WIC Food Payments	0	0	0		0
Statewide Health Strategies	0	0	0		0
COVID-19	0	55,947,888	55,947,888	2,970,234	58,918,122
Total By Line Item	\$7,540,107	\$55,932,890	\$63,472,997	\$2,953,677	\$66,426,674
General Fund	\$3,177,320	\$35,929,796	\$39,107,116	(\$34,769,283)	\$4,337,833
Federal Funds	3,034,168	19,759,879	22,794,047	37,723,661	60,517,708
Special Funds	1,328,619	243,215	1,571,834	(701)	1,571,133
Total By Fund	\$7,540,107	\$55,932,890	\$63,472,997	\$2,953,677	\$66,426,674
FTE	18.00	7.50	25.50	(4.00)	21.50

OVERVIEW OF BUDGET CHANGES



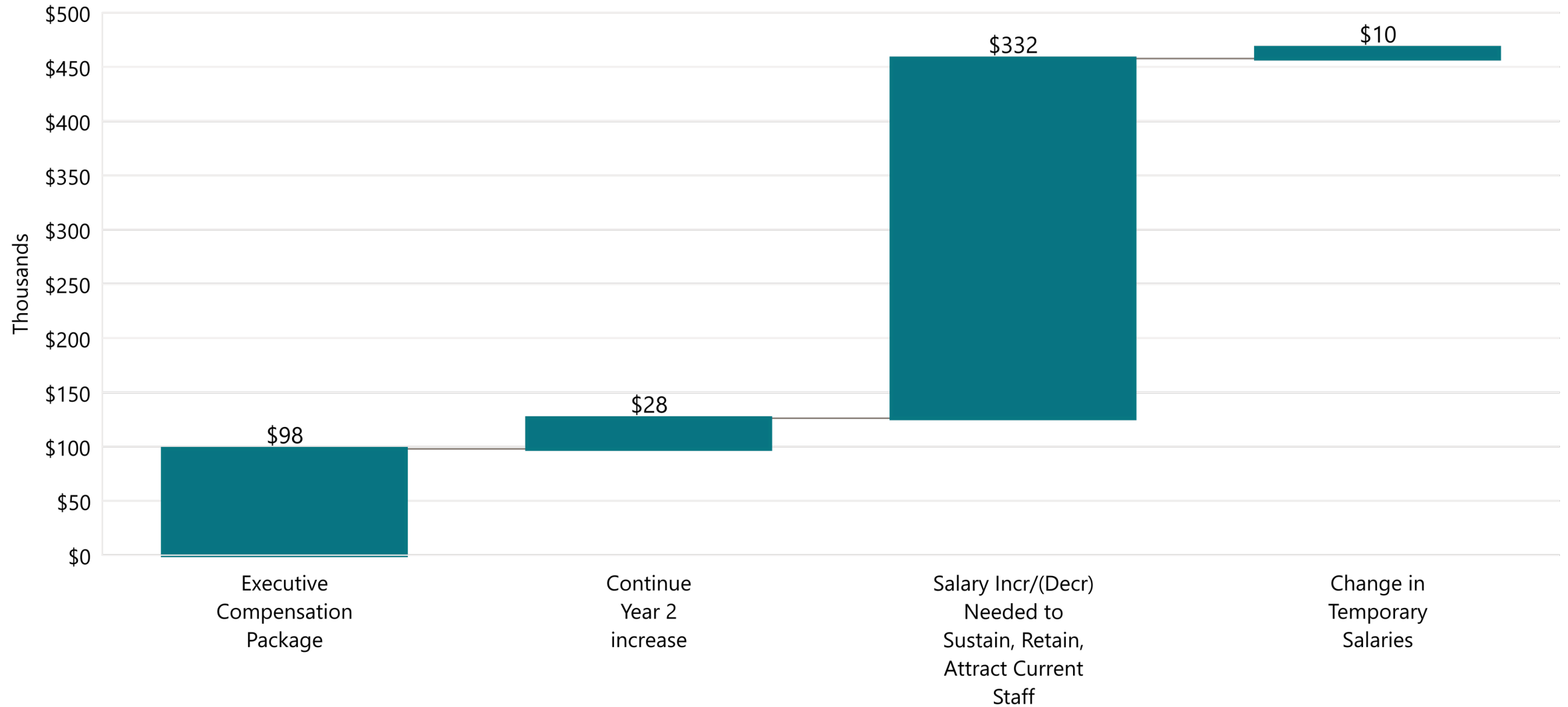
	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
Salaries and Wages	2,828,002	3,194,905	3,662,392	3,645,835
Operating Expenses	3,009,465	3,261,359	3,236,589	3,236,589
Capital Assets	720,073	1,083,843	626,128	626,128
COVID-19	0	0	55,947,888	58,918,122
FTE	18.00	18.00	25.50	21.50

OVERVIEW OF FUNDING CHANGES

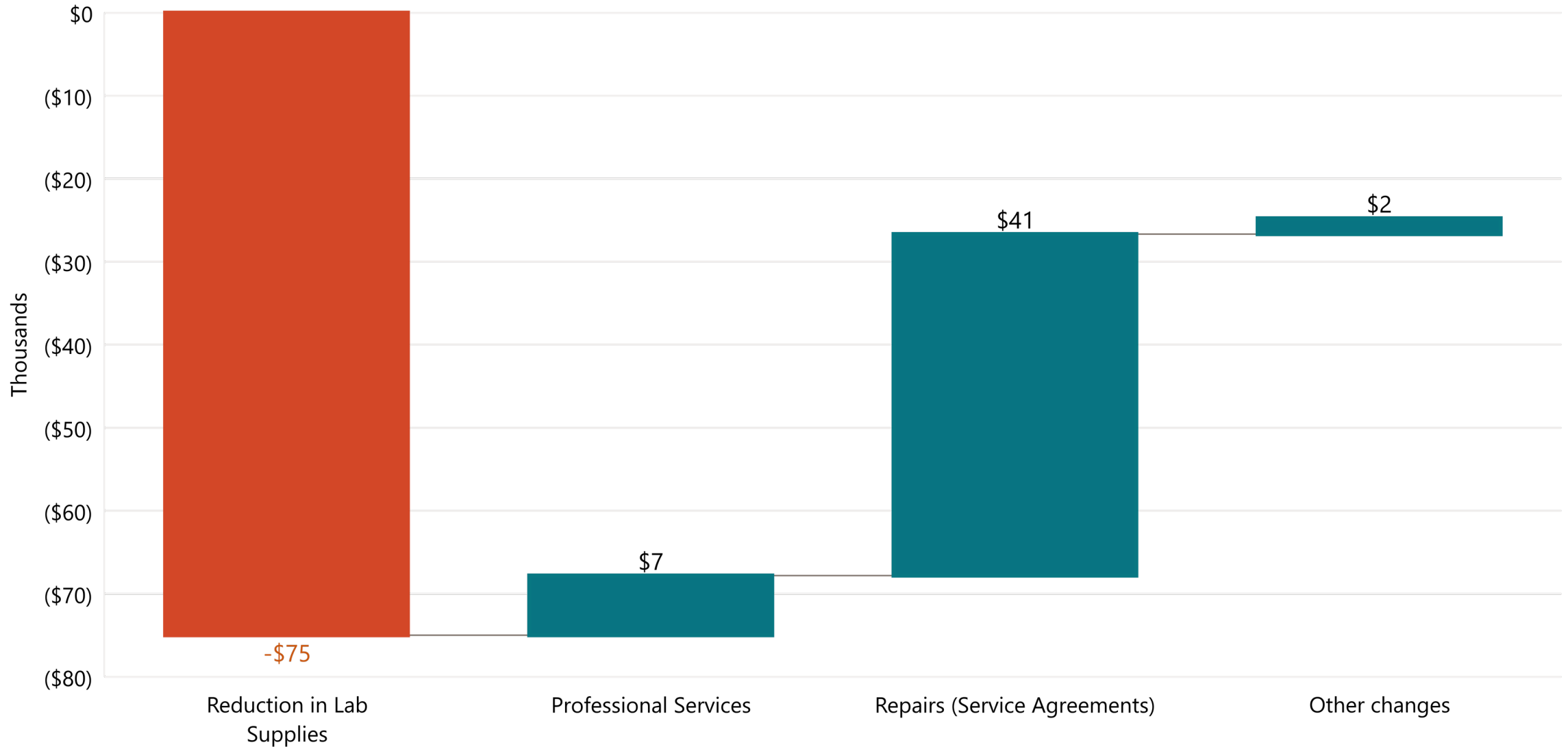


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
General Fund	2,757,092	3,177,320	39,107,116	4,337,883
Federal Funds	2,577,755	3,034,168	22,794,047	60,517,708
Special Funds	1,222,693	1,328,619	1,571,834	1,571,133

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$467,487



MAJOR OPERATING DIFFERENCES – Net Decrease \$24,770



CAPITAL ASSETS

Description	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Lab Addition Bond Payment (Other Capital Payments)	144,628	107,117	37,511	
State Lab Building - Extraordinary Repairs				
Install new flooring (South Building)	30,000	30,000		
Repair drywall and paint	15,000	650		14,350
Remodel laboratory 305	10,000			10,000
Remodel laboratory 505	5,500			5,500
Connect additional laboratories to the generator	15,000			15,000
Upgrade intercom system	12,000			12,000
Repair driveway and parking lot	25,000			25,000
Upgrade generator transfer switch	15,000			15,000
New garage door	5,000			5,000
Repair cement in front of doors	4,000			4,000
Total State Lab Building - Extraordinary Repairs	\$ 136,500	\$ 30,650	\$ -	\$ 105,850
Equipment > \$5,000				
Time-Resolved Fluorescence (TRF) Analyzer	50,000			50,000
Becton Dickinson Bactec Midget	95,000			95,000
Robotics System	200,000			200,000
Total Equipment > \$5,000	\$ 345,000	\$ -	\$ -	\$ 345,000
Total Capital Assets	\$ 626,128	\$ 137,767	\$ 37,511	\$ 450,850

SENATE CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$39,107,116	\$22,794,047	\$1,571,834	\$63,472,997
Senate Changes				
Change to the Executive Compensation Package	(\$13,437)	(\$8,134)	(\$701)	(\$22,272)
Change in COVID-19 Executive Recommendation	(\$34,755,846)	\$34,755,846		\$0
Add authority for additional COVID work		\$2,975,949		\$2,975,949
Senate Budget	\$4,337,833	\$60,517,708	\$1,571,133	\$66,426,674

THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

**North Dakota Department of Health
Laboratory Services
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Legal Fees - Attorney General	14,000	1,000	15,000	9,000		6,000
Medical Consultant (Clinical Laboratory Improvement Amendment (CLIA) Director)	28,000	4,000	32,000	19,200		12,800
Lab Proficiency Testing	23,000	2,000	25,000	15,000		10,000
Association of Public Health Laboratories	1,800	200	2,000	1,200		800
		-	-			
Total Professional Services	\$ 66,800	\$ 7,200	\$ 74,000	\$ 44,400	-	\$ 29,600

**North Dakota Department of Health
Laboratory Services
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	18.00	18.00	7.50	25.50	(4.00)	21.50
511 Salaries	1,829,973	1,907,989	366,048	2,274,037	0	2,274,037
513/514 Temporary, Overtime	101,800	193,400	9,666	203,066	0	203,066
516 Benefits	896,229	1,093,516	91,773	1,185,289	(16,557)	1,168,732
TOTAL	2,828,002	3,194,905	467,487	3,662,392	(16,557)	3,645,835
General Fund	1,218,938	1,540,506	200,049	1,740,555	(7,722)	1,732,833
Federal Funds	1,410,920	1,501,357	262,376	1,763,733	(8,134)	1,755,599
Special Funds	198,144	153,042	5,062	158,104	(701)	157,403
OPERATING EXPENSES						
521 Travel	27,372	32,300	0	32,300	0	32,300
531 IT - Software/Supp.	84,847	87,944	16,153	104,097	0	104,097
532 Professional Supplies & Materials	6,563	7,275	0	7,275	0	7,275
533 Food & Clothing	88	187	0	187	0	187
534 Buildings/Vehicle Maintenance Supplies	61,151	39,316	0	39,316	0	39,316
535 Miscellaneous Supplies	7,722	7,082	0	7,082	0	7,082
536 Office Supplies	10,682	10,838	0	10,838	0	10,838
541 Postage	35,947	30,997	0	30,997	0	30,997
542 Printing	329	3,500	0	3,500	0	3,500
551 IT Equip Under \$5000	2,164	29,075	(7,025)	22,050	0	22,050
552 Other Equip Under \$5000	3,399	4,350	1,950	6,300	0	6,300
553 Office Equip Under \$5000	10,329	2,350	(2,350)	0	0	0
561 Utilities	221,394	259,320	0	259,320	0	259,320
571 Insurance	0	0	0	0	0	0
581 Lease/Rentals - Equipment	18,169	41,748	0	41,748	0	41,748
582 Lease \Rentals-- Buildings./Land	0	2,000	0	2,000	0	2,000
591 Repairs	667,948	720,136	41,124	761,260	0	761,260
601 IT-Data Processing	42,485	75,721	(6,822)	68,899	0	68,899
602 IT-Telephone	19,036	20,620	0	20,620	0	20,620
603 IT - Contractual Services	0	0	0	0	0	0
611 Professional Development	7,565	11,554	0	11,554	0	11,554
621 Operating Fees & Services	71,486	38,192	0	38,192	0	38,192
623 Professional Services	51,094	66,800	7,200	74,000	0	74,000
625 Medical, Dental, and Optical	1,659,695	1,770,054	(75,000)	1,695,054	0	1,695,054
TOTAL	3,009,465	3,261,359	(24,770)	3,236,589	0	3,236,589
General Fund	1,318,217	1,358,764	(102,086)	1,256,678	0	1,256,678
Federal Funds	723,333	994,027	23,004	1,017,031	0	1,017,031
Special Funds	967,915	908,568	54,312	962,880	0	962,880
CAPITAL ASSETS						
683 Other Capital Payments	192,846	286,184	(141,556)	144,628	0	144,628
684 Extraordinary Repairs	15,129	127,659	8,841	136,500	0	136,500
691 Equipment >\$5000	294,901	670,000	(325,000)	345,000	0	345,000
693 IT Equip >\$5000	217,197	0	0	0	0	0
TOTAL	720,073	1,083,843	(457,715)	626,128	0	626,128
General Fund	219,937	278,050	(140,283)	137,767	0	137,767
Federal Funds	443,502	538,784	(501,273)	37,511	0	37,511
Special Funds	56,634	267,009	183,841	450,850	0	450,850
SPECIAL LINES						
-79 COVID 19	0	0	55,947,888	55,947,888	2,970,234	58,918,122
TOTAL	0	0	55,947,888	55,947,888	2,970,234	58,918,122
General Fund	0	0	35,972,116	35,972,116	(34,761,561)	1,210,555
Federal Funds	0	0	19,975,772	19,975,772	37,731,795	57,707,567
Special Funds	0	0	0	0	0	0
TOTAL	6,557,540	7,540,107	55,932,890	63,472,997	2,953,677	66,426,674
General Fund	2,757,092	3,177,320	35,929,796	39,107,116	(34,769,283)	4,337,833
Federal Funds	2,577,755	3,034,168	19,759,879	22,794,047	37,723,661	60,517,708
Special Funds	1,222,693	1,328,619	243,215	1,571,834	(701)	1,571,133

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/10/2021 am
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 9:50 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Department of Health
- Disease Control and Pathology
- Immunization
- Life Safety and Construction

Brenda Weisz, CFO, North Dakota Department of Health (9:51 am) testified

#8344 #8476

Tim Weidrich (10:51 am) testified #8476

Brenda Weisz, CFO, North Dakota Department of Health (11:00 am) testified

#8345

Dave Nelson, Dir Life Safety and Construction Div (11:35 am) testified #8409

Chair Nelson closed the meeting at 11:42 a.m. *Cole Fleck, Committee Clerk*



**House Appropriations
Human Resources Division
Department of Health
Disease Control & Forensic Pathology
Engrossed Senate Bill 2004
2021 – 2023 #8344**

March 10, 2021

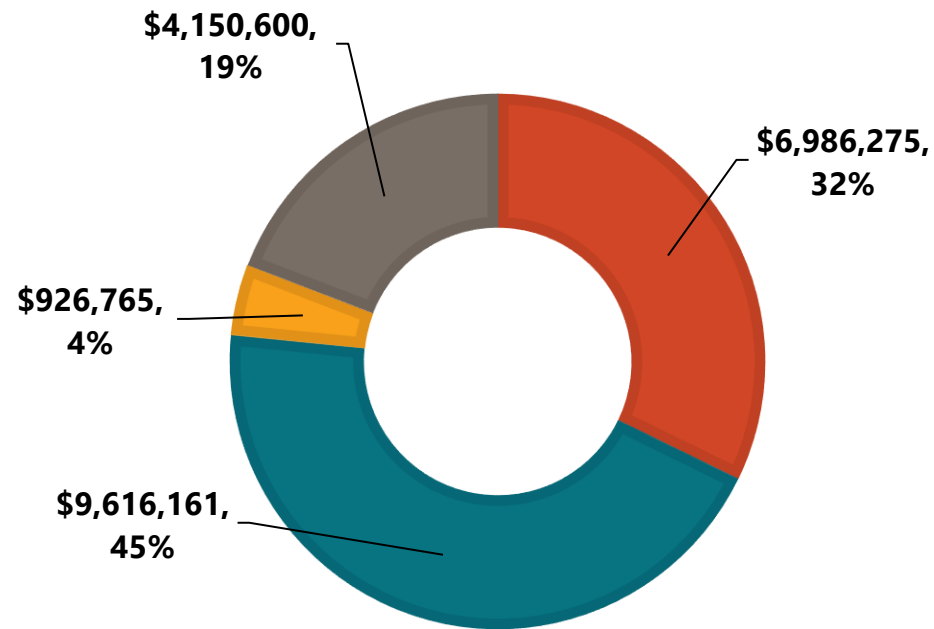
DIVISIONS:

- Disease Surveillance Systems
 - Builds epidemiology, laboratory and health information systems infrastructure
 - Provides training and education
 - Improves disease reporting systems
- Field Services
 - Local resources for disease investigations and information
- Immunizations
 - Ensures all North Dakotans are vaccinated and protected against vaccine preventable disease
- Infectious Diseases & Epidemiology
 - Monitors and investigates diseases
- Office of the Forensic Examiner
 - Investigates deaths and provides consultation to local officials
- Sexually Transmitted & Bloodborne Diseases
 - Syringe Service Program



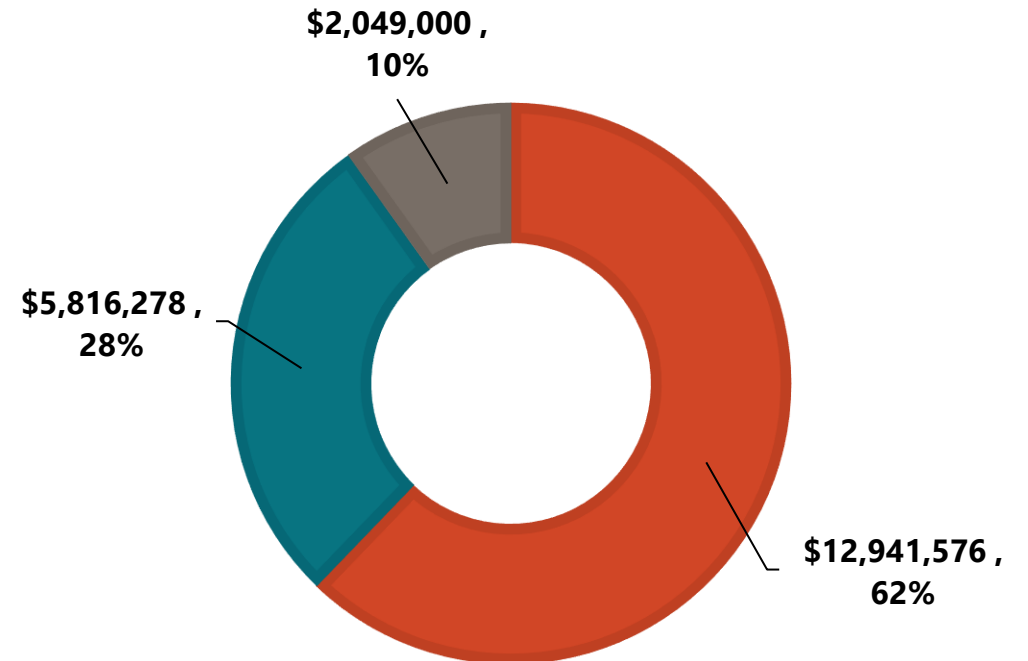
2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

CORE BUDGET - \$21.7 MILLION



■ Salaries and Wages ■ Operating Expenses ■ Capital Assets ■ Grants

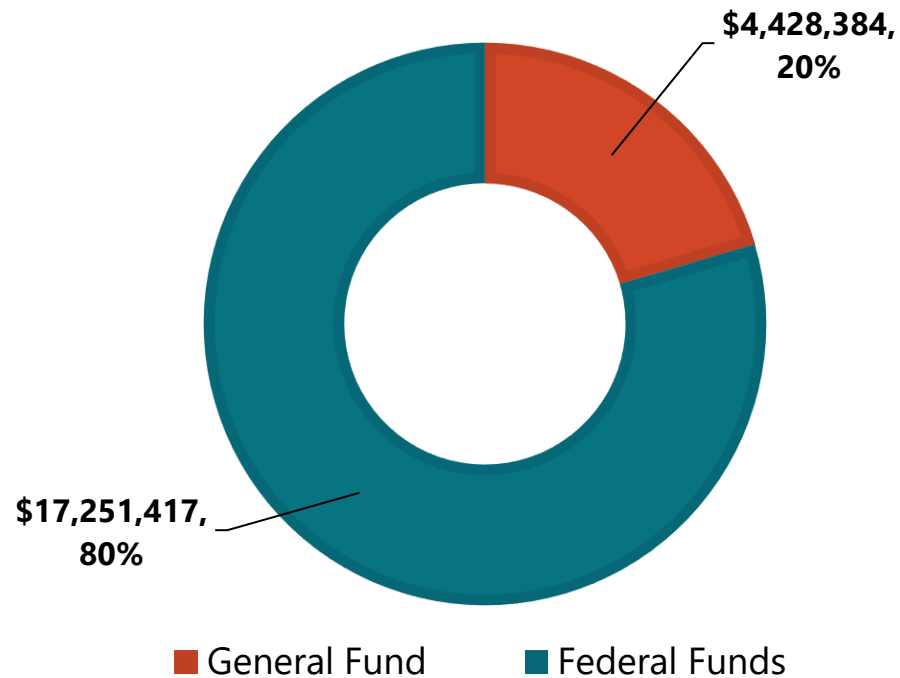
COVID-19 BUDGET - \$20.8 MILLION



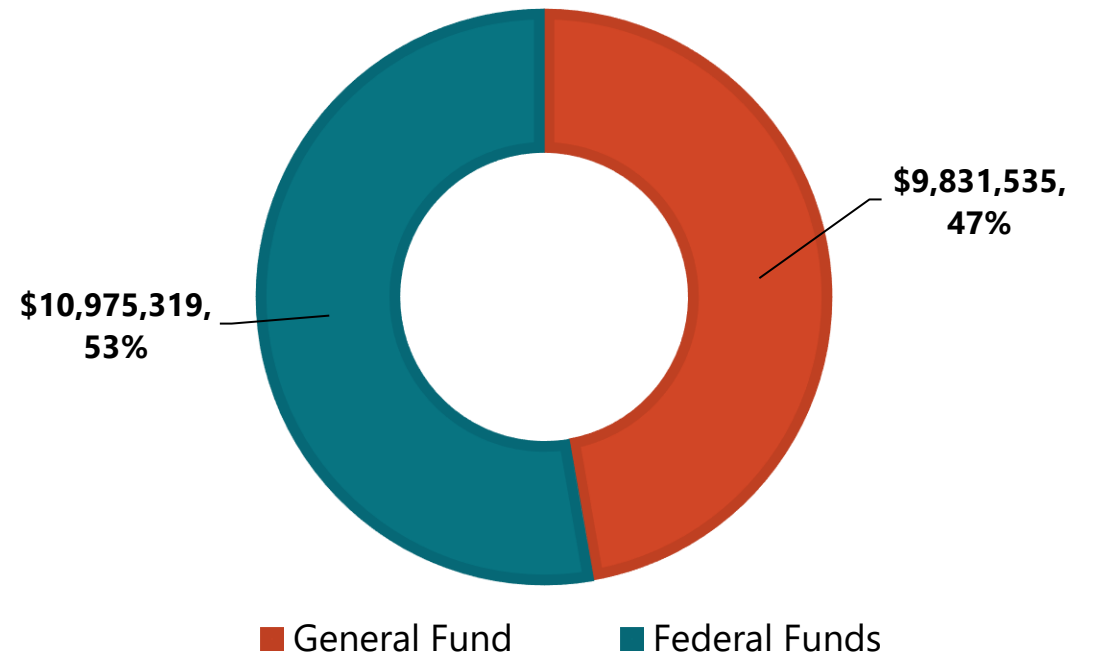
■ Salaries and Wages ■ Operating Expenses ■ Grants

2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

CORE BUDGET - \$21.7 MILLION

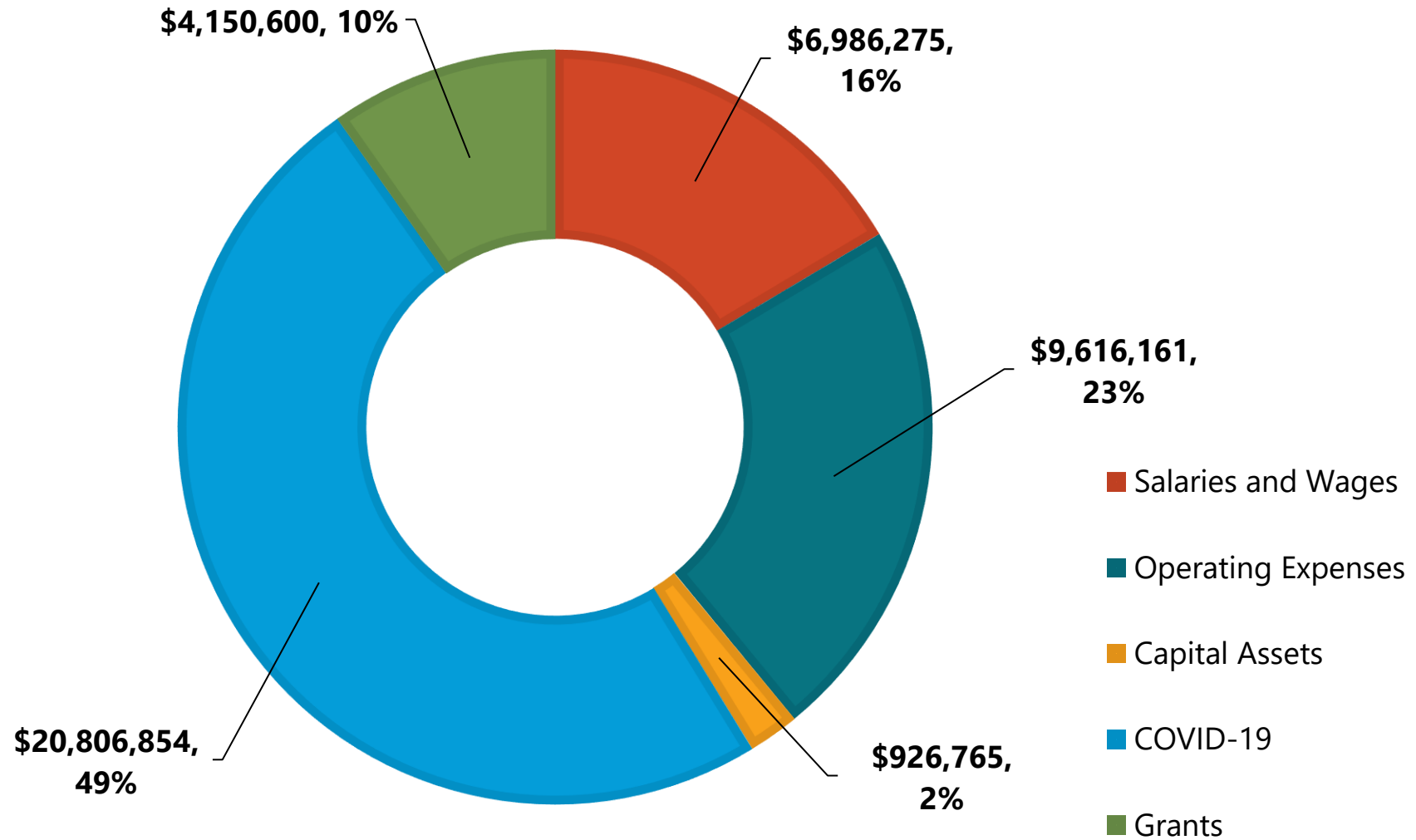


COVID-19 BUDGET - \$20.8 MILLION



2021-23 EXECUTIVE RECOMMENDATION - \$42.5 Million

BY LINE ITEM

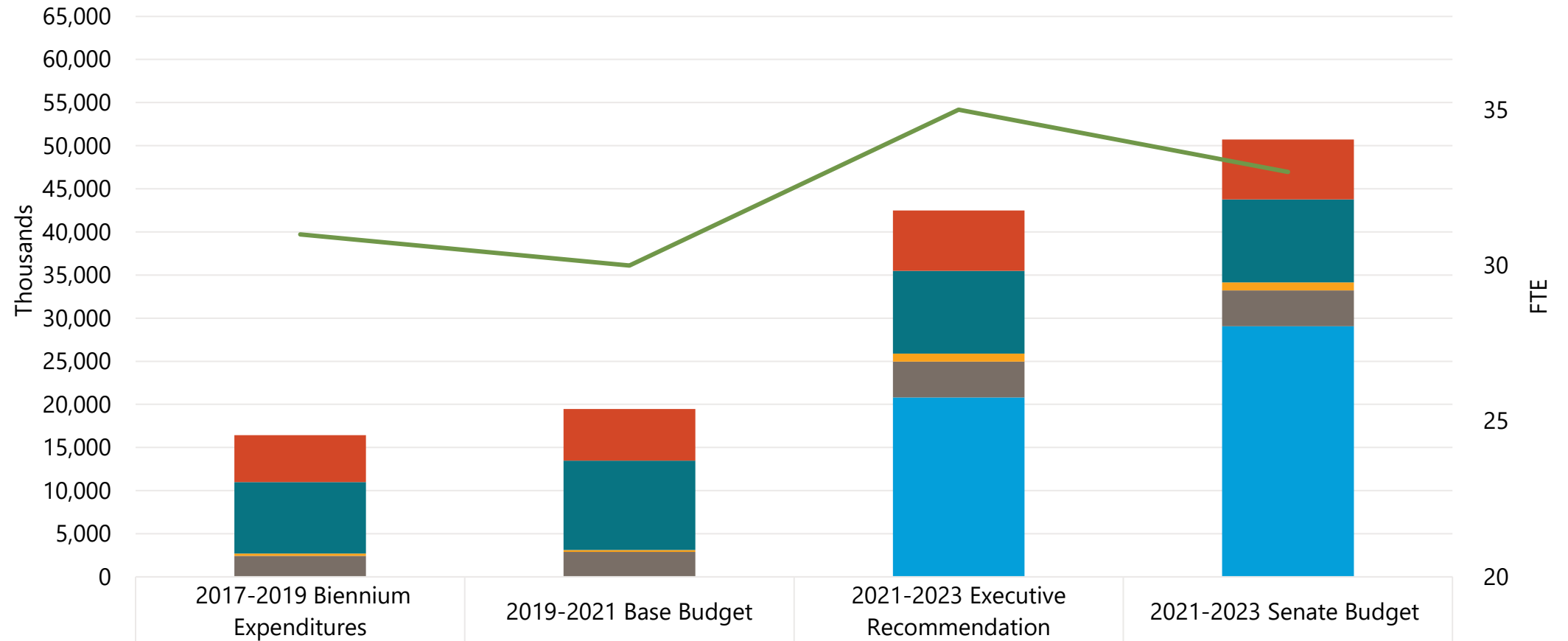


COMPARISON

BASE BUDGET TO SENATE BUDGET

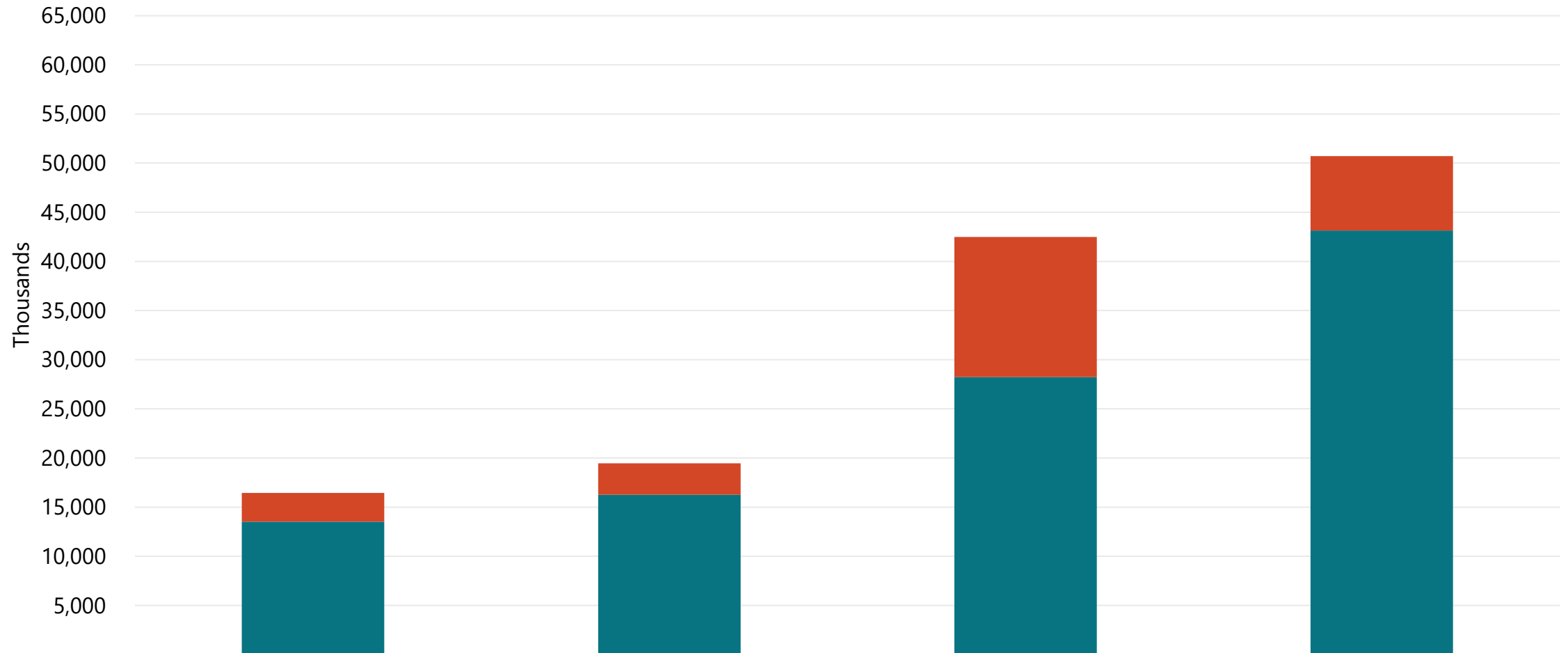
Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Salaries and Wages	\$5,984,574	\$1,001,701	\$6,986,275	(\$30,791)	\$6,955,484
Operating Expenses	10,358,118	(741,957)	9,616,161		9,616,161
Capital Assets	232,273	694,492	926,765		926,765
Grants	2,889,183	1,261,417	4,150,600		4,150,600
Tobacco Prevention & Control	0	0	0		0
WIC Food Payments	0	0	0		0
Statewide Health Strategies	0	0	0		0
COVID-19	0	20,806,854	20,806,854	8,265,959	29,072,813
Total By Line Item	\$19,464,148	\$23,022,507	\$42,486,655	\$8,235,168	\$50,721,823
General Fund	\$3,193,823	\$11,066,096	\$14,259,919	(\$6,684,443)	\$7,575,476
Federal Funds	16,270,325	11,956,411	28,226,736	14,919,611	43,146,347
Special Funds	0	0	0		0
Total By Fund	\$19,464,148	\$23,022,507	\$42,486,655	\$8,235,168	\$50,721,823
FTE	30.00	5.00	35.00	(2.00)	33.00

OVERVIEW OF BUDGET CHANGES



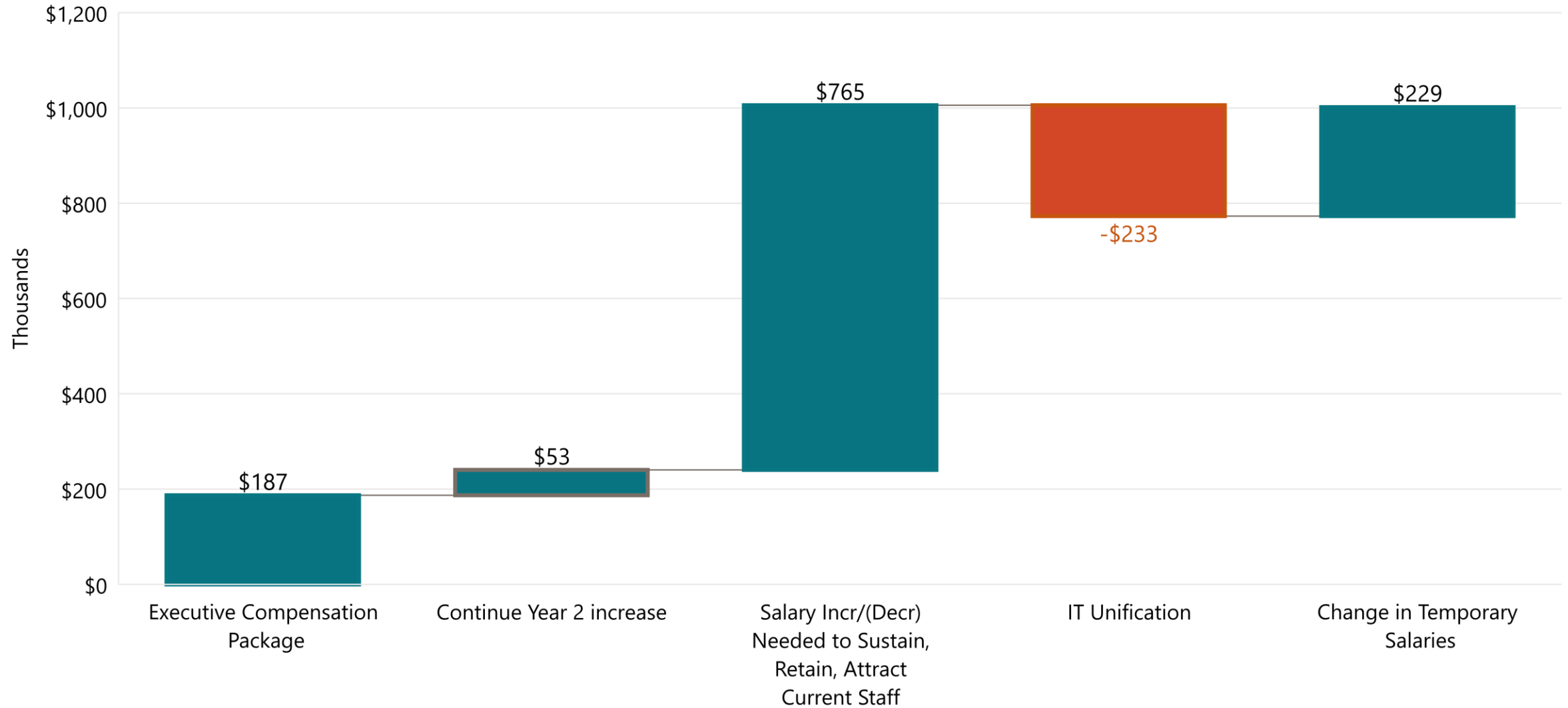
Salaries and Wages	5,428,849	5,984,574	6,986,275	6,955,484
Operating Expenses	8,308,482	10,358,118	9,616,161	9,616,161
Capital Assets	251,708	232,273	926,765	926,765
Grants	2,443,511	2,889,183	4,150,600	4,150,600
COVID-19	0	0	20,806,854	29,072,813
FTE	31.00	30.00	35.00	33.00

OVERVIEW OF FUNDING CHANGES

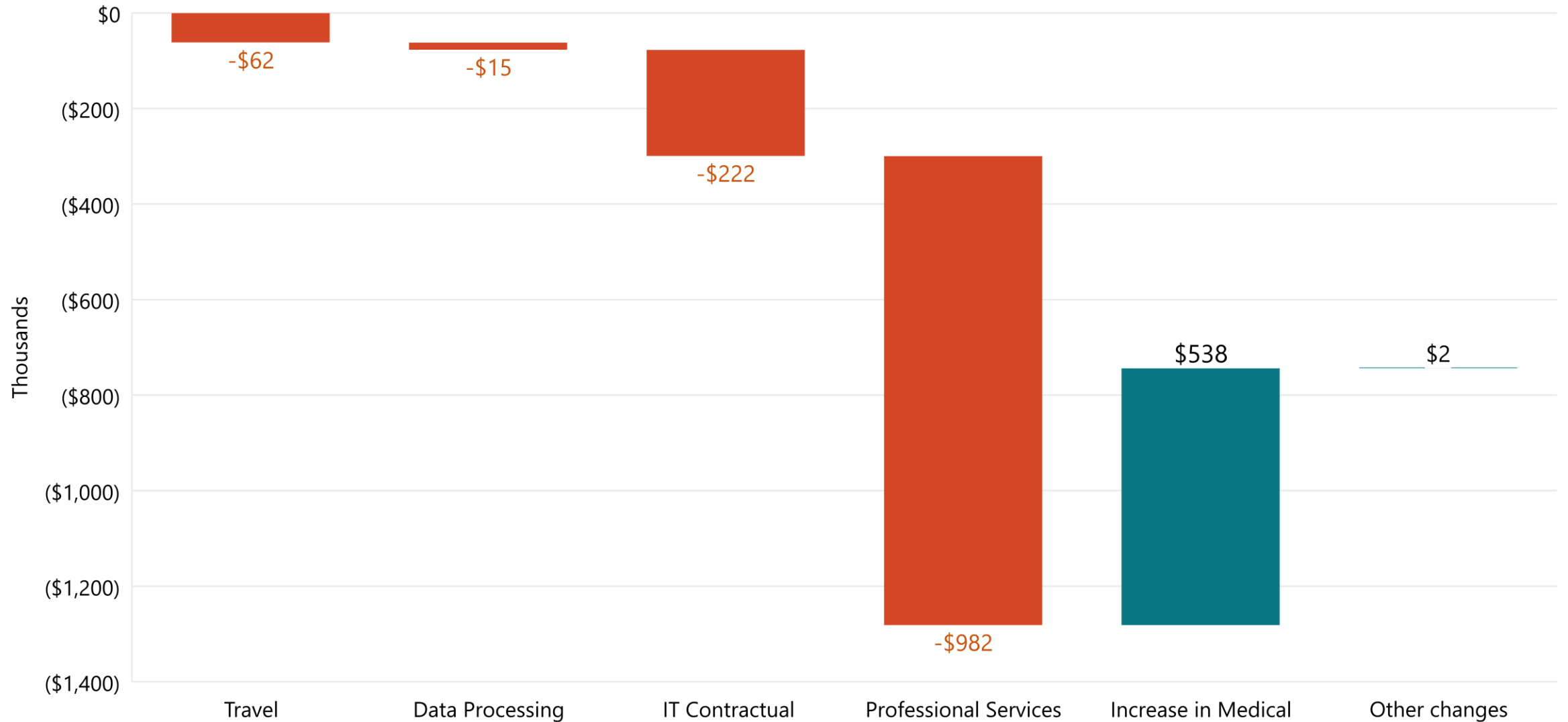


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
■ General Fund	2,905,854	3,193,823	14,259,919	7,575,476
■ Federal Funds	13,526,696	16,270,325	28,226,736	43,146,347

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$1,001,701



MAJOR OPERATING DIFFERENCES – Net Decrease \$741,957



CAPITAL ASSETS

- Bond Payment (Morgue & Storage Building) - \$76,765
- Full Body Imaging System - \$500,000
- Electronic Medical Record System - \$350,000

Total Capital Assets - \$926,765

MEDICAL, DENTAL, OPTICAL

Program Description	2019-21 Base Budget	Increase/ (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Medicine & Drugs						
Tuberculosis	155,000	(91,937)	63,063	63,063		
Ryan White - Medicine	3,474,919	406,397	3,881,316		3,881,316	
Total	\$ 3,629,919	\$ 314,460	\$ 3,944,379	\$ 63,063	\$3,881,316	\$ -
Lab & Dental Supplies						
Disease Control Lab Supplies	250	(200)	50	50		
Epi and Laboratory Capacity	-	5,150	5,150		5,150	
Total	\$ 250	\$ 4,950	\$ 5,200	\$ 50	\$ 5,150	\$ -
Surgical/Medical Supplies						
HIV Prevention (condoms, rapid test kits)	100,000	130,550	230,550		230,550	
Epi and Laboratory Capacity	225	525	750		750	
Medical Examiner's Office	47,065	-	47,065	47,065		
Total	\$ 147,290	\$ 131,075	\$ 278,365	\$ 47,065	\$ 231,300	\$ -
Health Insurance Premiums						
Ryan White	311,076	87,305	398,381		398,381	
Grand Total	\$ 4,088,535	\$ 537,790	\$ 4,626,325	\$ 110,178	\$4,516,147	\$ -

SENATE CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$14,259,919	\$28,226,736	\$0	\$42,486,655
Senate Changes				
Change to the Executive Compensation Package	(\$13,872)	(\$21,950)		(\$35,822)
Change in COVID-19 Executive Recommendation	(\$6,670,571)	\$6,670,571		\$0
Add authority for additional COVID work		\$8,270,990		\$8,270,990
Senate Budget	\$7,575,476	\$43,146,347	\$0	\$50,721,823

THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

**North Dakota Department of Health
Disease Control and Forensic Pathology
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Disease Control Division						
Legal Fees - Attorney General	15,600	(4,600)	11,000		11,000	
Immunization - Media Campaign / State Conference	280,000	20,000	300,000		300,000	
Immunization - NDSU Contract	290,000	(290,000)	-			
Immunization - Misc. Professional Fees	40,000	18,900	58,900		58,900	
State Viral Hepatitis - Media Campaign	20,000	(20,000)	-			
Hepatitis / Other Outbreaks - Case Management	80,000	-	80,000	80,000		
State Viral Hepatitis Professional Fee Contracts LPHU	10,000	(10,000)	-	-		
HIV/STD/TB/Hepatitis Symposium - RAAN	-	40,000	40,000	40,000		
Hepatitis Quality Improvement	100,000	(100,000)	-		-	
Hepatitis Surveillance	120,000	(120,000)	-			
HIV Prevention - Patient Testing/Rapid Testing LPHU	60,000	(60,000)	-		-	
HIV Prevention - Media Campaign	250,000	(88,000)	162,000		162,000	
HIV Prevention - Rural AIDS Action Network (RAAN)	66,000	184,000	250,000		250,000	
HIV Prevention - Telelanguage, Board of Nursing Continuing Education Credits		1,500	1,500		1,500	
HIV Prevention Walk	177,200	(147,200)	30,000		30,000	
Ryan White - RAAN	50,000	(50,000)	-		-	
Ryan White - Telemedicine	260,000	(260,000)	-			
Epidemiology Lab Capacity - Data Modernization Program Administrator	50,000	110,000	160,000		160,000	
Epidemiology Lab Capacity - Infection Prevention Conference	30,000	10,000	40,000		40,000	
Epidemiology Lab Capacity Fellowships/Antibiotic Resistance Expert/Ebola Professional Fees	600,000	(210,000)	390,000		390,000	
Sexually Transmitted Diseases - Public Education	12,000	18,000	30,000		30,000	
Sexually Transmitted Diseases - Trainer	7,600	(7,600)	-		-	
Sexually Transmitted Diseases - Quality Management Detailing	100,000	-	100,000		100,000	
Tuberculosis - Educational Campaign	223,000	(223,000)	-			
Tuberculosis - LPHU Patient Testing	1,500	(1,500)	-			
Tuberculosis - Case Management	17,000	-	17,000	10,000	7,000	
Tuberculosis - Contract Pharmacy	60,000	2,000	62,000	40,000	22,000	
Tuberculosis - Infection Coordinator BBPH	-	100,000	100,000	20,000	80,000	
Forensic Examiner Division						
Legal Fees - Attorney General	3,500	-	3,500	3,500		
UND Pathology Department	480,000	105,270	585,270	585,270		
UND Pathology Department - vacation / overflow	40,000	-	40,000	40,000		
Sanford Health / National Medical Services	68,000	-	68,000	68,000		
Misc. Medical Fees and Genetic Testing	4,200	-	4,200	4,200		
Metro Area Ambulance	15,000	-	15,000	15,000		
AXIS Forensic Toxicology	50,000	-	50,000	50,000		
Total Professional Services	\$ 3,580,600	\$ (982,230)	\$ 2,598,370	\$ 955,970	\$ 1,642,400	\$ -

**North Dakota Department of Health
Disease Control and Forensic Pathology
21-23 Executive Budget**

Information Technology Contractual Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Consilience Maintenance / Enhancements - Electronic Lab Reporting	255,644	136,356	392,000	100,000	292,000	
Blue Cross Blue Shield of North Dakota - Immunization Registry	1,145,652	(458,777)	686,875	127,844	559,031	
Mass Vaccination Software - Maryland Partnership for Prevention	-	40,000	40,000		40,000	
Forensic Examiner - Electronic Medical Record System	-	60,000	60,000	60,000		
Total IT Contractual Services	\$ 1,401,296	\$ (222,421)	\$ 1,178,875	\$ 287,844	\$ 891,031	\$ -

Grant Line Item

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Immunization Program to LPHU	919,667	840,333	1,760,000		1,760,000	
Immunization Program to NDSU - Dr. Carson	-	300,000	300,000		300,000	
Epidemiology and Laboratory Capacity to LPHU	305,800	(305,800)	-		-	
Epidemiology and Laboratory Capacity to NDSU and UND	31,072	(16,072)	15,000		15,000	
Epidemiology and Laboratory Capacity for Vector Control and Mosquito Net	49,654	(29,654)	20,000		20,000	
Ryan White - Rural AIDS Action Network (RAAN)	-	66,000	66,000		66,000	
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)	-		-	
HIV Prevention - CTR Contracts to LPHU for patient testing/rapid testing	-	310,000	310,000	50,000	260,000	
Opioid Crisis Response grants	64,990	(64,990)	-		-	
TB Surveillance contracts to LPHU	-	71,600	71,600		71,600	
Hepatitis with Family Healthcare - provider education and treatment management		240,000	240,000		240,000	
Total Grants	\$ 2,889,183	\$ 1,261,417	\$ 4,150,600	\$ 50,000	\$ 4,100,600	\$ -

**North Dakota Department of Health
Disease Control and Forensic Pathology
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	31.00	30.00	5.00	35.00	(2.00)	33.00
511 Salaries	3,675,202	3,714,359	520,625	4,234,984	0	4,234,984
513/514 Temporary, Overtime	188,029	393,494	228,944	622,438	0	622,438
516 Benefits	1,565,618	1,876,721	252,132	2,128,853	(30,791)	2,098,062
TOTAL	5,428,849	5,984,574	1,001,701	6,986,275	(30,791)	6,955,484
General Fund	1,444,299	1,620,167	172,230	1,792,397	(8,841)	1,783,556
Federal Funds	3,984,550	4,364,407	829,471	5,193,878	(21,950)	5,171,928
Special Funds	0	0	0	0	0	0
OPERATING EXPENSES						
521 Travel	234,129	300,337	(61,896)	238,441	0	238,441
531 IT - Software/Supp.	21,382	38,457	0	38,457	0	38,457
532 Professional Supplies & Materials	48,488	58,932	0	58,932	0	58,932
533 Food & Clothing	0	0	0	0	0	0
534 Buildings/Vehicle Maintenance Supplies	9,033	13,990	(1,000)	12,990	0	12,990
535 Miscellaneous Supplies	1,361	6,283	0	6,283	0	6,283
536 Office Supplies	16,038	25,754	(500)	25,254	0	25,254
541 Postage	126,817	126,640	(1,000)	125,640	0	125,640
542 Printing	55,560	60,360	(177)	60,183	0	60,183
551 IT Equip Under \$5000	7,427	19,250	5,600	24,850	0	24,850
552 Other Equip Under \$5000	0	1,600	(1,600)	0	0	0
553 Office Equip Under \$5000	814	0	0	0	0	0
561 Utilities	81,201	84,562	0	84,562	0	84,562
571 Insurance	0	0	0	0	0	0
581 Lease/Rentals - Equipment	9,761	10,341	0	10,341	0	10,341
582 Lease \Rentals-- Buildings./Land	25,168	46,508	0	46,508	0	46,508
591 Repairs	41,023	45,450	0	45,450	0	45,450
601 IT-Data Processing	255,537	240,054	(14,923)	225,131	0	225,131
602 IT-Telephone	60,453	69,610	0	69,610	0	69,610
603 IT - Contractual Services	1,278,771	1,401,296	(222,421)	1,178,875	0	1,178,875
611 Professional Development	47,807	67,080	400	67,480	0	67,480
621 Operating Fees & Services	55,511	72,479	0	72,479	0	72,479
623 Professional Services	2,383,736	3,580,600	(982,230)	2,598,370	0	2,598,370
625 Medical, Dental, and Optical	3,548,465	4,088,535	537,790	4,626,325	0	4,626,325
TOTAL	8,308,482	10,358,118	(741,957)	9,616,161	0	9,616,161
General Fund	1,233,726	1,363,109	296,113	1,659,222	0	1,659,222
Federal Funds	7,074,756	8,995,009	(1,038,070)	7,956,939	0	7,956,939
Special Funds	0	0	0	0	0	0
CAPITAL ASSETS						
683 Other Capital Payments	231,740	232,273	(155,508)	76,765	0	76,765
684 Extraordinary Repairs	11,275	0	0	0	0	0
691 Equipment >\$5000	8,693	0	500,000	500,000	0	500,000
693 IT Equip >\$5000	0	0	350,000	350,000	0	350,000
TOTAL	251,708	232,273	694,492	926,765	0	926,765
General Fund	227,829	210,547	716,218	926,765	0	926,765
Federal Funds	23,879	21,726	(21,726)	0	0	0
Special Funds	0	0	0	0	0	0
GRANTS						
712 Grants - Non State	2,378,521	2,889,183	1,261,417	4,150,600	0	4,150,600
722 Grants - In State	64,990	0	0	0	0	0
TOTAL	2,443,511	2,889,183	1,261,417	4,150,600	0	4,150,600
General Fund	0	0	50,000	50,000	0	50,000
Federal Funds	2,443,511	2,889,183	1,211,417	4,100,600	0	4,100,600
Special Funds	0	0	0	0	0	0
SPECIAL LINES						
-71 Tobacco Prevention/Control	0	0	0	0	0	0
-72 WIC Food Payments	0	0	0	0	0	0
-78 Medical Marijuana	0	0	0	0	0	0
-79 COVID 19	0	0	20,806,854	20,806,854	8,265,959	29,072,813
TOTAL	0	0	20,806,854	20,806,854	8,265,959	29,072,813
General Fund	0	0	9,831,535	9,831,535	(6,675,602)	3,155,933
Federal Funds	0	0	10,975,319	10,975,319	14,941,561	25,916,880
Special Funds	0	0	0	0	0	0
TOTAL	16,432,550	19,464,148	23,022,507	42,486,655	8,235,168	50,721,823
General Fund	2,905,854	3,193,823	11,066,096	14,259,919	(6,684,443)	7,575,476
Federal Funds	13,526,696	16,270,325	11,956,411	28,226,736	14,919,611	43,146,347
Special Funds	0	0	0	0	0	0

Description	Purchase Price	Quantity	Total Cost
Refrigerator Units	\$12,771	4	\$51,084
Dry Ice Machine	41,594	1	\$41,594
Commercial Medical Refrigerator	4,460	2	\$8,920
Medical Freezer	14,752	2	\$29,504
Lease of CO2 Tank	18,293	1	\$18,293
Total			\$149,395



House Appropriations
Human Resources Division
Department of Health
Health Resources & Response
Engrossed Senate Bill 2004
2021 – 2023 #8345

March 10, 2021

Emergency Medical Systems



- Licenses Ambulance Services
- Trains EMS Personnel
- Designates Trauma, Cardiac, and Stroke Centers (Hospitals)

Health Facilities



- Surveys Inpatient & Outpatient Health Care Centers
- Maintains the Nurse Aide Registry
- Provides State & Federal Licensures

Emergency Preparedness



- Provides Assistance in Large Scale Emergencies
- Manages the Local Medical Cache
- Coordinates & Supports Emergency Preparedness Activities Across the Health Care Continuum

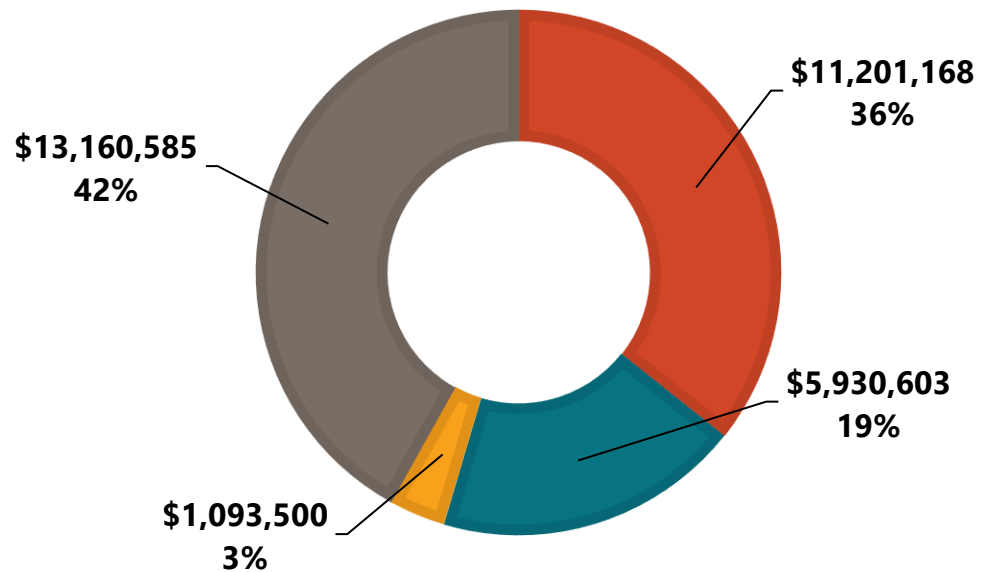
Life Safety & Construction



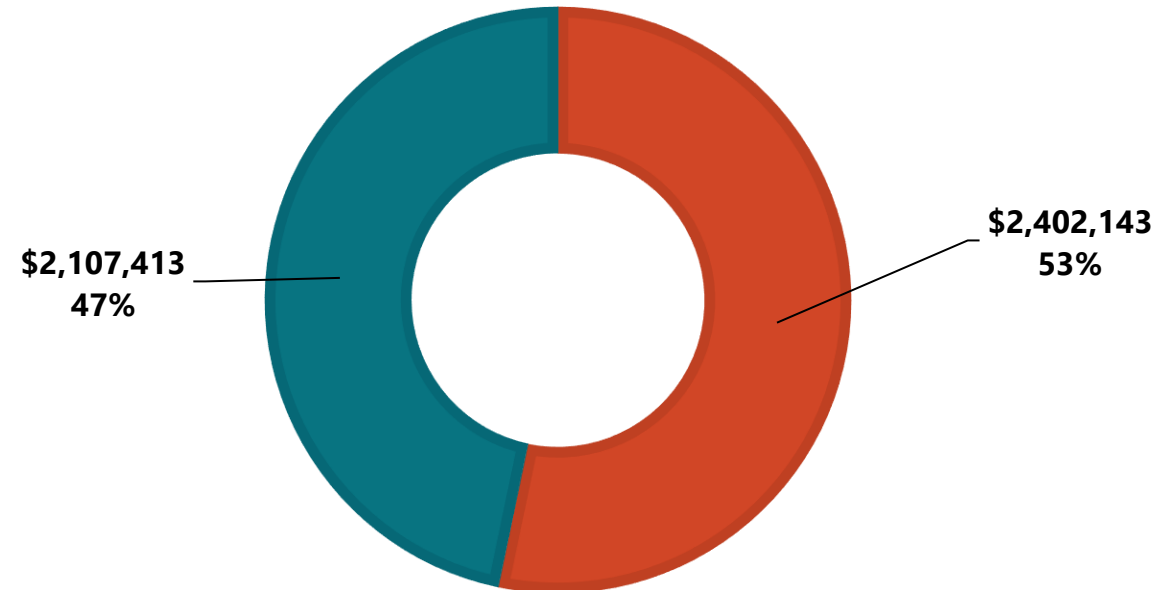
- Conducts Life Safety Code Inspections
- Reviews Plans & Inspects Construction for Licensed Health Care Facilities

2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

CORE BUDGET - \$31.4 MILLION



COVID-19 BUDGET - \$4.5 MILLION

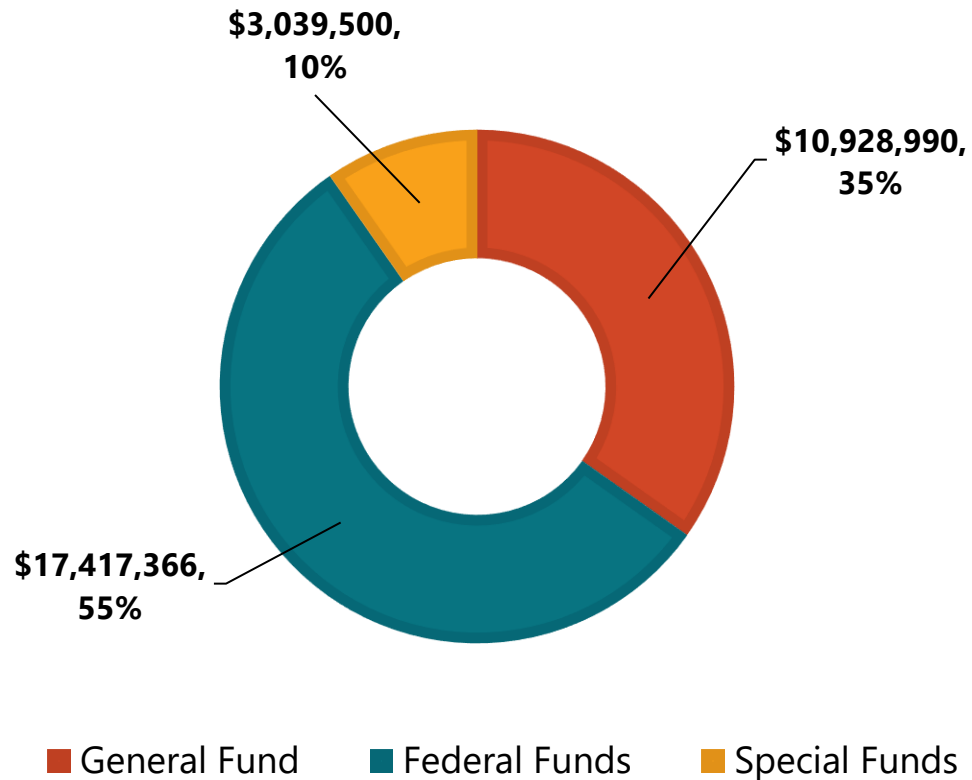


Salaries and Wages Operating Expenses Capital Assets Grants

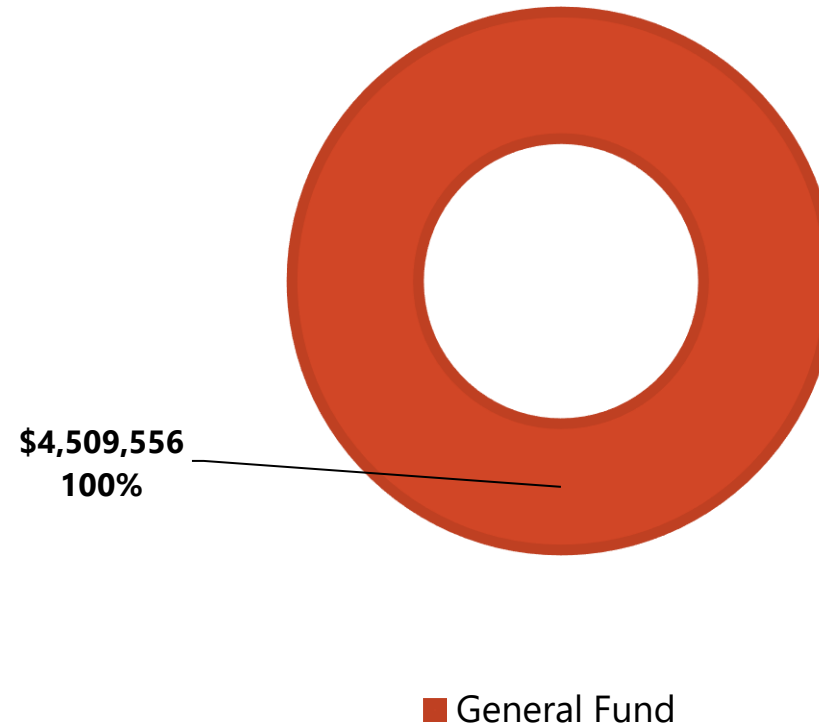
Salaries and Wages Operating Expenses

2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

CORE BUDGET - \$31.4 MILLION

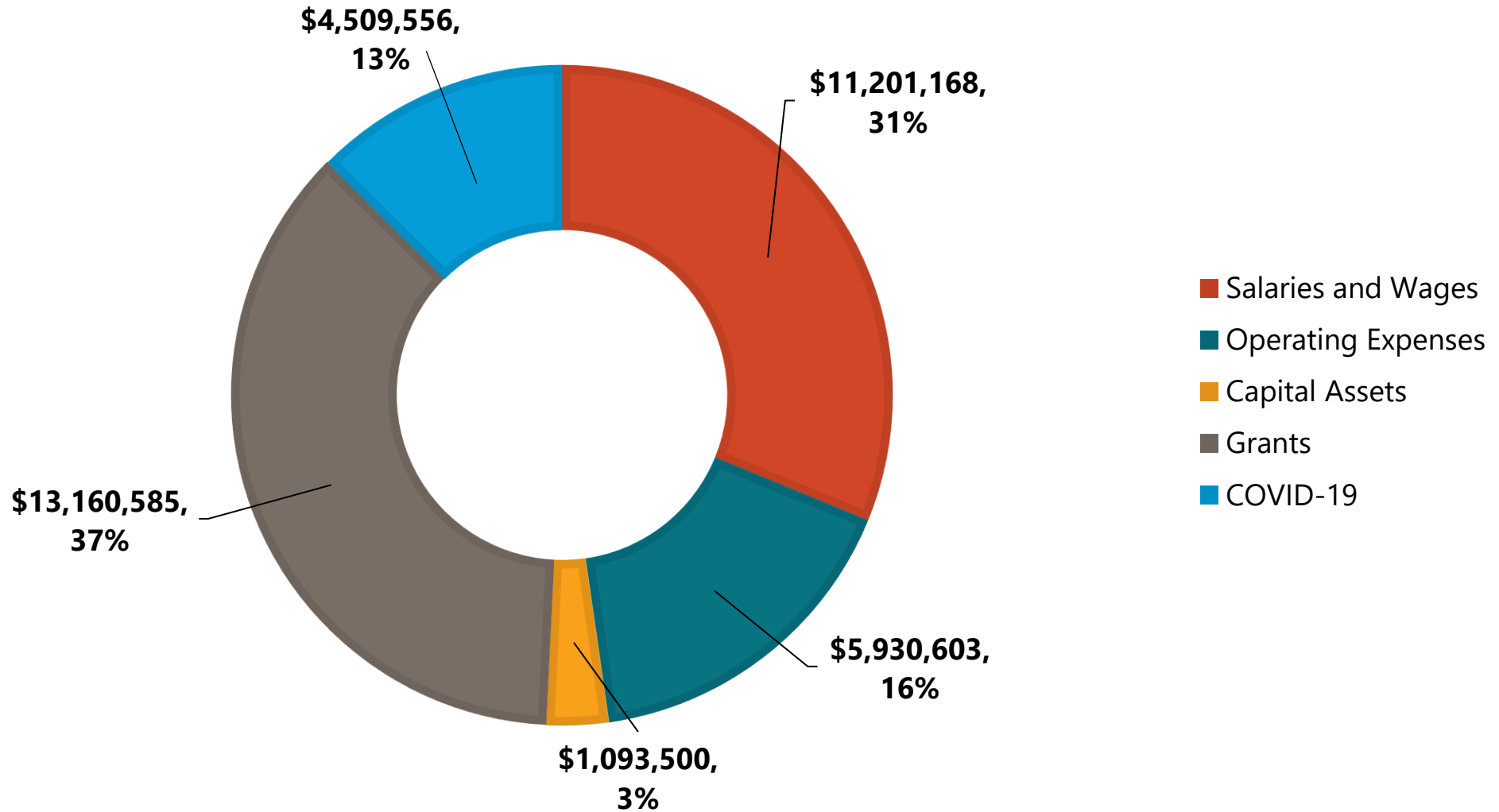


COVID-19 BUDGET - \$4.5 MILLION



2021-23 EXECUTIVE RECOMMENDATION - \$35.9 Million

BY LINE ITEM

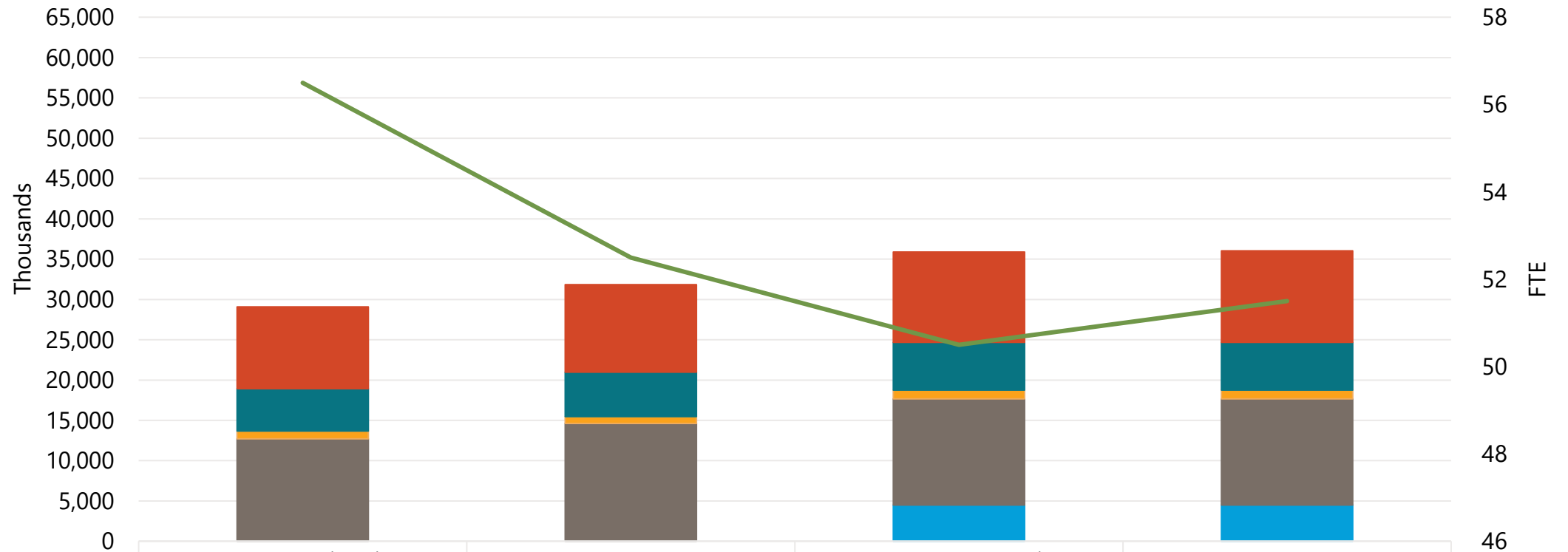


COMPARISON

BASE BUDGET TO SENATE BUDGET

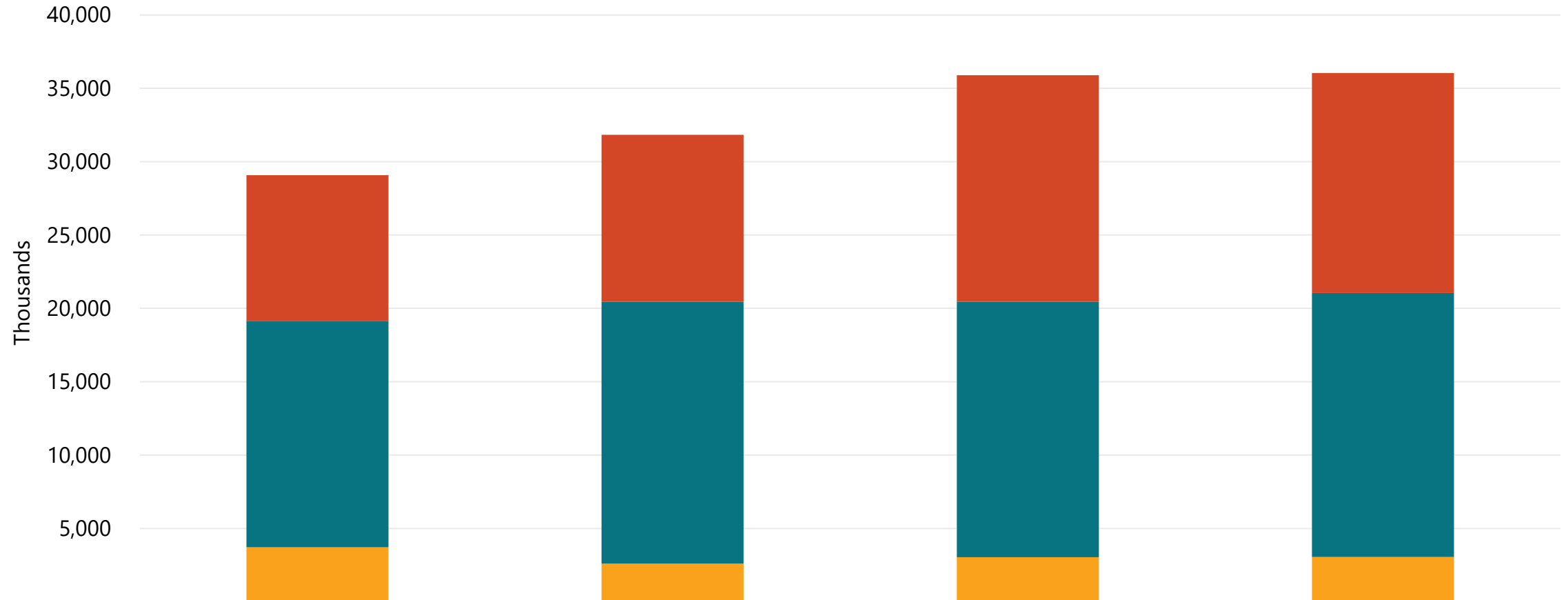
Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Salaries and Wages	\$10,861,111	\$340,057	\$11,201,168	\$140,438	\$11,341,606
Operating Expenses	5,511,227	419,376	5,930,603		5,930,603
Capital Assets	835,500	258,000	1,093,500		1,093,500
Grants	14,626,872	(1,466,287)	13,160,585		13,160,585
Tobacco Prevention & Control	0	0	0		0
WIC Food Payments	0	0	0		0
Statewide Health Strategies	0	0	0		0
COVID-19	0	4,509,556	4,509,556	(733)	4,508,823
Total By Line Item	\$31,834,710	\$4,060,702	\$35,895,412	\$139,705	\$36,035,117
General Fund	\$11,375,748	\$4,062,798	\$15,438,546	(\$444,037)	\$14,994,509
Federal Funds	17,851,698	(434,332)	17,417,366	569,175	17,986,541
Special Funds	2,607,264	432,236	3,039,500	14,567	3,054,067
Total By Fund	\$31,834,710	\$4,060,702	\$35,895,412	\$139,705	\$36,035,117
FTE	52.50	(2.00)	50.50	1.00	51.50

OVERVIEW OF BUDGET CHANGES



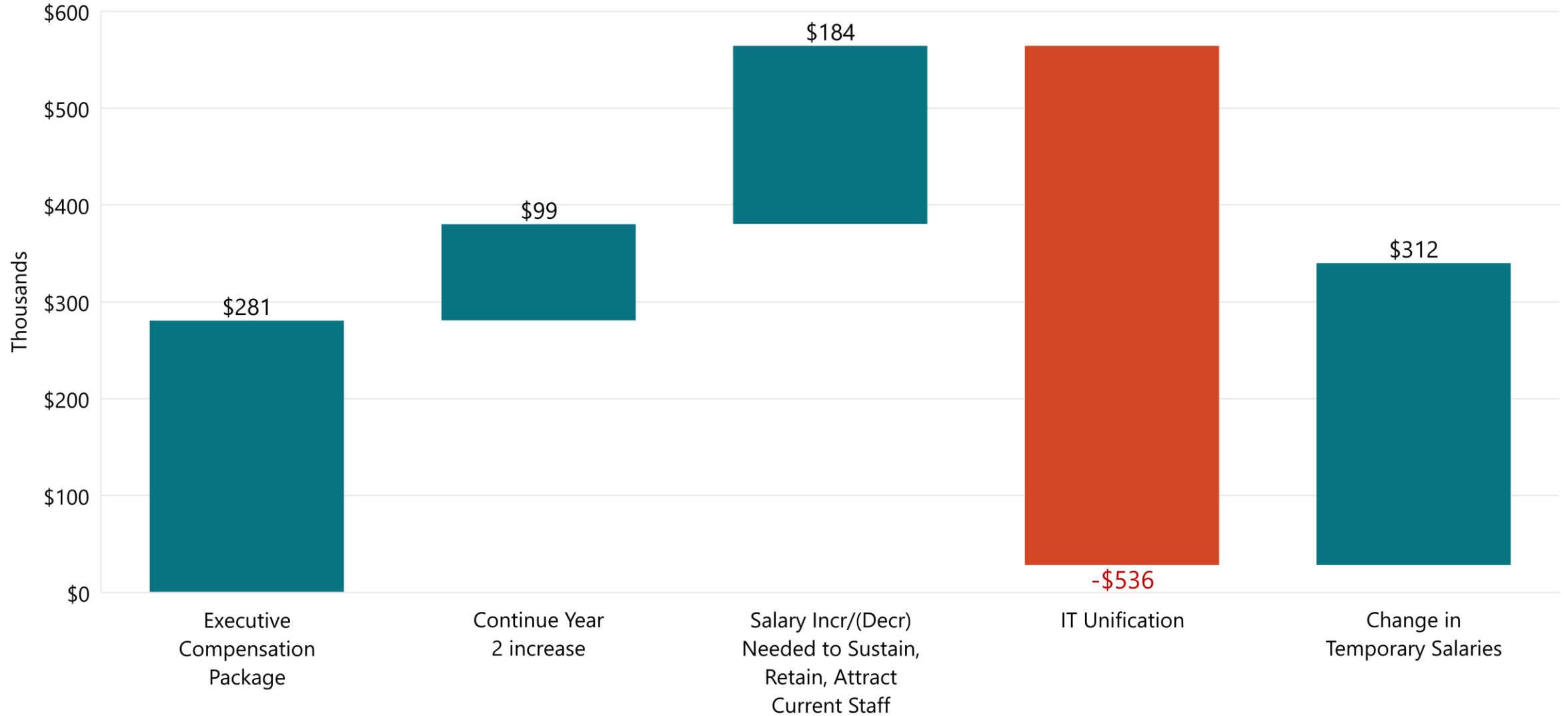
	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
Salaries and Wages	10,138,656	10,861,111	11,201,168	11,341,606
Operating Expenses	5,275,679	5,511,227	5,930,603	5,930,603
Capital Assets	960,135	835,500	1,093,500	1,093,500
Grants	12,706,193	14,626,872	13,160,585	13,160,585
COVID-19	0	0	\$4,509,556	\$4,508,823
FTE	56.50	52.50	50.50	51.50

OVERVIEW OF FUNDING CHANGES

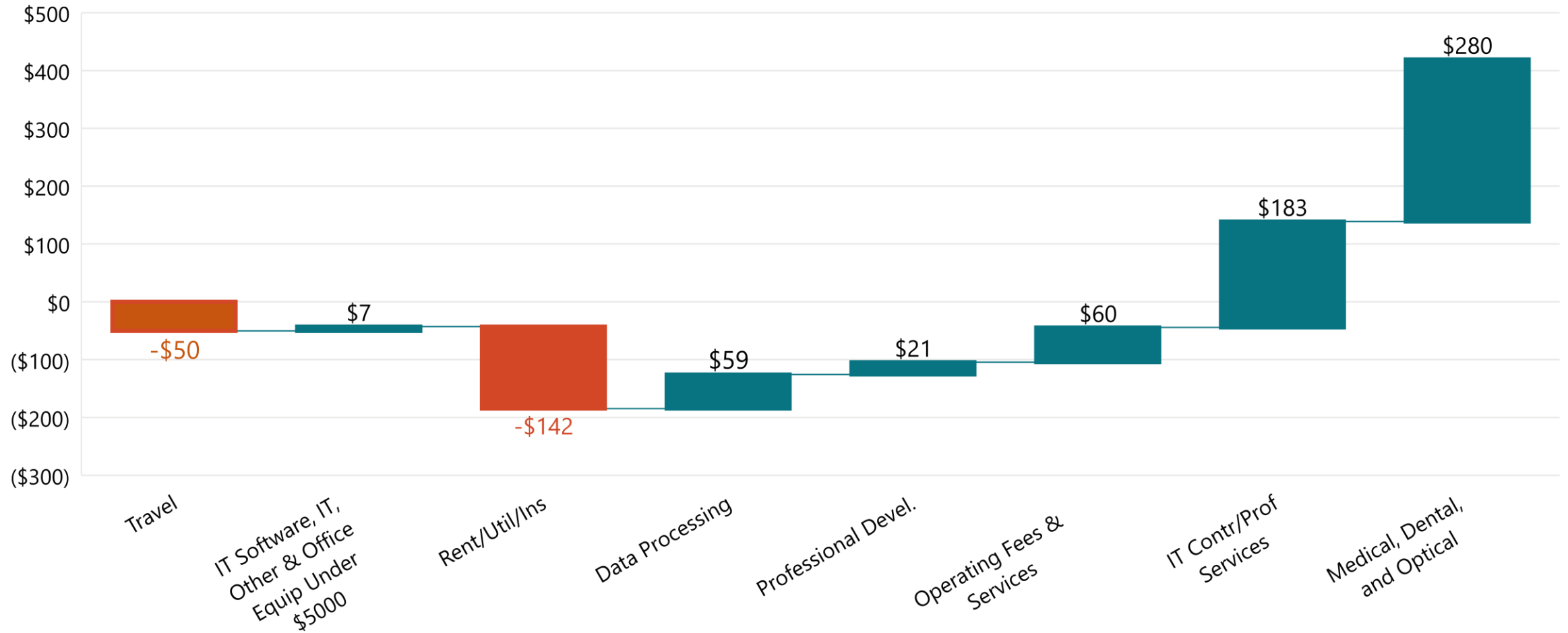


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
General Fund	9,960,450	11,375,748	15,438,546	14,994,509
Federal Funds	15,394,235	17,851,698	17,417,366	17,986,541
Special Funds	3,725,978	2,607,264	3,039,500	3,054,067

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$340,057



MAJOR OPERATING DIFFERENCES – Net Increase \$419,376



EQUIPMENT > \$5,000

Description	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Equipment > \$5,000				
Emergency Response Health & Medical Trailers (24')	141,000		141,000	
Emergency Response Mobile Sleeping Quarters	270,000		270,000	
Disaster Relief Rapid Response Mobile Kitchen	330,000		330,000	
Radio Frequency Identification (RFID) System for State Medical Cache Inventory	80,000		80,000	
Refrigerated/Heated Emergency Trailers w/Liftgates (53')	157,500		157,500	
Utility Transport to Assist w/Trailer Movement on Lot	30,000		30,000	
Tractor for Snow Removal at State Medical Cache	40,000	40,000		
Forklift for Warehouse - State Medical Cache	45,000		45,000	
Total Equipment	\$ 1,093,500	\$ 40,000	\$1,053,500	\$ -

SENATE CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$15,438,546	\$17,417,366	\$3,039,500	\$35,895,412
Senate Changes				
Change to the Executive Compensation Package	(\$12,478)	(\$27,511)	(\$5,842)	(\$45,831)
Change in COVID-19 Executive Recommendation	(\$542,881)	\$542,881		\$0
IT Unification 4.0 FTE instead of 5.0 FTE	\$111,322	\$53,805	\$20,409	\$185,536
Senate Budget	\$14,994,509	\$17,986,541	\$3,054,067	\$36,035,117

THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

**North Dakota Department of Health
Health Resources and Response
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Consulting for Health Alert Network	12,000	200	12,200		12,200	
Opioid Crisis Response Contracts	2,400	(2,400)	-			
Sanford Biomedical Services		50,000	50,000		50,000	
Kreislers-Pharmaceutical Supply	5,000	200	5,200		5,200	
Legal	9,500	-	9,500	9,500		
Stroke System of Care - Training	25,000	5,000	30,000	30,000		
Cardiac System of Care - Training	30,000	-	30,000	30,000		
Cardiac / Stroke Site Visits	96,000	(34,242)	61,758	61,758		
Trauma - Medical Director	166,250	(99,445)	66,805	66,805		
Trauma - Advance Life Support Training	37,000	-	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		
Stroke / Cardiac Services to Communities	230,000	97,500	327,500			327,500
Opioid Contracts	20,000	(20,000)	-			
Legal Fees - Administrative Hearings	20,000	-	20,000	5,000	15,000	-
Legal Fees - Attorney General's Office	23,500	-	23,500	8,000	7,500	8,000
Contractual Assistance - Independent Informal Dispute Resolution (IIDR) Review by outside entity	2,400	-	2,400	300	2,100	
Professional Services - shredding, scanning, advertising	5,500	-	5,500	500	4,500	500
Professional services long term care facilities surveys		149,427	149,427	11,281	138,146	
Total Professional Services	\$ 891,700	\$ 146,240	\$ 1,037,940	\$ 467,294	\$ 234,646	\$ 336,000

Information Technology Contractual Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Health Alert Network	120,000	20,000	140,000		140,000	
Inventory Management Syst	9,000	21,000	30,000		30,000	
Health Care Standard		48,000	48,000		48,000	
Trauma Maintenance Clinical Data Management	32,300	1,700	34,000	34,000		
Emergency Medical Systems - Data System	286,000	(106,000)	180,000	150,000	30,000	
Emergency Medical Systems - Personal & Service Registry		37,000	37,000	37,000		
Nurse Aide Registry Information Management System	21,550	15,450	37,000	7,400	22,200	7,400
Total IT Contractual Services	\$ 468,850	\$ 37,150	\$ 506,000	\$ 228,400	\$ 270,200	\$ 7,400

**North Dakota Department of Health
Health Resources and Response
21-23 Executive Budget**

Grant Line Item

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Public Health Emergency Preparedness LPHU	3,433,305	166,408	3,599,713		3,599,713	
Public Health Emergency Preparedness Tribal Health Agencies	39,000	-	39,000		39,000	
Public Health Emergency Preparedness City Readiness Initiative	305,280	34,520	339,800		339,800	
Public Health Emergency Preparedness Health Alert Network	251,800	-	251,800		251,800	
Opioid Crisis Response Grants	179,500	(179,500)	-			
Hospital Preparedness Program Grants to Associations	755,000	24,272	779,272		779,272	
Hospital Preparedness Program Ebola	1,306,500	(1,306,500)	-			
Emergency Medical Systems Stroke Registry & Data Extraction	328,000	(100,000)	228,000	228,000		
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	12,000	52,000	52,000		
Emergency Medical Systems Stroke / Cardiac Grants to Communities	230,000	(230,000)	-			
Civil Money Penalty Fund – projects with personal impact on individuals -LTC facilities	37,487	112,513	150,000			150,000
Total Grants	\$ 14,626,872	\$ (1,466,287)	\$ 13,160,585	\$ 6,876,000	\$ 5,009,585	\$ 1,275,000

**North Dakota Department of Health
Health Resources and Response
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	56.50	52.50	(2.00)	50.50	1.00	51.50
511 Salaries	6,171,873	6,325,826	(113,616)	6,212,210	125,809	6,338,019
513/514 Temporary, Overtime	1,036,431	1,104,698	311,910	1,416,608	0	1,416,608
516 Benefits	2,930,352	3,430,587	141,763	3,572,350	14,629	3,586,979
TOTAL	10,138,656	10,861,111	340,057	11,201,168	140,438	11,341,606
General Fund	2,652,096	3,101,346	(320,142)	2,781,204	99,577	2,880,781
Federal Funds	6,175,977	6,981,829	230,440	7,212,269	26,294	7,238,563
Special Funds	1,310,583	777,936	429,759	1,207,695	14,567	1,222,262
OPERATING EXPENSES						
521 Travel	780,979	713,027	(50,233)	662,794	0	662,794
531 IT - Software/Supp.	112,978	67,810	10,000	77,810	0	77,810
532 Professional Supplies & Materials	57,500	56,405	0	56,405	0	56,405
533 Food & Clothing	448	1,988	0	1,988	0	1,988
534 Buildings/Vehicle Maintenance Supplies	122,555	108,268	0	108,268	0	108,268
535 Miscellaneous Supplies	25,801	41,694	0	41,694	0	41,694
536 Office Supplies	37,918	42,123	0	42,123	0	42,123
541 Postage	26,240	23,329	0	23,329	0	23,329
542 Printing	33,803	39,256	0	39,256	0	39,256
551 IT Equip Under \$5000	223,311	102,950	(6,300)	96,650	0	96,650
552 Other Equip Under \$5000	90,088	42,500	9,000	51,500	0	51,500
553 Office Equip Under \$5000	5,034	5,250	(5,250)	0	0	0
561 Utilities	47,064	55,603	3,000	58,603	0	58,603
571 Insurance	95,245	105,400	3,000	108,400	0	108,400
581 Lease/Rentals - Equipment	28,617	33,045	0	33,045	0	33,045
582 Lease \Rentals-- Buildings./Land	1,422,726	1,432,436	(147,888)	1,284,548	0	1,284,548
591 Repairs	197,655	174,674	0	174,674	0	174,674
601 IT-Data Processing	370,214	378,667	59,032	437,699	0	437,699
602 IT-Telephone	217,638	245,942	0	245,942	0	245,942
603 IT - Contractual Services	95,884	468,850	37,150	506,000	0	506,000
611 Professional Development	84,234	74,774	21,162	95,936	0	95,936
621 Operating Fees & Services	342,640	177,608	60,006	237,614	0	237,614
623 Professional Services	628,574	891,700	146,240	1,037,940	0	1,037,940
625 Medical, Dental, and Optical	228,533	227,928	280,457	508,385	0	508,385
TOTAL	5,275,679	5,511,227	419,376	5,930,603	0	5,930,603
General Fund	1,017,623	1,310,402	(78,616)	1,231,786	0	1,231,786
Federal Funds	3,645,006	3,763,984	378,028	4,142,012	0	4,142,012
Special Funds	613,050	436,841	119,964	556,805	0	556,805
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	0
684 Extraordinary Repairs	0	0	0	0	0	0
691 Equipment >\$5000	577,118	785,500	308,000	1,093,500	0	1,093,500
693 IT Equip >\$5000	383,017	50,000	(50,000)	0	0	0
TOTAL	960,135	835,500	258,000	1,093,500	0	1,093,500
General Fund	34,359	0	40,000	40,000	0	40,000
Federal Funds	625,883	835,500	218,000	1,053,500	0	1,053,500
Special Funds	299,893	0	0	0	0	0
GRANTS						
712 Grants - Non State	12,706,193	14,626,872	(1,466,287)	13,160,585	0	13,160,585
722 Grants - In State	0	0	0	0	0	0
TOTAL	12,706,193	14,626,872	(1,466,287)	13,160,585	0	13,160,585
General Fund	6,256,372	6,964,000	(88,000)	6,876,000	0	6,876,000
Federal Funds	4,947,369	6,270,385	(1,260,800)	5,009,585	0	5,009,585
Special Funds	1,502,452	1,392,487	(117,487)	1,275,000	0	1,275,000
SPECIAL LINES						
-71 Tobacco Prevention/Control	0	0	0	0	0	0
-72 WIC Food Payments	0	0	0	0	0	0
-78 Medical Marijuana	0	0	0	0	0	0
-79 COVID 19	0	0	4,509,556	4,509,556	(733)	4,508,823
TOTAL	0	0	4,509,556	4,509,556	(733)	4,508,823
General Fund	0	0	4,509,556	4,509,556	(543,614)	3,965,942
Federal Funds	0	0	0	0	542,881	542,881
Special Funds	0	0	0	0	0	0
TOTAL	29,080,663	31,834,710	4,060,702	35,895,412	139,705	36,035,117
General Fund	9,960,450	11,375,748	4,062,798	15,438,546	(444,037)	14,994,509
Federal Funds	15,394,235	17,851,698	(434,332)	17,417,366	569,175	17,986,541
Special Funds	3,725,978	2,607,264	432,236	3,039,500	14,567	3,054,067

March 10, 2021

Chairman Nelson
House Appropriations
Human Resources Committee

Recently your committee requested information about the status of Life Safety and Construction (LSC) Division projects of the North Dakota Department of Health (NDDoH). The following provides information about the review timelines and project costs for these projects.

During the current biennium LSC has completed the plan review of seventy-four (74) new and remodeled medical facilities ranging in scope from two-thousand (\$2,000) to one-hundred thirty-five million (\$135,000,000) dollars. Sixty-one (61) projects with a budget less than one-million dollars have been submitted and approved for construction. There were also six (6) projects submitted and reviewed between one and four-million (\$1,000,000 to \$4,000,000) and seven (7) greater than four-million (>\$4,000,000). Currently there are an additional eighteen (18) in our queue in various states of review.

Full staffing for LSC is four (4) full time plan reviewers. During much of the current biennium LSC was short staffed by two (2) plan reviewers. It was difficult to find and retain qualified staff. We became fully staffed in October of 2020.

LSC also staffs two (2) facilities surveyors. These staff conduct over two-hundred (200) life safety surveys per year of hospitals, skilled care, basic care, and ICF's throughout the state ensuring compliance with Center for Medicare and Medicaid Services (CMS) as well as others regulations.

During the 2019 – 2021 biennium, in effort to provide options for providers, the NDDoH developed the ability for licensed providers to utilize third-party plan reviewers instead of the NDDoH. A list of state-approved contractors has

been created and medical facility operators were notified of this service. The current arrangement requires the licensed provider to contract directly with the third-party plan reviewer. LSC maintains oversight, conducts the construction inspection and provides final approval to occupy the facility. This option has been available since August 2020 but has not been utilized. We believe use of this option can be an effective tool in completing plan reviews when work load exceeds the capacity of LSC to complete reviews within the specified time frames.

The LSC Division works very hard to provide thorough, accurate and timely plan reviews for licensed providers in North Dakota. We hope you find this information useful. Please do not hesitate to contact us if you have any questions.

David L. Nelson, AIA

Life Safety & Construction

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/10/2021 pm
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 2:15 p.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger		A
Strinden	P	

Discussion Topics:

- Department of Health
- Fiscal and Operations
- Licensure and Certification
- Divisions

Brenda Weisz, CFO, North Dakota Department of Health(2:16 pm) testified
#8347 #8659

Chair Nelson closed the meeting at 3:34 p.m.

Cole Fleck, Committee Clerk



House Appropriations #8347
Human Resources Division
Department of Health
Fiscal & Operations
Engrossed Senate Bill 2004
2021 – 2023

March 10, 2021

Fiscal & Audit



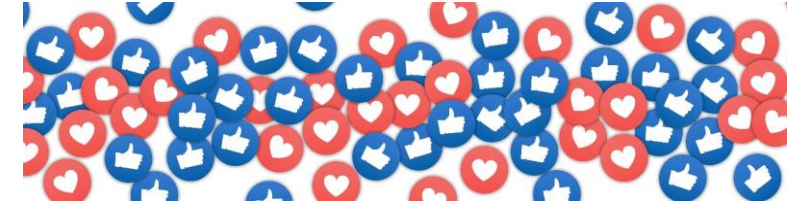
- Accounts Payable
- Budgeting
- Grants Management
- Contracts
- Auditing
- General Accounting

Human Resources



- Recruitment
- Workforce Development
- Classification
- Salary & Benefit Administration
- Worksite Wellness
- HIPAA

Communications



- Public & Internal Communications
- Social Media
- Branding
- Media Relations
- Open Record Requests

Food & Lodging



- Licenses & Inspects
- Provides Education
- Reviews Plans for New Establishments
- Investigates Foodborne Illnesses

Medical Marijuana



- Registers Qualifying Patients, Designated Caregivers and Agents into the Medical Marijuana Program
- Regulates Manufacturing Facilities and Dispensaries

Vital Records



- Provides Registration and Certification of Vital Events (Births, Deaths, Fetal Deaths, Marriages & Divorces)
- Provides Statistical Information

DIVISIONS:

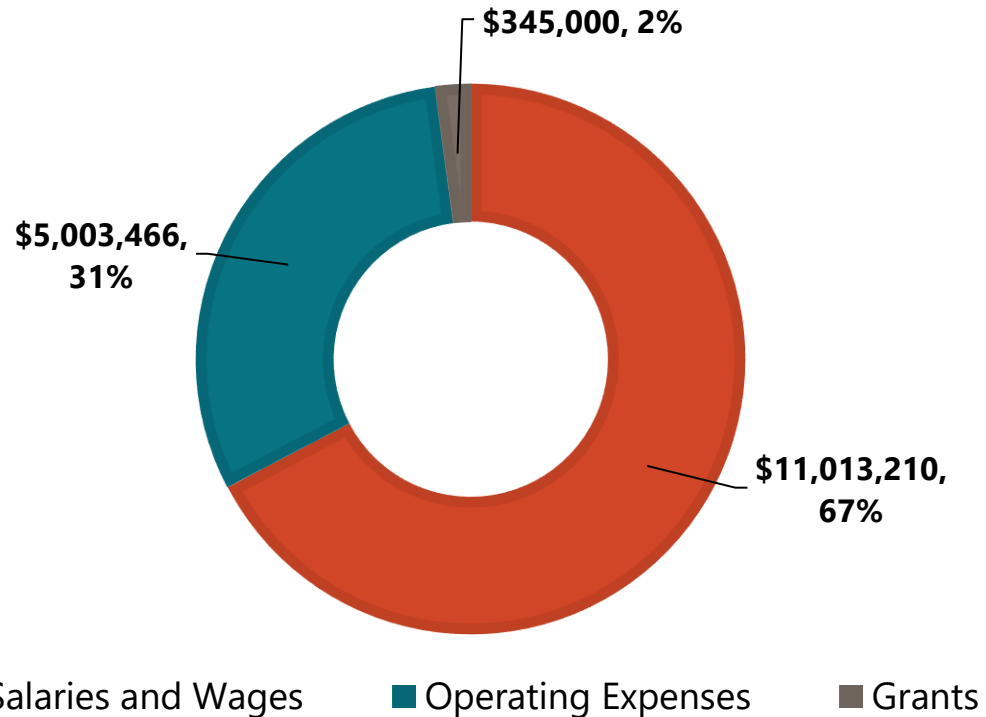
Non-Infectious Disease Surveillance & Data Management and Special Projects & Health Analytics

- Provides Data Analysis to Support All Programs & Divisions
- Ensures Data Validity
- Improves Data Quality
- Improves Data Acquisition from External Sources
- Report Writing and Communication
- Evaluation of Program(s)
- Collaborates on Informatics Projects

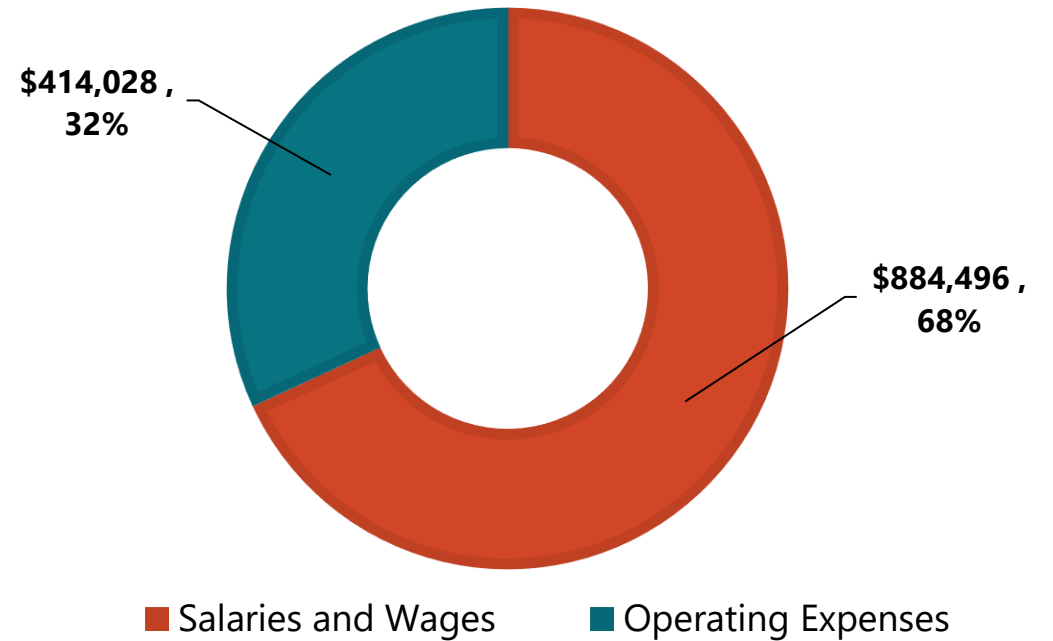


2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

CORE BUDGET - \$16.4 MILLION

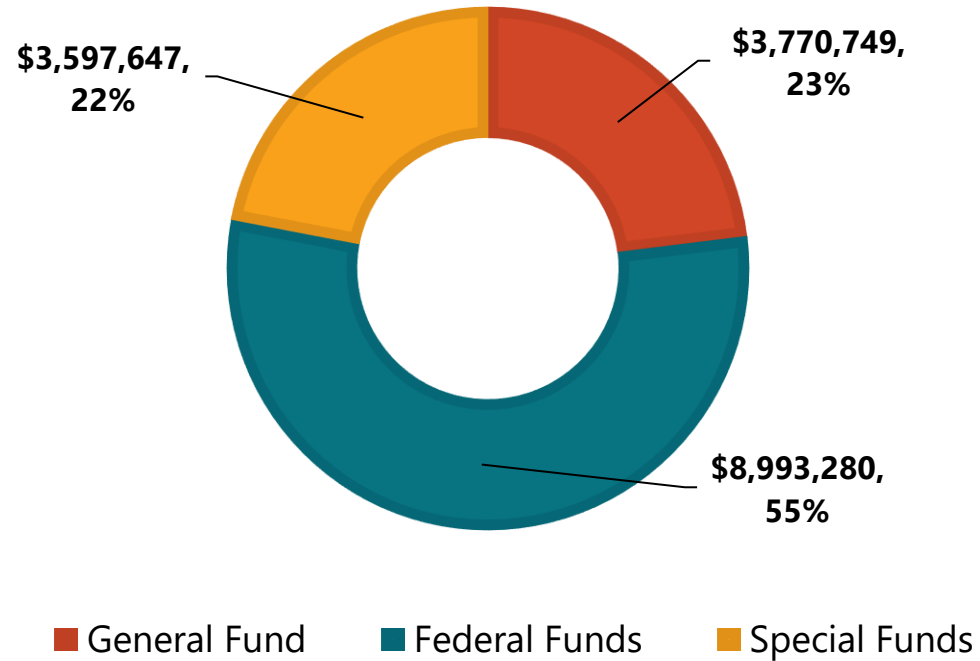


COVID-19 BUDGET - \$1.3 MILLION

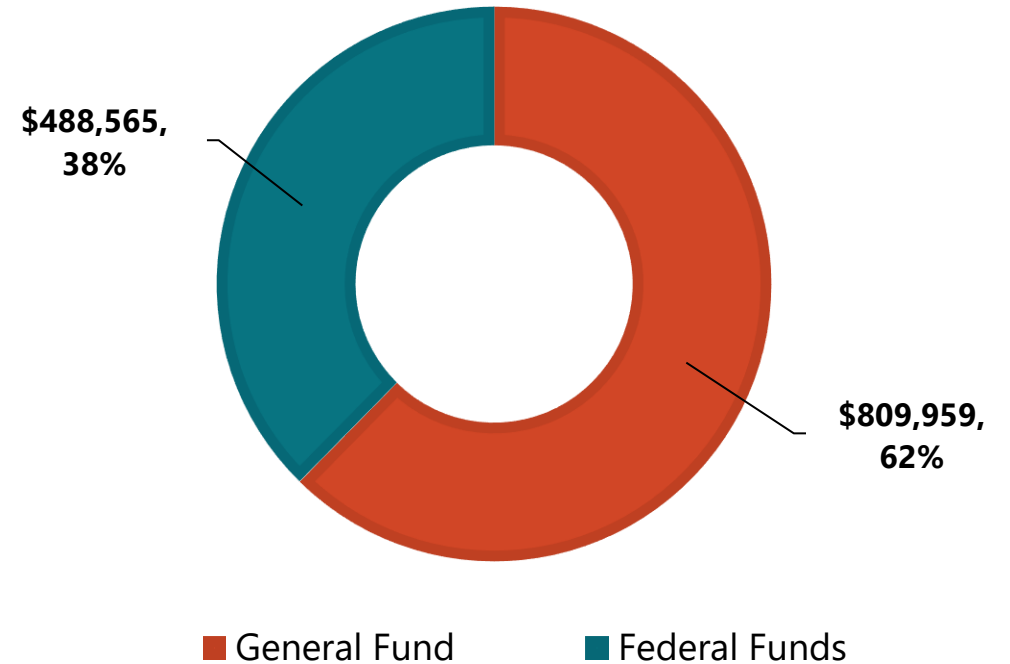


2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

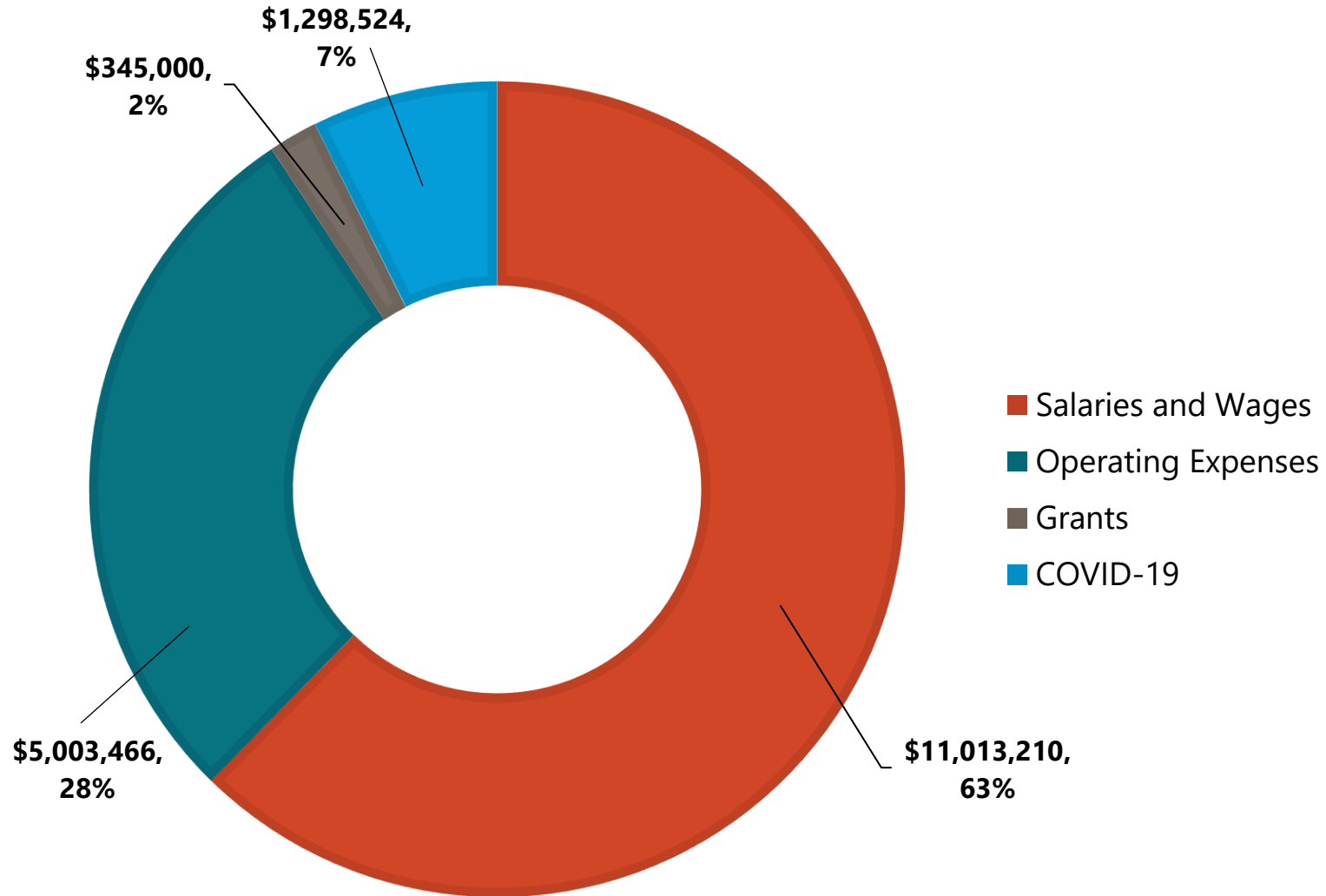
CORE BUDGET - \$16.4 MILLION



COVID-19 BUDGET - \$1.3 MILLION



2021-23 EXECUTIVE RECOMMENDATION- \$17.7 Million BY LINE ITEM

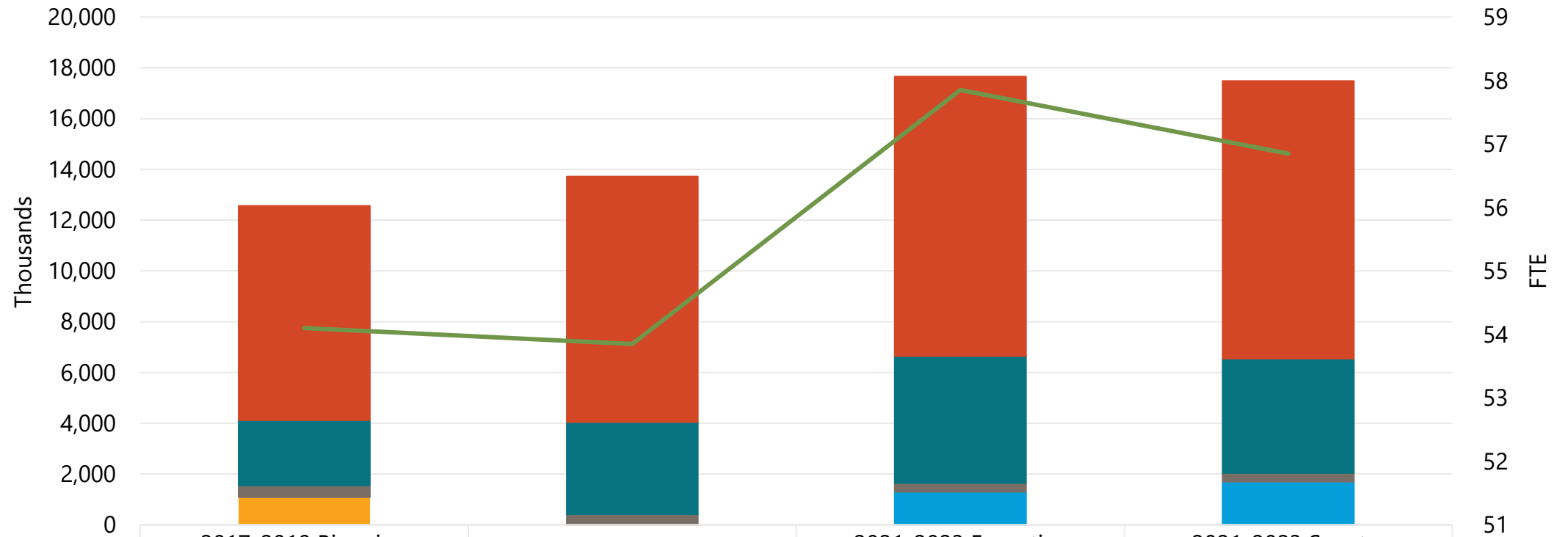


COMPARISON

BASE BUDGET TO SENATE BUDGET

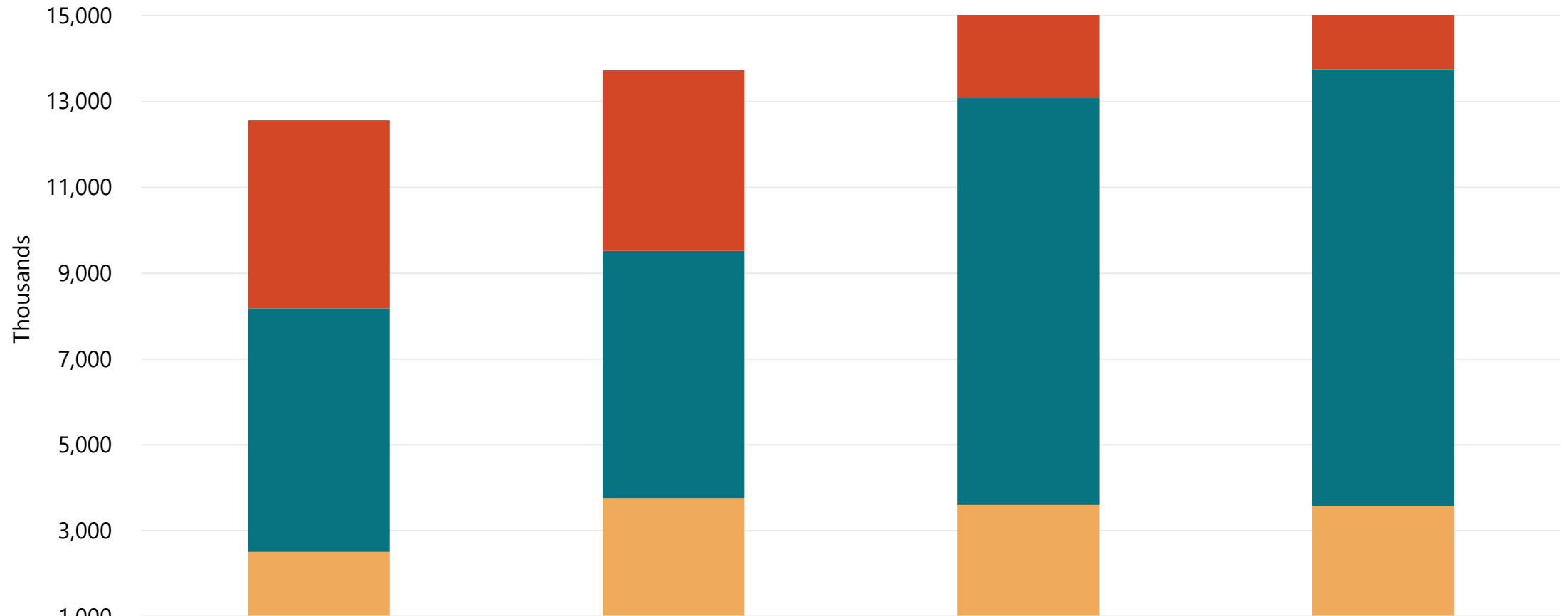
Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Salaries and Wages	\$9,680,937	\$1,332,273	\$11,013,210	(\$68,138)	\$10,945,072
Operating Expenses	3,635,163	1,368,303	5,003,466	(502,157)	4,501,309
Capital Assets	0	0	0	0	0
Grants	407,800	(62,800)	345,000	0	345,000
Tobacco Prevention & Control	0	0	0	0	0
WIC Food Payments	0	0	0	0	0
Statewide Health Strategies	0	0	0	0	0
COVID-19	0	1,298,524	1,298,524	394,852	1,693,376
Total By Line Item	\$13,723,900	\$3,936,300	\$17,660,200	(\$175,443)	\$17,484,757
General Fund	\$4,206,922	\$373,786	\$4,580,708	(\$842,375)	\$3,738,333
Federal Funds	5,759,671	3,722,174	9,481,845	687,341	10,169,186
Special Funds	3,757,307	(159,660)	3,597,647	(20,409)	3,577,238
Total By Fund	\$13,723,900	\$3,936,300	\$17,660,200	(\$175,443)	\$17,484,757
FTE	53.85	4.00	57.85	(1.00)	56.85

OVERVIEW OF BUDGET CHANGES



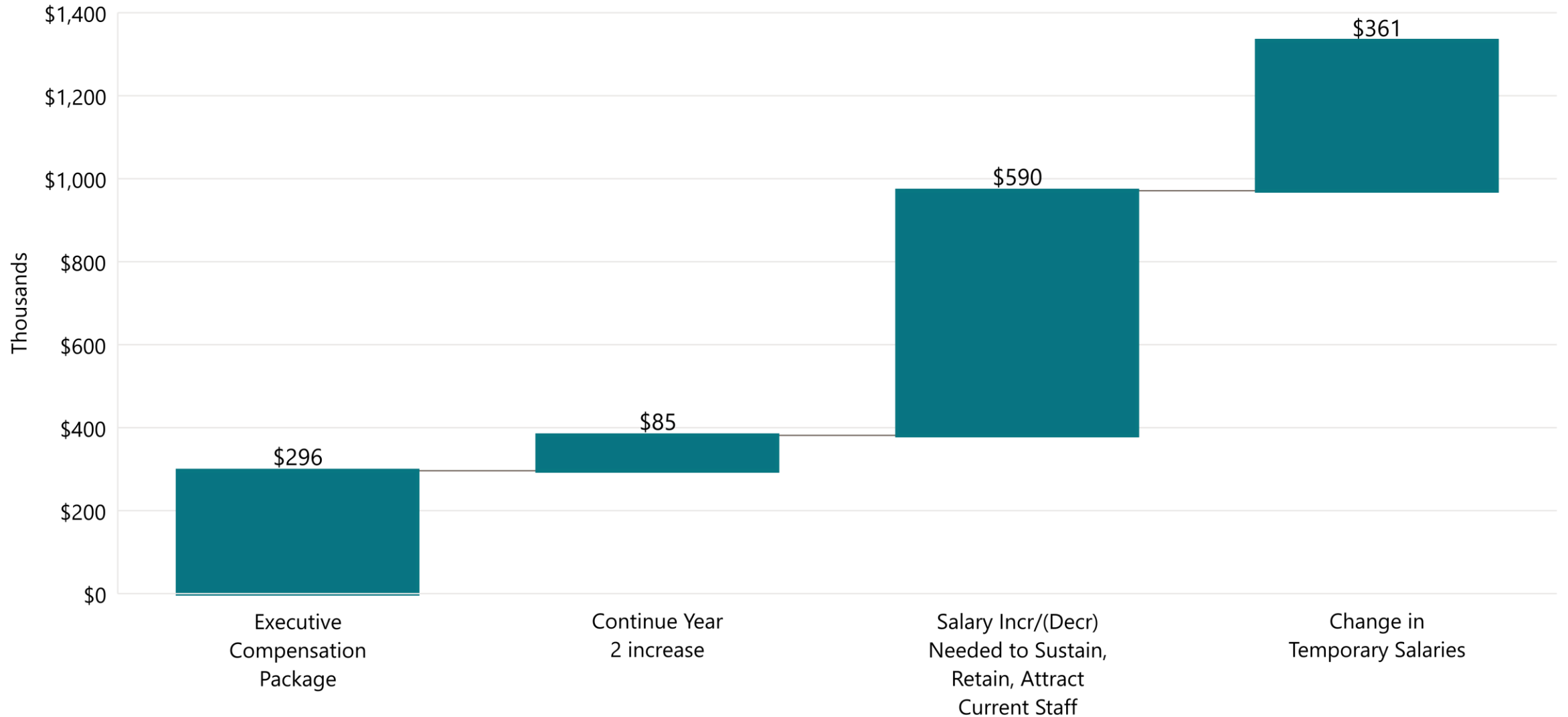
	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
Salaries and Wages	8,444,274	9,680,937	11,013,210	10,945,072
Operating Expenses	2,568,161	3,635,163	5,003,466	4,501,309
Grants	463,659	407,800	345,000	345,000
Medical Marijuana	1,086,176	0	0	0
COVID-19	0	0	1,298,524	1,693,376
FTE	54.10	53.85	57.85	56.85

OVERVIEW OF FUNDING CHANGES

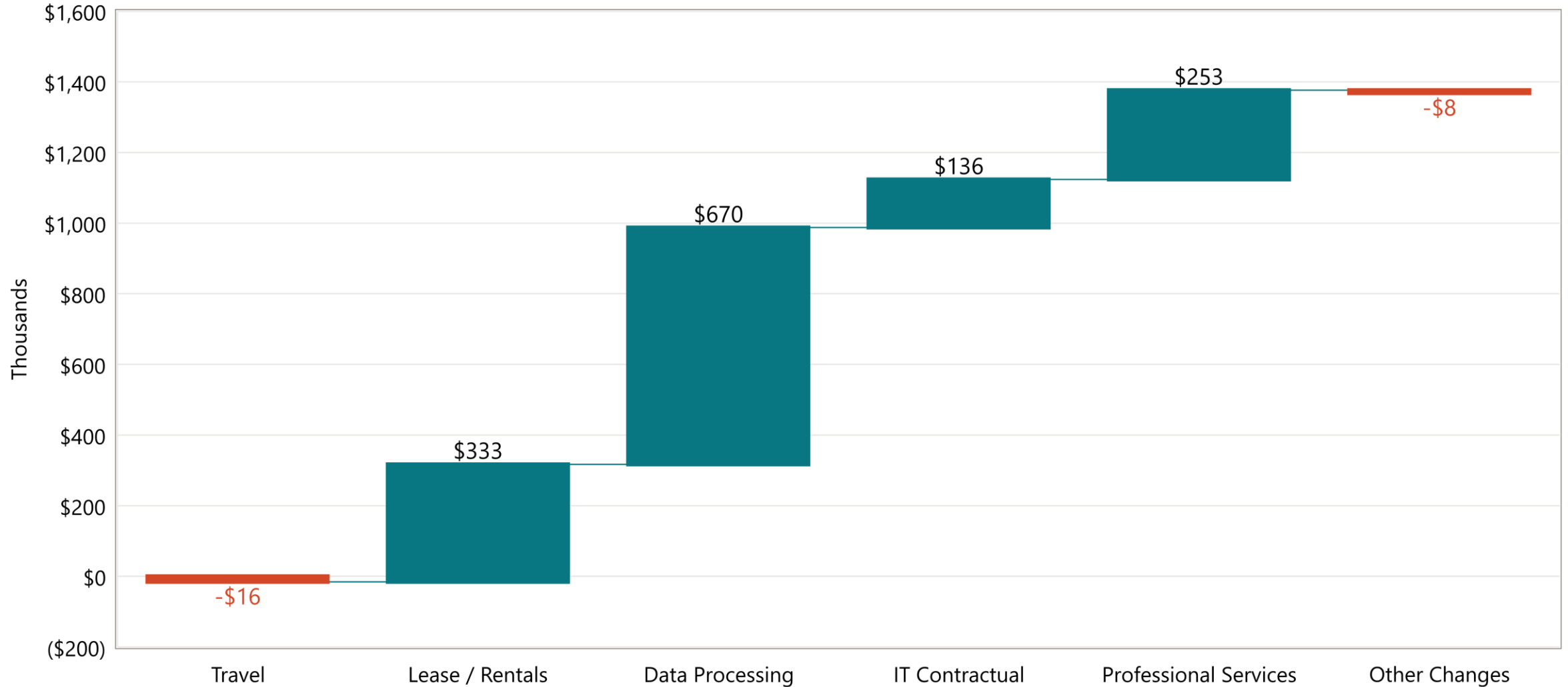


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
General Fund	4,380,486	4,206,922	4,580,708	3,738,333
Federal Funds	5,676,011	5,759,671	9,481,845	10,169,186
Special Funds	2,505,773	3,757,307	3,597,647	3,577,238

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$1,332,273



MAJOR OPERATING DIFFERENCES – Net Increase \$1,368,303



SENATE CHANGES

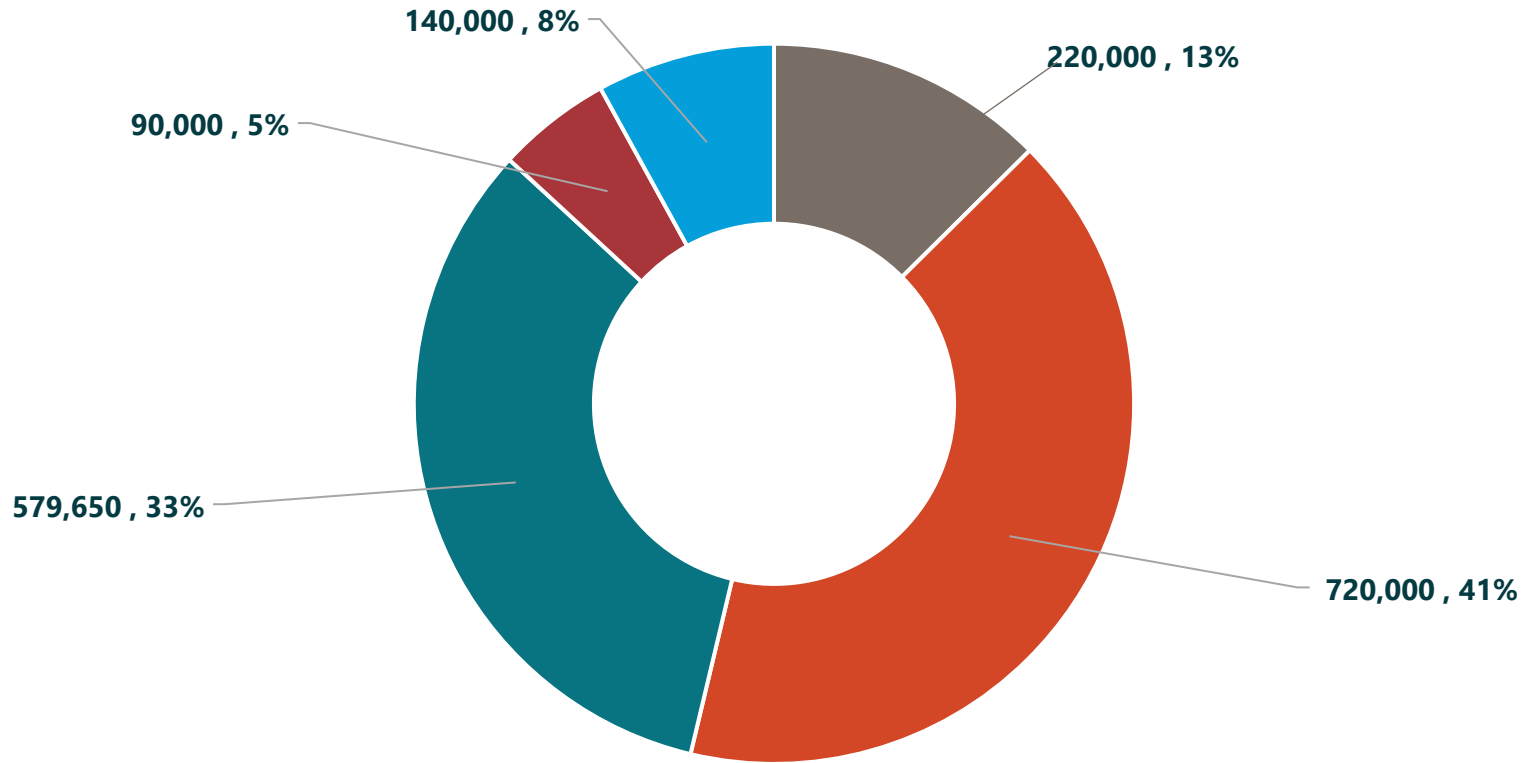
<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$4,580,708	\$9,481,845	\$3,597,647	\$17,660,200
Senate Changes				
Change to the Executive Compensation Package	(\$62,771)	(\$8,284)		(\$71,055)
Change in COVID-19 Executive Recommendation Funding	(\$334,018)	\$334,018		\$0
Add authority for additional COVID work		\$397,769		\$397,769
IT Unification 4.0 FTE instead of 5.0 FTE	(\$109,187)	(\$36,162)	(\$20,409)	(\$165,758)
Remove the Capital Complex Rent Proposal	(\$336,399)			(\$336,399)
Senate Budget	\$3,738,333	\$10,169,186	\$3,577,238	\$17,484,757

MEDICAL MARIJUANA – CONTINUING APPROPRIATION

Status of the Medical Marijuana Fund

Description				Fiscal Notes			2021 - 23 Revised Estimated Revenues / Expenditures
	2019 - 21 Final Budget - Continuing Appropriation	2019 - 21 Estimated Revenues / Expenditures	2021 - 23 Estimated Revenues / Expenditures	HB1359 Eliminate Caregiver Fees / # of Caregivers	HB1391 - Edible Product - no fiscal impact	HB 1420 - Adult Use Program	
FTE	5.00	5.00	5.00	-	-	7.00	12.00
Beginning Balance	\$ 614,188	\$ 614,188	\$ 1,032,133	\$ 1,217,090	\$ 1,190,840	\$ 1,190,840	\$ 1,032,133
Revenue:							
Program Fees							
Compassion Center - Registration fees	940,000	940,000	940,000			1,010,000	1,950,000
Additional Plant Fees		170,000	90,000			560,000	650,000
Qualifying Patients / Designated Caregivers / Compassion Center Agents	420,000	592,350	719,750	(22,250)		(71,000)	626,500
Total Revenues	1,360,000	1,702,350	1,749,750	(22,250)	0	1,499,000	3,226,500
Expenditures:							
Salaries & Wages	904,721	900,703	971,248			1,265,075	2,236,323
Indirect Costs	0	0	142,774				142,774
Operating Expenses	493,359	383,702	450,771	4,000		74,716	529,487
Capital Assets	0	0	0			90,000	90,000
Total Expenditures	1,398,080	1,284,405	1,564,793	4,000	0	1,429,791	2,998,584
Ending Balance	\$ 576,108	\$ 1,032,133	\$ 1,217,090	\$ 1,190,840	\$ 1,190,840	\$ 1,260,049	\$ 1,260,049

Medical Marijuana - Estimated Revenue – 2021-23 Biennium - Prior to Current Legislation



- Compassion Center - Manufacturer Registration Fees
- Compassion Center - Dispensary Registration Fees
- Qualifying Patients / Qualifying Patients
- Additional Plant Revenue
- Compassion Center Agents

THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

**North Dakota Department of Health
Fiscal and Operations
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Legal - Attorney General	33,540	3,500	37,040	18,400	7,840	10,800
Audit	70,000	(20,000)	50,000	35,500	14,500	-
National Assn Public Hlth Stats & Info - State & Territorial Exchange of Vital Events (STEVE) System	14,000	(14,000)	-	-	-	-
Southwestern District Health Unit - Inspections	3,000	(500)	2,500	1,400	-	1,100
Risk Factor Survey to Local Public Health Units	10,000	(10,000)	-	-	-	-
Behavioral Risk Factor Surveillance System (BRFSS) - Behavior Risk Survey - University of Pittsburgh	650,000	-	650,000	-	550,000	100,000
Pregnancy Risk Assessment Monitoring System (PRAMS) Call- back - University of Missouri	75,000	10,000	85,000	-	85,000	-
National Violent Death Reporting System (NVDRS)	105,352	(45,352)	60,000	-	60,000	-
Opioid Crisis Response	7,495	(7,495)	-	-	-	-
National Institute for Occupational Safety and Health (NIOSH)	-	120,000	120,000	-	120,000	-
North Dakota Health Information Network (NDHIN)	-	217,065	217,065	-	217,065	-
Total Professional Services	\$ 968,387	\$ 253,218	\$ 1,221,605	\$ 55,300	\$ 1,054,405	\$ 111,900

Information Technology Contractual Services

Description	2019-21 Current Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Program Reporting System (PRS) Maintenance / Enhancements	107,000	95,000	202,000	36,920	165,080	-
Office 365	-	91,433	91,433	21,542	61,616	8,275
Food & Lodging Licensing System - Maintenance / Enhancements	89,350	10,650	100,000	39,200	30,000	30,800
Agency MABU - Website	1,680	-	1,680	-	1,680	-
Software Technology Group - Indicator Based Information System (IBIS) for BRFSS	200,000	(100,000)	100,000	-	-	100,000
Conduent (MAVEN) - Database for Autism/Chronic Disease / National Violent Death Reporting System (NVDRS) / National Institute for Occupational Safety and Health (NIOSH)	43,000	39,000	82,000	56,000	26,000	-
Total IT Contractual Services	\$ 441,030	\$ 136,083	\$ 577,113	\$ 153,662	\$ 284,376	\$ 139,075

Grant Line Item

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Youth in Agriculture - NDSU	20,000	(20,000)	-	-	-	-
Opioid Crisis Response - NDSU	8,800	(8,800)	-	-	-	-
National Violent Death Reporting System (NVDRS) - UND School of Pathology	80,000	(80,000)	-	-	-	-
Pregnancy Risk Assessment Monitoring System (PRAMS)	299,000	46,000	345,000	-	345,000	-
Total Grants	\$ 407,800	\$ (62,800)	\$ 345,000	\$ -	\$ 345,000	\$ -

**North Dakota Department of Health
Fiscal and Operations
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	54.10	53.85	4.00	57.85	(1.00)	56.85
511 Salaries	5,720,804	6,201,504	712,427	6,913,931	0	6,913,931
513/514 Temporary, Overtime	205,082	339,360	361,482	700,842	0	700,842
516 Benefits	2,518,388	3,140,073	258,364	3,398,437	(68,138)	3,330,299
TOTAL	8,444,274	9,680,937	1,332,273	11,013,210	(68,138)	10,945,072
General Fund	3,044,389	3,393,015	(1,042,484)	2,350,531	(61,401)	2,289,130
Federal Funds	4,370,120	4,008,875	2,278,795	6,287,670	(6,737)	6,280,933
Special Funds	1,029,765	2,279,047	95,962	2,375,009	0	2,375,009
OPERATING EXPENSES						
521 Travel	243,971	271,366	(15,628)	255,738	0	255,738
531 IT - Software/Supp.	61,085	114,467	(4,240)	110,227	0	110,227
532 Professional Supplies & Materials	34,089	30,066	0	30,066	0	30,066
533 Food & Clothing	0	589	0	589	0	589
534 Buildings/Vehicle Maintenance Supplies	52,845	4,814	(100)	4,714	0	4,714
535 Miscellaneous Supplies	8,701	12,906	0	12,906	0	12,906
536 Office Supplies	70,494	91,431	451	91,882	0	91,882
541 Postage	209,571	243,494	400	243,894	0	243,894
542 Printing	63,784	63,088	0	63,088	0	63,088
551 IT Equip Under \$5000	41,248	62,839	1,021	63,860	0	63,860
552 Other Equip Under \$5000	0	1,950	(1,950)	0	0	0
553 Office Equip Under \$5000	12,979	7,846	(7,846)	0	0	0
561 Utilities	0	0	0	0	0	0
571 Insurance	33,149	33,560	0	33,560	0	33,560
581 Lease/Rentals - Equipment	11,711	10,559	0	10,559	0	10,559
582 Lease \Rentals-- Buildings./Land	15,414	161,116	332,948	494,064	(336,399)	157,665
591 Repairs	2,576	11,134	0	11,134	0	11,134
601 IT-Data Processing	419,688	802,573	670,146	1,472,719	(165,758)	1,306,961
602 IT-Telephone	73,040	74,806	0	74,806	0	74,806
603 IT - Contractual Services	254,324	441,030	136,083	577,113	0	577,113
611 Professional Development	120,739	128,100	3,000	131,100	0	131,100
621 Operating Fees & Services	162,020	99,042	800	99,842	0	99,842
623 Professional Services	676,676	968,387	253,218	1,221,605	0	1,221,605
625 Medical, Dental, and Optical	57	0	0	0	0	0
TOTAL	2,568,161	3,635,163	1,368,303	5,003,466	(502,157)	4,501,309
General Fund	659,033	813,907	606,311	1,420,218	(445,586)	974,632
Federal Funds	842,232	1,342,996	1,017,614	2,360,610	(36,162)	2,324,448
Special Funds	1,066,896	1,478,260	(255,622)	1,222,638	(20,409)	1,202,229
GRANTS						
712 Grants - Non State	463,659	407,800	(62,800)	345,000	0	345,000
722 Grants - In State	0	0	0	0	0	0
TOTAL	463,659	407,800	(62,800)	345,000	0	345,000
General Fund	0	0	0	0	0	0
Federal Funds	463,659	407,800	(62,800)	345,000	0	345,000
Special Funds	0	0	0	0	0	0
SPECIAL LINES						
-78 Medical Marijuana	1,086,176	0	0	0	0	0
-79 COVID 19	0	0	1,298,524	1,298,524	394,852	1,693,376
TOTAL	1,086,176	0	1,298,524	1,298,524	394,852	1,693,376
General Fund	677,064	0	809,959	809,959	(335,388)	474,571
Federal Funds	0	0	488,565	488,565	730,240	1,218,805
Special Funds	409,112	0	0	0	0	0
TOTAL	12,562,270	13,723,900	3,936,300	17,660,200	(175,443)	17,484,757
General Fund	4,380,486	4,206,922	373,786	4,580,708	(842,375)	3,738,333
Federal Funds	5,676,011	5,759,671	3,722,174	9,481,845	687,341	10,169,186
Special Funds	2,505,773	3,757,307	(159,660)	3,597,647	(20,409)	3,577,238

Prioritization of first 7.50 FTE

1. CLIA Director (.50)
2. Accounting Budget Specialist
3. Health Equity / Special Populations Manager
4. Vaccination Manager
5. Department Operations Center Program Manager
6. Data Analyst (1 of 3)
7. Disease Outbreak / COVID Program Manger
8. LTA in the Lab (1 of 3)

Remainder – Prioritized by Groups of 5

Group 1

HAI (Healthcare Associated Infections) Coordinator (1 of 2)
Administrative Asst. – Lab
Microbiologist (1 of 3)
Data Analyst (2 of 3)
Epidemiologist (surveillance and coordination with data systems)

Group 2

LTA in the Lab (2 of 3)
HAI Coordinator (2 of 2)
Microbiologist (2 of 3)
Data Analyst (3 of 3)
Administrative Asst. – Outreach & Response

Group 3

LTA in the Lab (3 of 3)
Microbiologist (3 of 3)
Administrative Asst. – Disease Control
School Response Program Manager
Hotline Manager

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/11/2021 am
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 8:30 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Department of Health
- Healthy and Safe Communities
- Divisions
- Executive Recommendation

Brenda Weisz, CFO, North Dakota Department of Health (8:32 am) testified

#8741 #8742

Neil Charvat, Tobacco Prevention ND (10:25 am) testified #8845

Chair Nelson closed the meeting at 11:22 a.m.

Cole Fleck, Committee Clerk



House Appropriations
Human Resources Division
Department of Health
Healthy & Safe Communities
Engrossed Senate Bill 2004
2021 – 2023 #8741

March 11, 2021

DIVISIONS:

- Health Equity
- Community & Health Systems
 - Colorectal Cancer Screening
 - Comprehensive Cancer Control
 - *Women's Way*
 - Tobacco Prevention & Control
- Systems & Performance
 - Improves Performance
 - Liaison to Local Public Health Units
 - Manages Department Accreditation
 - Executes Loan Repayment Program

- Health Promotion
 - Diabetes Prevention Control
 - Heart Disease and Stroke Prevention
 - Oral Health
- Injury & Violence Prevention
 - Child Passenger Safety
 - Domestic Violence/Rape Crisis
 - Infant and Child Death Services
 - Injury Prevention



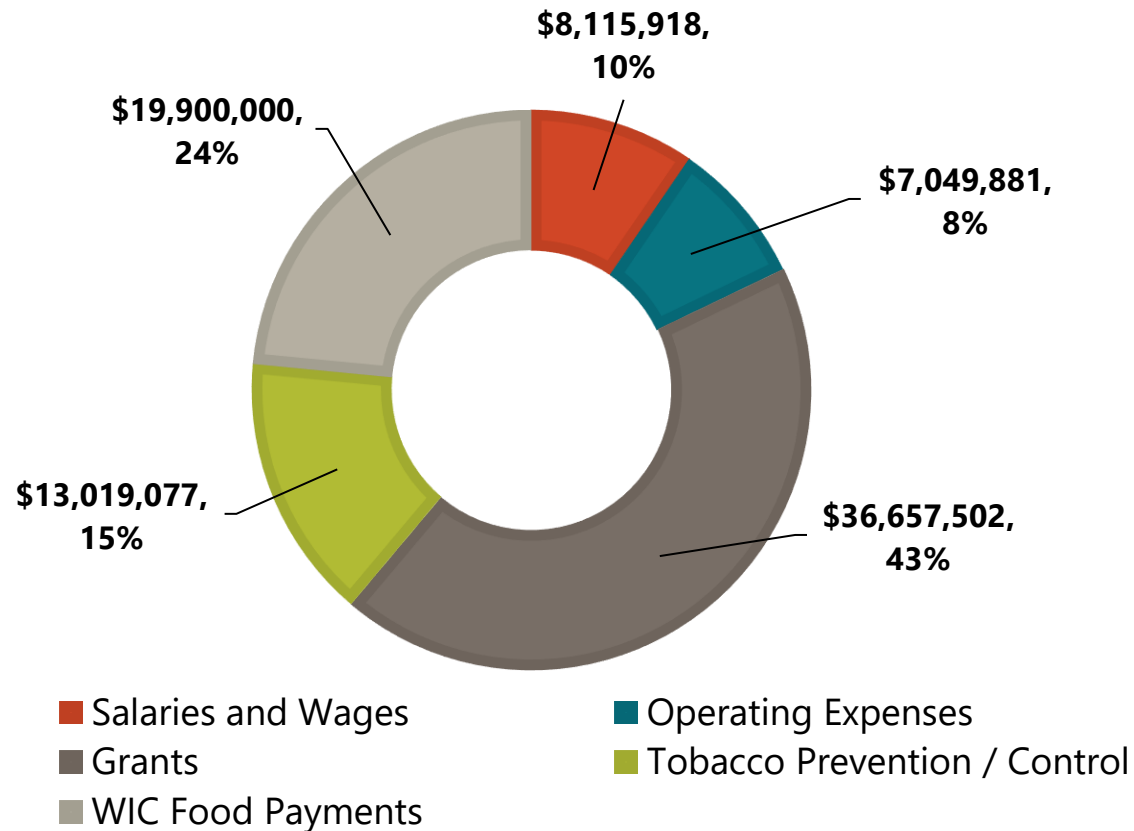
DIVISIONS:

- Special Health Services
 - Coordinated Services
 - Financial Coverage
 - Newborn Screening & Follow-up
 - Children with Special Health Care Needs System Enhancement
- Family Health and Nutrition
 - Breastfeeding
 - Child & Adolescent Obesity Prevention
 - Reproductive Health/Family Planning
 - School Health/School Nursing
 - WIC (Women's, Infants and Children)

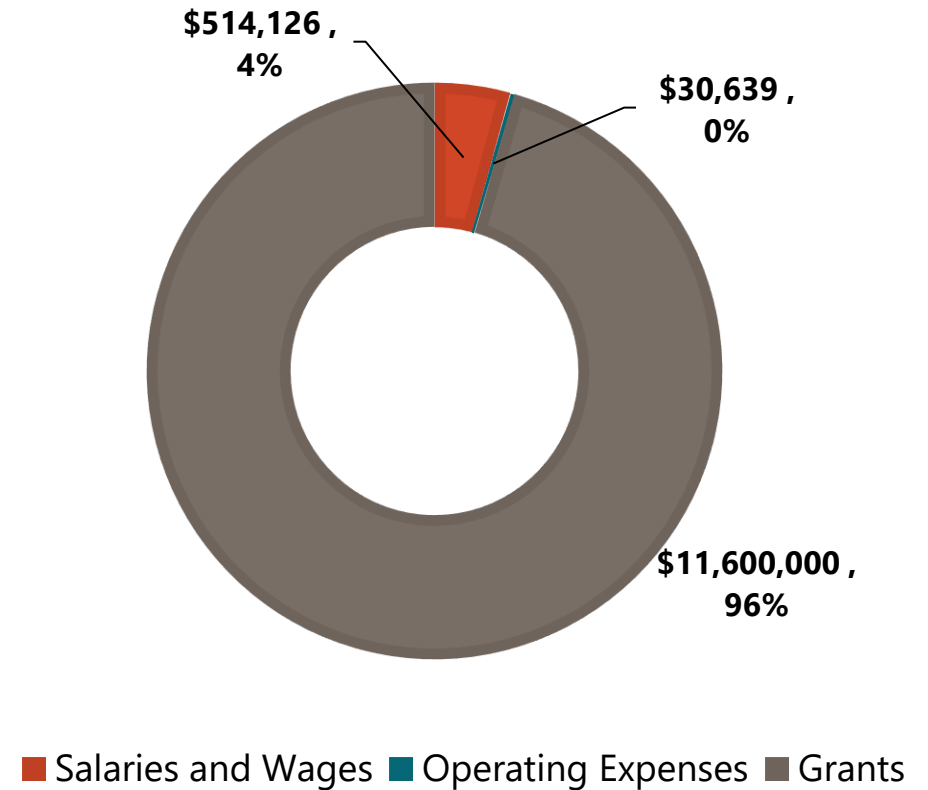


2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

CORE BUDGET - \$84.7 MILLION

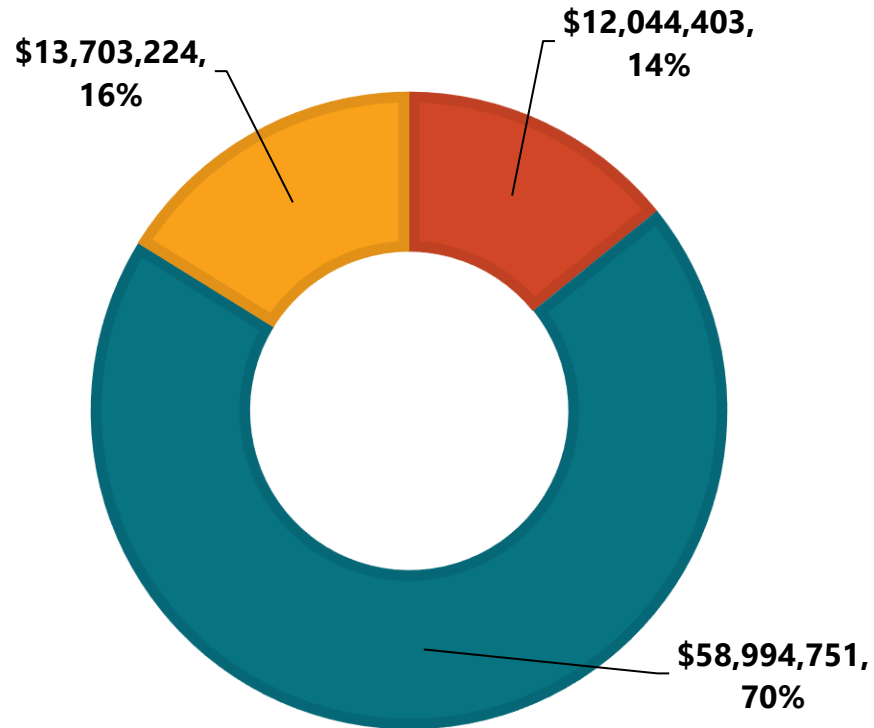


COVID-19 BUDGET - \$12.2 MILLION



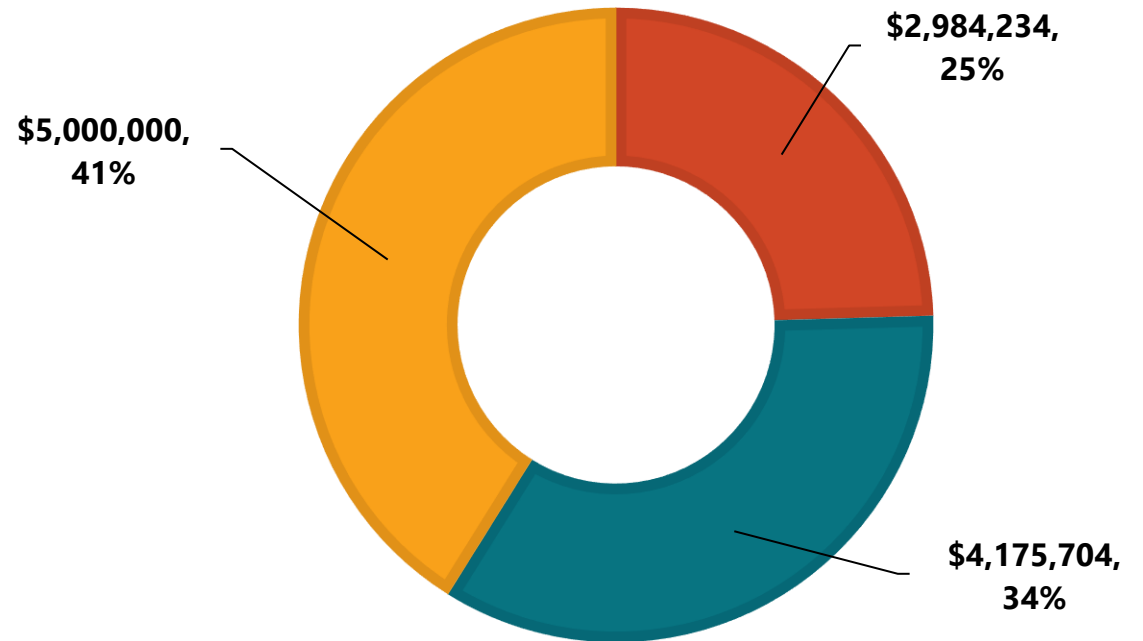
2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

CORE BUDGET - \$84.7 MILLION



■ General Fund ■ Federal Funds ■ Special Funds

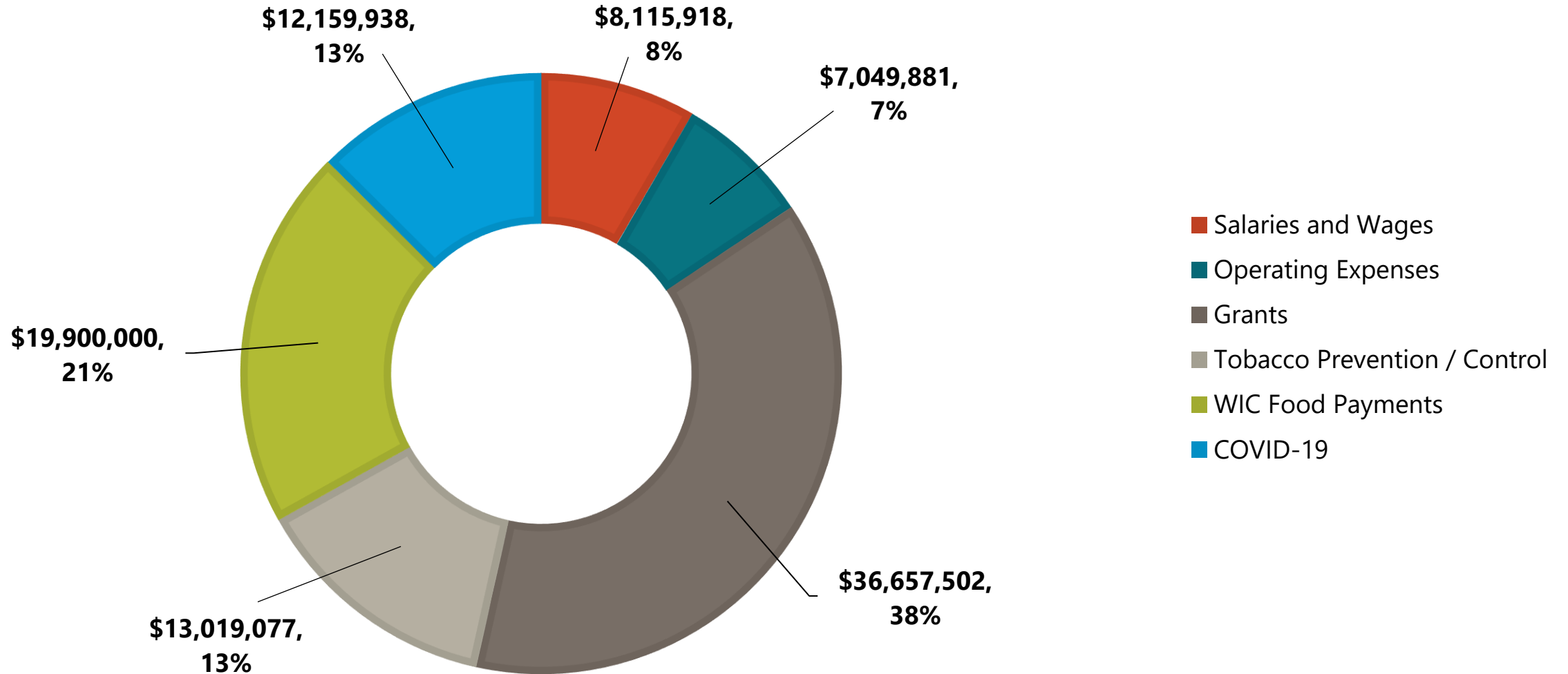
COVID-19 BUDGET - \$12.2 MILLION



■ General Fund ■ Federal Funds ■ Special Funds

2021-23 EXECUTIVE RECOMMENDATION - \$96.6 Million

BY LINE ITEM



COMPARISON

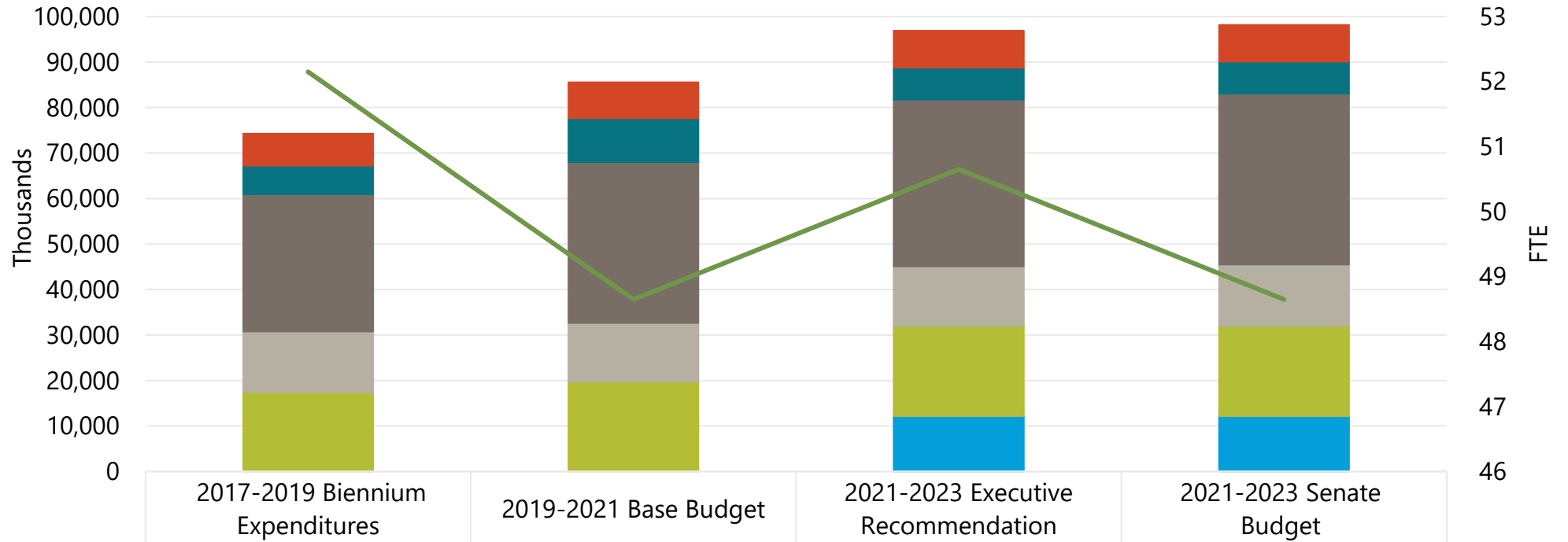
BASE BUDGET TO SENATE BUDGET

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Salaries and Wages	\$7,890,898	\$225,020	\$8,115,918	(\$37,110)	\$8,078,808
Operating Expenses	9,632,659	(2,582,778)	7,049,881	0	7,049,881
Capital Assets	13,197	(13,197)	0	0	0
Grants	35,333,437	1,324,065	36,657,502	935,458	37,592,960
Tobacco Prevention & Control	12,902,064	117,013	13,019,077	391,164	13,410,241
WIC Food Payments	19,780,000	120,000	19,900,000	0	19,900,000
Statewide Health Strategies	0	0	0	0	0
COVID-19	0	12,159,938	12,159,938	(2,565)	12,157,373
Total By Line Item	\$85,552,255	\$11,350,061	\$96,902,316	\$1,286,947	\$98,189,263

General Fund	\$14,316,777	\$711,860	\$15,028,637	(\$2,013,726)	\$13,014,911
Federal Funds	58,283,754	4,886,701	63,170,455	3,388,377	66,558,832
Special Funds	12,951,724	5,751,500	18,703,224	(87,704)	18,615,520
Total By Fund	\$85,552,255	\$11,350,061	\$96,902,316	\$1,286,947	\$98,189,263

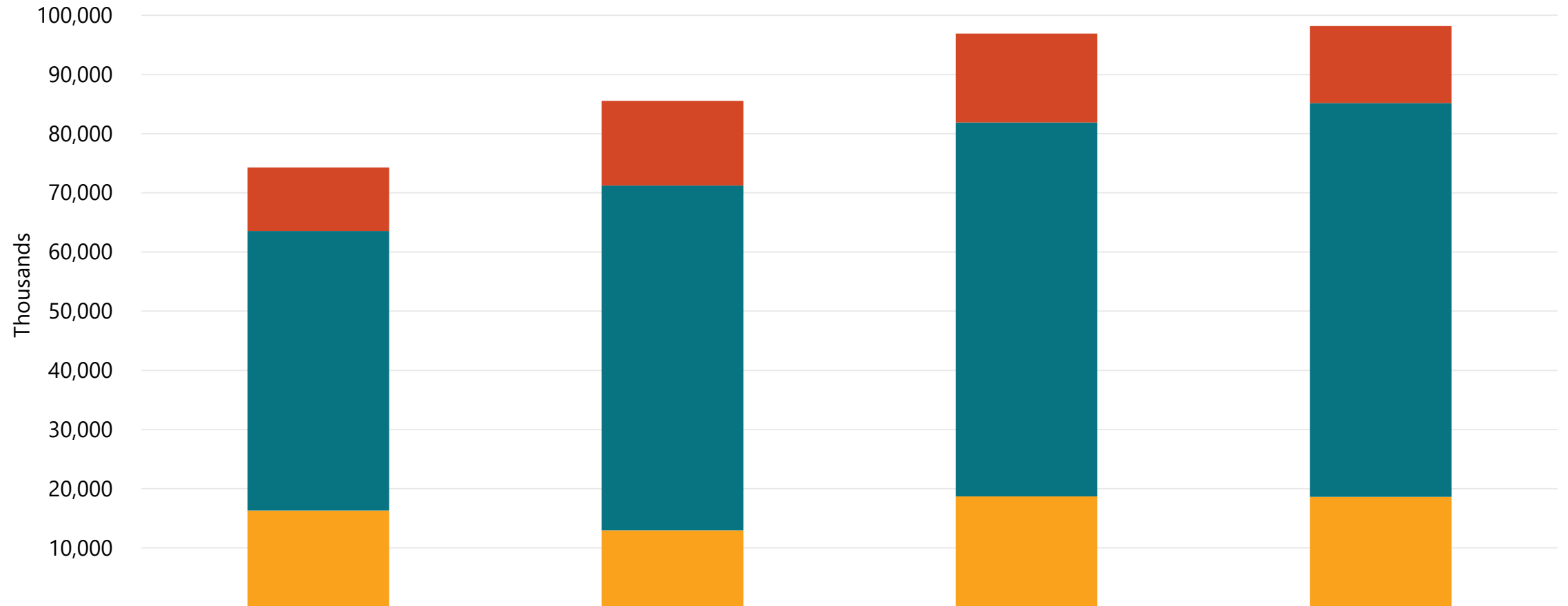
FTE	48.65	2.00	50.65	(2.00)	48.65
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OVERVIEW OF BUDGET CHANGES



Salaries and Wages	7,039,457	7,890,898	8,115,918	8,078,808
Operating Expenses	6,329,457	9,632,659	7,049,881	7,049,881
Capital Assets	5,700	13,197	0	0
Grants	30,129,873	35,333,437	36,657,502	37,592,960
Tobacco Prevention / Control	13,344,083	12,902,064	13,019,077	13,410,241
WIC Food Payments	17,428,772	19,780,000	19,900,000	19,900,000
COVID-19	0	0	\$12,159,938	\$12,157,373
FTE	52.15	48.65	50.65	48.65

OVERVIEW OF FUNDING CHANGES

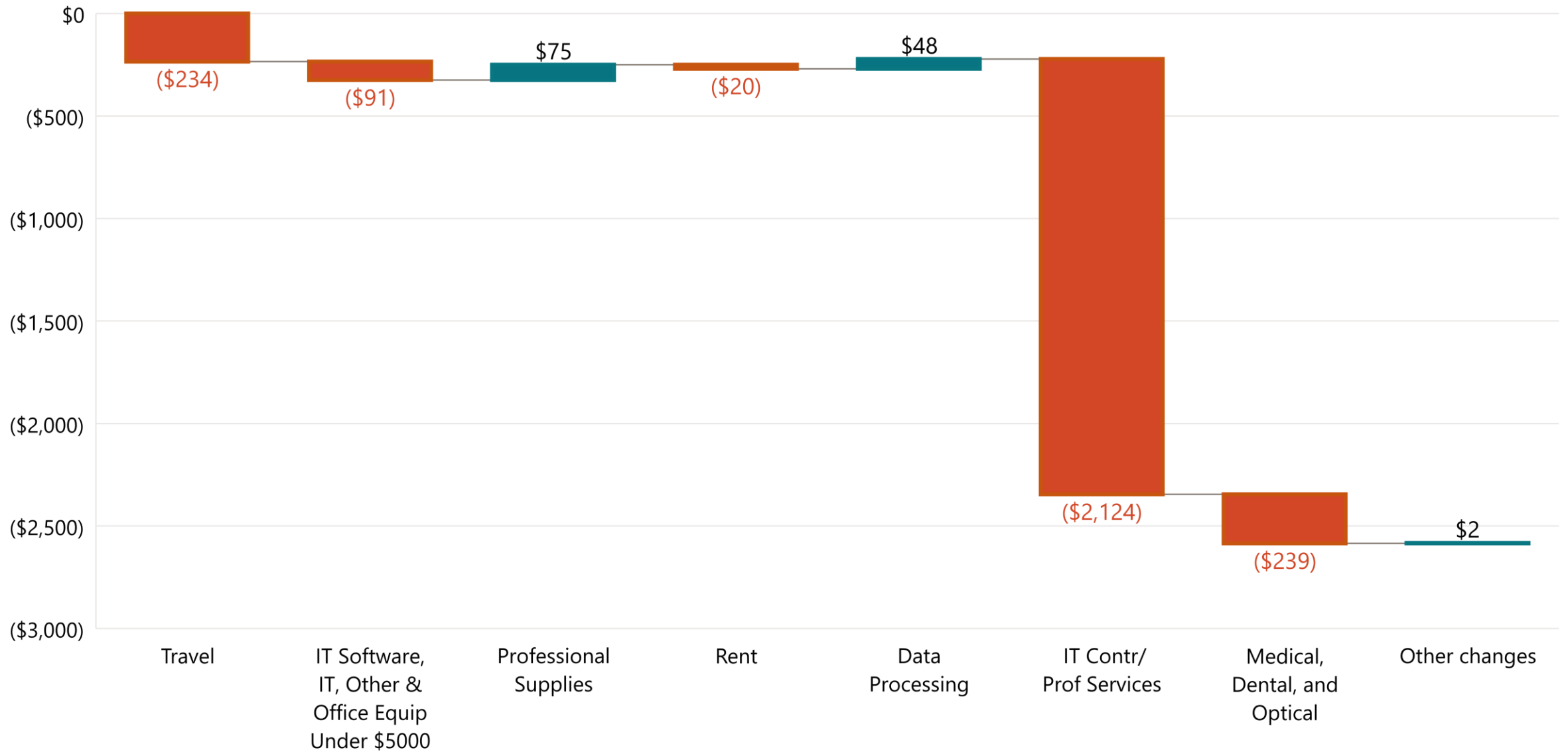


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
General Fund	10,711,351	14,316,777	15,028,637	13,014,911
Federal Funds	47,275,850	58,283,754	63,170,455	66,558,832
Special Funds	16,290,141	12,951,724	18,703,224	18,615,520

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$225,020



MAJOR OPERATING DIFFERENCES – Net Decrease \$2,582,778



SENATE CHANGES

<i>Description</i>	<i>General Fund</i>	<i>Federal Funds</i>	<i>Special Funds</i>	<i>Total</i>
Executive Budget Recommendation	\$15,028,637	\$63,170,455	\$18,703,224	\$96,902,316
Senate Changes				
Change to the Executive Compensation Package	(\$10,762)	(\$34,749)		(\$45,511)
Change in COVID-19 Executive Recommendation	(\$2,938,422)	\$3,423,126	(\$484,704)	\$0
Reinstate the Fetal Alcohol Syndrome grant	\$350,458			\$350,458
Add funding for Contract Awards under the Loan Repayment Program	\$585,000			\$585,000
Restore Tobacco Funding to LPH			\$397,000	\$397,000
Senate Budget	\$13,014,911	\$66,558,832	\$18,615,520	\$98,189,263

COMMUNITY HEALTH TRUST FUND

Department of Health only

Description	2019 - 21 Base Budget	Increase / (Decrease)	2021 - 23 Executive Recommend.	Senate Adjustment Increase / (Decrease)	2021 - 23 Senate Budget
DoH Expenditures:					
Dental Loan Repayment Program	\$324,000	\$36,000	\$360,000		\$360,000
Behavioral Loan Repayment Program	200,000	34,500	234,500		234,500
Tobacco Prevention and Control Program					
Local Public Health (LPH)	6,500,000	(647,000)	5,853,000	397,000	6,250,000
NDQuits, Cessation Grants, related expenditures	3,200,000	1,843,000	5,043,000	0	5,043,000
Women's Way Program	329,500	0	329,500	0	329,500
Behavioral Risk Factor Surveillance System (BRFSS)	270,500	(70,500)	200,000	0	200,000
Cancer Programs	0	580,324	580,324	0	580,324
Local Public Health State Aid	0	525,000	525,000	0	525,000
Domestic Violence Prevention	0	300,000	300,000	0	300,000
One-Time Funding LPH - Pandemic Response		5,000,000	5,000,000	(484,704)	4,515,296
One-Time Funding - Statewide Health Strategies		3,000,000	3,000,000	(3,000,000)	0
Total DoH Expenditures	\$10,824,000	\$10,601,324	\$21,425,324	(\$3,087,704)	\$18,337,620

LOAN REPAYMENT PROGRAM

Description	2019 - 2021 Final Budget			2021 - 2023 Executive Recommendation			Change from 2019 -21 Final Budget to 2021-23 Recommendation		
	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total	General Fund	Community Health Trust Fund	Total
Dental	416,000	324,000	740,000		360,000	360,000	(416,000)	36,000	(380,000)
Medical	704,000		704,000	492,220	-	492,220	(211,780)	-	(211,780)
Behavioral Health	164,000	200,000	364,000	13,625	234,500	248,125	(150,375)	34,500	(115,875)
Veterinarians	480,000		480,000	435,000	-	435,000	(45,000)	-	(45,000)
Total	1,764,000	524,000	2,288,000	940,845	594,500	1,535,345	(823,155)	70,500	(752,655)

Description	2021 - 2023 Executive Recommendation			2021 - 2023 Senate Amendmetns			2021-23 Senate Budget		
	General Fund	Health Trust Fund	Total	General Fund	Health Trust Fund	Total	General Fund	Health Trust Fund	Total
Dental		360,000	360,000	180,000		180,000	180,000	360,000	540,000
Medical	492,220	-	492,220	216,000		216,000	708,220	-	708,220
Behavioral Health	13,625	234,500	248,125	144,000		144,000	157,625	234,500	392,125
Veterinarians	435,000	-	435,000	45,000		45,000	480,000	-	480,000
Total	940,845	594,500	1,535,345	585,000	-	585,000	1,525,845	594,500	2,120,345

HISTORICAL FUNDING FOR LOCAL PUBLIC HEALTH

DESCRIPTION	Biennium						Executive Budget	Senate Budget	
	2007-09	2009-11	2011-13	2013-15	2015-17	2017-19	2019-21	2021-23	
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	4,725,000	4,725,000
Community Health Trust Fund								525,000	525,000
Tobacco Prevention & Control Trust Fund						2,000,000	525,000	-	-
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	5,250,000	5,250,000	5,250,000
TOBACCO PREVENTION & CONTROL GRANTS									
Tobacco Prevention & Control Trust Fund						6,500,000	6,500,000	5,853,000	6,250,000
General Fund	#	#	#	#	#	-	-	-	-
Total						6,500,000	6,500,000	5,853,000	6,250,000
Total Overall Funding to LPH	\$ 1,900,000	\$ 2,400,000	\$ 3,000,000	\$ 4,000,000	\$ 4,250,000	\$ 11,750,000	\$ 11,750,000	\$ 11,103,000	\$ 11,500,000
# - Funding previously provided from the Tobacco Prevention and Control Executive Committee									

THANK YOU

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**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Legal - AG's Office	111,535	(89,835)	21,700	6,100	13,100	2,500
Behavioral Risk Factor Surveillance System (BRFSS) - Survey Support	180,000	(83,440)	96,560	-	86,560	10,000
Community & Health Systems						
Colorectal Cancer Screening Initiative - Provider Training	15,250	4,750	20,000			20,000
Colorectal Cancer Screening Initiative - Blue Cross Blue Shield North Dakota	200,000	(100,000)	100,000			100,000
Colorectal Cancer Screening Initiative - Grant Contracts Manager	50,000	(50,000)	-			
Colorectal Cancer Screening Initiative - Media / Educational Campaign		30,000	30,000			30,000
Cancer Registry - University of North Dakota	98,000	-	98,000			98,000
Women's Way - Blue Cross Blue Shield North Dakota	898,068	901,932	1,800,000		1,800,000	
Women's Way - Local Public Health Units	1,289,154	(1,289,154)	-			
Women's Way - Patient Navigation Services	164,000	(67,250)	96,750		96,750	
Women's Way - Media / Educational Campaign	377,246	(145,246)	232,000		232,000	
Cancer Program Funding - Graphic Support	21,000	16,800	37,800		37,800	
Cancer Program Funding - Training	23,089	109,411	132,500		132,500	
Health Promotion						
State Physical Activity and Nutrition - Media / Educational Campaign	220,000	(220,000)	-			
Diabetes and Hypertension - Media / Educational Campaign	456,653	(406,653)	50,000		50,000	
Diabetes and Hypertension - Conference Coordination Centers for Disease Control and Prevention (CDC) Oral Health - Graphic Designer	10,000	(10,000)	-		20,000	
Preventive Health and Health Services Block Grant - Hunger Free / Worksite Wellness Speakers	80,000	(80,000)	-			
CDC Oral Health - Data Collection and Analysis	200,000	(163,440)	36,560		36,560	
Dental Services for School Sealant Program	105,198	(5,198)	100,000		100,000	
Title V / Health Equity Office						
Maternal and Child Health (MCH) - Misc. Services (e.g., Media, Communications)	56,400	45,948	102,348	17,200	85,148	
MCH - On-line Connections Directory	25,000	-	25,000	10,750	14,250	
Health Equity - Training and Evaluation	100,000	-	100,000		100,000	
Telehealth - Training	100,000	(100,000)	-			
Systems & Performance						
Public Health Accreditation Board / Reaccreditation		27,200	27,200	13,600	13,600	
Family Health & Wellness						
Poison Control Hotline	189,000	80,000	269,000	269,000		
Curriculum Training (Impact Teen Drivers)	34,053	(34,053)	-			
Child Passenger Safety Outreach	145,000	(94,000)	51,000		51,000	
Sexual Violence Prevention and Education - Empowerment Evaluator	80,000	(60,000)	20,000		20,000	
Falls Prevention	60,000	(60,000)	-			
Healthy Birth Day (Count the Kicks)	-	20,000	20,000	8,600	11,400	
CORE State Violence and Injury Prevention Program (SVIPP) Evaluator		50,000	50,000		50,000	
CORE SVIPP - Prevent Child Abuse North Dakota (PCAND)		112,000	112,000		112,000	
Bush Foundation - Hunger Summit Consultant	30,000	(30,000)	-			
Family Planning - Clinical Consultant	18,000	-	18,000		18,000	
Family Planning - Medical Director	5,600	-	5,600		5,600	
Family Planning - Data Maintenance / Federal Reporting Requirements - Alhers	51,200	-	51,200		51,200	
Women, Infants, and Children (WIC) -Nutrition Education Service (Western Michigan University) online nutrition education	22,000	4,000	26,000		26,000	
WIC Training / Professional Development	12,500	-	12,500		12,500	
WIC - Automated Appointment Reminder System (One Call)	18,000	(1,500)	16,500		16,500	
WIC - Management Information System (MIS) support - Apgar	29,567	50,433	80,000		80,000	
Breastfeeding Consultation	172,000	(172,000)	-			

**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

Professional Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Family Health & Wellness Continued						
School Health - Evaluation	5,000	(5,000)	-		-	
WIC Shopper App	-	21,300	21,300		21,300	
National WIC Media / Outreach Campaign	-	20,400	20,400		20,400	
Special Health Services						
Newborn Screening Medical Consultation	51,160	-	51,160	51,160	-	
Newborn Screening Health Care Provider Education and Quality Improvement Initiatives	160,000	-	160,000	-	160,000	
MCH Newborn Screening - Genetic Counseling	-	8,840	8,840	3,801	5,039	
MCH Graphic Design / Resource Development	20,293	(293)	20,000	8,600	11,400	
Special Health Services (SHS) Family Advisory Consultants	4,500	(4,500)	-	-	-	
SHS Technical Assistance, Training, and Education	25,000	(5,000)	20,000	8,600	11,400	
Total Professional Services	\$ 5,913,466	\$ (1,753,548)	\$ 4,159,918	\$ 397,411	\$ 3,502,007	\$ 260,500

**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

Information Technology Contractual Services

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Cancer Program Funding - Database Maintenance and Upgrades	65,040	(58,360)	6,680		1,680	5,000
Program Reporting System (PRS) Maintenance		10,000	10,000		10,000	
Website Maintenance (Oral Health)	1,680	(1,680)	-			
Website Maintenance (Diabetes and Hypertension)	3,360	(3,360)	-			
Diabetes Website Update	30,000	(30,000)	-			
Vision, Mission, Services, and Goals (VMSG) Dashboard - Public Health Performance Management System	5,000	(5,000)	-			
Indicator-Based Information System (IBIS)	5,000	(5,000)	-			
MAVEN for Oral Health Program		10,000	10,000		10,000	
Health Equity Website	20,000	(20,000)	-			
System Maintenance & Operations - WIC consortium (LegeNDS)	500,700	(293,980)	206,720		206,720	
WIC EBT - Ecard support		45,000	45,000		45,000	
Website Maintenance - Newborn Screening	1,680	-	1,680	722	958	
Database Development / Maintenance - Special Health Services and Newborn Screening - MAVEN	57,791	(17,591)	40,200	17,286	22,914	
Total IT Contractual Services	\$ 690,251	\$ (369,971)	\$ 320,280	\$ 18,008	\$ 297,272	\$ 5,000

**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

Grant Line Item

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Community and Health Systems						
Cancer Program Funding to Community Based Organizations / State Cancer Coalition	235,000	135,000	370,000		310,000	60,000
Cancer Program Federally Qualified Health Center Collaborative	739,864	(344,864)	395,000		197,500	197,500
Colorectal Grants including Follow Up to Local Enrollment Sites	-	50,000	50,000			50,000
Women's Way Tribal Community Clinical Linkages/Screening - Standing Rock	-	150,000	150,000		150,000	
Women's Way Local Coordinating Units	-	1,839,000	1,839,000		1,639,000	200,000
Women's Way Community Clinical Linkages Grants	-	75,000	75,000		75,000	
Women's Way Employer Group and Rural Healthcare Delivery System - Evidence Based Intervention (EBI) Grants	-	145,000	145,000		145,000	
Women's Way - Grants to Tribes for Tobacco Best Practices	-	92,000	92,000		92,000	
Health Promotion						
Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU-Funding Support	-	31,000	31,000		31,000	
State Physical Activity and Nutrition Program - Active Community Grants	1,185,000	(1,185,000)	-			
Donated Dental Services	50,000	-	50,000	50,000		
Mobile Dental Care	100,000	-	100,000	100,000		
Diabetes, Heart Disease and Stroke Program Implementation	2,359,000	(159,000)	2,200,000		2,200,000	
Oral Health Disease Prevention and Workforce Activities	440,000	151,000	591,000		591,000	
Preventive Health Block Grant - Community Grants for Chronic Disease Prevention and Control to Local Public Health & Program Evaluation	499,000	183,000	682,000		682,000	
Title V / Health Equity Office						
Health Equity Grants	427,000	(101,152)	325,848	125,848	200,000	
Telehealth for Pediatric Mental Health Care Access	968,000	(78,000)	890,000		890,000	
Maternal Child Health (MCH) programs - NDSU	100,000	-	100,000	43,000	57,000	
Systems & Performance						
Primary Care Grant - UND	224,000	(58,756)	165,244		165,244	
Local Public Health State Aid	5,250,000	-	5,250,000	4,725,000		525,000
Preventive Health Block Grant - Local Public Health Unit Regional Coordination	56,000	41,000	97,000		97,000	
Dental Loan Repayment Program	740,000	(380,000)	360,000			360,000
Medical Loan Repayment Program	704,000	(211,780)	492,220	492,220		
Behavioral Health Loan Repayment Program	364,000	(115,875)	248,125	13,625		234,500
Veterinarian Loan Repayment Program	480,000	(45,000)	435,000	435,000		
Federal State Loan Repayment Program (SLRP)	1,200,000	(120,000)	1,080,000		1,080,000	
Family Health & Wellness						
Domestic Violence	2,250,000	-	2,250,000	1,910,000		340,000
Offender Treatment Program	300,000	-	300,000			300,000
Family Violence	1,460,840	(2,116)	1,458,724		1,458,724	
Rape Prevention and Education	530,078	63,310	593,388	200,000	393,388	
Sexual Assault Services	663,480	56,905	720,385		720,385	
Services Training Officers Prosecutors Violence Against Women Formula (STOP VAWA) Grants	1,575,418	(3,393)	1,572,025		1,572,025	
Safe Havens	425,000	-	425,000	425,000		
Child Passenger Safety Outreach		94,000	94,000		94,000	
Maternal and Child Health (MCH) - Impact Teen Drivers Program	85,000	(78,750)	6,250	2,687	3,563	
MCH - Disbursed to Schools	400,100	-	400,100	172,043	228,057	
CORE State Violence and Injury Prevention Program (SVIPP)		180,000	180,000		180,000	
Falls Prevention - NDSU	38,500	(38,500)	-			
Family Planning	1,687,310	728,613	2,415,923		2,415,923	
MCH Nutrition and Physical Activity Grants to LPU, Tribes, Univ.	975,040	(150,000)	825,040	354,767	470,273	
Pediatric Collaborative Improvement & Innovation Networks (ColIINs) for Breastfeeding	30,000	(30,000)	-		-	
Preventive Health Block Grant - Breast Feeding Mini Grants	40,000	(35,000)	5,000		5,000	
Family Health & Wellness Continued						
School Health - Department of Public Instruction	35,000	(35,000)	-		-	
Women, Infant & Children Program (WIC) Site Grants	7,003,500	598,525	7,602,025		7,602,025	

**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

Grant Line Item

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
WIC Peer Counseling	180,000	70,600	250,600		250,600	
Breast and Cervical Cancer for Community Based Breast Feeding / Nutrition	-	150,000	150,000		150,000	
Special Health Services						
MCH - Multidisciplinary Clinics, Specialty Care Diagnostic & Treatment Program, Grants to County Social Services	1,107,849	12,756	1,120,605	481,860	638,745	
Catastrophic Relief Funds (Health care providers and Health Systems)	75,000	-	75,000	75,000		
Fetal Alcohol Syndrome Grant	350,458	(350,458)	-			
		-	-			
	\$ 35,333,437	\$ 1,324,065	\$ 36,657,502	\$ 9,606,050	\$ 24,784,452	\$ 2,267,000

**North Dakota Department of Health
Healthy and Safe Communities
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	52.15	48.65	2.00	50.65	(2.00)	48.65
511 Salaries	4,720,414	5,016,748	119,427	5,136,175	0	5,136,175
513/514 Temporary, Overtime	173,730	308,428	70,252	378,680	0	378,680
516 Benefits	2,145,313	2,565,722	35,341	2,601,063	(37,110)	2,563,953
TOTAL	7,039,457	7,890,898	225,020	8,115,918	(37,110)	8,078,808
General Fund	1,784,807	2,225,225	(541,351)	1,683,874	(8,197)	1,675,677
Federal Funds	5,092,802	5,665,528	656,516	6,322,044	(28,913)	6,293,131
Special Funds	161,848	145	109,855	110,000	0	110,000
OPERATING EXPENSES						
521 Travel	389,612	635,354	(234,149)	401,205	0	401,205
531 IT - Software/Supp.	103,734	83,194	(50,865)	32,329	0	32,329
532 Professional Supplies & Materials	312,226	263,669	75,000	338,669	0	338,669
533 Food & Clothing	168,249	203,138	0	203,138	0	203,138
534 Buildings/Vehicle Maintenance Supplies	126	9,093	0	9,093	0	9,093
535 Miscellaneous Supplies	76,138	49,010	950	49,960	0	49,960
536 Office Supplies	34,348	44,048	736	44,784	0	44,784
541 Postage	39,478	49,035	950	49,985	0	49,985
542 Printing	186,597	203,369	(2,622)	200,747	0	200,747
551 IT Equip Under \$5000	51,922	34,884	14,358	49,242	0	49,242
552 Other Equip Under \$5000	28,145	34,487	(34,487)	0	0	0
553 Office Equip Under \$5000	21,423	19,671	(19,671)	0	0	0
561 Utilities	20	0	0	0	0	0
571 Insurance	0	0	0	0	0	0
581 Lease/Rentals - Equipment	14,261	31,800	950	32,750	0	32,750
582 Lease \Rentals-- Buildings./Land	225,311	225,510	(20,263)	205,247	0	205,247
591 Repairs	2,303	14,133	0	14,133	0	14,133
601 IT-Data Processing	195,505	170,110	48,044	218,154	0	218,154
602 IT-Telephone	85,985	98,896	0	98,896	0	98,896
603 IT - Contractual Services	19,853	690,251	(369,971)	320,280	0	320,280
611 Professional Development	130,909	147,643	1,178	148,821	0	148,821
621 Operating Fees & Services	224,926	310,383	0	310,383	0	310,383
623 Professional Services	3,973,180	5,913,466	(1,753,548)	4,159,918	0	4,159,918
625 Medical, Dental, and Optical	45,206	401,515	(239,368)	162,147	0	162,147
TOTAL	6,329,457	9,632,659	(2,582,778)	7,049,881	0	7,049,881
General Fund	961,109	637,414	42,065	679,479	0	679,479
Federal Funds	4,732,904	7,638,867	(1,698,689)	5,940,178	0	5,940,178
Special Funds	635,444	1,356,378	(926,154)	430,224	0	430,224
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	0
684 Extraordinary Repairs	0	0	0	0	0	0
691 Equipment >\$5000	5,700	13,197	(13,197)	0	0	0
693 IT Equip >\$5000	0	0	0	0	0	0
TOTAL	5,700	13,197	(13,197)	0	0	0
General Fund	0	4,795	(4,795)	0	0	0
Federal Funds	5,700	8,402	(8,402)	0	0	0
Special Funds	0	0	0	0	0	0
GRANTS						
712 Grants - Non State	29,895,615	34,909,437	1,688,065	36,597,502	935,458	37,532,960
722 Grants - In State	234,258	424,000	(364,000)	60,000	0	60,000
TOTAL	30,129,873	35,333,437	1,324,065	36,657,502	935,458	37,592,960
General Fund	7,965,435	10,266,343	(660,293)	9,606,050	935,458	10,541,508
Federal Funds	18,172,563	23,171,893	1,612,559	24,784,452	0	24,784,452
Special Funds	3,991,875	1,895,201	371,799	2,267,000	0	2,267,000
SPECIAL LINES						
-71 Tobacco Prevention/Control	13,344,083	12,902,064	117,013	13,019,077	391,164	13,410,241
-72 WIC Food Payments	17,428,772	19,780,000	120,000	19,900,000	0	19,900,000
-78 Medical Marijuana	0	0	0	0	0	0
-79 COVID 19	0	0	12,159,938	12,159,938	(2,565)	12,157,373
TOTAL	30,772,855	32,682,064	12,396,951	45,079,015	388,599	45,467,614
General Fund	0	1,183,000	1,876,234	3,059,234	(2,940,987)	118,247
Federal Funds	19,271,881	21,799,064	4,324,717	26,123,781	3,417,290	29,541,071
Special Funds	11,500,974	9,700,000	6,196,000	15,896,000	(87,704)	15,808,296
TOTAL	74,277,342	85,552,255	11,350,061	96,902,316	1,286,947	98,189,263
General Fund	10,711,351	14,316,777	711,860	15,028,637	(2,013,726)	13,014,911
Federal Funds	47,275,850	58,283,754	4,886,701	63,170,455	3,388,377	66,558,832
Special Funds	16,290,141	12,951,724	5,751,500	18,703,224	(87,704)	18,615,520

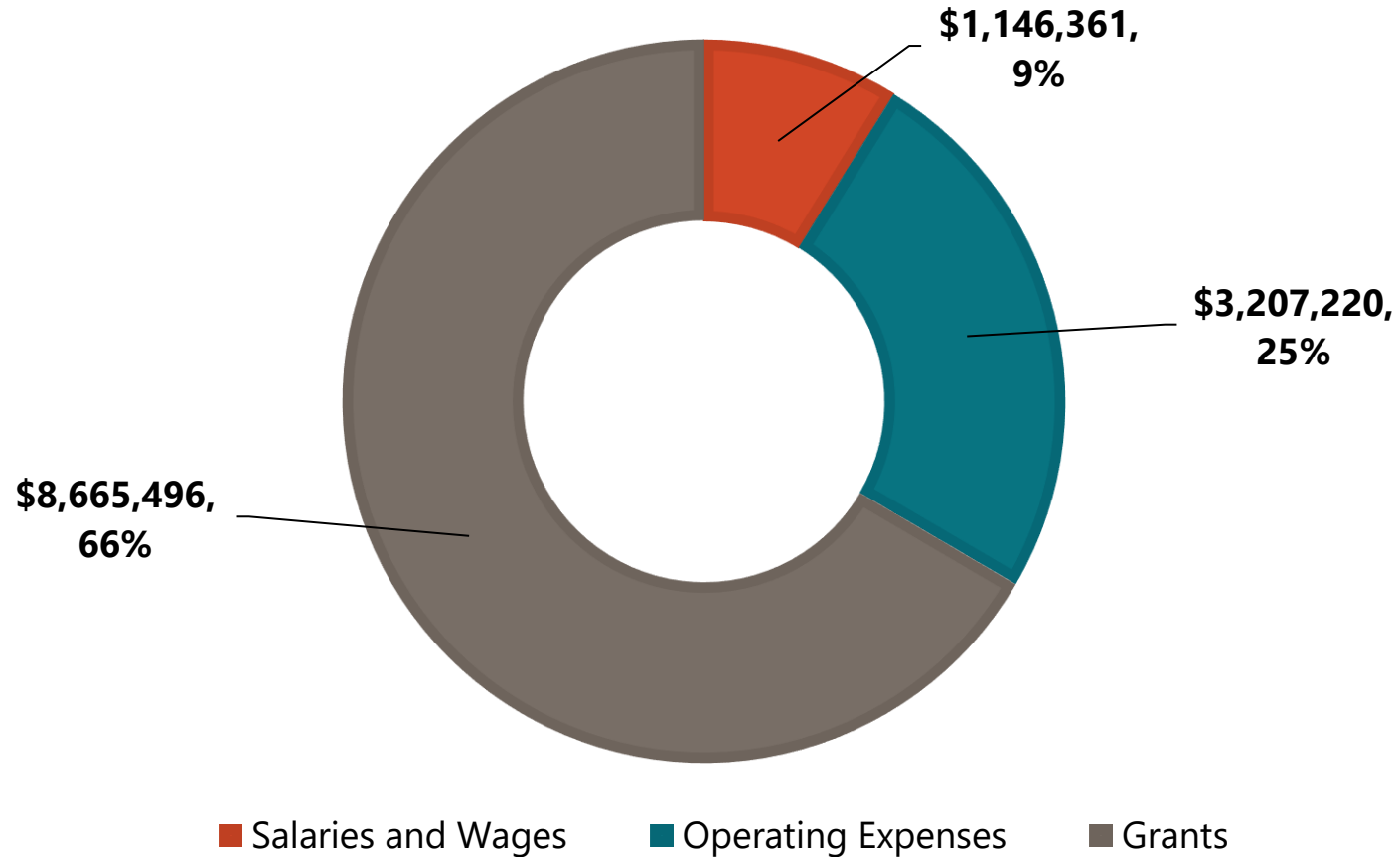


**House Appropriations
Human Resources Division
Department of Health
Tobacco Prevention and Control Program
Engrossed Senate Bill 2004
2021 – 2023 #8742**

March 11, 2021

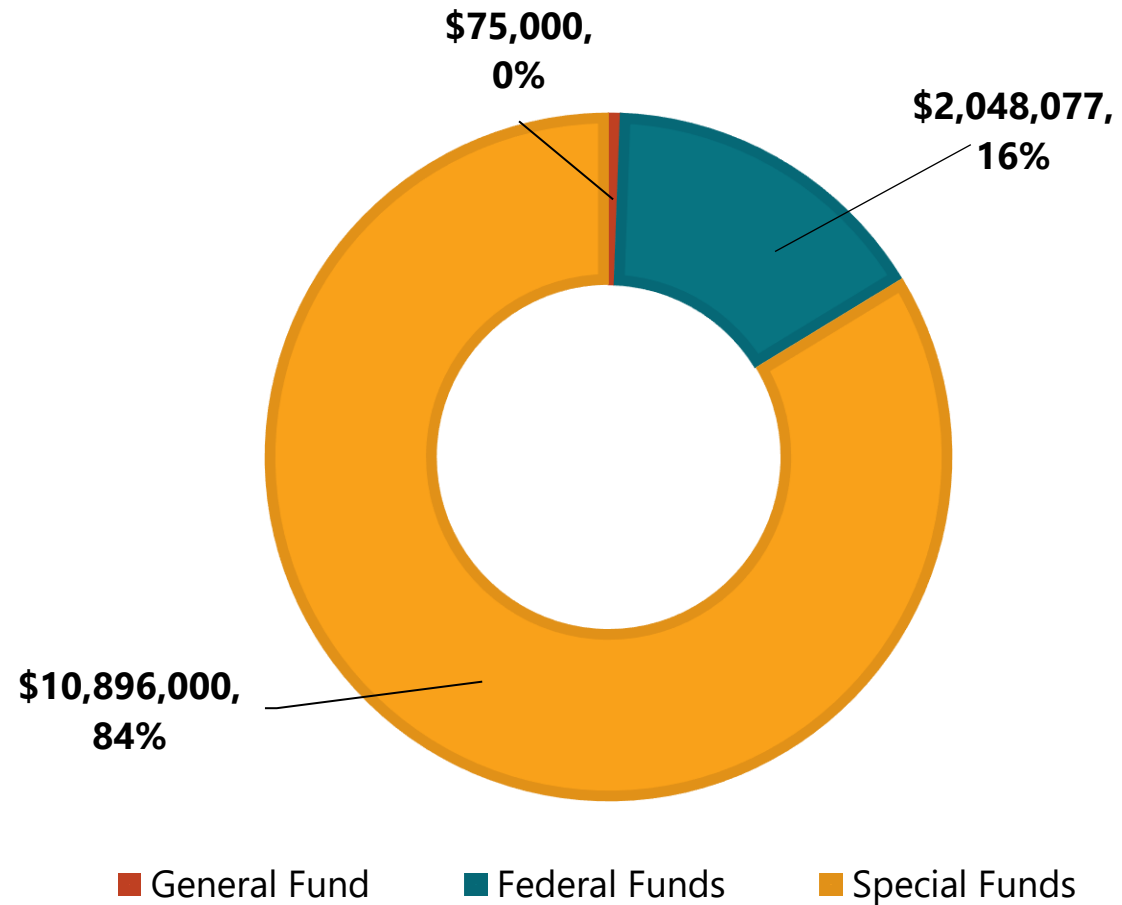
2021-23 EXECUTIVE RECOMMENDATION BY LINE ITEM

BUDGET - \$13.0 MILLION

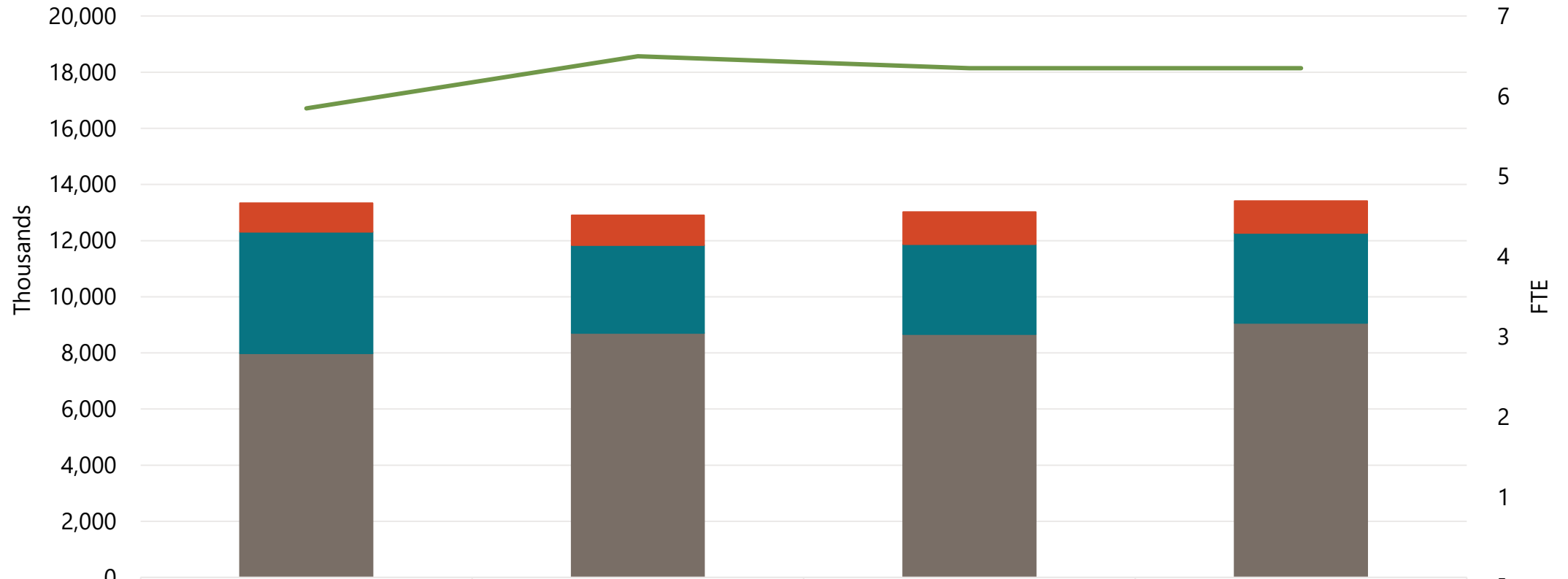


2021-23 EXECUTIVE RECOMMENDATION BY FUNDING SOURCE

BUDGET - \$13.0 MILLION

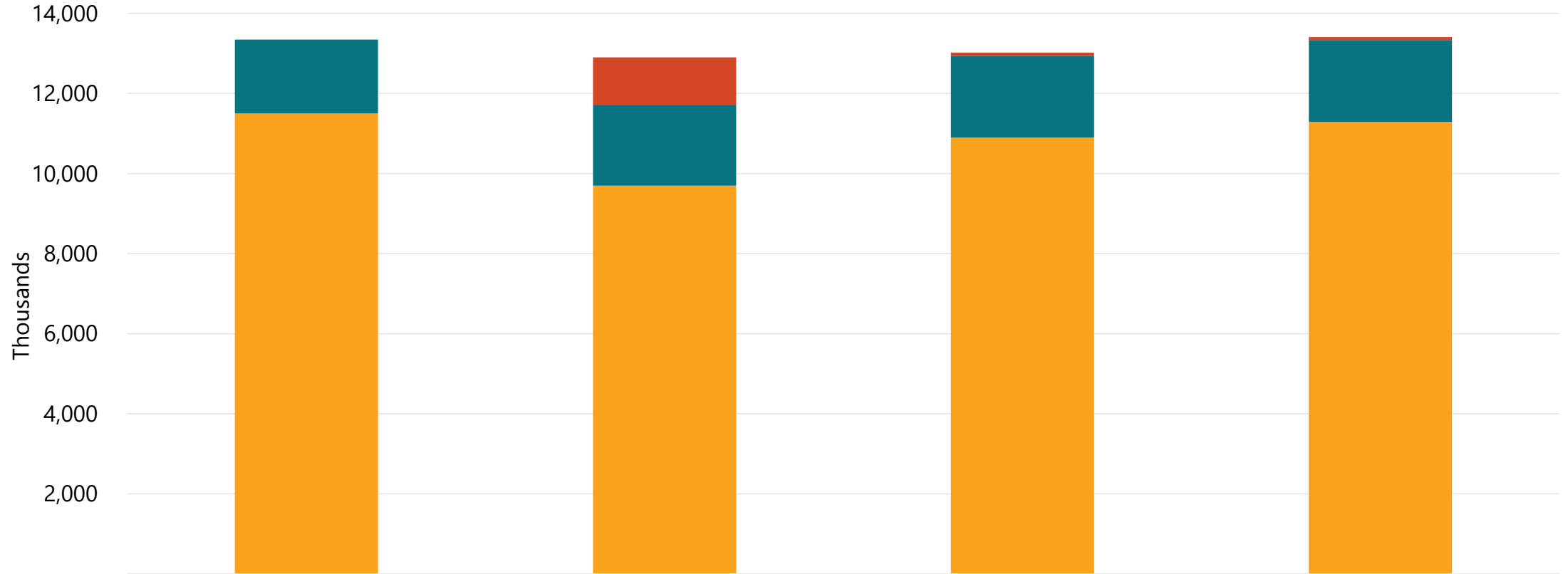


OVERVIEW OF BUDGET CHANGES



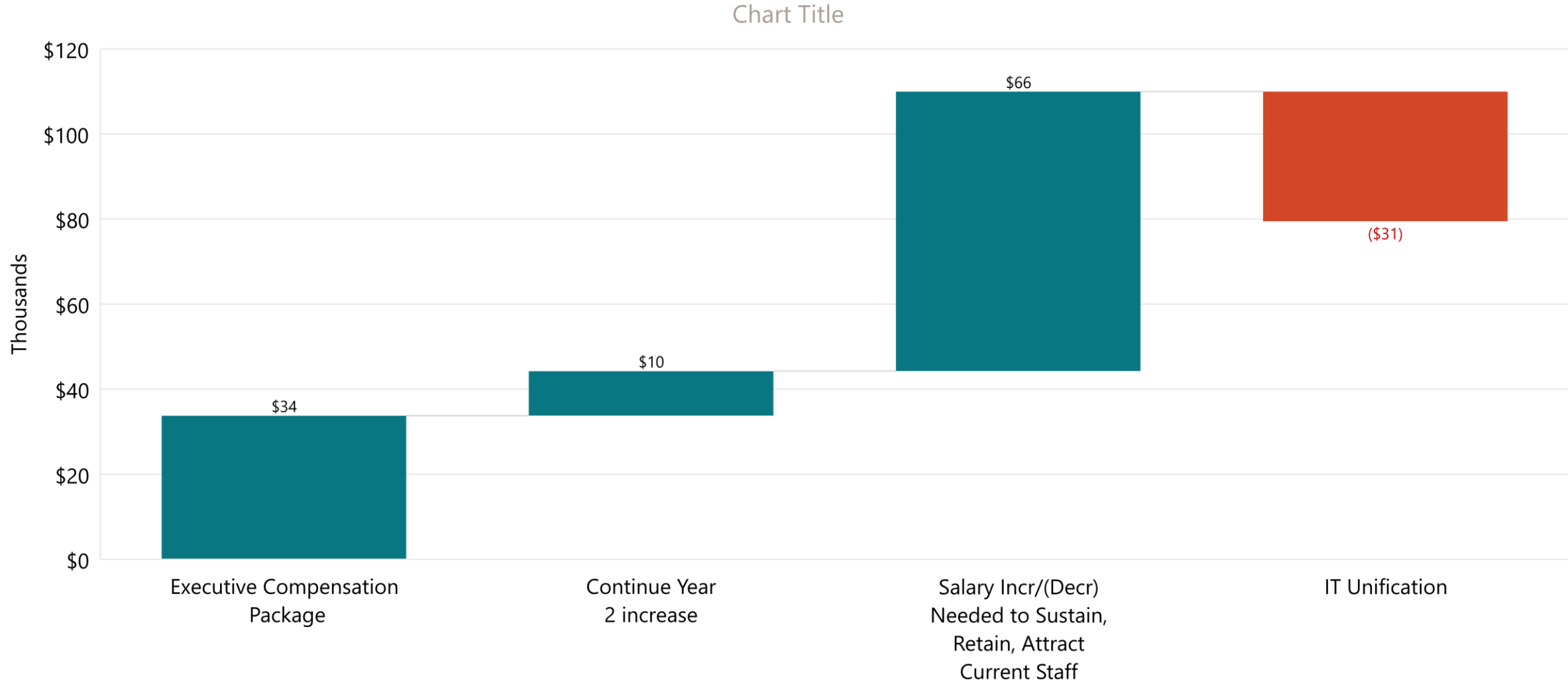
	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
Salaries and Wages	1,028,040	1,066,915	1,146,361	1,140,525
Operating Expenses	4,324,307	3,126,089	3,207,220	3,207,220
Grants	7,984,117	8,709,060	8,665,496	9,062,496
FTE	5.85	6.50	6.35	6.35

OVERVIEW OF FUNDING CHANGES

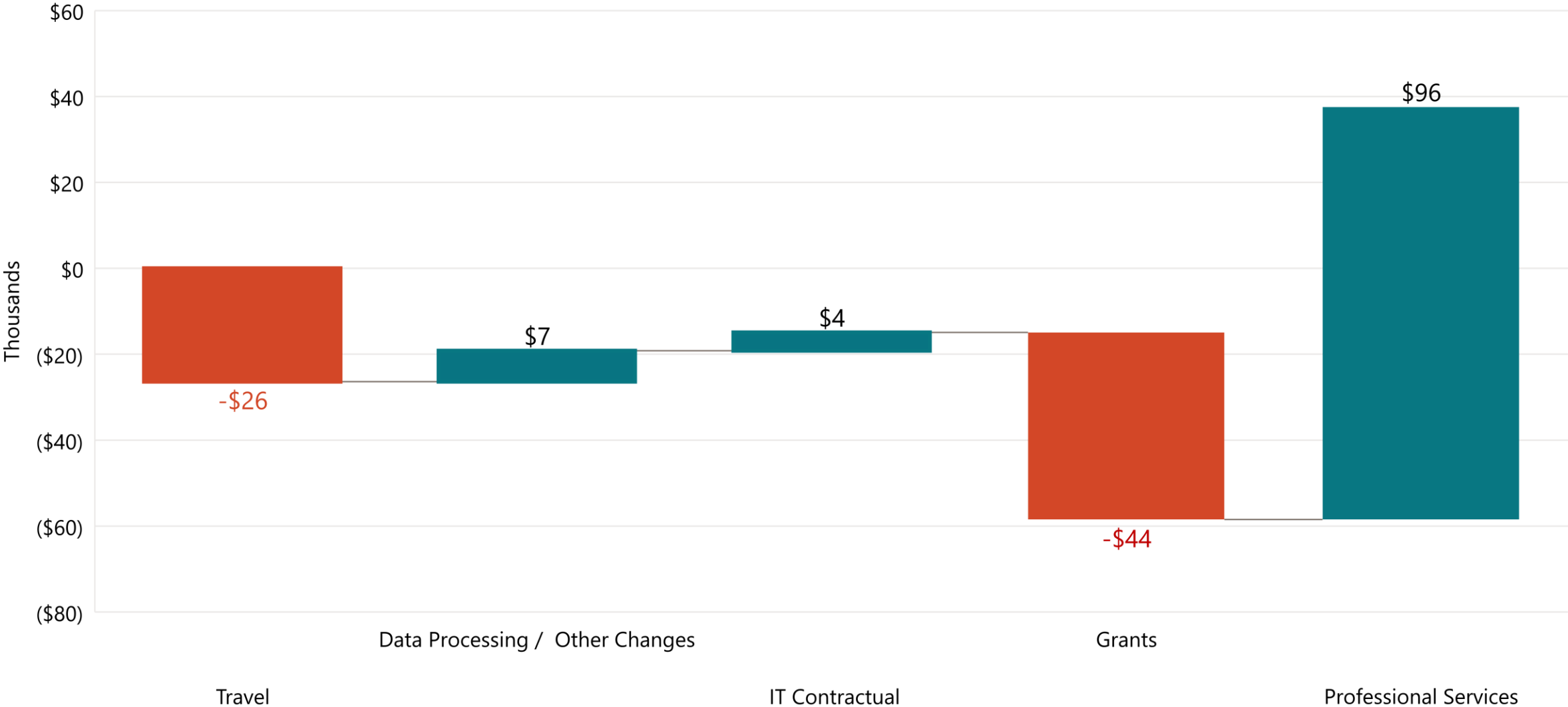


	2017-2019 Biennium Expenditures	2019-2021 Base Budget	2021-2023 Executive Recommendation	2021-2023 Senate Budget
General Fund	-	1,183,000	75,000	75,000
Federal Funds	1,843,109	2,019,064	2,048,077	2,042,241
Special Funds	11,500,974	9,700,000	10,896,000	11,293,000

MAJOR SALARY & WAGE DIFFERENCES – Net Increase \$79,446



MAJOR DIFFERENCES OTHER THAN SALARIES – Net Increase - \$37,567



Contracts - Professional Services and Grants						
Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Budget	2021-23 General Fund	2021-23 Federal Funds	2021-23 Special Funds
Legal - Tobacco Prevention and Control	3,000	-	3,000		3,000	
Tobacco Consultants - (Cameo Communications)	30,000	(30,000)	-			
NDQUITS/Vendor Media (Odney)	431,383	799,337	1,230,720		120,216	1,110,504
Tobacco Prevention Control Program (TPCP) - Program						
Evaluation Professional Data Analytics (PDA)	450,000	70,000	520,000			520,000
Youth Tobacco Survey (Winkelman Consulting)	30,000	55,000	85,000			85,000
Adult Tobacco Survey	80,000	28,000	108,000			108,000
NDQUITS/Vendor - National Jewish Health	1,000,000	-	1,000,000			1,000,000
NDQUITS/Vendor - University of North Dakota	611,280	35,216	646,496			646,496
NDQuits 7-month Follow Up	40,000	(40,000)	-			
Baby and Me Tobacco Cessation Program - WELCO LKA, Inc.						
	100,000	(100,000)	-			
Synar Program - contracts for Tobacco Compliance Checks	75,000	-	75,000	75,000		
Grants to Local Public Health Units*	6,500,000	(647,000)	5,853,000			5,853,000
Grants to Health Systems	1,155,060	3,940	1,159,000			1,159,000
Grants to Tribes	600,000	(92,000)	508,000		508,000	
Statewide Coalition Capacity Building-Tobacco Free North Dakota						
	404,000	-	404,000			404,000
State Employee Cessation Program - North Dakota Public Employees Retirement System (NDPERS)						
	50,000	(50,000)	-			
Tobacco Grant for Pregnancy Risk Assessment Monitoring System (PRAMS) to NDSU						
		20,000	20,000		20,000	
Tobacco - Behavioral Risk Factor Surveillance System (BRFSS) Questions						
	15,000	-	15,000		15,000	
* Senate added \$397,000 for a total of \$6,250,000						
Total Professional Services and Grants	\$ 11,574,723	\$ 52,493	\$ 11,627,216	\$ 75,000	\$ 666,216	\$ 10,886,000

COMPARISON

BASE BUDGET TO SENATE BUDGET

Description	2019-21 Base Budget	Increase / (Decrease)	2021-23 Executive Recomm.	Senate Increase / (Decrease)	2021-23 Senate Budget
Detail of Tobacco Prevention & Control Line Item					
Salaries and Wages	\$1,066,915	\$79,466	\$1,146,381	(\$5,836)	\$1,140,545
Operating Expenses	3,126,089	81,131	3,207,220		3,207,220
Grants	8,709,060	(43,564)	8,665,496	397,000	9,062,496
Total By Line Item	\$12,902,064	\$117,033	\$13,019,097	\$391,164	\$13,410,261
General Fund	\$1,183,000	(\$1,108,000)	\$75,000		\$75,000
Federal Funds	2,019,064	29,013	2,048,077	(5,836)	2,042,241
Special Funds (CHTF)	9,700,000	1,196,000	10,896,000	397,000	11,293,000
Total By Fund	\$12,902,064	\$117,013	\$13,019,077	\$391,164	\$13,410,241
FTE	6.50	(0.15)	6.35	-	6.35

COMMUNITY HEALTH TRUST FUND

Department of Health only

Description	2019 - 21 Base Budget	Increase / (Decrease)	2021 - 23 Executive Recommend.	Senate Adjustment Increase / (Decrease)	2021 - 23 Senate Budget
DoH Expenditures:					
Dental Loan Repayment Program	\$324,000	\$36,000	\$360,000		\$360,000
Behavioral Loan Repayment Program	200,000	34,500	234,500		234,500
Tobacco Prevention and Control Program					
Local Public Health (LPH)	6,500,000	(647,000)	5,853,000	397,000	6,250,000
NDQuits, Cessation Grants, related expenditures	3,200,000	1,843,000	5,043,000	0	5,043,000
Women's Way Program	329,500	0	329,500	0	329,500
Behavioral Risk Factor Surveillance System (BRFSS)	270,500	(70,500)	200,000	0	200,000
Cancer Programs	0	580,324	580,324	0	580,324
Local Public Health State Aid	0	525,000	525,000	0	525,000
Domestic Violence Prevention	0	300,000	300,000	0	300,000
One-Time Funding LPH - Pandemic Response		5,000,000	5,000,000	(484,704)	4,515,296
One-Time Funding - Statewide Health Strategies		3,000,000	3,000,000	(3,000,000)	0
Total DoH Expenditures	\$10,824,000	\$10,601,324	\$21,425,324	(\$3,087,704)	\$18,337,620

THANK YOU

Brenda M. Weisz, CPA | CFO | bmweisz@nd.gov | 328-4542

**North Dakota Department of Health
Tobacco Prevention and Control
21-23 Executive Budget**

	2017-19 Actual Expenditures	2019-21 Leg. Base Budget	Executive + (-) Difference	2021-23 Executive Budget	2021-23 Senate Changes	2021-23 Senate Budget
SALARIES AND WAGES						
FTE EMPLOYEES (Number)	5.85	6.50	(0.15)	6.35	0.00	6.35
511 Salaries	695,502	706,252	61,175	767,427	0	767,427
513/514 Temporary, Overtime	407	0	0	0	0	0
516 Benefits	332,131	360,663	18,271	378,934	(5,836)	373,098
TOTAL	1,028,040	1,066,915	79,446	1,146,361	(5,836)	1,140,525
General Fund	0	0	0	0	0	0
Federal Funds	869,456	1,066,915	79,446	1,146,361	(5,836)	1,140,525
Special Funds	158,584	0	0	0	0	0
OPERATING EXPENSES						
521 Travel	49,798	40,490	(26,385)	14,105	0	14,105
531 IT - Software/Supp.	11,417	11,644	(1,672)	9,972	0	9,972
532 Professional Supplies & Materials	7,058	21,019	0	21,019	0	21,019
533 Food & Clothing	0	0	0	0	0	0
534 Buildings/Vehicle Maintenance Supplies	0	1,015	0	1,015	0	1,015
535 Miscellaneous Supplies	272	1,000	0	1,000	0	1,000
536 Office Supplies	2,260	4,646	0	4,646	0	4,646
541 Postage	3,701	3,928	0	3,928	0	3,928
542 Printing	22,970	55,246	0	55,246	0	55,246
551 IT Equip Under \$5000	5,002	1,625	1,175	2,800	0	2,800
552 Other Equip Under \$5000	0	0	0	0	0	0
553 Office Equip Under \$5000	0	0	0	0	0	0
561 Utilities	0	0	0	0	0	0
571 Insurance	0	0	0	0	0	0
581 Lease/Rentals - Equipment	840	759	0	759	0	759
582 Lease \Rentals-- Buildings./Land	29,459	23,369	0	23,369	0	23,369
591 Repairs	0	105	0	105	0	105
601 IT-Data Processing	16,589	16,490	7,707	24,197	0	24,197
602 IT-Telephone	9,996	7,211	0	7,211	0	7,211
603 IT - Contractual Services	21,290	5,751	4,249	10,000	0	10,000
611 Professional Development	37,980	33,091	0	33,091	0	33,091
621 Operating Fees & Services	24,286	33,037	0	33,037	0	33,037
623 Professional Services	4,081,389	2,865,663	96,057	2,961,720	0	2,961,720
625 Medical, Dental, and Optical	0	0	0	0	0	0
TOTAL	4,324,307	3,126,089	81,131	3,207,220	0	3,207,220
General Fund	0	729,000	(729,000)	0	0	0
Federal Funds	607,603	352,149	21,567	373,716	0	373,716
Special Funds	3,716,704	2,044,940	788,564	2,833,504	0	2,833,504
CAPITAL ASSETS						
683 Other Capital Payments	0	0	0	0	0	0
684 Extraordinary Repairs	0	0	0	0	0	0
691 Equipment >\$5000	7,619	0	0	0	0	0
693 IT Equip >\$5000	0	0	0	0	0	0
TOTAL	7,619	0	0	0	0	0
General Fund	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Special Funds	7,619	0	0	0	0	0
GRANTS						
712 Grants - Non State	7,974,118	8,709,060	(43,564)	8,665,496	397,000	9,062,496
722 Grants - In State	9,999	0	0	0	0	0
TOTAL	7,984,117	8,709,060	(43,564)	8,665,496	397,000	9,062,496
General Fund	0	454,000	(379,000)	75,000	0	75,000
Federal Funds	366,050	600,000	(72,000)	528,000	0	528,000
Special Funds	7,618,067	7,655,060	407,436	8,062,496	397,000	8,459,496
SPECIAL LINES						
-71 Tobacco Prevention/Control	0	0	0	0	0	0
-72 WIC Food Payments	0	0	0	0	0	0
-78 Medical Marijuana	0	0	0	0	0	0
-79 COVID 19	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0
General Fund	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Special Funds	0	0	0	0	0	0
TOTAL	13,344,083	12,902,064	117,013	13,019,077	391,164	13,410,241
General Fund	0	1,183,000	(1,108,000)	75,000	0	75,000
Federal Funds	1,843,109	2,019,064	29,013	2,048,077	(5,836)	2,042,241
Special Funds	11,500,974	9,700,000	1,196,000	10,896,000	397,000	11,293,000



The State of Tobacco Control in North Dakota: 2019 – 2021 #8845

Innovation. Community focus. Fiscal responsibility.

Successes, challenges, and opportunities of the North Dakota comprehensive Tobacco Prevention and Control Program during the 2019 – 2021 biennium.

NORTH
Dakota | Health
Be Legendary.™

**Tobacco
annually
costs each
North
Dakota
household
\$724 in
taxes due to
smoking-
related
expenses.¹**

Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.¹

The North Dakota Tobacco Prevention and Control Program serves the health and economic interests of North Dakotans.



North Dakota youth displaying a poster promoting #ENDit, a call to be the first tobacco-free generation.



Brody Maack, PharmD, CTTS, presenting a gift to tribal speakers before a presentation on sacred tobacco use at the Nicotine Dependence Conference in Fargo, February 2020.



Nakisha, holding Kenzie, was able to quit smoking with help from North Dakota's BABY & ME – Tobacco Free Program.



Audience at the 2020 Nicotine Dependence Conference in Grand Forks, a collaboration of four health systems: Altru Health, Family Healthcare, North Dakota State University, and Spectra Health.

Tobacco is still a problem. What is North Dakota doing to address it?

Tobacco is still a problem

The financial and human toll from tobacco use – either directly or from exposure to secondhand smoke – continues to be the most costly, preventable cause of death in the state. With the increase in availability of Electronic Nicotine Delivery Systems (ENDS), vaping of nicotine and other substances has only escalated related health concerns.

Here is how North Dakota is addressing it

North Dakota's Tobacco Prevention and Control Partnership (TCP) has implemented **innovative and evidence-based strategies** to engage North Dakota **communities** in developing local solutions. These efforts work in tandem toward ensuring the program is **fiscally responsible** and working to prioritize the health and economic interests of the state.

Tobacco Control Programs and Grantees

Funding for North Dakota's Tobacco Program supports a small staff of 6.35 fulltime employees at the Department of Health, who manage several programs and grantees.

NDQuits. North Dakota's quitline is available to all North Dakotans, year-round. Telephone counseling and/or web counseling is available, as is Nicotine Replacement Therapy.

BABY & ME – Tobacco Free Program™ (BMTFP). North Dakota funds 15 grantees to provide cessation support to pregnant mothers, starting by 32 weeks prenatal and continuing for up to 12 months postpartum.

NDQuits Cessation (NDQC) Grant Program. North Dakota funds 17 grantees to provide brief cessation interventions and education to patients and the community.

Local Public Health Units (LPHU). All 28 LPHUs are funded to provide prevention, cessation, and policy work in their communities.

"It is important to keep in mind that many little steps will lead to big things in the future and sometimes it is hard to stay positive in the world of tobacco."

-Local Public Health Tobacco Coordinator

Who benefits from Tobacco Prevention and Control?

All who use nicotine, a highly addictive drug

Nicotine, which can be found in a variety of tobacco and vaping products, is a powerful drug. Nicotine, a drug that reaches the brain within seconds, increases dopamine, a reward center of the brain. However, the effects are temporary, meaning a user of nicotine needs to reach for another cigarette, dip, or vape sooner as they crave more, and they will use any kind of nicotine to satisfy the addiction.¹ [Nicotine is one of thousands of ingredients in cigarettes, chew tobacco, other combustible tobacco products \(cigars\), and a major ingredient of nearly all ENDS products used to vape.](#)

Residents with an interest in the economic well-being of the state

Tobacco costs the state of North Dakota much more than is brought in from the current tobacco tax. These [tobacco taxes bring in \\$19.7 million annually but tobacco costs the state \\$326 million annually.](#) All North Dakotans who care about the economic status of the state have an interest in the costs of tobacco to all citizens.

Intersectionality is a “prism for understanding” problems, a legal term that coined in 1989 by Kimberlé Crenshaw. In tobacco control, this means taking a lens that a North Dakotan is impacted by tobacco control through multiple factors, living in a rural area, Medicaid eligible, and having a behavioral health disorder.

Here is who is most at risk

In public health, equity is the just and fair inclusion into a society in which all can participate, prosper, and [reach their full potential](#). The Centers for Disease Control and Prevention’s (CDC) Best Practices in Tobacco Control defines tobacco-related disparities as: [“Differences that exist among population groups with regard to key tobacco-related indicators](#), including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; capacity, infrastructure, and access to resources; and secondhand smoke exposure.”² In North Dakota, these groups are:

Rural: Adults in rural areas are more likely to smoke, more likely to be heavier smokers, and kids in rural areas are more likely to start smoking at an earlier age.³

American Indians: The commercial tobacco use rate in North Dakota’s American Indian populations is double that of the general population.⁴

Pregnant women: Just over 10% of women reported smoking in their first trimester, which has implications for the development of the fetus and the mom.

Behavioral health: An estimated 35% of cigarette smokers have a behavioral health disorder.⁵ Tobacco users with a behavioral health disorder use tobacco two times more often than the general population.

Youth and young adults: Over half (52.8%) of North Dakota high schoolers reporting trying an e-cigarette and over one-third (34.5%) have tried a cigarette before the age of 13.⁴ Both rates have increased.

Medicaid: Nearly 40% of North Dakotans who use Medicaid also use tobacco, double the rate of the general population.⁴

What is the purpose of this report?

The **purpose** of this report is to synthesize evaluation and surveillance activities during the 2019 – 2021 biennium. The North Dakota Department of Health (NDDoH) facilitates the state's TPCP. This partnership includes over 50 organizations, mostly from North Dakota, with some support from national partners.

The TPCP work is driven by the North Dakota Tobacco Prevention and Control State Plan, which is a strategic plan coordinated by multiple agencies within the state.

The **mission** of the TPCP is 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 objectives and targets of this plan are externally evaluated and reported biennially to the North Dakota Legislature, the NDDoH and all of the TPCP partners and stakeholders.

Professional Data Analysts (PDA) is a B-corporation that is contracted to conduct an external evaluation of the North Dakota TPCP activities. PDA has been evaluating tobacco control efforts for over 20 years across the United States. This experience informs this comprehensive evaluation of the TPCP during the 2019 – 2021 biennium.

Transparency and data excitement are core values of PDA. While this report is intended to be visually appealing and easy to read for a broad audience, readers interested in the details can find our methods in Appendix B. A dashboard visualizing progress on the State Plan can be found in Appendix D. Please contact Melissa Chapman Haynes, PhD, with questions about this report. Questions about the TPCP should be directed to Neil Charvat, Director, TPCP.



Interested in more details?

[+ North Dakota Comprehensive Tobacco Prevention and Control State Plan](#)

[+ Tobacco Prevention and Control Evaluation Plan](#)

[+ CHI St. Alexius Case Study](#)

[+ NDQuits FY2019 Annual Report](#)

[+ North Dakota Tobacco Surveillance Data](#)

[+ 2017 – 2019 Synthesis Report](#)

7 key takeaways

This report is organized around three themes: **innovation** in addressing tobacco control and prevention, **community focus** in policy and overall engagement with North Dakotans, and **fiscal responsibility** to reduce tobacco prevalence and support North Dakota's economic interests.

Vaping is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address this epidemic.

Communication of tobacco control messages has been done in an innovative and effective manner, though the messages would reach more North Dakotans with increased funding.

Partnerships and persistence moved local tobacco policies forward. There are now over 900 policies, including raising the age to purchase nicotine products and restricting flavored ENDS.

Partnership with American Indians in tobacco control advanced this biennium, laying the groundwork for future impact. The number of smoke-free casinos doubled.

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do. Additional resources would expand evidence-based, community-driven work.

Tobacco costs the state \$326 million in smoking-related costs, likely more since ENDS-related costs are not captured. Only a fraction is recuperated through taxes.

With absence of regulations of ENDS products, there is no way to capture the true cost of nicotine addiction to North Dakotans.

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Innovation in addressing ENDS, cessation in partnerships with health systems and communities, and targeted media campaigns.

02

Community focus to pass tobacco control policies, engage tribal partners, and build local relationships to ensure North Dakotans have opportunities to quit tobacco.

03

Fiscal responsibility to invest in efforts to prevent tobacco use initiation as well as support tobacco users who want to quit. Money and lives are saved from implementing evidence-based solutions.

04

Recommendations for next steps, opportunities to consider, and overall successes in the 2019 – 2021 biennium.

05

Appendices

Innovation

Tobacco control in North Dakota has a history of using innovative and evidence-based strategies to prevent tobacco use and increase cessation attempts.



Tobacco Prevention and Control has stayed at the forefront of combating the vaping epidemic with innovative new programming. The different forms of nicotine in vapes mean faster absorption and a new way to hook kids and adults on nicotine. North Dakota has responded quickly and flexibly.



Neil Charvat, Tobacco Prevention and Control Director at the NDDoH, welcoming the audience to North Dakota's first ENDS Summit in 2019. This innovative event brought together state and national speakers to address the vaping epidemic.

Epidemic levels of vaping call for immediate intervention at the state and local levels.

JUUL allows for more and faster absorption of nicotine as the first ENDS product to use nicotine salts. North Dakota's tobacco partners are connecting with schools and youth to educate, prevent, and support cessation of ENDS.

Local public health educated and coordinated with law enforcement, schools, parents, and community members. With e-cigarette use rate passing that of cigarettes, education on the products is essential.

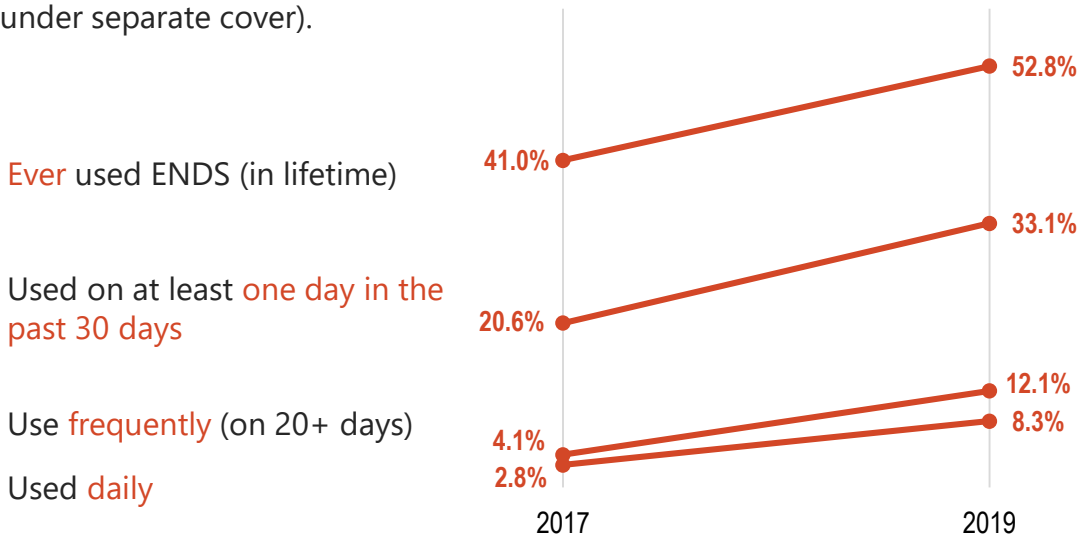


Melissa Markegard, Tobacco Prevention Coordinator for Fargo Cass Public Health, showing a range of vaping devices on August 8, 2019. Photo credit Bismarck Tribune



Jordyn Schaeftbauer, Prevention Outreach Coordinator Bismarck Burleigh Public Health, speaking on vaping at the North Dakota Association for Lifelong Learning in 2019. Photo credit: Tom Stromme, Bismarck Tribune

Over half of North Dakota high schoolers have tried a vaping product and one in twelve use an ENDS product daily. North Dakota's response to address cessation in this age group is detailed on [page 32](#) and in the annual quitline report (under separate cover).



Data from the North Dakota Department of Public Instruction, Youth Risk Behavior Survey in 2017, 2019

North Dakota took a strong stance on the danger of ENDS in 2018, for both youth and adults.

A statement on ENDS by the NDDoH cautions on the dangers of ENDS to youth and adults.

The NDDoH wrote an [ENDS Position Statement](#) in September 2018 that addressed a cautious approach to ENDS. ENDS are not approved by the Food and Drug Administration (FDA) as a cessation device, which addresses the marketing of these products by the tobacco and vaping industries (note that Altria, a tobacco company that makes Marlboro, owns a 35% stake in JUUL).

Further, these devices can explode, exposure of e-liquids to the skin can cause poisoning, and the particulate matter from secondhand vaping contains harmful chemicals.⁶ Finally, ENDS contain nicotine levels that are unregulated (see [page 14](#)).

The NDDoH took strong action to create and implement an annual ENDS Summit, pulling together public health, law enforcement, policy makers, educators, and students from across the state.

The NDDoH created and launched an ENDS Summit, bringing in national speakers to educate and develop actions to address the vaping epidemic. Presentations focused on:

- Vape shops, e-liquids, and policy considerations
- FDA and regulation of ENDS
- Flavors in e-cigarettes
- Emerging research on ENDS health effects

Actions resulting from the ENDS Summit include the AMA statement calling for strong action on vaping products and efforts at the local level to pass policies to address flavors, ENDS, and Tobacco 21 (see [page 27](#)).

A second ENDS Summit took place in December 2020, virtually due to COVID-19.

A statement on ENDS by the American Medical Association followed the North Dakota ENDS Summit.

The [American Medical Association](#) (AMA) put forth a statement in 2019 [calling for strong action on vaping products](#). Dr. Siobhan Westcott, professor at the University of North Dakota (UND) and Board member of the AMA, was instrumental in developing this statement, spurred by the ENDS Summit in 2019. Some aspects of this statement include advocating for research funding to study the safety and effectiveness of vaping products for tobacco cessation purposes and advocating for medical diagnostic codes for vaping associated illnesses, including pulmonary toxicity.



The first ENDS Summit in Bismarck, May 2019. A panel of school-based personnel speaking on ENDS, including a teacher, school administrator, school resource officer, and Abby Erickson, far right, NDDoH Community Programs Coordinator.

With an increasing number of vape shops in North Dakota, cutting edge research highlights gaps.

While most ENDS users calling NDQuits want to quit tobacco, nearly all are not able to do so. Without regulation, North Dakotans don't know what they are getting when they purchase ENDS.

Increase in vape shops without regulation means variability in nicotine content.

Kelly Buettner-Schmidt, PhD, RN, FAAN has led two rounds of studies to examine the content of nicotine and other substances present in vaping devices sold in all North Dakota shops selling ENDS products. **Vaping products are not currently regulated in North Dakota, despite the five-fold increase in shops selling these devices in a five-year time span.**

Date	Number of shops selling ENDS
2014	9
2016	24
2019	44

Concerning trends were uncovered in the 2019 vaping shop study.

A 2019 follow-up study to an earlier 2015 study examined the labeling and chemical concentration of nicotine salts at vaping shops in the state.⁷

Nearly one-third of the tested ENDS devices were not child proof.

Nearly 80% of those were in the form of eye-droppers with rubber bulbs, easily opened by children or chewed up by pets. This is out of compliance with North Dakota House Bill 1186, passed in 2015.

Only 3.8% of the 285 vape liquid samples had nicotine content within 10% of the labeled content. 91.9% had less nicotine than was labeled and 4.2% had more.

Only two vape shops (5.7%) were fully compliant with North Dakota's smoke-free air law. Noncompliance included recent smoking or vaping indoors (5 shops) or lack of signage.

Despite claims by the vaping industry that ENDS help smokers quit, that is not true for NDQuits participants.

84% of ENDS users who called NDQuits reported using ENDS as a quit aid.

79% of these ENDS users reported **also** using other forms of tobacco (e.g., cigarettes, smokeless, etc.) **7 months after calling NDQuits.** Dual use of cigarettes and vaping products means the users gets higher levels of nicotine, tobacco-specific nitrosamines, volatile organic compounds, and metals as compared to those with single product use.⁸

Switching is not quitting. The above finding is evidence that the messaging from the vaping industry about using their product to quit was effective. What is not supported is evidence that these products helped NDQuits users quit tobacco. Instead, nearly 4 in 5 were using ENDS as well as another tobacco product, increasing their exposure to nicotine.

NDQuits addresses vaping. In fiscal year (FY) 2019, 46% of people who enrolled in NDQuits and reported no other tobacco use at intake were using ENDS only (n=29). About half of the NDQuits users between ages 18 and 21 reported using ENDS at enrollment.

The long-term effects of vaping are unknown, but early results point to increased risk for a variety of chronic diseases.

Dr. Antranik Mangardich, pulmonologist at Altru Health System, stated:

"People who are vaping are at risk for respiratory disease, the kind of chronic lung disease that causes people to be asthmatics and have chronic bronchitis and emphysema – basically, the same things that lead to chronic obstructive lung disease."

TPCP has responded to two public health threats this biennium.

Both EVALI and COVID-19 highlight the importance of tobacco prevention and control.

Vaping-related lung injuries sends North Dakotans to the hospital. In late 2019, the vaping epidemic turned deadly with a national outbreak of **e-cigarette, or vaping, caused product use-associated lung injury (EVALI)**.

Patients with EVALI tended to be younger, otherwise healthy individuals that presented with severe lung infections, like Hailey (pictured right), North Dakota's first case. The NDDoH and its grantees responded to this public health threat by quickly submitting data to the CDC and highlighting the dangers of ENDS products in public communications.

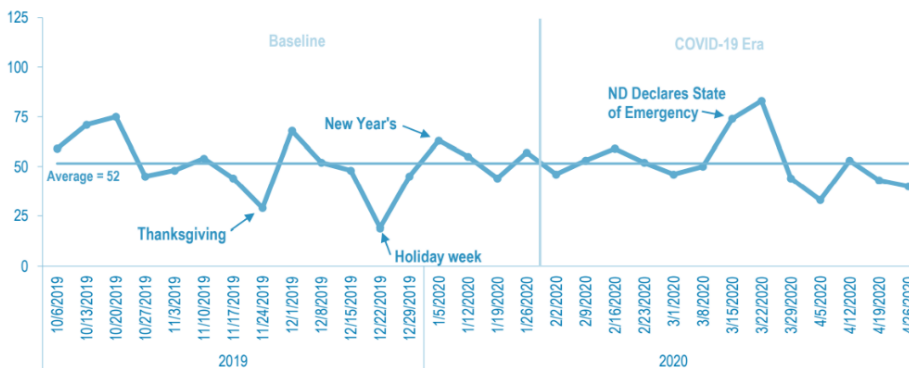


Hailey, North Dakota's first EVALI case, speaks about her experience in a case study video produced by Bismarck Burleigh Public Health. Posted on BreatheND's website.

Smoking is a risk factor for more severe COVID-19 symptoms. COVID-19 caused a rise in hospitalizations, added to hospital workloads, and drew TTS away from cessation work to direct patient care. Likewise, COVID-19 affected TPCP staff who were pulled into the COVID-19 hotline and school response team. The NDDoH health system partners responded immediately to this public health crisis by modifying their workflows to include COVID-19 testing, providing nicotine replacement therapy by mail and curbside pick-up, and offering **telehealth services** for tobacco cessation counseling.

COVID-19 and tobacco cessation in North Dakota

Number of incoming calls per week to NDQuits



Data monitoring implemented due to COVID-19 showed weekly incoming calls to NDQuits spiked in mid-March, overlapping with the COVID-19 crisis. This may indicate these two events are related; however, there could be other contributing factors.

"Individuals who smoke are at greater risk of a more severe case of COVID-19, should they contract it. Helping smokers quit has never been more important, but because of the pandemic, visiting a provider in person for healthcare can pose additional problems." - American Lung Association

Partnerships with health systems provide innovative, sustainable cessation to nicotine.

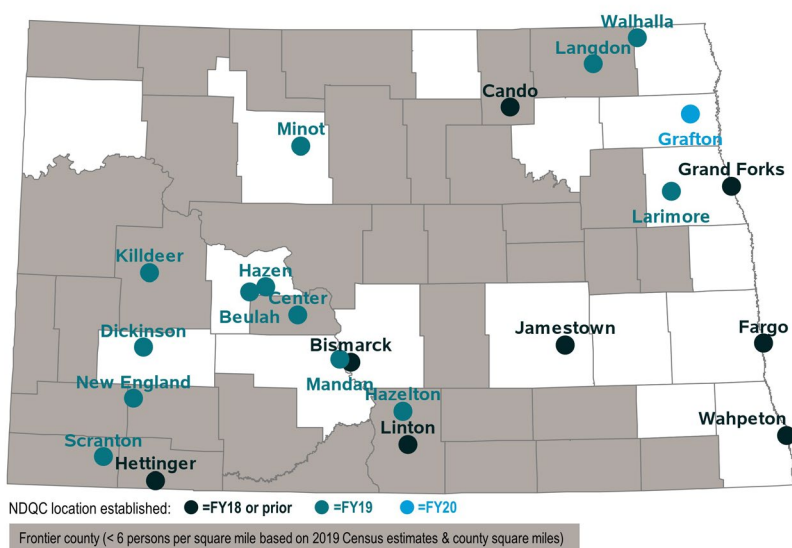
At least 70% of people who smoke see a physician every year. Even brief advice to quit from a clinician increases quit rates, making health systems an ideal partner in tobacco cessation.⁹ The **NDDoH funds health systems** to train Tobacco Treatment Specialists (TTS) and implement tobacco cessation counseling and pharmacotherapy through the NDQuits Cessation (NDQC) Grant Program. TTS work with physicians to support patients in tobacco cessation.

"I have been extremely impressed with the hard work that Kara Backer and her colleagues have done with promoting tobacco cessation throughout the state of North Dakota. Their ongoing efforts in promoting and coordinating tobacco treatment specialist training to people across the state, their dedication and determination in putting on a yearly nicotine dependence conference, and their passion for their work in tobacco control are very evident."

- Therese Shumaker, Addiction Coordinator, Mayo Clinic

In Fiscal Year (FY) 20, the NDQC Program had 17 grantees providing face-to-face counseling visits in 22 cities across the state and telehealth visits in many more. **NDQC grantees are providing tobacco cessation counseling in eight frontier counties.** Established grantees tend to be larger health systems serving more major metropolitan areas with newer grantees serving more rural areas.

NDQC locations overlaid on frontier counties



The NDQC Program meets the activity goals outlined in the State Plan regarding grantee diversity:

- hospitals,
- clinics,
- specialty care centers,
- college campus health clinics,
- addiction treatment facilities,
- Federally Qualified Health Centers, and
- cancer centers.

"Data demonstrates that patients are more likely to quit with proper counseling and pharmacotherapy. [The TTS] allow me to work more efficiently and assess more patients on a daily basis who may also need cessation counseling." - North Dakota physician

Health systems partnerships have grown into three innovative conferences on nicotine dependence.

NDQC grantees are independent health systems. Multiple grantees **partner together and with other organizations to provide educational conferences** on nicotine dependence to health care providers. The conferences provide North Dakotans education, awareness, and tools to address nicotine dependence across the state. The partnerships consist of independent health systems, Federally Qualified Health Center, local public health, and a university. Pooling resources across grantees allows for bigger events, hosting in multiple locations, and wider reach to providers.

"If you're hoarders of information, things don't grow. And that doesn't help anyone. You have to share what works and you have to share what doesn't work."

– Rajeon Backman, Interview with PDA, April 3, 2020



Nicotine Dependence Conference, January 2020. This event was a collaboration of three independent health systems: CHI St. Alexius Health, Mid Dakota Clinic, and Sanford Health Bismarck.

In this biennium, **over 300 providers received additional training** in tobacco and nicotine cessation at five events located across the state. In 2020 alone, there were three Nicotine Dependence conferences held in Bismarck, Fargo, and Grand Forks training over 200 health care providers. Specific topics covered include the vaping epidemic, mental health and tobacco use, sacred tobacco use, tobacco cessation and adolescents, and tobacco cessation in pregnancy.



Nicotine Dependence Conference, Fargo, February 2020. This event was a collaboration of five organizations: Essentia Health, Family HealthCare, Fargo Cass Public Health, North Dakota State University, and Sanford Medical Center Fargo.



Nicotine Dependence Conference, Grand Forks, December 2019. This event was a collaboration of four organizations: Altru Health System, Family HealthCare, North Dakota State University, and Spectra Health.

Ongoing and expanded Youth Action Summit brings youth together to become North Dakota's tobacco prevention and control leaders.

Meaningful youth engagement is critical for an effective comprehensive tobacco prevention and control program. Current research and the CDC's Best Practices in Tobacco Control guidelines suggest that involving youth as advocates in their own health and wellbeing leads to positive outcomes for youth and more effective tobacco programs and policies. Youth have a powerful voice and can mobilize peers and adults to change social norms messaging around tobacco use in their community.

For nearly 15 years, Bismarck-Burleigh Public Health, supported by the TPCP, has held the **Youth Action Summit** (YAS) for youth across the state to make their voices heard and develop skills to make real change in their community through increasing awareness, education, and policy efforts.

In 2019, the YAS **expanded** to the two locations of Bismarck and Fargo and brought together **more than 200 youth** to hear from national speakers and learn about tobacco prevention education and policy.



Students presenting at the 2019 YAS.

"[My favorite part was] getting to see people from across the State with the same views, education. Getting outside our little world helps to feel more confident in our own community." - 2020 YAS youth participant



Students speaking at the 2019 YAS.

In October 2020, the YAS was **adapted to a virtual format** which opened access to youth from across North Dakota who may not have been able to attend otherwise. There were **150 youth** who joined the virtual summit.

*"Since taking a dozen youth to Fargo Youth Summit in the fall, student leaders from Wahpeton High School have taken what they learned and ran with it teaching youth, educating school board officials and other community members to understand the harms and of tobacco products and the importance of tobacco control work!...They have become true ambassadors in tobacco prevention control and advocacy efforts."
- Local public health staff*

North Dakota's Break Free Youth Movement builds and expands youth engagement statewide.

North Dakota values the perspective of youth and recognizes the importance of partnering with young people to create change locally and statewide. Youth engagement continues to expand beyond the annual YAS to include youth-focused activities that raise awareness and promote tobacco prevention education and policy.

The 2019 YAS launched the **Break Free brand**, along with the logo to the right. The **Break Free Youth Board** was also established in 2020 to connect and organize youth from across the state to raise awareness about the harm of tobacco use and mobilize support for policy change.



KFYR-TV news story on Bismarck Break Free Youth Board.

In 2020, four student advocates wrote an **editorial, published in the Bismarck Tribune**, promoting the evidence supporting increasing the price of tobacco products. Another youth leader of the Bismarck Break Free Youth Board, Madeline Erickson, was accepted into the Campaign for Tobacco Free Kids' (CTFK) **2020 National Youth Ambassador Program**: *"I enjoy being a CTFK ambassador because of the opportunities it has given me. CTFK has taught me not only about the harmful effects of tobacco use but also how I can make a difference and advocate for change in regards to tobacco and vaping."*

Bismarck Mayor Steven Bakken and the Bismarck City Commission signed a **proclamation for the 2020 Take Down Tobacco National Day of Action on March 18, 2020**. The proclamation educated about the North Dakota Smoke Free Law and tobacco industry marketing to youth. Students of the Break Free Youth Board and Bismarck High School's Break Free youth chapter spoke at the City Commission meeting about the activities they had planned for the event.



Students from the Break Free youth board and Bismarck High School's Break Free youth chapter with Bismarck Mayor Steve Bakken and Bismarck City Commission.

Partners across the state are actively working to protect North Dakota's smoke-free, vape-free law.

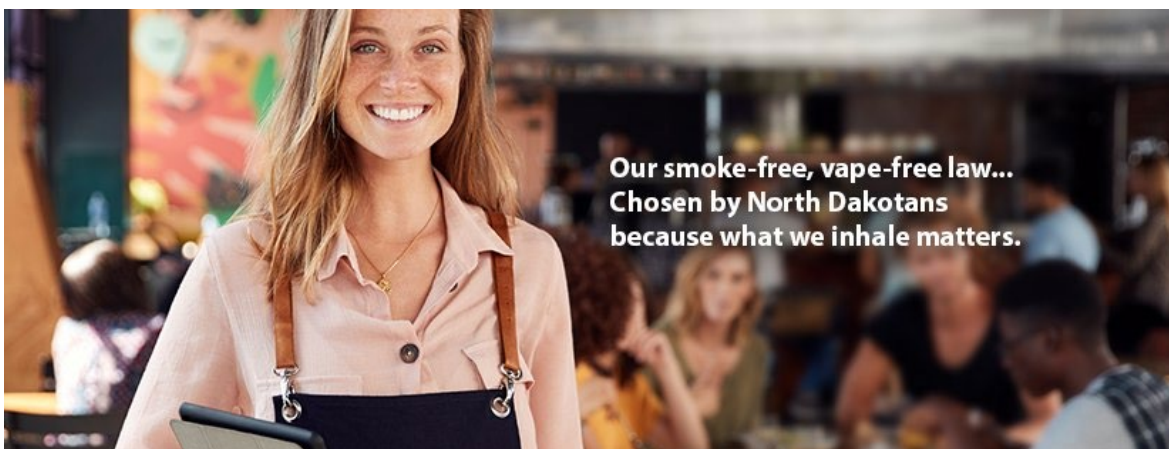
North Dakota's comprehensive smoke-free law, which was put in place by North Dakota residents in 2012, protects North Dakotans from the dangers of secondhand smoke as well as the particles in vaping products. North Dakota's law is among the strongest in the United States.

One effort to educate on the importance of this law was the third annual Big Tobacco Exposed contest. Tobacco Free North Dakota (TFND) partnered with Bismarck-Burleigh Public Health to sponsor this competition. Posters were received from students at Bismarck State College and United Tribes Technical College graphic design programs. Students from the University of Mary Health Professions program judged submissions. The winning poster is displayed to the right, and the top three posters were used on the Bismarck Burleigh Public Health and TFND Facebook pages.



Brady Braun of Bismarck State College won first prize in the third Big Tobacco Exposed poster competition.

A national partner, the American Cancer Society – Cancer Action Network (ACS-CAN), identified protecting smoke-free air as a priority in 2019. ACS-CAN partnered with TFND and local public health to create health communications around the importance of this law.



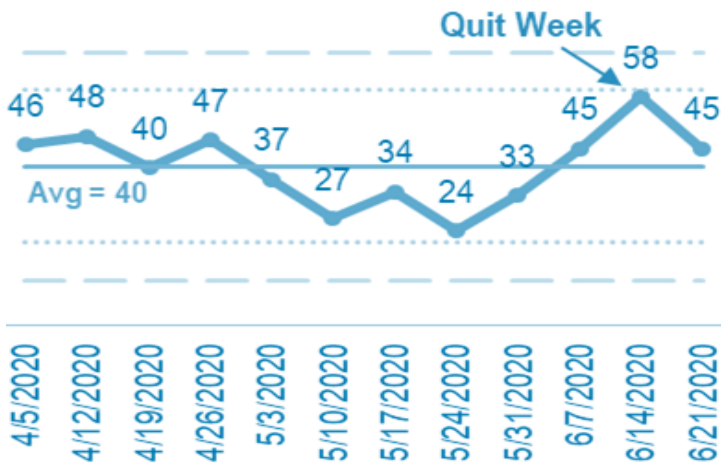
Digital banner communicating the importance of North Dakota's comprehensive law that protects North Dakotans from the dangers of secondhand smoke and vaping

Innovations in media campaigns positively impact all North Dakotans and are proven to be effective.

North Dakota's **Quit Week** was held **June 15 - 21, 2020** as part of the "It's Quitting Time" statewide tobacco cessation campaign. Quit Week is a **partnership between the NDDoH, TFND, and Odney**, with TPCP partners sharing Quit Week media and materials. The goal of Quit Week was to raise awareness of the health risks associated with tobacco use, and to encourage North Dakotans who use tobacco to seek help to quit.



Quit Week was a highly coordinated effort. Twenty-four LPHUs shared the Quit Week ads; a total of 163 posts were made by 24 LPHUs between June 15 and 21, 2020.



NDQuits enrollments increased leading up to and during Quit Week. There were 18 more enrollments during Quit Week than the average for the past 12 weeks.

"I like that we had a **unified campaign from Public Health, and it was received well.** I appreciate the well-made materials provided for the campaign."

- Local Public Health Tobacco Coordinator

Clear, consistent messaging is essential – additional resources are needed to increase reach.

TFND created materials on ENDS for use by LPHUs and other partners. These ready-made materials educate on the dangers of ENDS products and are shared on social media sites by the TPCP partners. The materials could be modified for local contexts, as needed, while still aligning with a unified, statewide approach. Local public health responded positively:

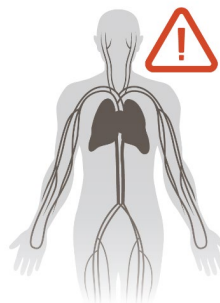
"It was a smart and effective way of promoting quitting tobacco and tobacco advocacy and awareness through social media utilization. In line with the It's Quitting Time Quit Week promotion, the ready-made, yet easy to modify messages and resources aided Steele County Public Health in spreading the word and reaching the community in many ways."

"Having created artwork and sample messages you can edit for your specific service area makes it more likely to share TPC messages."

These messages are still being modified and shared by the tobacco partners. The billboard on the right was recently placed as a digital billboard in Valley City, North Dakota.



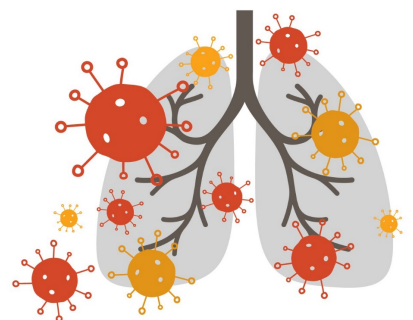
The importance of quitting tobacco during the COVID-19 pandemic is being created and shared. Placement is primarily on the social media sites of the NDDoH and the tobacco partners across the state. Examples of materials on smoking and vaping / COVID-19 are included on the right.



People who use **TOBACCO OR VAPING PRODUCTS** and have cardiovascular disease, respiratory disease, cancer, and diabetes are at

HIGHER RISK for developing SEVERE ILLNESS with COVID-19.

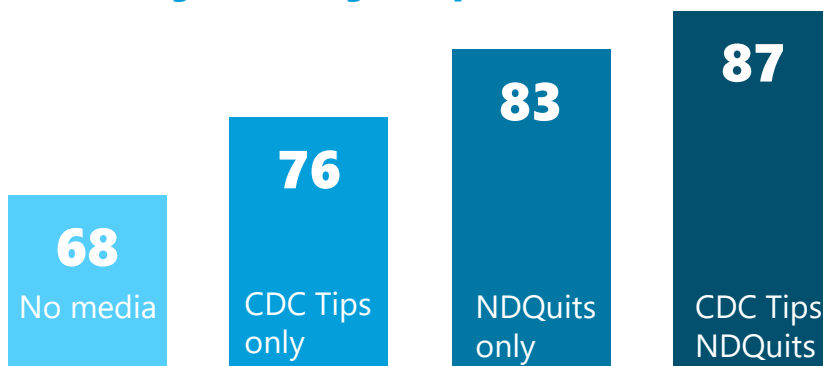
SMOKING OR VAPING
MAKES IT **HARDER** FOR THE BODY TO
FIGHT OFF **COVID-19 AND THE FLU.**



Media investment is associated with higher reach of NDQuits, making it an efficient and judicious use of funds.

The highest number of calls occurs when a CDC Tips campaign is running and NDQuits is investing \$30k or more per week in media promotion. This result, from a longitudinal study of the relationship between media placement and calls to NDQuits from 2014 – 2019, highlights the importance of media to drive individuals to NDQuits. It is especially important to have funding to create and implement North Dakota-specific media.

Number of average incoming calls per week to NDQuits



The tobacco industry spends \$25 million each day on marketing its products. Those most influenced by this marketing are youth, who are three times as sensitive to tobacco advertising as compared to adults. To combat this, the recommended level of funding for counter-tobacco media in North Dakota is \$9 million, at a minimum. Actual current funding for media is a fraction of that, limiting the state’s ability to have resources to start to combat the millions of dollars put into marketing by the tobacco industry.



An extended interview with Dr. Warne of the UND was one of the new creative spots developed during the biennium.

Limited funding means that the evidence-based strategy of placing broadcast media is extremely limited. Digital and social media campaigns are placed on websites and spots that reach the intended audience, which is helpful for overall awareness but means that “spikes” in calls to the NDQuits are less likely to occur. An extended interview with Dr. Warne at UND was a new creative spot that was placed on social media.

Limited funding also means less resources to ensure materials are created that are specific to North Dakota. While some examples are provided on [pages 21](#) and [22](#), these are exceptions that were possible due to pockets of additional funding. Further, a study by Odney found that there was a decrease in 2019 among North Dakotans who recalled seeing an NDQuits ad, following a large increase from 2013 to 2016 (55% in 2013, 77% in 2016, 67% in 2019).¹⁰ A decrease in recognition of the brand is likely to be associated with a decrease in calls to NDQuits.

Community Focus

North Dakota is unique. It is important that tobacco control is grounded in, created by, and led by North Dakotans.

Tobacco control and prevention is about building relationships and working together to build a strong North Dakota.



Break Free is North Dakota's new, emerging 100% authentic youth movement. It is made up of middle and high school students from across the state working collectively to educate their peers and community members on tobacco prevention issues that affect their school, community, and state.



2019 Break Free Youth Summit, Bismarck, North Dakota



There are **14,000**
kids in North
Dakota alive now
that will **die** from
smoking.¹¹

**Policies like T21 can
decrease new youth
smokers in North
Dakota by 200 kids
every year.**

Note: North Dakota smoking rates for high school 12th graders from 2017 Youth Risk Behavior Survey and Institute of Medicine reports that a T21 policy would reduce initiation by 25% in this age demographic.

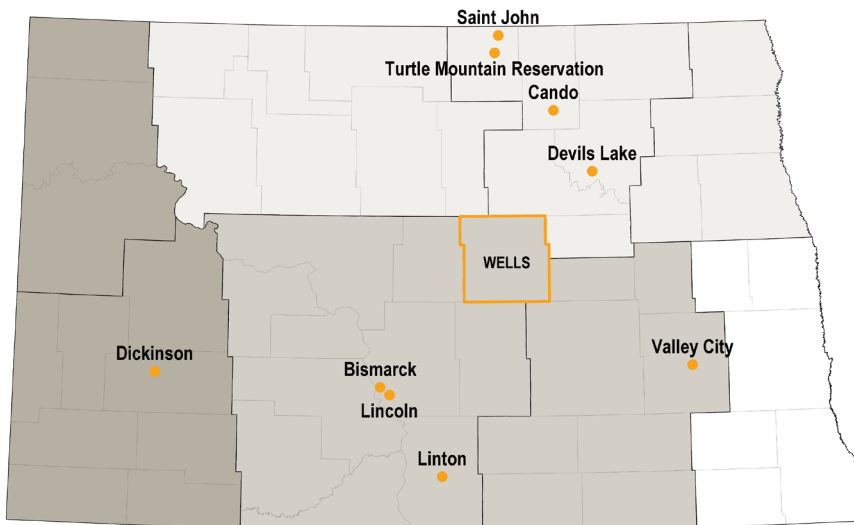
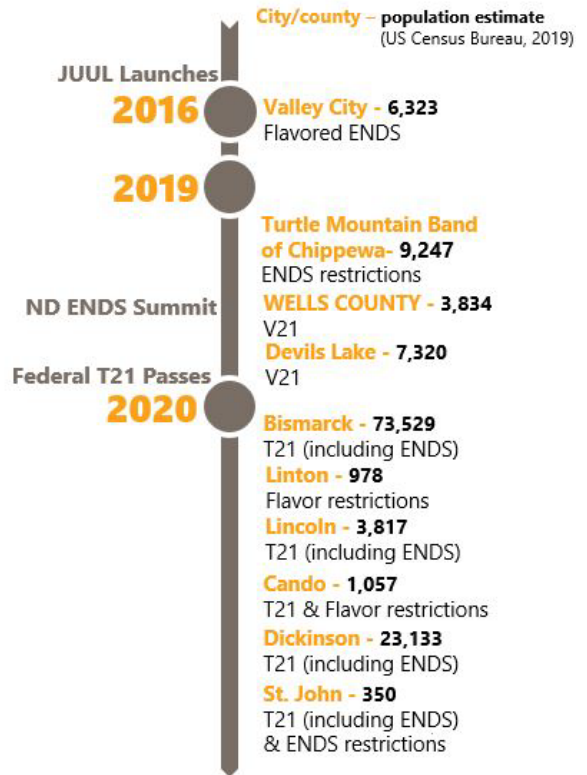
Local policies impact communities and build momentum for statewide policies.

Youth access and flavor restriction policies passed by local public health in North Dakota.

ENDS use among youth is a prominent issue in North Dakota (see [page 12](#) for more information on ENDS use rates by youth). Studies investigating the rise in use among youth have found that flavored e-liquids and flavored tobacco products are particularly attractive to youth.

The **NDDoH funds 28 LPHUs** to work on prevention, education, and capacity building activities in order to support the state tobacco program. Between 2019 and 2020, multiple LPHUs have **passed Tobacco 21 (T21) or Vaping 21 (V21) policies** prohibiting tobacco sales (sometimes including ENDS or exclusively ENDS) for those under the age of 21. Others passed **policies banning the sale of flavored products**. These policies protect more than 130,000 North Dakotans.

Cities, counties, and a tribal nation where these policies have passed are depicted in the map below. Shaded areas show the prevalence of e-cigarette use among high schoolers. These local communities are prioritizing the protection of their youth from tobacco through the passage of these types of prevention policies. This local commitment can fuel support for the passage of statewide policies to protect all North Dakotans across the state.



Eight LPHUs and a tribal nation have helped pass policies, yet parts of the state do not yet have any of these policies in place.

Youth e-cigarette use by region:



Partnerships and persistence across North Dakotan programs move policies forward.

Key players and community groups are instrumental in the education around and passage of local ordinances. Quotes are from local tobacco coordinators.



Community, State, & Local Organizations or Groups

Local coalitions and statewide workgroups promote and provide education around policy initiatives; partnerships with local, state, and national organizations and associations that support and enforce local ordinances

"We trained Police Officers [...] on how to complete [tobacco] compliance checks"



Youth Engagement

Education of their peers and communities, attendance at legislative days, and provision of compelling testimonies in support of local policies

"Our local youth have been actively engaging their peers and adults on the topic of tobacco products with specific regards to e-cigarettes (ENDS products). They've presented to the School Board and plan to go to the City Council this spring to keep the conversation going."



Local Legislators & Officials

One-on-one meetings with local officials, presentations to boards of health and city council meetings

"Maintenance of relationships with our state legislators is essential"



Media & Communications

Local media (newspapers and radio) and social media campaigns support education and public awareness; statewide campaigns allow for consistent messaging

"The continued effort and "seed planting" finally paid off with an adoption of a tobacco-free parks policy in February. We have provided them with media and success stories and have helped them to implement the new policy"



Local Schools, Universities, & Educators

Presentations at schools and partnerships with teachers, school administrators, and school resource officers (SROs) assist with implementation and enforcement

"We have sat down with all the [school] representatives, including the assistant superintendent, to discuss how to get them to have a comprehensive policy"

Strong partnerships also work to create and maintain smoke-free or tobacco-free environments. To date, the number of policies passed are...

**Multi-unit
Housing**

339

**Outdoor
Air**

250

School

221

**College/
University**

17

**Healthcare
Setting**

63

Casino

4

Partnership with American Indians in tobacco control advanced this biennium to lay the groundwork for future impact.

The UND Masters in Public Health Program is contracted to take a key role in engaging North Dakota's tribal nations in tobacco control work.



Social media post promoting the American Indian Commercial Tobacco Program, available to NDQuits callers who are American Indian or Alaska Native.

A Tribal Community Public Health Survey 2020 was conducted to identify areas of need specific to public health in North Dakota's tribal nations.

Dr. Nicole Redvers and Kalisi 'Ulu'ave conducted this study, creating a survey adapted from the 10 Essential Public Health Services. Key findings were:

85% of respondents believe their communities have less than adequate capacity and training to meet public health essential needs.

5 capacity building areas were identified: Improve public health communication materials, improve grant writing support, develop additional capacity for behavioral health programs, provide additional capacity for substance abuse programs, and develop a sustainable public health quality improvement and evaluation framework at the tribal community level.

Moving forward, this information will be acted upon in the following ways:

Counting matters: The American Indian Adult Tobacco Survey will be conducted to ensure accurate data is collected and baselines for tobacco prevalence can be calculated.

Contextually relevant, evidence-based education opportunities: A Public Health 101 module is being created by the UND Public Health Program, which will be made available to all tribal prevention and control coordinators and other key stakeholders.

A program specific to American Indians is available through NDQuits.

In FY20, out of all unique NDQuits enrollees, 7% identified as American Indian or Alaska Native (179 out of 2,424). Out of these 179 participants, only 41 (or 23%) chose to enroll in the American Indian Commercial Tobacco Program offered through NDQuits. This is similar to FY19 (37 out of 205, or 18%). Increasing the proportion of participants enrolling in this special protocol is an area of opportunity in North Dakota tobacco cessation.



AMERICAN INDIAN
Commercial Tobacco Program



Seven years of data collection, building relationships, and education has led to two more casinos expanding smoke-free areas.

The North Dakota Smoke-Free Casino Project (NDSFCP) was created in 2013 to work towards encouraging tribal casinos on all American Indian Reservations in North Dakota to be smoke-free. This work involves **educating on the health risks** of secondhand smoke to the casino employees and patrons through air quality testing, **collecting data to inform tribal councils** while they weigh decisions around going smoke-free, and asking other casino leadership to **share experiences** about going smoke-free. Stephanie Jay, the Health Educator from Turtle Mountain Band of Chippewa and the Statewide Smoke-free Casino Coordinator, has been coordinating the creation and implementation of this project from the start in collaboration with the NDDoH.

The NDSFCP work has centered around community and casino engagement. Much of the work has been centered around providing education, doing environmental assessments of the casinos, and surveying community, staff and patrons on their thoughts about implementing smoke-free environments.

In the last year, two of North Dakota’s casinos have expanded their smoke-free areas, a huge success in an effort that has been building education and support for most of the past decade. There are now a total of four casinos that have expanded smoke-free areas, **doubling during this biennium**.



Prairie Knights, operated by Standing Rock Tribal Nation, made all gaming floors smoke-free (with a designated smoking room).



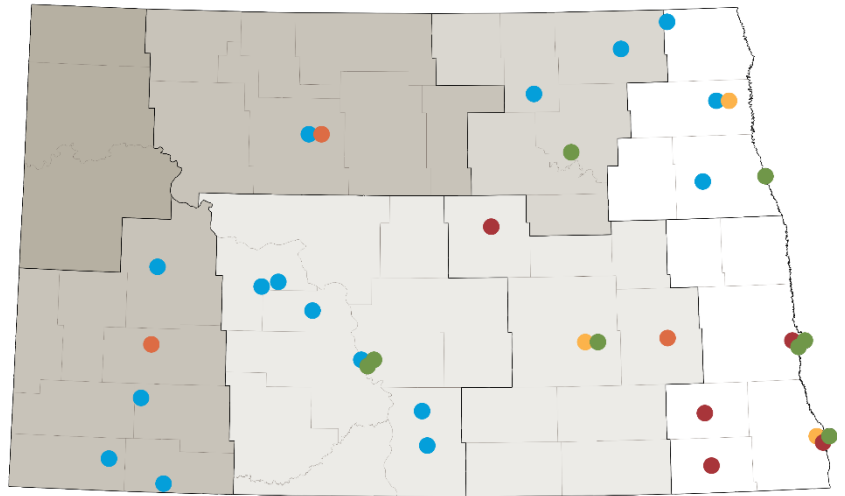
Sky Dancer Casino, operated by the Turtle Mountain Tribe, expanded its smoke-free area in September 2020.

Tobacco cessation work in North Dakota is community-focused, grounded in relationship building and local connections.

Grantees and LPHUs create a **network of support** throughout the state for tobacco users who want to quit. This promotes partnerships with local organizations for personalized support and health education.

"By working closer with Custer Health staff that works with Women's Way and Men's Health programs, we have found better access to tribal areas that may utilize our media and education material in order to better reach the Native American population. These contacts should increase the awareness of NDQuits on the reservation and provide our communities in Sioux county with better health education."

- Custer Health, LPHU



Program offered: **NDQC** **BMTFP** **in-person (IP) counseling** **BMTFP & IP** **NDQC & BMTFP**
 Tobacco use prevalence: **< 20%** **20% - 22%** **23% - 25%** **26% - 28%** **> 28%**

Tobacco use prevalence data is from the North Dakota Behavioral Risk Factor Surveillance System (ND BRFSS) 2019

Counselors and providers are trained to help tobacco users quit with **tailored support**. The state quitline (NDQuits) counselors are **based in-state** at the UND, while LPHU and grantee counselors are dispersed locally throughout the state.



13,500

patients received counseling through the NDQC program grantees by a TTS in FY20.



1,300

pregnant women enrolled in North Dakota's BMTFP between 2014 and 2020.



125

TTS were trained & are providing services at NDQC grantees in FY20.



3,285

tobacco users enrolled, on average, in NDQuits each year since 2011.



1 in 4

referrals to NDQuits go on to enroll in the program. This is the same as the national average of quitlines at 25%.¹³



1.16%

of North Dakota tobacco users were provided treatment by NDQuits in FY20. This is similar to the national average of quitlines at 1.19%.¹⁴

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do.

Seven months after enrolling in NDQuits, **30.8%*** of participants who received treatment **were quit from tobacco**. This is slightly above the national quitline goal of 30%.¹¹

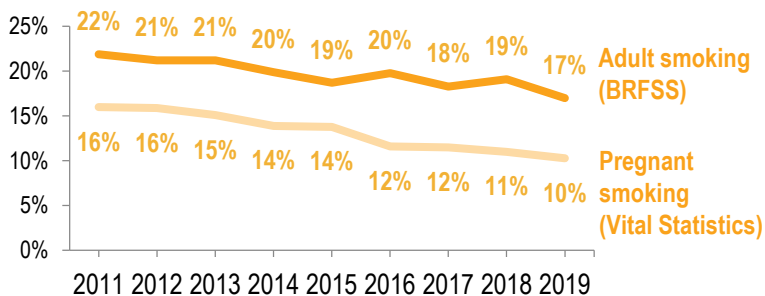
"[The] program really helps give confidence they believe in you when no one else does." – NDQuits participant

Pregnant smokers who enroll in the BMTFP have better birth outcomes than mothers in ND who smoked during pregnancy.

Through December 2019, BMTFP participants' babies had a **higher average birthweight** than the average birthweight reported by North Dakota mothers who had a baby in 2018 and reported smoking during pregnancy (7.5 lbs. vs. 7.1 lbs.).¹⁴ This is a difference of approximately 6 ounces.

"I had tried to quit smoking multiple times before and was unsuccessful. When I found out I was pregnant, I knew I needed to quit and stay quit for my baby. This program allows me to have constant support from others rather than trying to quit by myself...I have been smoke-free for two years now." – BMTFP participant

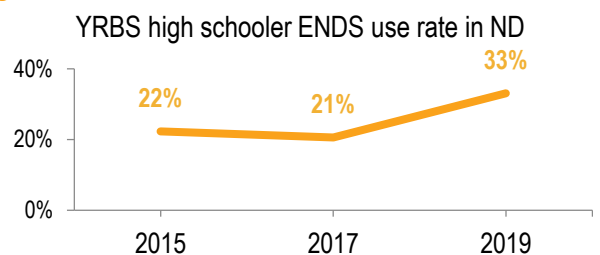
Though smoking rates have been declining, 17% of North Dakotans were still smoking cigarettes in 2019. One in ten pregnant women reported smoking during their first trimester in 2019.



While BMTFP in North Dakota has made a difference in higher average birthweights, the expenses to coordinate the program with the national BMTFP and in-state program support are high for the number of participants who can sustain a quit attempt. NDQuits has a pregnancy protocol that only enrolled 36 participants in FY20. Promotion of this protocol is an area of opportunity to continue helping pregnant women quit tobacco products.

Youth ENDS rates are an area of opportunity in tobacco cessation to reduce nicotine addiction.

NDQuits has a youth-specific program called **My Life, My Quit**, available to help youth under 18 quit ENDS and tobacco. Although 33% of high school students used ENDS in the past 30 days in 2019, only 23 youth enrolled in My Life, My Quit in FY20.



*The 95% confidence interval for the quit rate is 26.0%-35.5%. This quit rate is for December 2018-November 2019 enrollees.

Fiscal Responsibility

Tobacco prevention and control just makes sense. It is fiscally responsible to invest in efforts to prevent tobacco use initiation as well as to support tobacco users who want to quit.

Money and lives are saved from implementing evidence-based solutions.



"We want businesses to understand that the number two expense for most companies is healthcare and the biggest driver of healthcare expenses is smoking rates."



Quote by the United States Surgeon General Jerome Adams in 2019 at the Main Street Summit, Bismarck, North Dakota

Tobacco costs North Dakota much more than the revenue brought in by tobacco taxes.

Smokers do not pay for themselves with taxes. In fact, North Dakota brings in \$26.8 million annually from taxes on cigarettes and other tobacco, but tobacco use **costs the state more than twelve times that amount** (\$326 million annually).¹⁵

North Dakota's Century Code credits all revenue from the cigarette tax to the state General Fund (57-36-25 (2001)) with three cents distributed to incorporated cities based on population (57-36-31 and 57-36-32 (1993)). Funding for tobacco prevention and control is essential to implement programs that are based on evidence. These programs support cessation for those who want to quit and to prevent youth from starting to use tobacco. The time to fund tobacco has never been more urgent. With over half of North Dakota youth trying an ENDS device ([page 12](#)) and tobacco use exacerbating the length of hospital stays for tobacco users who contract COVID-19 ([page 36](#)), the costs of tobacco are high for the fiscal health of the state and for all North Dakota households.

The national estimate of smoking-related health costs and lost productivity is \$19.16 per pack of cigarettes¹⁵; North Dakota only collects a fraction of that to support costs of tobacco use to the state. North Dakota ranks **second to last in the nation** for its tax on tobacco products, putting the people of North Dakota at a disadvantage to combat the tobacco-related illnesses and lost productivity due to tobacco-related sickness or hospital stays.

\$0.44 per pack of cigarettes

28% of the wholesale purchase price for cigars and pipe tobacco

\$0.16 per ounce of chewing tobacco

\$0.60 per ounce of snuff

\$0.00 for any ENDS product

No tax or regulation of ENDS products in North Dakota means that the costs to the citizens of North Dakota using these products is unknown. ENDS and other nicotine products are being sold in North Dakota with little state regulation. Though these products contain nicotine synthesized from tobacco, North Dakota has no mechanism to track the number of products being sold, through which medium (stores, online, etc.), and to whom they are being sold.

Tobacco costs North Dakota \$326 million each year in smoking-related costs.

Nicotine addiction is expensive, starts young, and is tough to quit.

Smoking costs North Dakota businesses nearly \$6,000 per tobacco user each year.

Tobacco users take, on average, **six extra days of leave, take more breaks during the workday to smoke, and use more paid time off as compared to non-smokers.** Additionally, because tobacco use is harmful for nearly every organ in the body, it contributes to **multiple chronic conditions** such as heart disease, lung cancer, and stroke.¹⁶

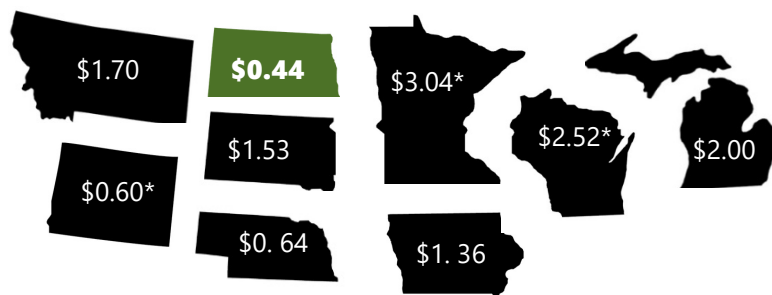
Nicotine is a highly addictive drug. Taxes on tobacco products are sometimes termed a “sin tax,” since tobacco initiation is sometimes seen as a personal choice. However, the main addictive ingredient in tobacco products, nicotine, is one of the most highly addictive drugs available. It is estimated that while 70% of tobacco users want to quit, **only 6% are ultimately successful** in staying quit. It’s widely known that quitting tobacco for good takes multiple attempts.¹⁷

Most users are addicted to nicotine by the time they are 18 years old.

Further, **nine out of ten smokers are addicted to nicotine by the age of 18 and 99% are addicted by the time they are 26 years old.** Brain development continues through the age of 25 and there is conclusive evidence that nicotine use in youth and young adults leads to changes in brain development related to attention, learning, and memory.¹⁸ In short, nicotine poisons the developing brain.

North Dakota’s tobacco tax is much lower than states in the region, and three of these states tax ENDS products.

The tax on tobacco in North Dakota is the second lowest in the United States and it does not include ENDS products. **The average state cigarette tax in the United States as of July 1, 2020 is \$1.82 per pack.** As shown below, North Dakota’s neighboring states all have higher taxes on tobacco, most by a substantial amount. Minnesota, Wisconsin, and Wyoming (indicated with an *) also passed state-level legislation that requires a tax on e-cigarettes. As of August 1, 2020, there are 25 states with this type of legislation.



Medicaid supports the cost effectiveness of tobacco cessation.

North Dakotans using Medicaid smoke at a higher rate than the general population.

Almost **40% of North Dakotans with Medicaid coverage smoke cigarettes** (39.1% or 18,017). This is **more than double** the rate of smoking in North Dakota overall (19.1%). Medicaid costs caused by smoking are \$56.9 million in North Dakota.¹⁵

Investment in cessation for North Dakotans using Medicaid is proven to be cost effective. A return-on-investment study found that **for every dollar spent on program costs, a \$2.12 return on investment to the Medicaid Program was realized** within one year of the benefits being used.^{19, 20} Tobacco cessation support by Medicaid has increased following evidence of the cost savings. Since the passing of the Affordable Care Act, Medicaid has covered cessation products such as Nicotine Replacement Therapy (e.g., patches, gum, etc.).

Starting on January 1, 2020 Medicaid made it even easier for North Dakotans to quit by covering all cessation medications (e.g., Chantix, bupropion) and removing the requirement for prior authorization from a physician. Providers are strongly encouraged to refer patients to NDQuits and/or to provide brief counseling to patients on how to successfully quit. **Since the coverage change, over 2,800 North Dakotans on Medicaid received a tobacco cessation medication and/or counseling visit.**

NDQuits helps Medicaid-insured tobacco users with their quit journey. During FY19, NDQuits served a high percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans with no insurance as compared to the state average.

19% of NDQuits participants were insured by Medicaid

28% of NDQuits participants had no insurance (compared to 18% statewide)

Opportunities exist to increase use of Medicaid benefits and to increase the cost savings. There are 46,081 adults in North Dakota who have Medicaid (American Community Survey 5-year estimates, 2018). Only 2,884 had a claim for medication or counseling, leaving an estimated 15,133 Medicaid smokers without any type of tobacco cessation support. Almost 20% of the \$326 million health care costs caused by smoking in North Dakota are paid by Medicaid. It is estimated that smoking costs Medicaid more than \$57 million (note that this estimate includes adults and children). This cost estimate was calculated by PDA in an ongoing analysis of Medicaid costs.

The NDDoH and the North Dakota Department of Human Services Medicaid Office have strengthened their collaboration. The agencies participated in a 6|18 Initiative Program from the CDC to establish a goal to allow the certified tobacco treatment specialists with a National Certificate of Tobacco Treatment Practice (NCTTP) to be recognized as Designated Providers for Medicaid. This will enable these providers to be reimbursed by Medicaid for outpatient counseling. Currently, there are at least 45 CTTS/NCTTP providers within the NDQC Grant Program.

COVID-19 has exacerbated the health and economic consequences of vaping and cigarette use.

"One worrisome impact of vaping during the COVID-19 pandemic, is that the symptoms of vaping lung injury mimic those of coronavirus."²¹
- Cleveland Clinic physician

Youth and young adults who vape or smoke are more likely to test positive for COVID-19. A recent study addressed the relationship between youth smoking and e-cigarette use and COVID-19.²² The results of this online, national survey of 13- to 24-year-olds found that **ever users of e-cigarettes were five times more likely to receive a positive COVID-19 diagnosis.** Ever dual users of e-cigarettes and combustible cigarettes were **7 times more likely to receive a positive diagnosis and 4.7 times more likely to have COVID-19 symptoms.**

Smokers are more likely to be hospitalized and have longer hospital stays due to COVID-19. North Dakotans who are **smokers have longer hospital stays** than North Dakotans who do not smoke. Looking at hospitalization data and comparing smokers and non-smokers who were hospitalized due to COVID-19:

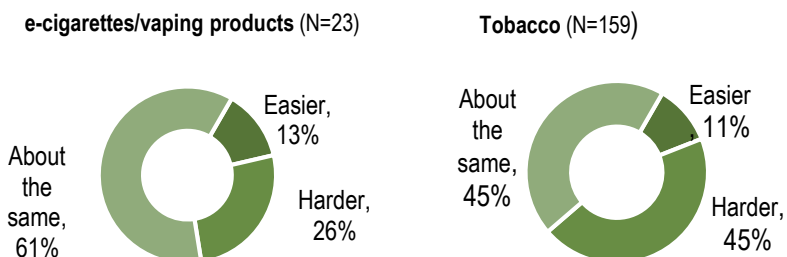
2.8% of COVID-19 cases who were not smokers were hospitalized

7.2% of COVID-19 cases who were smokers were hospitalized

The average length of time in the hospital for non-smoking North Dakotans hospitalized for COVID-19 was **6.08 days while that rises to 7.09 days** for patients hospitalized for COVID-19 who smoke. The average inpatient costs for a nonprofit hospital in North Dakota is \$1,980 per day for nonprofit hospitals and \$4,501 per day with for-profit hospitals.²³ Calculations based on a COVID expense study by FAIR Health brief estimates that there is an \$11,000 per day charge for a hospital stay for a COVID patient in North Dakota.²⁴

The COVID-19 pandemic appears to be affecting tobacco and ENDS users who use NDQuits in a variety of ways; while many are reporting no effect of COVID-19 on the challenge of quitting (or staying quit), others report quitting is harder, and a small number report quitting is easier.

Has the COVID-19 pandemic made it easier, harder, or about the same for you to quit/stay quit from:



COVID-19 led to a **fear of sharing tobacco products** and ENDS, as well as trying to use tobacco products less in order to **keep one's mask clean** ("I wear a mask almost everywhere I go now and I don't want it to stink and try not to smoke while wearing it").

With no regulation of ENDS products, there is no way to capture the true cost to North Dakotans. North Dakota youth have been active in asking their legislators to increase the price of and regulate ENDS to reduce youth initiation.

The ACS-CAN, TFND, and the state's LPHUs collaborated to host the 2019 North Dakota Day at the Capitol for Tobacco Prevention. Over 150 students and their advisors from across the state attended and received advocacy training, tobacco prevention policy training, and North Dakota Legislative process and protocols training. The students hosted their district legislators for lunch and chatted with them about tobacco prevention policy best practices and what they are seeing in their local schools and communities.



A news conference held, and speakers included student advocates, ND Legislators, TFND, and ACS-CAN.

The tobacco coordinator at Jamestown's Central Valley LPHU, brought two student advocates to the Capitol during the Interim Taxation Committee Hearing in January 2020 to provide testimony on ENDS from a student's perspective, sharing what they see in their school, and asking for an increase in the price of ENDS to keep kids from using these products.



Two students testify at the January 29, 2020 Interim Taxation Committee Hearing

There is extensive evidence that e-cigarette use increases the risk of using combustible tobacco – a cause for concern with over half of North Dakota youth having tried ENDS.

"I have been seeing, for the last year and half, these devices expand to a segment of the young population that would never have thought of smoking. Last year, for the first time, e-cigarette use surpassed regular cigarette use with youth."

~ Pat McKone, regional senior director with the American Lung Association of the Upper Midwest.

A Congressionally mandated report on the public health consequences of e-cigarettes was published in 2018 from the National Academy of Science, Engineering, and Medicine. This report found "substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults."²⁵

A study just released in the journal Addictive Behaviors found that **youth who tried e-cigarettes were seven times more likely to use combustible tobacco a year later.**²⁶

We know what works to curb nicotine use in youth and young adults – whether from ENDS or from combustible tobacco like cigarettes and cigars.

- Safeguard North Dakota's **comprehensive smoke-free air law**, which protects against secondhand smoke and toxins produced by vaping
- Continue to **strengthen Tobacco 21 laws** at the local level to clarify enforcement
- **Increase the tobacco tax** to be comparable to the United States and neighboring states, as well as include ENDS products
- **Increase funding** for tobacco prevention
- **Increase access to cessation programs**, particularly for those disproportionately impacted by tobacco



American Lung Association, Proven Policies to Prevent and Reduce Tobacco Use, <https://www.lung.org/research/sotc>

Recommendations



Recommendations

Use of ENDS is at epidemic levels for youth and young adults, though the true impact on North Dakota cannot be estimated until these products are regulated through inclusion in the tax code.

Nearly all ENDS products contain some level of nicotine, which is highly addictive, and some products (e.g., JUUL) use nicotine salt which makes the products less harsh and more addictive. Further, research out of North Dakota State University (NDSU), supported by the TPCP, collected samples from all of North Dakota's shops that sold ENDS at two different time points (2015, 2019) revealed that the labeled ingredients of ENDS, including nicotine, are incorrect the majority of the time. This is consistent with research nationally which is increasingly pointing to a growing list of harmful ingredients, including nicotine, that are likely to lead to intermediate and/or long-term health effects. Three localities in the state have passed restrictions around flavored ENDS products, which are most likely to appeal to youth and young adults. North Dakota should join the 25 other states in the nation who tax ENDS products and regulate their content to protect the citizens of their states.

North Dakota has made significant progress in building systems that support evidence-based cessation support for North Dakotans wanting to quit nicotine of any form. Consider how to coordinate and deepen these multiple systems and programs to ensure all North Dakotans have access to cessation resources.

There are even more cessation resources available to North Dakotans in this biennium, as compared to 2017 – 2019. This has been a major point of success for the TPCP and the distribution of the types of cessation support is visualized on the map on [page 31](#). There are opportunities for grantees and LPHUs, which are a network of support throughout the state, to expand cessation resources, especially in regions with relatively higher levels of tobacco use. Further, the health systems work, as it continues to expand, might consider deepening relationships and buy-in from hospital administration to ensure long-term sustainability of the work that many NDQC grantees have been building for many years. Nicotine dependence is a serious, expensive, and large-scale problem and it takes multiple partners working in a coordinated, integrated manner to ensure strong cessation resources continue to be available across the state.

North Dakota TPCP has shown effectiveness in expanding cessation resources at a systems level; Medicaid users are twice as likely to be addicted to nicotine and they now have easier access to nicotine replacement therapy. The TPCP should continue to work with Medicaid and other partners to sustain tobacco control work and deepen research.

Given that tobacco is the leading cause of preventable death for North Dakotans, and despite reductions made to tobacco prevention and control funding over the last two bienniums, the TPCP has shown deep commitment to this work. For example, the NDDoH and Medicaid have deepened their work together to better reach Medicaid users through state-level policy changes. There are still 15,133 Medicaid smokers not utilizing the available tobacco cessation support (medication or counseling). Further, NDQuits served a higher percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans without insurance as compared to the state average.

Recommendations (continued)

There are serious disparities in tobacco use in some populations in the state; engagement to reach these populations is essential and North Dakota has taken important steps in the biennium to ensure resources are prioritized to reach these individuals.

In addition to the partnership with Medicaid, the TPCP has started to engage with American Indians in a new way. A new partnership with the public health program at the UND has Native Americans doing the work with North Dakota's four tribal nations and building tribal capacity to address nicotine dependence. There are opportunities to strengthen utilization of the NDQuits special protocols, to develop innovative ways to reach pregnant smokers and vapers in the state as the BMTFP is discontinued, and to engage with tobacco users in frontier and rural areas of the state. The broad education and awareness throughout the state, supported by coalitions and health communications, can build support for policies and educate on the obstacles faced by priority populations.

Building authentic youth engagement is an emerging area; during the 2019 – 2021 biennium some key activities were conducted to expand work with youth and young adults and youth leaders have emerged as new and powerful voices.

During the biennium, the YAS was expanded to two locations in 2019 and during 2020 moved forward in a virtual format due to COVID-19. The Break Free brand was developed in 2019 and throughout the biennium there were multiple venues and ways in which youth used their voices to educate and ask for improved tobacco policies, and to keep the comprehensive smoke-free air law in place. Youth engagement creates new leaders, and youth are an essential partners in prevention and control because they can educate peers on the harm of tobacco (and especially ENDS), mobilize youth and adults to take action, and they are savvy with social media and raising awareness.

Funding for broadcast media is a cost-effective strategy in North Dakota, and North Dakota specific ads are the most effective in motivating people to call NDQuits.

As funding for tobacco prevention and control was reduced by 42% in the 2017 biennium, and then reduced again in the 2019 biennium, the resources available to implement this proven strategy severely limit the program's ability to continue this strategy. The campaigns that were launched, such as Quit Week, were highly effective in increasing calls to NDQuits and raising awareness. Having limited resources to create North Dakota-specific broadcast ads, a cost-effective strategy, impacts the effectiveness of tobacco control in the state.

Continue to use data to drive decision-making, to maintain increased transparency of evaluation and research findings, and to further engagement of the TPCP partners in using this information to move forward the State Plan.

During the 2017 – 2019 biennium the TPCP was built as a diverse group of state and national partners; the building blocks developed in the last biennium were deepened during the current biennium. Numerous examples of national dissemination of North Dakota's work occurred (see Appendix D) and engagement continued of the partners despite the challenges of COVID-19. The data emerging from the two public health threats during this biennium only deepen the importance of tobacco prevention and control. The TPCP should continue to have evaluation as a partner at the table so the evaluation priorities can remain flexible and responsive to programmatic changes and the work of the partnership.

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Appendices



Supporting Documentation and Details

p.48 A. What is the TPCP? Who does the work?

p.51 B. Evaluation approach and methods

p.54 C. Progress on the State Tobacco Plan

p.58 D. National dissemination of North Dakota's tobacco control efforts

p.61 E. Testimonials from participants in the TPCP cessation programs

A. What is the TPCP? Who does the work?

The Tobacco Prevention and Control Partnership is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state.

Backbone of the TPCP

The North Dakota Department of Health facilitates and is responsible for the administrative functioning of the TPCP. This includes convening meetings of state and national partners quarterly; contracting with media, evaluation, and legal/policy training and technical assistance; and managing grantees at local public health units and at hospitals and health systems around the state.



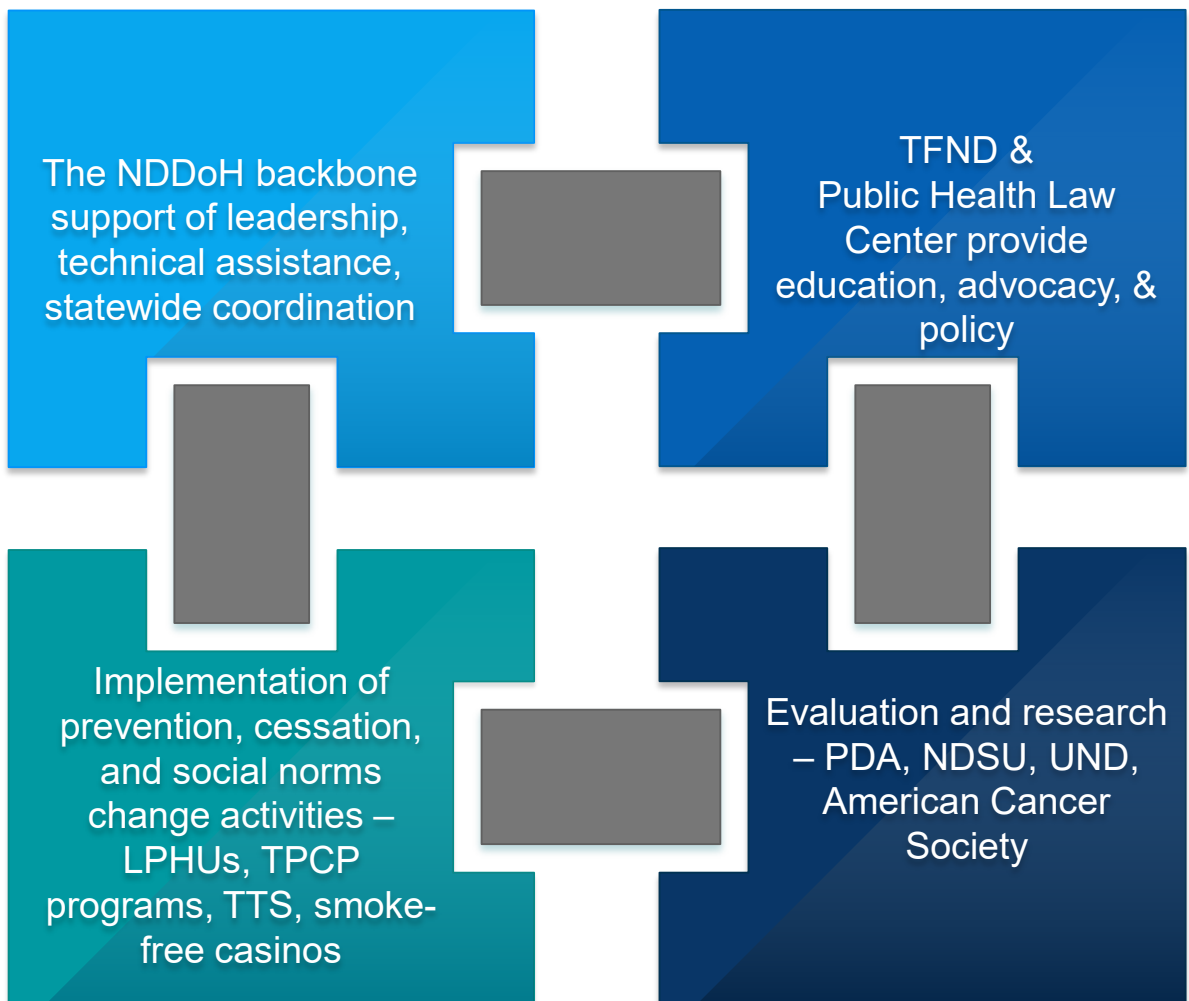
Pictured, left to right: Clint Boots (NDDoH), Neil Charvat (NDDoH), Kara Hickel (NDDoH), Kara Backer (NDDoH), Stan Glantz (University of California-San Francisco), Abby Erickson (NDDoH), Kelly Buettner-Schmidt (NDSU), Mylynn Tuft (State Health Officer at the NDDoH until May 2020).

TPCP Partners

Over 50 partners coordinate to implement the comprehensive tobacco prevention and control activities. The four goals of the TPCP are:

1. Prevent initiation of tobacco use among youth and young adults
2. Eliminate exposure to secondhand smoke
3. Promoting quitting tobacco use
4. Build capacity and infrastructure to implement a comprehensive, evidence-based tobacco prevention and control program.

The strategies to achieve these results are detailed throughout this report and in North Dakota's Comprehensive Tobacco Prevention and Control State Plan (see [Appendix C](#)), in coordination with the following partners:



B. Evaluation approach and methods

Methods in this section are included specific to the development of this synthesis report, as well as a brief summary of analyses that were conducted for specific project evaluations (and that are fully described in a separate report). PDA takes a utilization-focused approach to the evaluation, identifying the intended use of the evaluation by stakeholders and then keeping that intended use front and center throughout the evaluation process.

Approach to synthesizing the evaluation and surveillance data for this report

Who is PDA?

PDA is an evaluation and statistical consulting firm that has been conducting evaluation and research for over 35 years. The focus of PDA's work for the past two decades has been to work with states across the United States to evaluate tobacco control and prevention; PDA has been serving as the external evaluator for some or all of North Dakota's tobacco control work since 2012.

THE PDA team that contributed to this report includes:

[Melissa Chapman Haynes](#), Director of Evaluation

[Kate LaVelle](#), Senior Evaluator

[Sam Friedrichsen](#), Statistician

[Sara Richter](#), Senior Statistician

[Audrey Hanson](#), Associate Evaluator

[Lily Dunk](#), Associate Statistician

[Alyce Eaton](#), Evaluator

Overall approach

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.

How was information identified and synthesized for this report?

The PDA team started to identify key findings over the biennium in May 2020. The findings were compiled into an internal document and three themes were identified to organize the findings: innovation, community-focus, and fiscal responsibility. A face sheet was developed to identify and communicate the purpose of the report, the intended audiences, and the timeline. This was shared with the NDDoH and some additional data sources were identified for inclusion.

Over the later months of 2020, the PDA team conducted additional analysis as needed, including analysis of new data from Medicaid and an ongoing, multi-year comparative case study of local policy work over the past three years. PDA also conducted some targeted literature reviews to ensure the newest research was incorporated in this report, particularly on ENDS and vaping.

Within the three themes that organized this report, PDA identified three to five key findings within each theme. These findings included both successes as well as areas of opportunity.

A major purpose of this evaluation is to track and report on progress on the goals of the State Plan. Some of these goals are monitored quarterly, and progress is reported at least annually to the TPCP partners. The progress to date on the State Plan goals are visualized and detailed in [Appendix C](#).

Methods for specific program evaluations within PDA's comprehensive evaluation work

Full methods are found in reports that are under a separate cover. See [page 7](#) for a list of the reports that are publicly available on the NDDoH's website.

NDQuits. The primary datasets used to inform this evaluation include data extracts produced by the quitline vendor National Jewish Health: referral data, intake data, as well as follow-up survey data collected by Wyoming Survey & Analysis Center (WYSAC). In addition, PDA used surveillance results to interpret NDQuits results in light of overall trends. Specifically, PDA uses results from the Behavioral Risk Factor Surveillance System (BRFSS) and the North Dakota Adult Tobacco Survey (NDATS). Finally, PDA uses results from the North American Quitline Consortium (NAQC) annual survey as a way to understand North Dakota's results as compared to other quitlines in the United States.

NDQuits Cessation (NDQC). PDA hosts a secure, online reporting tool for the NDQC grantees to submit annual planning documents and quarterly reports. To collect the data for the quarterly progress reports, each NDQC grantee receives a link to the online data collection tool that is unique to their site. Data entry completeness and consistency is monitored, and regular updates are sent to the NDDoH. Each quarter when the data is collected, any data discrepancies are resolved through a quality assurance process. PDA then creates the individualized dashboard reports that show grantee accomplishments and program trends. The dashboard reports are specific to each grantee, highlighting data and trends unique to that grantee while also providing an overview of the data trends for the whole NDQC Program. Data from the planning document is also incorporated so grantees can monitor their progress towards their goals throughout the year. These reports are sent to the NDDoH and distributed to grantees.

BABY & ME – Tobacco Free Program (BMTFP). There are multiple data sources utilized for this evaluation. The primary source of information is appointment data for each participant that is collected by BMTFP grantees

and is recorded and entered into an online database called EvalForms. This database was launched in May 2019 to ensure accurate data collection. It is hosted and managed by PDA.

In addition, infant birthweight and mothers' gestational age data at the state level were obtained from North Dakota's annual Vital Statistics data. Finally, quarterly national calls and grantee materials (workplans, etc.) present information about participants' utilization of the program and program outcomes, which inform a larger understanding of the grantees' work.

Local Public Health. PDA maintains and updates a quarterly online tracking and reporting system to document Local Public Health Unit (LPHU) activities including: policy interventions (i.e., smoke-free multi-unit housing, tobacco-free business grounds and public places, and comprehensive tobacco-free schools), youth engagement work, retail tobacco point-of-sales activities (e.g., compliance checks), and education initiatives. From these quarterly reports, PDA creates quarterly dashboards to document collective progress of the LPHUs toward meeting objectives of the State Plan. Quarterly dashboards are combined with qualitative LPHU success stories and disseminated to the NDDoH, LPHUs, and TFND quarterly.

Health Communications. PDA conducted multiple linear regression to assess the relationship between NDQuits media investment, NDQuits broadcast TV Targeted Rating Points, and NDQuits digital impressions with incoming calls. The number of NDQuits registrations were examined by week from July 2013 – June 2020. The media data was obtained from Odney and examined weekly from July 2012 through June 2020. Finally, data was obtained from CDC on the Tips campaigns placed in North Dakota.

C. Progress on North Dakota's State Tobacco Plan

North Dakota was one of the first seven states in the United States to have a strategic, state-level plan, over 30 years ago. This plan coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature. The 2019 – 2021 North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a living document that is periodically reviewed, modified, and updated throughout the biennium.

In this section, progress on each goal of the State Plan is detailed. Approximately half of the goals have been met.



Progress on North Dakota's State Tobacco Plan

The following data represent the cumulative progress towards the 2019-2021 biennium goals through September 2020. **Blue bars indicate the goal has been met.**

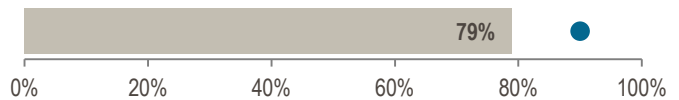
● State goal ◆ National average

Goal 1: Prevent the initiation of tobacco use among youth and young adults

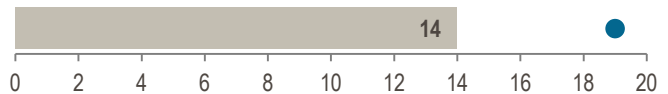
Objective 1.1: Increase price of tobacco products by the minimum amount necessary to effectively lower health impacts. Current tax rate is 44 cents.



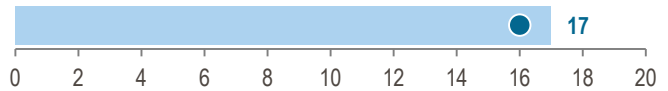
Objective 1.2: Collaborate with local education areas (LEAs) to adopt the NDDoH and North Dakota School Board Association comprehensive model tobacco-free school policy. Goal: 90% of LEAs covered.



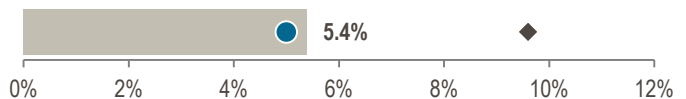
Objective 1.3: Collaborate with college campuses to adopt tobacco-free grounds policies. Goal: 19 colleges with tobacco-free grounds policies.



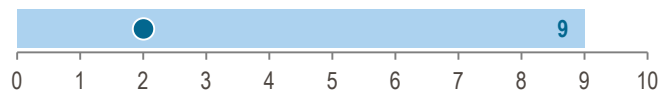
Objective 1.4: Engage youth in tobacco control efforts. Goal: 16 local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing. This number reported is for FY20 Quarter 1.



Objective 1.5: Reduce the percentage of retailers selling tobacco products to minors as determined by the Synar program to 5% or lower.*



Objective 1.6: Increase the number of local community promising practice policies/ordinances to reduce youth tobacco product initiation to 2.



*State average from Synar 2020; national average from Synar 2018.

Goal 2: Eliminate exposure to secondhand smoke

Objective 2.1: Eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

National partner, ACS-CAN and state partner, TFND, collaborated to educate on the importance of the 2012 law.

Objective 2.2: Prevent preemption in all North Dakota state tobacco prevention and control laws.

Desmond Jenson from the Public Health Law Center presented on pre-emption at both ENDS Summits. Also, TPCP partners attended the National Conference in Minneapolis in September 2019, where multiple presentations addressed preemption.

Objective 2.3: Increase number of smoke-free multi-unit housing to 20,000 housing units.



Objective 2.4: Increase the number of smoke-free policies and laws in casinos not covered by the ND Smoke-Free Law to five policies.

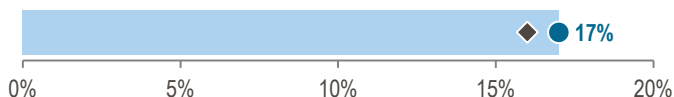


Objective 2.5: Increase the number of smoke-free policies in outdoor areas (including workplace grounds) not covered by the ND Smoke-Free Law to 250 policies.

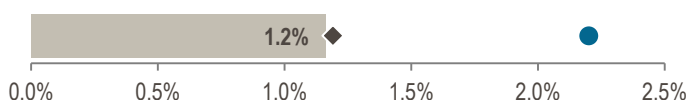


Goal 3: Promote quitting tobacco use

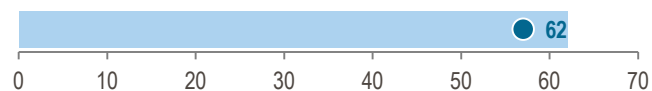
Objective 3.1: Decrease the percent of North Dakota adults who are current smokers to 17%.



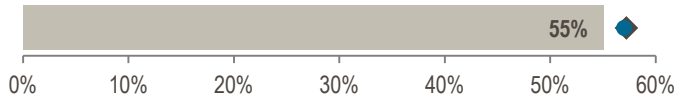
Objective 3.2: Increase the reach of NDQuits to 2.2%.



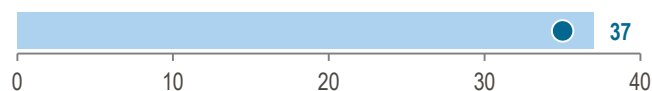
Objective 3.3: Increase the number of health care settings using the systems approach to 57.



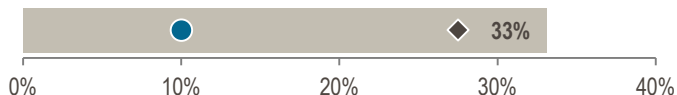
Objective 3.4: Increase the proportion of adults making quit attempts to 57%.



Objective 3.5: Increase the number of health systems and community organizations working to target special populations to 35.



Objective 3.6: Decrease the percent of North Dakota high school students who used ENDS products at least one day in the last 30 days to 10%.**



**State average from Youth Behavior Risk Survey 2019; national average from National Youth Tobacco Survey 2019.

Goal 4: Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program

Objective 4.1: 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*.

The NDDoH is not funded at CDC-recommended levels; the administrative structure of the staff is strategically prioritized to maximize the impact possible with the current resources. The State Plan has been responsive to incorporating emerging issues, such as ENDS.

Objective 4.2: 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*.

The TPCP partners were engaged in strategic planning efforts during May 2019 and again during the October 2019 quarterly partners meeting. Funding is provided to key partners to implement the State Plan activities in a manner that utilizes CDC-approved training resources and CDC Best Practices.

Objective 4.3: 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.

The health communications efforts are coordinated through two campaigns, NDQuits and BreatheND, in partnership with a North Dakota-based media contractor, Odney. Creative efforts were made to deliver strategic and targeted messages through earned and paid media. For example, TFND developed materials around ENDS that can be modified for local contexts. Further, the TPCP collaborated to place a high-impact cessation campaign called Quit Week in May 2020. During Quit Week, there were 18 more enrollments in NDQuits than the average for the past 12 weeks.

Objective 4.4: Maintain the North Dakota comprehensive statewide surveillance and evaluation plan.

This goal is met through coordinated, complementary efforts by epidemiological staff at the NDDoH and an external evaluation contractor. The external contractor maintains a comprehensive evaluation plan, annually evaluates NDQuits and other, funded tobacco programs and grantees. These reports, along with surveillance tables maintained by the tobacco epidemiologist at the NDDoH, are publicly available the NDDoH's website.

Objective 4.5: Maintain sustainability efforts for tobacco prevention and control in North Dakota.

The TPCP partners coordinate the work of the State Plan through quarterly partners meetings, multiple workgroups, and innovate activities such as the ENDS Summits. The progress on the State Plan was shared with TPCP partners by the external evaluation contractor in October 2019, July 2020, and then to a broad audience in this report.

D. National Dissemination of North Dakota's Tobacco Control Work

An important part of the TPCP's work is to share innovative work with researchers and practitioners around the tobacco control and prevention work happening in North Dakota. During the biennium, this included peer-reviewed research, national conferences, and case study recognition.

Peer-Reviewed Publications

Buettner-Schmidt, K., Muhlbradt, M., & Brierly, L. (2021). *Why not Minot: The battle over North Dakota's first smoke-free ordinance*. In D. J. Mason, Dickson, E., McLemore, M.R., Perez, A. Policy and Politics in Nursing and Health Care (8th ed., pp. 555-561). Saunders. (Invited).

Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in rural tobacco use, smoke-free policies, and tobacco taxes. *Western Journal of Nursing Research*, 41(8), 1184-1202. <https://doi.org/10.1177/0193945919828061> (Invited manuscript).

Case Study Recognition

Organization Highlighted

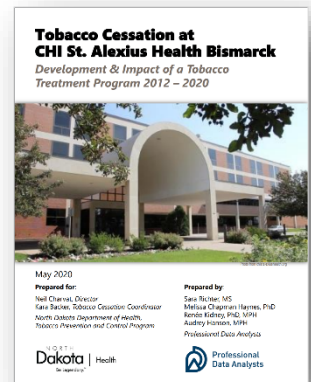
Family HealthCare
Fargo, ND
September 2020

Description

Family HealthCare was highlighted in the American Pharmacists Association's "Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions" as one of seven pharmacy practices across the nation engaged in tobacco cessation in meaningful and promising ways. https://www.pharmacist.com/sites/default/files/audience/APhAPromisingPracticesTobCess_web_2020.pdf

CHI St. Alexius Health
Bismarck, ND
September 2020

CHI St. Alexius Health was one of the first NDQC grantees and has helped shape that program. A case study examining their history establishing a strong tobacco treatment program was conducted. In September 2020, the Tobacco Control Network featured this case study in its bi-weekly newsletter. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/ND_QC_FY20_CHI-St_Alexius_Health_Case_Study.pdf



Presentations

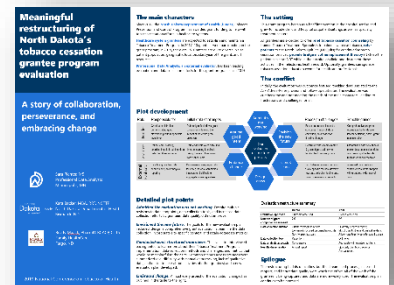
National Conference on Tobacco or Health

August 2019 | Minneapolis, MN

Melissa Chapman Haynes (PDA) gave an oral presentation entitled **“Contributions of surveillance and evaluation to sustainability of tobacco programs”** featuring the unique ways North Dakota has leveraged partnerships to expand their tobacco control and prevention program amid budget cuts.



Sara Richter (PDA), Kara Backer (NDDoH), and Brody Maack (Family HealthCare) presented a poster entitled **“Meaningful restructuring of North Dakota's tobacco cessation grantee program evaluation”** demonstrating the benefits of change and effectiveness of collaborative evaluation.



American Association of Respiratory Care Congress

November 2019 | New Orleans, LA

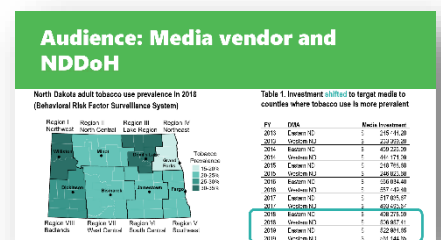
Michelle Earl (Altru Health System) gave an oral presentation entitled **“Brief interventions for respiratory therapists to treat tobacco use”** reviewing tobacco products, their effects on health, and how respiratory therapists can implement and maintain a Tobacco Treatment Program.



CDC Office on Smoking and Health Leadership & Sustainability School

August 2020 | Virtual seminar

Six PDA staff members facilitated a seminar entitled **“Communicating evidence and opportunity”** which focused on communicating evaluation processes and results as well as data visualization best practices. Many examples from North Dakota were used as exemplary cases.



E. Testimonials from TPCP Cessation Programs

North Dakota's TPCP has three cessation programs: NDQuits, the NDQuits Cessation Program, and the BABY & ME – Tobacco Free Program. Testimonials from various perspectives are regularly gathered and shared in quarterly reports, social media posts, and emails to grantees. Selected testimonials are provided in this appendix to showcase voices of participants, Tobacco Treatment Specialists, and the NDQuits coaches.

NDQuits testimonials

NDQuits Coaches

"You have to actively interrupt the behavior of quitting. That's what we are here to talk about when you call NDQuits."

- NDQuits coach

"Quitting is a challenge. It can be a scary feeling to quit, but that is a normal reaction. Just remember, it's never too late to change the rest of your life."

- NDQuits coach

NDQuits participants who successfully quit

"I quit within three weeks of starting with NDQuits. I felt like if I was going to break down and open a pack of cigarettes, somebody would be there for me. The support was there."


- NDQuits success story

"Very impressed with it and very grateful for the call backs and the people were very patient. I think it's a really great program. I'm 64 this year and started when I was 11. It was one of the hardest habits I had to quit and for my health I had to quit."

- NDQuits participant

"It gave me a positive energy to quit, to stay quit. Visiting with you guys once every two weeks helped, the text messages and all that helped."

- NDQuits participant



"NDQuits helped me quit and my counselor called once a week. Without this help, I couldn't have done it."

- NDQuits participant

Nicotine dependence is hard to quit

"I feel like the program wasn't long enough. I relapsed - I was 4 months in and couldn't keep going without. I felt kind of confident and I wasn't 100% convinced."

- NDQuits participant

"I think it has been an awesome program, I have used it several times, and this time it worked."

- NDQuits participant

NDQC Program testimonials

Testimonials from the TTS

"Our biggest accomplishment this year was speaking at the National Respiratory Convention in New Orleans in November. I continue to have people reach out to me from all over the country asking questions and for advice with starting their program."

- Michelle Earl from Altru

"Enjoy the progress! Progress looks different for every patient, so use the progress that you notice to help motivate you and your patients on their tobacco cessation efforts."

- Heartview Foundation

"Outstanding work with the [Quit Week] campaign which engaged others in our health system other than TTS staff."

- Coal Country Community Health Center

Patient testimonials

"Thought you might like to know that I've already gone past my 1 yr. goal of no smokes. Not sure if you can see my quintet keeper, but it is over 7500 not smoked, and a savings of just about \$2100.00!!!!!"

"We saw a patient and she had been working on quitting on her own but was still struggling. After our visit, the patient felt that our counseling really helped motivate her to cut out those last few cigarettes."



Telehealth

"In the past an older male had 'stuck with the program' for a few months, but ultimately just gave up blaming the instability with his mental health. With the availability of telehealth and virtual visits, he is finally down to smoking max of 1 pack per day down from his previous 2.5. He is using NRT and Chantix and is really working hard to achieve a goal of cessation. His last few visits have been very positive and he has started talking about when he is completely quit. The frequent virtual visits have helped keep him on track and helps him keep his anxiety down by not coming into a health care facility."

- Essentia Health

"Overall, telehealth has been a positive experience due to providing access to patient care for patients not previously able to easily come to the clinic due to various issues (transportation, financial, etc.)."

- Family HealthCare

BABY & ME – Tobacco Free testimonials

Participant perspectives

"This program taught me about all the harmful chemicals that are in tobacco while providing positive encouragement to quit. I no longer have a nagging cough and have more energy to be active with my children."

- Magan W., program participant

"Receiving the diaper vouchers impacted the way I thought about things! One cigarette and starting back over is not worth anything my daughter needs."

- Jayme F., program participant

"The best part about quitting was improving my health and the money I was able to save for me and my son. Plus, what I've learned I've passed on to others."

- Shelby L., program participant

Provider perspectives

"She has been tobacco free for 612 days, has not smoked 5100 cigarettes, and has saved \$1785.00!"

"Her health is a motivator along with wanting the baby to be healthy. Has had family members die from complications related to their tobacco use and wants to have a different future ahead of her. Participant is 10/10 confident that she will remain tobacco free through pregnancy."



"I am so grateful I chose to quit. I have not had one cold sore, cold, or even a sniffle since I quit smoking. My immune system has been great, and I truly believe it is all because I quit smoking!"

-Bretta

Bretta got help quitting from NDQuits and the BABY & ME – Tobacco Free Program after smoking for ten years. Here is her advice for smokers:

"I recommend quitting smoking to everyone, especially soon-to-be moms! If you do not think you can do it on your own, definitely utilize the options provided by your doctor and the NDQuits program! Having a good support system, along with the tools the hospital and the NDQuits program provide, I am determined that anyone will be able to quit, but you have to really want it! Do it not only for yourself but most importantly, your precious baby!"

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/12/2021 am
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 8:32 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Department of Health
- Strategic Plan
- Public Health Infrastructure
- Guiding Principles

Dr. Joshua Wynne, UND, Health Strategy Group (8:34 am) testified #8889

Brenda Weisz, CFO, North Dakota Department of Health (9:17 am)

testified #8952

Chair Nelson closed the meeting at 10:13 a.m.

Cole Fleck, Committee Clerk

2021 NORTH DAKOTA STRATEGIC PLAN FOR HEALTH

**BECOMING THE HEALTHIEST #8889
STATE IN THE NATION**

March 2021

2021 NORTH DAKOTA STRATEGIC PLAN FOR HEALTH

North Dakota becomes the **healthiest state in the nation** by strengthening the state's public health infrastructure and becoming more responsive to and supportive of North Dakotans' overall health.

"Do better things, instead of just doing things better."



Process for Developing the Strategic Plan

- Engaged a team of state leaders and public health experts to form the Health Strategy Planning Group (HSPG)
- Engaged the consulting firm Health Management Associates to assist us
- Interviewed about a dozen national leaders in the fields of public health and health promotion
- Interviewed local leaders involved in health promotion and delivery as well as other important local stakeholders including legislators and representatives from the Departments of Human Services and Health
- Formed focus groups of local leaders to develop the specifics of the Plan based on the foundational concepts that were established

GUIDING PRINCIPLES

These **guiding principles** shaped the development of the Strategic Plan for Health goals and objectives:



Thriving

We **aim** for North Dakotans to live life to its fullest for as long as possible.



Collaboration

We **believe** that positive outcomes are best achieved when people, systems, and communities work together.



Wellness

We **uphold** health as being a broad definition of wellness, rather than the absence of disease.



People and Community

We **support** a multi-level perspective that focuses on individuals and the larger communities they call home.



Accountability

We **prioritize** informed interventions that are measurable and demonstrate progress toward goals.



Sustainability

We **recognize** that success requires sustained, long-term focus that is monitored and evaluated.

NORTH DAKOTA STRATEGIC PLAN GOALS

Using the guiding principles and research conducted, the HSPG identified three goals. The planning process included opportunity for input and feedback from North Dakota stakeholders who represented diverse sectors, demographics, and geographic regions across the state.



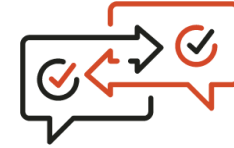
Goal 1

Support State and Local
Health-Conscious Policy and
Data-Driven Decision Making



Goal 2

Expand Statewide **Public**
Health Expertise and
Leadership Capacity



Goal 3

Enhance Cross-Sector
Collaboration and
Integration



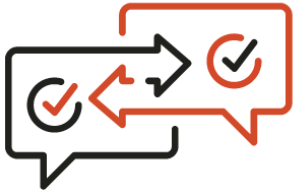
GOAL 1: Support State and Local Health-Conscious Policy and Decision-Making

- Being the healthiest state in the nation requires **understanding the health impacts of state and local policies across all sectors (has been called a “health in all policy” approach)**.
- This **population health approach** helps policy makers and program leaders identify how policies may affect community and individual health.
- A **comprehensive understanding of community needs** allows policy makers to better evaluate a policy’s impact on the health of people who live and work there.
- Informed policy decision-making **supports individuals to live life to the fullest for as long as possible** in thriving communities.



GOAL 2: Expand Statewide Public Health Expertise and Leadership Capacity

- Being the healthiest state in the nation means **supporting current health leaders and developing new health leaders** to ensure they have the knowledge, skills, and tools to guide the state toward this vision.
- North Dakota needs **more experienced and expert health leaders at every level and across all sectors**, including state and local government, in private industry, and in non-profit organizations to build thriving communities where individuals and families can live life to its fullest for as long as possible.
- **All North Dakotans have the ability to become leaders** in their own lives and communities to advocate, promote, and achieve positive health goals.



GOAL 3: Enhance Cross-Sector Collaboration and Integration

- All North Dakotans **deserve to be able to access health and social services in the most efficient and effective ways possible**. It is important to remove barriers and create incentives for collaboration across both public and private health and social service systems to better meet individual and family needs.
- North Dakota has systems and institutions that serve to promote the health and well-being of North Dakotans and their communities. This Plan will help **strengthen efficiencies and collaboration across systems and institutions** to align the work of Tribal units, government (state and local), universities, private entities, and others to achieve these common goals.

Next Steps: Calendar 2021

- Oversee and support the legislative budget process
 - Request \$3M to initiate the Strategic Plan for Health (see following slides)
- Expand and diversify stakeholder engagement
- Establish sustainable governance structure and management of the Plan
- Design system of oversight and evaluation, including metrics
- Execute communication strategy

North Dakota's Strategic Plan for Health - Potential 2021-23 Biennium Deliverables

- Analyze the estimated impact on community health and healthcare-related spending from legislation to use a **"Health-In-All Policy"** approach.
 - Could provide a conceptual framework for giving legislators actionable data and information as legislation is considered for the 68th Legislative Assembly and beyond.
- Determine the optimal methodology to address **childhood obesity** in North Dakota.
 - Implement a pilot program to demonstrate its efficacy.
 - Create a model that could be replicated and scaled across the state.
- Expand the nascent **school behavioral health program** to other target communities throughout the state.

North Dakota's Strategic Plan for Health - Potential 2021-23 Biennium Deliverables

- Partner with specific critical access hospitals to pilot expanded use of **community health workers** to improve population health and reduce health-related expenditures.
- Optimize the interaction and coordination of the **North Dakota Department of Health and local public health units** throughout the state.
- Develop effective metrics to measure the outcomes of state programs that address health issues.
 - Create a **dashboard** to monitor the progress of those programs.
- Identify best practices to address specific **social determinants of health** and develop metrics for each initiative.
 - Implement pilot programs to gauge the effectiveness of the initiatives in practice.

North Dakota's Strategic Plan for Health - Potential 2021-23 Biennium Deliverables

- Develop a **communications strategy** to engage North Dakotans in the quest to become the healthiest state in the nation through personal ownership of their health determinants.
- Partner with the North Dakota University System and various health care provider enterprises to expand and improve **virtual health care delivery**.
 - Include telemedicine and other forms of virtual care.
 - Focus on rural, Tribal, and other underserved communities.
- Identify and implement ways to **better coordinate consumer points of access** to services and supports provided by state agencies.
- Analyze **public health workforce, leadership, and resource needs** and develop a prioritized plan to respond to those needs.

North Dakota's Strategic Plan for Health - Potential 2021-23 Biennium Deliverables

- Enhance **collaboration with research universities** to:
 - Achieve economies of scale
 - Reduce duplication
 - Optimize population health programing
 - Inform and improve public health preparedness
- **Bring together, enhance, and scale existing health programs and resources,** with the goal of reducing duplication and improving health. Examples of initiatives that may be considered include:
 - Blue Zones
 - Game and Fish
 - Parks and Recreation
 - Other local efforts

2021 NORTH DAKOTA STRATEGIC PLAN FOR HEALTH

North Dakota becomes the **healthiest state in the nation** by strengthening the state's public health infrastructure and becoming more responsive to and supportive of North Dakotans' overall health.

"Do better things, instead of just doing things better."





Questions?



ND Department of Health #8952
SB 2004
House Appropriations Committee - Human Resources Division
History of Funding for Local Public Health

DESCRIPTION	2007-09	2009-11	2011-13	Biennium 2013-15	2015-17	2017-19	2019-21	Executive Budget 2021-23	Senate Budget 2021-23
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	4,725,000	4,725,000
Community Health Trust Fund								525,000	525,000
Tobacco Prevention & Control Trust Fund						2,000,000	525,000	-	-
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	5,250,000	5,250,000	5,250,000
TOBACCO PREVENTION & CONTROL GRANTS									
Tobacco Prevention & Control Trust Fund						6,500,000	6,500,000	5,853,000	6,250,000
General Fund	#	#	#	#	#	-	-	-	-
Total						6,500,000	6,500,000	5,853,000	6,250,000
COVID 19									
COVID 19 CARES Funding - Task Force Efforts							10,140,386		
COVID 19 CARES Funding - LPH							30,000,000		
COVID 19 Funding - General Fund								1,361,000	-
COVID 19 Funding - Federal ELC Grant								3,639,000	5,484,704
COVID 19 Funding - Community Health Trust Fund								5,000,000	4,515,296
Total							40,140,386	10,000,000	10,000,000
NOTE: COVID 19 CARES Funding LPH - \$20 million allocated for March - December, 2020. \$3.167 million of the initial \$20 million was unspent. \$5 million allocated for Jan - June, 2021. An additional \$5 million of CARES funding will be allocated to LPH in approximately March 2021.									
Total Overall Funding to LPH	\$ 1,900,000	\$ 2,400,000	\$ 3,000,000	\$ 4,000,000	\$ 4,250,000	\$ 11,750,000	\$ 51,890,386	\$ 21,103,000	\$ 21,500,000
<i># - Funding previously provided from the Tobacco Prevention and Control Executive Committee</i>									

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/15/2021 am
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 9:00 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Public testimony
- Tobacco Free ND
- First District Health Unit
- Veterinarian Loan Repayment Program (VLRP)

Heather Austin, Executive Dir, Tobacco Free ND (9:01 am) testified #7425 #7426

#7427

Mary Korsmo, Exec Dir (9:16 am) testified orally

Lisa Clute, Exec Dir, First District health Unit (9:17 am) testified #9044

Erin Ourada, Administrator, Custer Health (9:37 am) testified orally

Bleaux Johnson, ND Veterinary Med Association (9:47 am) testified #8976

Bill Kalonick, EMS Association (10:22 am) testified orally

Julie Ellingson, Stockman's Association (10:29 am) testified orally

Additional Testimony : #9855

Chair Nelson closed the meeting at 10:33 a.m. *Cole Fleck, Committee Clerk*



P.O. Box 3237
Bismarck, ND 58502
701-751-0229
www.tfnd.org

March 4, 2021

#7425

2:00 pm CST

House Appropriations – Human Resources Division Committee for the 67th 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. 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. Thank you so much for your time this afternoon.

Today I am here to encourage sustainable and sufficient funding for the State Tobacco Prevention and Control Program in SB 2004, a bill relating to Department of Health Budget and its tobacco control program.

Since the tobacco control program, with reduced funding, was restructured under the Department of Health back in 2017, TFND has been much more involved and utilized, along with other Partners and stakeholders, to accomplish the goals outlined in our State Plan for Tobacco Prevention and Control. The program has dealt remarkably well with doing the same work, or in some cases even more work, with less resources and funds. We have made great strides in what we accomplish for our citizens.

This work is highlighted in the attached synthesis report titled, "The State of Tobacco Control in North Dakota: 2019 – 2021: Innovation. Community focus. Fiscal responsibility." A contracted evaluator, Professional Data Analysts, working on behalf of our ND Department of Health collected, analyzed, and synthesized data from the many individuals and organizations across North Dakota working to implement our State Plan. I hope the Committee finds this information helpful in seeing the value provided to our state in funding this work. It is my hope that the recommended line-item funding for tobacco prevention and control of \$13,410,241 will be approved or increased.

Also, of note, TFND is taking a lead alongside several of these same stakeholders and partners fulfilling work in our communities and schools educating and advocating for policy that would reduce e-cigarettes and vaping (ENDS) among our youth while also highlighting the dangers of these products. With the "vaping epidemic" announced by the FDA in 2018, and the COVID-19 pandemic that swept our country this past year, we know that lung health is as important as ever,

and we know that there is still more work to be done to save the newest generation from the serious health and economic consequences of a lifelong addiction to tobacco.

I cite all this to say that there is much being done for tobacco prevention and cessation policy in North Dakota, but that there is still so much to do, and I think these combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. 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 levels to the previous \$22.7 million allocated in the 2015-2017 biennium before the substantial reductions were put in place. Just think of the health impacts and potential for lives saved any increase in funding could provide for our state.

Along with my testimony, you are also receiving a copy of our Resolution of Support for a fully Funded Tobacco Prevention and Control Program for ND. The following organizations/entities signed TFND's resolution. (Attached):

Cavalier County Memorial Hospital, Cavalier County Board of Health, Grand Forks Tobacco Free Coalition, McKenzie County Community Coalition, ND Public Health Association, Pembina County Board of Health, Pembina County Commission, Pembina County Memorial Hospital Association, University of Mary Health PRO, Southwestern District Health Unit, Upper Missouri District Health Unit, Walsh County Tobacco Free Coalition, Williams County Community Coalition.

With continued funding, and at a minimum at least no further reductions, we can lead the way in protecting all ND citizens, 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 included in SB 2004.

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.



Resolution to Support a Fully Funded Tobacco Control Program

Adopted by Tobacco Free North Dakota Board of Directors on October 2, 2020

Whereas the Centers for Disease Control and Prevention (CDC) recommends North Dakota spends \$9.8 million per year for a tobacco control programⁱ; and

Whereas North Dakota currently spends \$6.45 million per year for its tobacco control program (Sixty-sixth Legislative Assembly of North Dakota- HOUSE BILL NO. 1004, Tobacco Prevention Appropriation: 12,902,064 2019-2021 Biennium); and

Whereas North Dakota's program is responsible for offering tobacco cessation counseling and services to nearly 16,000 adults last year; and

Whereas having a robust media campaign has a direct effect on decreasing tobacco usage rates, increasing utilization and awareness of cessation services, and decreased youth initiation ratesⁱⁱ; and

Whereas an economic review shows media campaigns can have a return on invest as high as \$74:1, costing about \$213 to save one lifeⁱⁱⁱ; and

Whereas states that make larger investments into tobacco control programs see a reduction in tobacco sales^{iv}; and

Whereas 75 percent of North Dakota adults believe tobacco use in youth is a moderate or serious problem^v; and

Whereas nearly 9 in 10 people that smoke started before the age of 18^{vi}; and

Whereas 35.5% of high school students (grades 9-12) in North Dakota use tobacco products including cigarettes, cigars, electronic nicotine delivery systems (ENDS) or other smokeless products^{vii}, of whom many will develop a lifelong addiction to nicotine/tobacco products^{viii}; and

Whereas tobacco use in North Dakota imposes economic burden, with direct healthcare costs amounting to \$326 million each year, productivity losses approximating \$232.6 million annually, and each household paying \$730 per year in state and federal taxes from smoking-caused government expenditures^{ix}; and

Whereas this resolution addresses commercial tobacco, which is different from traditional tobacco used in American Indian spiritual and ceremonial practices; and

Whereas the Tobacco Industry spends \$38.2 million each year marketing in ND; and

Whereas the Surgeon General has concluded there is no risk-free level of exposure of secondhand smoke or vapor and that tobacco-free workplace policies are the only way to eliminate secondhand exposure; and

Whereas individuals living in communities with comprehensive smoke-free policies are 22 percent less likely to be hospitalized for Chronic Obstructive Pulmonary Disease (COPD) compared to individuals living in communities without strong smoke-free policies;

Now therefore be it resolved, _____ supports funding a comprehensive tobacco control program at the CDC recommended levels to reduce the prevalence of tobacco use in North Dakota. Further, _____ supports using money from the Master Settlement Agreement, tobacco taxes and any other relevant sources to fund the program.

Name of Organization Representative

Signature of Organization Representative

Date

ⁱ Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta: Centers for Disease Control and Prevention.

ⁱⁱ Centers for Disease Control and Prevention. (2017). *Tobacco Control Interventions*. Atlanta: Centers for Disease Control and Prevention. (<https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html>)

ⁱⁱⁱ Centers for Disease Control and Prevention. (2017). *Tobacco Control Interventions*. Atlanta: Centers for Disease Control and Prevention. (<https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html>)

^{iv} Office of the Surgeon General. (2014). *The Health Consequences of Smoking: 50 Years of Progress*. Rockville, MD: Office of the Surgeon General.

^v (<https://prevention.nd.gov/sites/default/files/North%20Dakota%20Community%20Readiness%20Report%202019.pdf>)

^{vi} Substance Abuse and Mental Health Services Administration. 2018 National Survey on Drug Use And Health: Detailed Tables external icon. Substance Abuse and Mental Health Data

^{vii} *North Dakota 2019 High School (Grades 9-12) YRBS Results*. (2019). Bismarck, ND: ND Department of Public Instruction.

^{viii} (https://www.health.nd.gov/sites/www/files/documents/Files/OSE/YRBS/2019_NDHS_Statewide_REA_Regions.pdf)

^{ix} Campaign for Tobacco Free Kids. (2020). *The Toll of Tobacco in North Dakota*. Washington, D.C.: Campaign for Tobacco Free Kids.



The State of Tobacco Control in North Dakota: 2019 – 2021 #7427

Innovation. Community focus. Fiscal responsibility.

Successes, challenges, and opportunities of the North Dakota comprehensive Tobacco Prevention and Control Program during the 2019 – 2021 biennium.

NORTH
Dakota | Health
Be Legendary.™

**Tobacco
annually
costs each
North
Dakota
household
\$724 in
taxes due to
smoking-
related
expenses.¹**

Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.¹

The North Dakota Tobacco Prevention and Control Program serves the health and economic interests of North Dakotans.



North Dakota youth displaying a poster promoting #ENDit, a call to be the first tobacco-free generation.



Brody Maack, PharmD, CTTS, presenting a gift to tribal speakers before a presentation on sacred tobacco use at the Nicotine Dependence Conference in Fargo, February 2020.



Nakisha, holding Kenzie, was able to quit smoking with help from North Dakota's BABY & ME - Tobacco Free Program.



Audience at the 2020 Nicotine Dependence Conference in Grand Forks, a collaboration of four health systems: Altru Health, Family Healthcare, North Dakota State University, and Spectra Health.

Tobacco is still a problem. What is North Dakota doing to address it?

Tobacco is still a problem

The financial and human toll from tobacco use – either directly or from exposure to secondhand smoke – continues to be the most costly, preventable cause of death in the state. With the increase in availability of Electronic Nicotine Delivery Systems (ENDS), vaping of nicotine and other substances has only escalated related health concerns.

Here is how North Dakota is addressing it

North Dakota's Tobacco Prevention and Control Partnership (TCP) has implemented **innovative and evidence-based strategies** to engage North Dakota **communities** in developing local solutions. These efforts work in tandem toward ensuring the program is **fiscally responsible** and working to prioritize the health and economic interests of the state.

Tobacco Control Programs and Grantees

Funding for North Dakota's Tobacco Program supports a small staff of 6.35 fulltime employees at the Department of Health, who manage several programs and grantees.

NDQuits. North Dakota's quitline is available to all North Dakotans, year-round. Telephone counseling and/or web counseling is available, as is Nicotine Replacement Therapy.

BABY & ME – Tobacco Free Program™ (BMTFP). North Dakota funds 15 grantees to provide cessation support to pregnant mothers, starting by 32 weeks prenatal and continuing for up to 12 months postpartum.

NDQuits Cessation (NDQC) Grant Program. North Dakota funds 17 grantees to provide brief cessation interventions and education to patients and the community.

Local Public Health Units (LPHU). All 28 LPHUs are funded to provide prevention, cessation, and policy work in their communities.

"It is important to keep in mind that many little steps will lead to big things in the future and sometimes it is hard to stay positive in the world of tobacco."

-Local Public Health Tobacco Coordinator

Who benefits from Tobacco Prevention and Control?

All who use nicotine, a highly addictive drug

Nicotine, which can be found in a variety of tobacco and vaping products, is a powerful drug. Nicotine, a drug that reaches the brain within seconds, increases dopamine, a reward center of the brain. However, the effects are temporary, meaning a user of nicotine needs to reach for another cigarette, dip, or vape sooner as they crave more, and they will use any kind of nicotine to satisfy the addiction.¹ [Nicotine is one of thousands of ingredients in cigarettes, chew tobacco, other combustible tobacco products \(cigars\), and a major ingredient of nearly all ENDS products used to vape.](#)

Residents with an interest in the economic well-being of the state

Tobacco costs the state of North Dakota much more than is brought in from the current tobacco tax. These [tobacco taxes bring in \\$19.7 million annually but tobacco costs the state \\$326 million annually](#). All North Dakotans who care about the economic status of the state have an interest in the costs of tobacco to all citizens.

Intersectionality is a “prism for understanding” problems, a legal term that coined in 1989 by Kimberlé Crenshaw. In tobacco control, this means taking a lens that a North Dakotan is impacted by tobacco control through multiple factors, living in a rural area, Medicaid eligible, and having a behavioral health disorder.

Here is who is most at risk

In public health, equity is the just and fair inclusion into a society in which all can participate, prosper, and [reach their full potential](#). The Centers for Disease Control and Prevention’s (CDC) Best Practices in Tobacco Control defines tobacco-related disparities as: “[Differences that exist among population groups with regard to key tobacco-related indicators](#), including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; capacity, infrastructure, and access to resources; and secondhand smoke exposure.”² In North Dakota, these groups are:

Rural: Adults in rural areas are more likely to smoke, more likely to be heavier smokers, and kids in rural areas are more likely to start smoking at an earlier age.³

American Indians: The commercial tobacco use rate in North Dakota’s American Indian populations is double that of the general population.⁴

Pregnant women: Just over 10% of women reported smoking in their first trimester, which has implications for the development of the fetus and the mom.

Behavioral health: An estimated 35% of cigarette smokers have a behavioral health disorder.⁵ Tobacco users with a behavioral health disorder use tobacco two times more often than the general population.

Youth and young adults: Over half (52.8%) of North Dakota high schoolers reporting trying an e-cigarette and over one-third (34.5%) have tried a cigarette before the age of 13.⁴ Both rates have increased.

Medicaid: Nearly 40% of North Dakotans who use Medicaid also use tobacco, double the rate of the general population.⁴

What is the purpose of this report?

The **purpose** of this report is to synthesize evaluation and surveillance activities during the 2019 – 2021 biennium. The North Dakota Department of Health (NDDoH) facilitates the state’s TPCP. This partnership includes over 50 organizations, mostly from North Dakota, with some support from national partners.

The TPCP work is driven by the North Dakota Tobacco Prevention and Control State Plan, which is a strategic plan coordinated by multiple agencies within the state.

The **mission** of the TPCP is 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 objectives and targets of this plan are externally evaluated and reported biennially to the North Dakota Legislature, the NDDoH and all of the TPCP partners and stakeholders.

Professional Data Analysts (PDA) is a B-corporation that is contracted to conduct an external evaluation of the North Dakota TPCP activities. PDA has been evaluating tobacco control efforts for over 20 years across the United States. This experience informs this comprehensive evaluation of the TPCP during the 2019 – 2021 biennium.

Transparency and data excitement are core values of PDA. While this report is intended to be visually appealing and easy to read for a broad audience, readers interested in the details can find our methods in Appendix B. A dashboard visualizing progress on the State Plan can be found in Appendix D. Please contact Melissa Chapman Haynes, PhD, with questions about this report. Questions about the TPCP should be directed to Neil Charvat, Director, TPCP.



Interested in more details?

[+ North Dakota Comprehensive Tobacco Prevention and Control State Plan](#)

[+ Tobacco Prevention and Control Evaluation Plan](#)

[+ CHI St. Alexis Case Study](#)

[+ NDQuits FY2019 Annual Report](#)

[+ North Dakota Tobacco Surveillance Data](#)

[+ 2017 – 2019 Synthesis Report](#)

7 key takeaways

This report is organized around three themes: **innovation** in addressing tobacco control and prevention, **community focus** in policy and overall engagement with North Dakotans, and **fiscal responsibility** to reduce tobacco prevalence and support North Dakota's economic interests.

Vaping is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address this epidemic.

Communication of tobacco control messages has been done in an innovative and effective manner, though the messages would reach more North Dakotans with increased funding.

Partnerships and persistence moved local tobacco policies forward. There are now over 900 policies, including raising the age to purchase nicotine products and restricting flavored ENDS.

Partnership with American Indians in tobacco control advanced this biennium, laying the groundwork for future impact. The number of smoke-free casinos doubled.

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do. Additional resources would expand evidence-based, community-driven work.

Tobacco costs the state \$326 million in smoking-related costs, likely more since ENDS-related costs are not captured. Only a fraction is recuperated through taxes.

With absence of regulations of ENDS products, there is no way to capture the true cost of nicotine addiction to North Dakotans.

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03

Fiscal responsibility to invest in efforts to prevent tobacco use initiation as well as support tobacco users who want to quit. Money and lives are saved from implementing evidence-based solutions.

04

Recommendations for next steps, opportunities to consider, and overall successes in the 2019 – 2021 biennium.

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Appendices

Innovation

Tobacco control in North Dakota has a history of using innovative and evidence-based strategies to prevent tobacco use and increase cessation attempts.



Tobacco Prevention and Control has stayed at the forefront of combating the vaping epidemic with innovative new programming. The different forms of nicotine in vapes mean faster absorption and a new way to hook kids and adults on nicotine. North Dakota has responded quickly and flexibly.



Neil Charvat, Tobacco Prevention and Control Director at the NDDoH, welcoming the audience to North Dakota's first ENDS Summit in 2019. This innovative event brought together state and national speakers to address the vaping epidemic.

Epidemic levels of vaping call for immediate intervention at the state and local levels.

JUUL allows for more and faster absorption of nicotine as the first ENDS product to use nicotine salts. North Dakota's tobacco partners are connecting with schools and youth to educate, prevent, and support cessation of ENDS.

Local public health educated and coordinated with law enforcement, schools, parents, and community members. With e-cigarette use rate passing that of cigarettes, education on the products is essential.

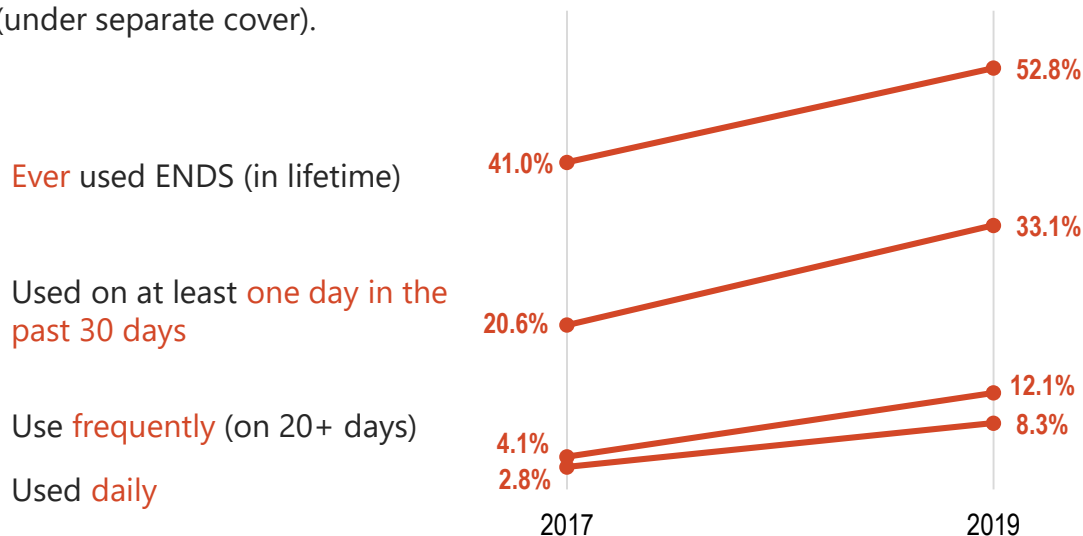


Melissa Markegard, Tobacco Prevention Coordinator for Fargo Cass Public Health, showing a range of vaping devices on August 8, 2019. Photo credit Bismarck Tribune



Jordyn Schaeffbauer, Prevention Outreach Coordinator Bismarck Burleigh Public Health, speaking on vaping at the North Dakota Association for Lifelong Learning in 2019. Photo credit: Tom Stromme, Bismarck Tribune

Over half of North Dakota high schoolers have tried a vaping product and one in twelve use an ENDS product daily. North Dakota's response to address cessation in this age group is detailed on [page 32](#) and in the annual quitline report (under separate cover).



Data from the North Dakota Department of Public Instruction, Youth Risk Behavior Survey in 2017, 2019

North Dakota took a strong stance on the danger of ENDS in 2018, for both youth and adults.

A statement on ENDS by the NDDoH cautions on the dangers of ENDS to youth and adults.

The NDDoH wrote an [ENDS Position Statement](#) in September 2018 that addressed a cautious approach to ENDS. ENDS are not approved by the Food and Drug Administration (FDA) as a cessation device, which addresses the marketing of these products by the tobacco and vaping industries (note that Altria, a tobacco company that makes Marlboro, owns a 35% stake in JUUL).

Further, these devices can explode, exposure of e-liquids to the skin can cause poisoning, and the particulate matter from secondhand vaping contains harmful chemicals.⁶ Finally, ENDS contain nicotine levels that are unregulated (see [page 14](#)).

The NDDoH took strong action to create and implement an annual ENDS Summit, pulling together public health, law enforcement, policy makers, educators, and students from across the state.

The NDDoH created and launched an ENDS Summit, bringing in national speakers to educate and develop actions to address the vaping epidemic. Presentations focused on:

- Vape shops, e-liquids, and policy considerations
- FDA and regulation of ENDS
- Flavors in e-cigarettes
- Emerging research on ENDS health effects

Actions resulting from the ENDS Summit include the AMA statement calling for strong action on vaping products and efforts at the local level to pass policies to address flavors, ENDS, and Tobacco 21 (see [page 27](#)).

A second ENDS Summit took place in December 2020, virtually due to COVID-19.

A statement on ENDS by the American Medical Association followed the North Dakota ENDS Summit.

The [American Medical Association](#) (AMA) put forth a statement in 2019 [calling for strong action on vaping products](#). Dr. Siobhan Westcott, professor at the University of North Dakota (UND) and Board member of the AMA, was instrumental in developing this statement, spurred by the ENDS Summit in 2019. Some aspects of this statement include advocating for research funding to study the safety and effectiveness of vaping products for tobacco cessation purposes and advocating for medical diagnostic codes for vaping associated illnesses, including pulmonary toxicity.



The first ENDS Summit in Bismarck, May 2019. A panel of school-based personnel speaking on ENDS, including a teacher, school administrator, school resource officer, and Abby Erickson, far right, NDDoH Community Programs Coordinator.

With an increasing number of vape shops in North Dakota, cutting edge research highlights gaps.

While most ENDS users calling NDQuits want to quit tobacco, nearly all are not able to do so. Without regulation, North Dakotans don't know what they are getting when they purchase ENDS.

Increase in vape shops without regulation means variability in nicotine content.

Kelly Buettner-Schmidt, PhD, RN, FAAN has led two rounds of studies to examine the content of nicotine and other substances present in vaping devices sold in all North Dakota shops selling ENDS products. **Vaping products are not currently regulated in North Dakota, despite the five-fold increase in shops selling these devices in a five-year time span.**

Date	Number of shops selling ENDS
2014	9
2016	24
2019	44

Concerning trends were uncovered in the 2019 vaping shop study. A 2019 follow-up study to an earlier 2015 study examined the labeling and chemical concentration of nicotine salts at vaping shops in the state.⁷

Nearly one-third of the tested ENDS devices were not child proof. Nearly 80% of those were in the form of eye-droppers with rubber bulbs, easily opened by children or chewed up by pets. This is out of compliance with North Dakota House Bill 1186, passed in 2015.

Only 3.8% of the 285 vape liquid samples had nicotine content within 10% of the labeled content. 91.9% had less nicotine than was labeled and 4.2% had more.

Only two vape shops (5.7%) were fully compliant with North Dakota's smoke-free air law. Noncompliance included recent smoking or vaping indoors (5 shops) or lack of signage.

Despite claims by the vaping industry that ENDS help smokers quit, that is not true for NDQuits participants.

84% of ENDS users who called NDQuits reported using ENDS as a quit aid.

79% of these ENDS users reported **also** using other forms of tobacco (e.g., cigarettes, smokeless, etc.) **7 months after calling NDQuits.** Dual use of cigarettes and vaping products means the users gets higher levels of nicotine, tobacco-specific nitrosamines, volatile organic compounds, and metals as compared to those with single product use.⁸

Switching is not quitting. The above finding is evidence that the messaging from the vaping industry about using their product to quit was effective. What is not supported is evidence that these products helped NDQuits users quit tobacco. Instead, nearly 4 in 5 were using ENDS as well as another tobacco product, increasing their exposure to nicotine.

NDQuits addresses vaping. In fiscal year (FY) 2019, 46% of people who enrolled in NDQuits and reported no other tobacco use at intake were using ENDS only (n=29). About half of the NDQuits users between ages 18 and 21 reported using ENDS at enrollment.

The long-term effects of vaping are unknown, but early results point to increased risk for a variety of chronic diseases.

Dr. Antranik Mangardich, pulmonologist at Altru Health System, stated:

"People who are vaping are at risk for respiratory disease, the kind of chronic lung disease that causes people to be asthmatics and have chronic bronchitis and emphysema – basically, the same things that lead to chronic obstructive lung disease."

TPCP has responded to two public health threats this biennium.

Both EVALI and COVID-19 highlight the importance of tobacco prevention and control.

Vaping-related lung injuries sends North Dakotans to the hospital. In late 2019, the vaping epidemic turned deadly with a national outbreak of **e-cigarette, or vaping, caused product use-associated lung injury (EVALI)**.

Patients with EVALI tended to be younger, otherwise healthy individuals that presented with severe lung infections, like Hailey (pictured right), North Dakota's first case. The NDDoH and its grantees responded to this public health threat by quickly submitting data to the CDC and highlighting the dangers of ENDS products in public communications.

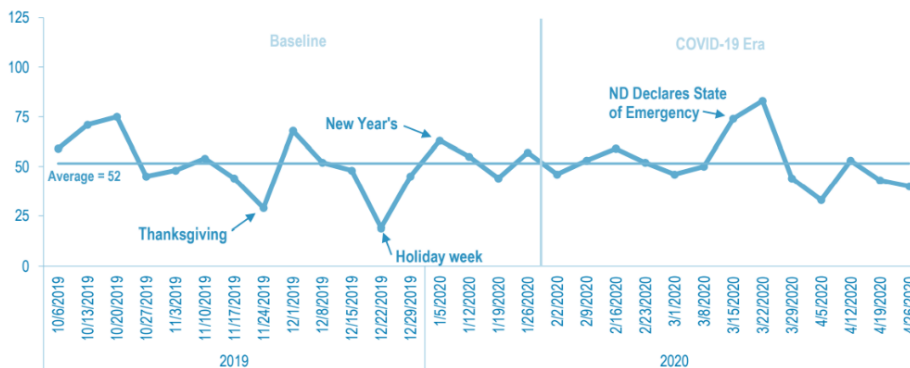


Hailey, North Dakota's first EVALI case, speaks about her experience in a case study video produced by Bismarck Burleigh Public Health. Posted on BreatheND's website.

Smoking is a risk factor for more severe COVID-19 symptoms. COVID-19 caused a rise in hospitalizations, added to hospital workloads, and drew TTS away from cessation work to direct patient care. Likewise, COVID-19 affected TPCP staff who were pulled into the COVID-19 hotline and school response team. The NDDoH health system partners responded immediately to this public health crisis by modifying their workflows to include COVID-19 testing, providing nicotine replacement therapy by mail and curbside pick-up, and offering **telehealth services** for tobacco cessation counseling.

COVID-19 and tobacco cessation in North Dakota

Number of incoming calls per week to NDQuits



Data monitoring implemented due to COVID-19 showed weekly incoming calls to NDQuits spiked in mid-March, overlapping with the COVID-19 crisis. This may indicate these two events are related; however, there could be other contributing factors.

"Individuals who smoke are at greater risk of a more severe case of COVID-19, should they contract it. Helping smokers quit has never been more important, but because of the pandemic, visiting a provider in person for healthcare can pose additional problems." - American Lung Association

Partnerships with health systems provide innovative, sustainable cessation to nicotine.

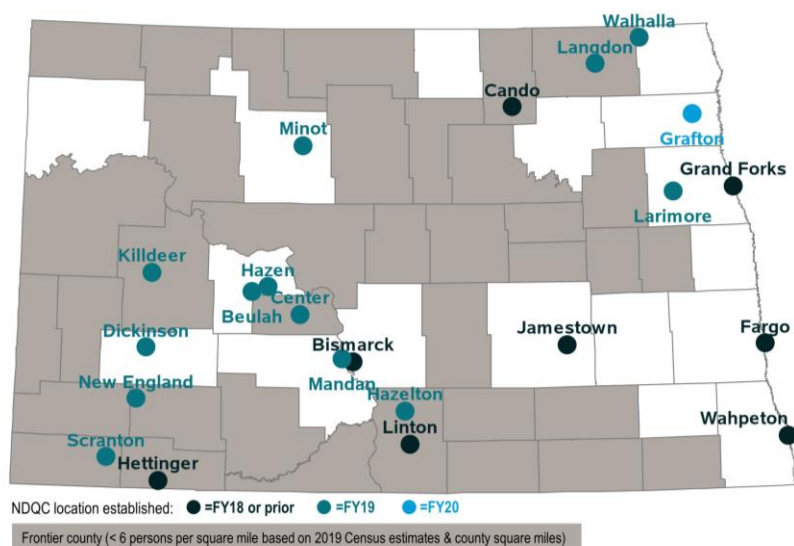
At least 70% of people who smoke see a physician every year. Even brief advice to quit from a clinician increases quit rates, making health systems an ideal partner in tobacco cessation.⁹ The **NDDoH funds health systems** to train Tobacco Treatment Specialists (TTS) and implement tobacco cessation counseling and pharmacotherapy through the NDQuits Cessation (NDQC) Grant Program. TTS work with physicians to support patients in tobacco cessation.

"I have been extremely impressed with the hard work that Kara Backer and her colleagues have done with promoting tobacco cessation throughout the state of North Dakota. Their ongoing efforts in promoting and coordinating tobacco treatment specialist training to people across the state, their dedication and determination in putting on a yearly nicotine dependence conference, and their passion for their work in tobacco control are very evident."

- Therese Shumaker, Addiction Coordinator, Mayo Clinic

In Fiscal Year (FY) 20, the NDQC Program had 17 grantees providing face-to-face counseling visits in 22 cities across the state and telehealth visits in many more. **NDQC grantees are providing tobacco cessation counseling in eight frontier counties.** Established grantees tend to be larger health systems serving more major metropolitan areas with newer grantees serving more rural areas.

NDQC locations overlaid on frontier counties



The NDQC Program meets the activity goals outlined in the State Plan regarding grantee diversity:

- hospitals,
- clinics,
- specialty care centers,
- college campus health clinics,
- addiction treatment facilities,
- Federally Qualified Health Centers, and
- cancer centers.

"Data demonstrates that patients are more likely to quit with proper counseling and pharmacotherapy. [The TTS] allow me to work more efficiently and assess more patients on a daily basis who may also need cessation counseling." - North Dakota physician

Health systems partnerships have grown into three innovative conferences on nicotine dependence.

NDQC grantees are independent health systems. Multiple grantees **partner together and with other organizations to provide educational conferences** on nicotine dependence to health care providers. The conferences provide North Dakotans education, awareness, and tools to address nicotine dependence across the state. The partnerships consist of independent health systems, Federally Qualified Health Center, local public health, and a university. Pooling resources across grantees allows for bigger events, hosting in multiple locations, and wider reach to providers.

"If you're hoarders of information, things don't grow. And that doesn't help anyone. You have to share what works and you have to share what doesn't work."

– Rajeen Backman, Interview with PDA, April 3, 2020



Nicotine Dependence Conference, January 2020. This event was a collaboration of three independent health systems: CHI St. Alexius Health, Mid Dakota Clinic, and Sanford Health Bismarck.

In this biennium, **over 300 providers received additional training** in tobacco and nicotine cessation at five events located across the state. In 2020 alone, there were three Nicotine Dependence conferences held in Bismarck, Fargo, and Grand Forks training over 200 health care providers. Specific topics covered include the vaping epidemic, mental health and tobacco use, sacred tobacco use, tobacco cessation and adolescents, and tobacco cessation in pregnancy.



Nicotine Dependence Conference, Fargo, February 2020. This event was a collaboration of five organizations: Essentia Health, Family HealthCare, Fargo Cass Public Health, North Dakota State University, and Sanford Medical Center Fargo.



Nicotine Dependence Conference, Grand Forks, December 2019. This event was a collaboration of four organizations: Altru Health System, Family HealthCare, North Dakota State University, and Spectra Health.

Ongoing and expanded Youth Action Summit brings youth together to become North Dakota's tobacco prevention and control leaders.

Meaningful youth engagement is critical for an effective comprehensive tobacco prevention and control program. Current research and the CDC's Best Practices in Tobacco Control guidelines suggest that involving youth as advocates in their own health and wellbeing leads to positive outcomes for youth and more effective tobacco programs and policies. Youth have a powerful voice and can mobilize peers and adults to change social norms messaging around tobacco use in their community.

For nearly 15 years, Bismarck-Burleigh Public Health, supported by the TPCP, has held the **Youth Action Summit** (YAS) for youth across the state to make their voices heard and develop skills to make real change in their community through increasing awareness, education, and policy efforts.

In 2019, the YAS **expanded** to the two locations of Bismarck and Fargo and brought together **more than 200 youth** to hear from national speakers and learn about tobacco prevention education and policy.



Students presenting at the 2019 YAS.

"[My favorite part was] getting to see people from across the State with the same views, education. Getting outside our little world helps to feel more confident in our own community." - 2020 YAS youth participant



Students speaking at the 2019 YAS.

In October 2020, the YAS was **adapted to a virtual format** which opened access to youth from across North Dakota who may not have been able to attend otherwise. There were **150 youth** who joined the virtual summit.

*"Since taking a dozen youth to Fargo Youth Summit in the fall, student leaders from Wahpeton High School have taken what they learned and ran with it teaching youth, educating school board officials and other community members to understand the harms and of tobacco products and the importance of tobacco control work!...They have become true ambassadors in tobacco prevention control and advocacy efforts."
- Local public health staff*

North Dakota's Break Free Youth Movement builds and expands youth engagement statewide.

North Dakota values the perspective of youth and recognizes the importance of partnering with young people to create change locally and statewide. Youth engagement continues to expand beyond the annual YAS to include youth-focused activities that raise awareness and promote tobacco prevention education and policy.

The 2019 YAS launched the **Break Free brand**, along with the logo to the right. The **Break Free Youth Board** was also established in 2020 to connect and organize youth from across the state to raise awareness about the harm of tobacco use and mobilize support for policy change.



KFYR-TV news story on Bismarck Break Free Youth Board.

In 2020, four student advocates wrote an **editorial, published in the Bismarck Tribune**, promoting the evidence supporting increasing the price of tobacco products. Another youth leader of the Bismarck Break Free Youth Board, Madeline Erickson, was accepted into the Campaign for Tobacco Free Kids' (CTFK) **2020 National Youth Ambassador Program**: *"I enjoy being a CTFK ambassador because of the opportunities it has given me. CTFK has taught me not only about the harmful effects of tobacco use but also how I can make a difference and advocate for change in regards to tobacco and vaping."*

Bismarck Mayor Steven Bakken and the Bismarck City Commission signed a **proclamation for the 2020 Take Down Tobacco National Day of Action on March 18, 2020**. The proclamation educated about the North Dakota Smoke Free Law and tobacco industry marketing to youth. Students of the Break Free Youth Board and Bismarck High School's Break Free youth chapter spoke at the City Commission meeting about the activities they had planned for the event.



Students from the Break Free youth board and Bismarck High School's Break Free youth chapter with Bismarck Mayor Steve Bakken and Bismarck City Commission.

Partners across the state are actively working to protect North Dakota's smoke-free, vape-free law.

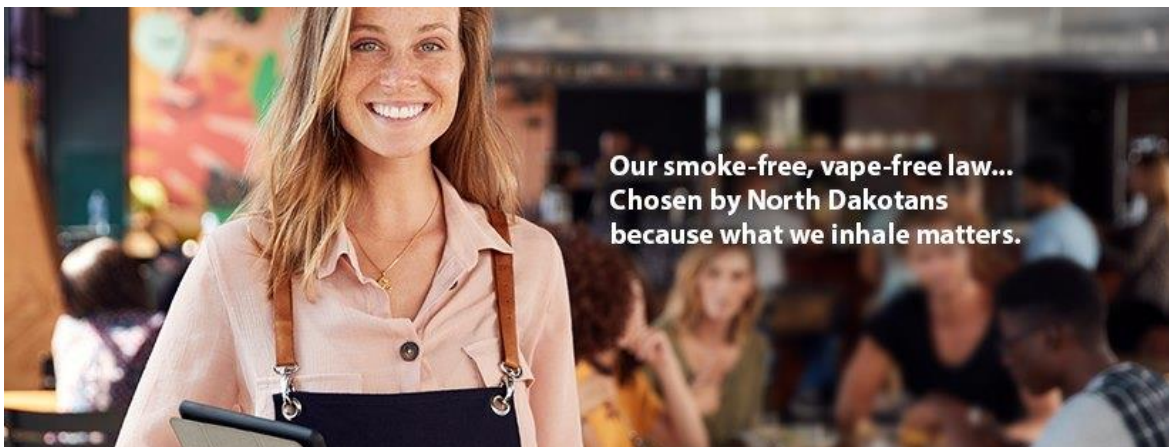
North Dakota's comprehensive smoke-free law, which was put in place by North Dakota residents in 2012, protects North Dakotans from the dangers of secondhand smoke as well as the particles in vaping products. North Dakota's law is among the strongest in the United States.

One effort to educate on the importance of this law was the third annual Big Tobacco Exposed contest. Tobacco Free North Dakota (TFND) partnered with Bismarck-Burleigh Public Health to sponsor this competition. Posters were received from students at Bismarck State College and United Tribes Technical College graphic design programs. Students from the University of Mary Health Professions program judged submissions. The winning poster is displayed to the right, and the top three posters were used on the Bismarck Burleigh Public Health and TFND Facebook pages.



Brady Braun of Bismarck State College won first prize in the third Big Tobacco Exposed poster competition.

A national partner, the American Cancer Society – Cancer Action Network (ACS-CAN), identified protecting smoke-free air as a priority in 2019. ACS-CAN partnered with TFND and local public health to create health communications around the importance of this law.



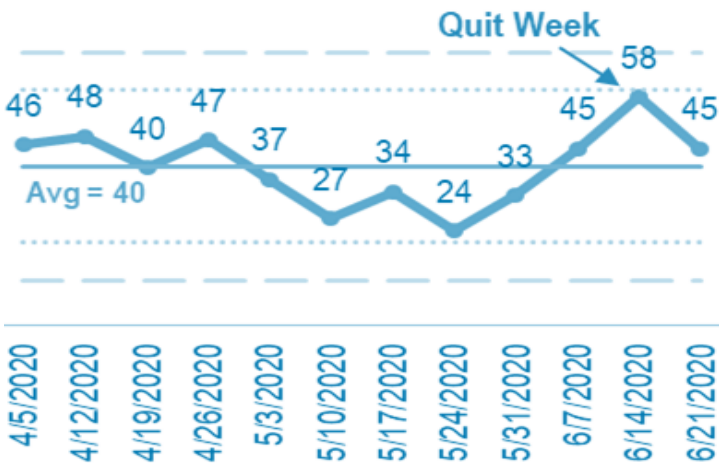
Digital banner communicating the importance of North Dakota's comprehensive law that protects North Dakotans from the dangers of secondhand smoke and vaping

Innovations in media campaigns positively impact all North Dakotans and are proven to be effective.

North Dakota's **Quit Week** was held **June 15 - 21, 2020** as part of the "It's Quitting Time" statewide tobacco cessation campaign. Quit Week is a **partnership between the NDDoH, TFND, and Odney**, with TPCP partners sharing Quit Week media and materials. The goal of Quit Week was to raise awareness of the health risks associated with tobacco use, and to encourage North Dakotans who use tobacco to seek help to quit.



IT'S QUITTING TIME



NDQuits enrollments increased leading up to and during Quit Week. There were 18 more enrollments during Quit Week than the average for the past 12 weeks.

"I like that we had a **unified campaign from Public Health, and it was received well.** I appreciate the well-made materials provided for the campaign."

- Local Public Health Tobacco Coordinator

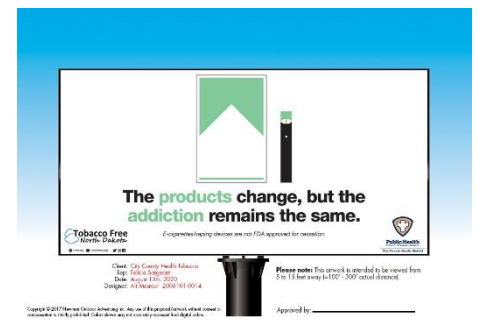
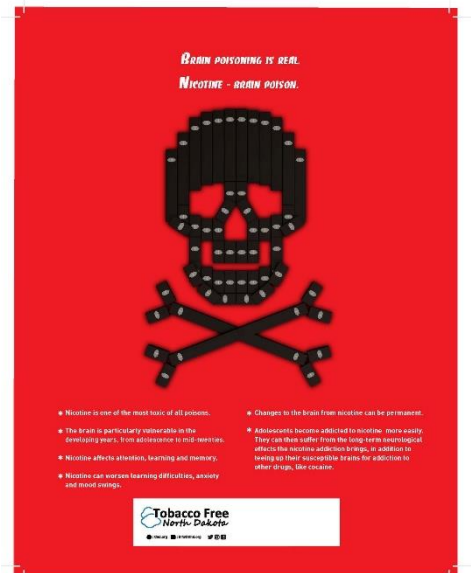
Clear, consistent messaging is essential – additional resources are needed to increase reach.

TFND created materials on ENDS for use by LPHUs and other partners. These ready-made materials educate on the dangers of ENDS products and are shared on social media sites by the TPCP partners. The materials could be modified for local contexts, as needed, while still aligning with a unified, statewide approach. Local public health responded positively:

"It was a smart and effective way of promoting quitting tobacco and tobacco advocacy and awareness through social media utilization. In line with the It's Quitting Time Quit Week promotion, the ready-made, yet easy to modify messages and resources aided Steele County Public Health in spreading the word and reaching the community in many ways."

"Having created artwork and sample messages you can edit for your specific service area makes it more likely to share TPC messages."

These messages are still being modified and shared by the tobacco partners. The billboard on the right was recently placed as a digital billboard in Valley City, North Dakota.

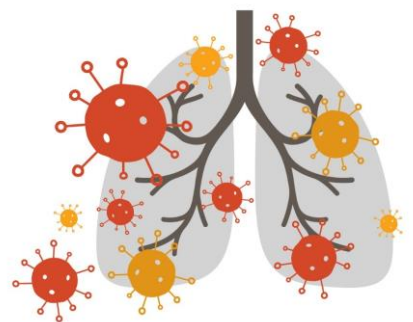


The importance of quitting tobacco during the COVID-19 pandemic is being created and shared. Placement is primarily on the social media sites of the NDDoH and the tobacco partners across the state. Examples of materials on smoking and vaping / COVID-19 are included on the right.



People who use **TOBACCO OR VAPING PRODUCTS** and have cardiovascular disease, respiratory disease, cancer, and diabetes are at **HIGHER RISK for developing SEVERE ILLNESS with COVID-19.**

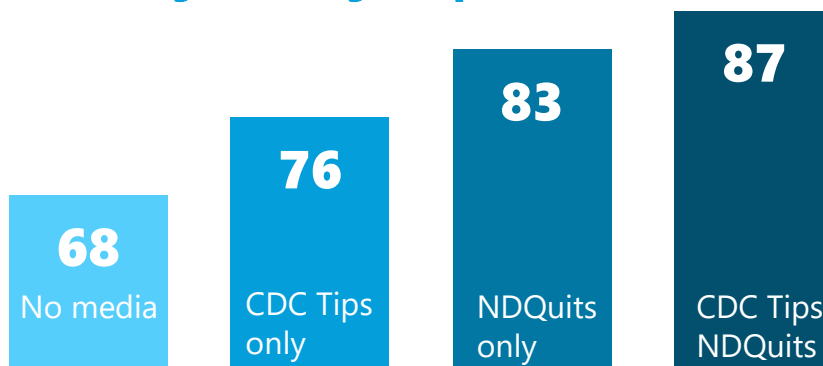
SMOKING OR VAPING
MAKES IT **HARDER** FOR THE BODY TO
FIGHT OFF **COVID-19 AND THE FLU.**



Media investment is associated with higher reach of NDQuits, making it an efficient and judicious use of funds.

The highest number of calls occurs when a CDC Tips campaign is running and NDQuits is investing \$30k or more per week in media promotion. This result, from a longitudinal study of the relationship between media placement and calls to NDQuits from 2014 – 2019, highlights the importance of media to drive individuals to NDQuits. It is especially important to have funding to create and implement North Dakota-specific media.

Number of average incoming calls per week to NDQuits



The tobacco industry spends \$25 million each day on marketing its products. Those most influenced by this marketing are youth, who are three times as sensitive to tobacco advertising as compared to adults. To combat this, the recommended level of funding for counter-tobacco media in North Dakota is \$9 million, at a minimum. Actual current funding for media is a fraction of that, limiting the state’s ability to have resources to start to combat the millions of dollars put into marketing by the tobacco industry.



An extended interview with Dr. Warne of the UND was one of the new creative spots developed during the biennium.

Limited funding means that the evidence-based strategy of placing broadcast media is extremely limited. Digital and social media campaigns are placed on websites and spots that reach the intended audience, which is helpful for overall awareness but means that “spikes” in calls to the NDQuits are less likely to occur. An extended interview with Dr. Warne at UND was a new creative spot that was placed on social media.

Limited funding also means less resources to ensure materials are created that are specific to North Dakota. While some examples are provided on [pages 21](#) and [22](#), these are exceptions that were possible due to pockets of additional funding. Further, a study by Odney found that there was a decrease in 2019 among North Dakotans who recalled seeing an NDQuits ad, following a large increase from 2013 to 2016 (55% in 2013, 77% in 2016, 67% in 2019).¹⁰ A decrease in recognition of the brand is likely to be associated with a decrease in calls to NDQuits.



Community Focus

North Dakota is unique. It is important that tobacco control is grounded in, created by, and led by North Dakotans.

Tobacco control and prevention is about building relationships and working together to build a strong North Dakota.

Break Free is North Dakota's new, emerging 100% authentic youth movement. It is made up of middle and high school students from across the state working collectively to educate their peers and community members on tobacco prevention issues that affect their school, community, and state.



2019 Break Free Youth Summit, Bismarck, North Dakota



**There are 14,000
kids in North
Dakota alive now
that will die from
smoking.¹¹**

**Policies like T21 can
decrease new youth
smokers in North
Dakota by 200 kids
every year.**

Note: North Dakota smoking rates for high school 12th graders from 2017 Youth Risk Behavior Survey and Institute of Medicine reports that a T21 policy would reduce initiation by 25% in this age demographic.

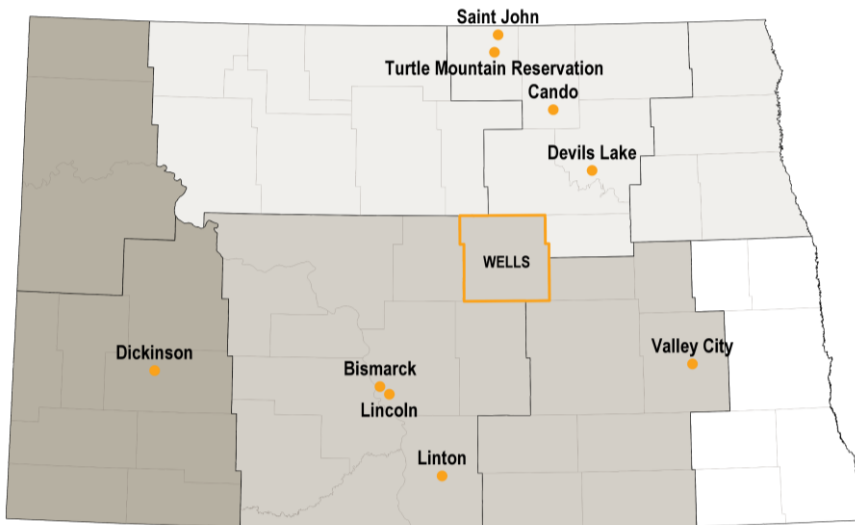
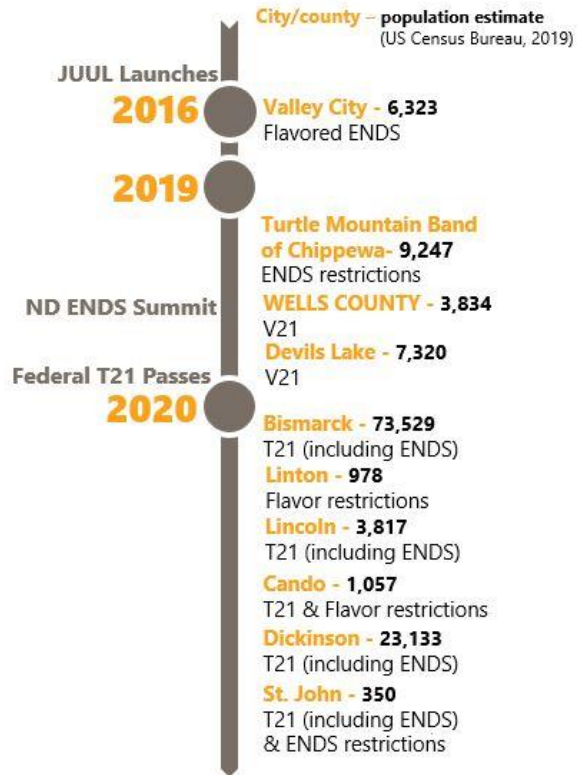
Local policies impact communities and build momentum for statewide policies.

Youth access and flavor restriction policies passed by local public health in North Dakota.

ENDS use among youth is a prominent issue in North Dakota (see [page 12](#) for more information on ENDS use rates by youth). Studies investigating the rise in use among youth have found that flavored e-liquids and flavored tobacco products are particularly attractive to youth.

The **NDDoH funds 28 LPHUs** to work on prevention, education, and capacity building activities in order to support the state tobacco program. Between 2019 and 2020, multiple LPHUs have **passed Tobacco 21 (T21) or Vaping 21 (V21) policies** prohibiting tobacco sales (sometimes including ENDS or exclusively ENDS) for those under the age of 21. Others passed **policies banning the sale of flavored products**. These policies protect more than 130,000 North Dakotans.

Cities, counties, and a tribal nation where these policies have passed are depicted in the map below. Shaded areas show the prevalence of e-cigarette use among high schoolers. These local communities are prioritizing the protection of their youth from tobacco through the passage of these types of prevention policies. This local commitment can fuel support for the passage of statewide policies to protect all North Dakotans across the state.



Eight LPHUs and a tribal nation have helped pass policies, yet parts of the state do not yet have any of these policies in place.

Youth e-cigarette use by region:



Partnerships and persistence across North Dakotan programs move policies forward.

Key players and community groups are instrumental in the education around and passage of local ordinances. Quotes are from local tobacco coordinators.



Community, State, & Local Organizations or Groups

Local coalitions and statewide workgroups promote and provide education around policy initiatives; partnerships with local, state, and national organizations and associations that support and enforce local ordinances

"We trained Police Officers [...] on how to complete [tobacco] compliance checks"



Youth Engagement

Education of their peers and communities, attendance at legislative days, and provision of compelling testimonies in support of local policies

"Our local youth have been actively engaging their peers and adults on the topic of tobacco products with specific regards to e-cigarettes (ENDS products). They've presented to the School Board and plan to go to the City Council this spring to keep the conversation going."



Local Legislators & Officials

One-on-one meetings with local officials, presentations to boards of health and city council meetings

"Maintenance of relationships with our state legislators is essential"



Media & Communications

Local media (newspapers and radio) and social media campaigns support education and public awareness; statewide campaigns allow for consistent messaging

"The continued effort and "seed planting" finally paid off with an adoption of a tobacco-free parks policy in February. We have provided them with media and success stories and have helped them to implement the new policy"



Local Schools, Universities, & Educators

Presentations at schools and partnerships with teachers, school administrators, and school resource officers (SROs) assist with implementation and enforcement

"We have sat down with all the [school] representatives, including the assistant superintendent, to discuss how to get them to have a comprehensive policy"

Strong partnerships also work to create and maintain smoke-free or tobacco-free environments. To date, the number of policies passed are...

**Multi-unit
Housing**

339

**Outdoor
Air**

250

School

221

**College/
University**

17

**Healthcare
Setting**

63

Casino

4

Partnership with American Indians in tobacco control advanced this biennium to lay the groundwork for future impact.

The UND Masters in Public Health Program is contracted to take a key role in engaging North Dakota's tribal nations in tobacco control work.



Social media post promoting the American Indian Commercial Tobacco Program, available to NDQuits callers who are American Indian or Alaska Native.

A Tribal Community Public Health Survey 2020 was conducted to identify areas of need specific to public health in North Dakota's tribal nations.

Dr. Nicole Redvers and Kalisi 'Ulu'ave conducted this study, creating a survey adapted from the 10 Essential Public Health Services. Key findings were:

85% of respondents believe their communities have less than adequate capacity and training to meet public health essential needs.

5 capacity building areas were identified: Improve public health communication materials, improve grant writing support, develop additional capacity for behavioral health programs, provide additional capacity for substance abuse programs, and develop a sustainable public health quality improvement and evaluation framework at the tribal community level.

Moving forward, this information will be acted upon in the following ways:

Counting matters: The American Indian Adult Tobacco Survey will be conducted to ensure accurate data is collected and baselines for tobacco prevalence can be calculated.

Contextually relevant, evidence-based education opportunities: A Public Health 101 module is being created by the UND Public Health Program, which will be made available to all tribal prevention and control coordinators and other key stakeholders.

A program specific to American Indians is available through NDQuits.

In FY20, out of all unique NDQuits enrollees, 7% identified as American Indian or Alaska Native (179 out of 2,424). Out of these 179 participants, only 41 (or 23%) chose to enroll in the American Indian Commercial Tobacco Program offered through NDQuits. This is similar to FY19 (37 out of 205, or 18%). Increasing the proportion of participants enrolling in this special protocol is an area of opportunity in North Dakota tobacco cessation.



AMERICAN INDIAN
Commercial Tobacco Program



Seven years of data collection, building relationships, and education has led to two more casinos expanding smoke-free areas.

The North Dakota Smoke-Free Casino Project (NDSFCP) was created in 2013 to work towards encouraging tribal casinos on all American Indian Reservations in North Dakota to be smoke-free. This work involves **educating on the health risks** of secondhand smoke to the casino employees and patrons through air quality testing, **collecting data to inform tribal councils** while they weigh decisions around going smoke-free, and asking other casino leadership to **share experiences** about going smoke-free. Stephanie Jay, the Health Educator from Turtle Mountain Band of Chippewa and the Statewide Smoke-free Casino Coordinator, has been coordinating the creation and implementation of this project from the start in collaboration with the NDDoH.

The NDSFCP work has centered around community and casino engagement. Much of the work has been centered around providing education, doing environmental assessments of the casinos, and surveying community, staff and patrons on their thoughts about implementing smoke-free environments.

In the last year, two of North Dakota’s casinos have expanded their smoke-free areas, a huge success in an effort that has been building education and support for most of the past decade. There are now a total of four casinos that have expanded smoke-free areas, **doubling during this biennium**.



Prairie Knights, operated by Standing Rock Tribal Nation, made all gaming floors smoke-free (with a designated smoking room).



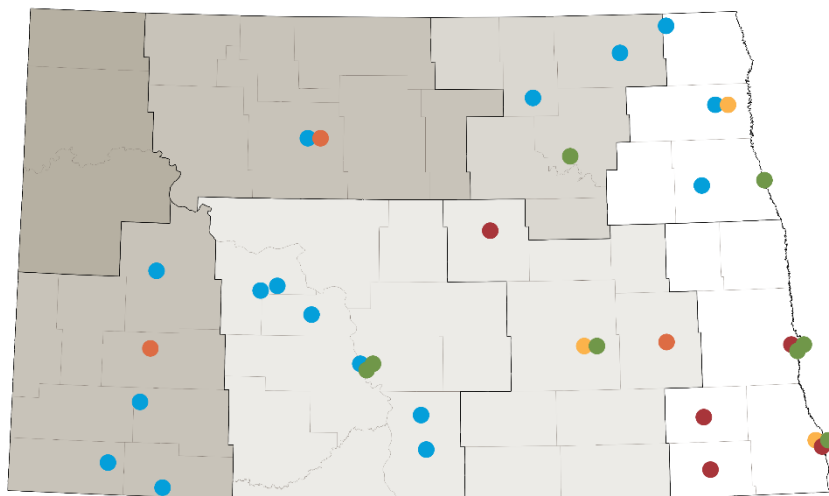
Sky Dancer Casino, operated by the Turtle Mountain Tribe, expanded its smoke-free area in September 2020.

Tobacco cessation work in North Dakota is community-focused, grounded in relationship building and local connections.

Grantees and LPHUs create a **network of support** throughout the state for tobacco users who want to quit. This promotes partnerships with local organizations for personalized support and health education.

"By working closer with Custer Health staff that works with Women's Way and Men's Health programs, we have found better access to tribal areas that may utilize our media and education material in order to better reach the Native American population. These contacts should increase the awareness of NDQuits on the reservation and provide our communities in Sioux county with better health education."

- Custer Health, LPHU



Program offered: **NDQC** **BMTFP** **in-person (IP) counseling** **BMTFP & IP** **NDQC & BMTFP**

Tobacco use prevalence: **< 20%** **20% - 22%** **23% - 25%** **26% - 28%** **> 28%**

Tobacco use prevalence data is from the North Dakota Behavioral Risk Factor Surveillance System (ND BRFSS) 2019

Counselors and providers are trained to help tobacco users quit with **tailored support**. The state quitline (NDQuits) counselors are **based in-state** at the UND, while LPHU and grantee counselors are dispersed locally throughout the state.



13,500

patients received counseling through the NDQC program grantees by a TTS in FY20.



1,300

pregnant women enrolled in North Dakota's BMTFP between 2014 and 2020.



125

TTS were trained & are providing services at NDQC grantees in FY20.



3,285

tobacco users enrolled, on average, in NDQuits each year since 2011.



1 in 4

referrals to NDQuits go on to enroll in the program. This is the same as the national average of quitlines at 25%.¹³



1.16%

of North Dakota tobacco users were provided treatment by NDQuits in FY20. This is similar to the national average of quitlines at 1.19%.¹⁴

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do.

Seven months after enrolling in NDQuits, **30.8%*** of participants who received treatment **were quit from tobacco**. This is slightly above the national quitline goal of 30%.¹¹

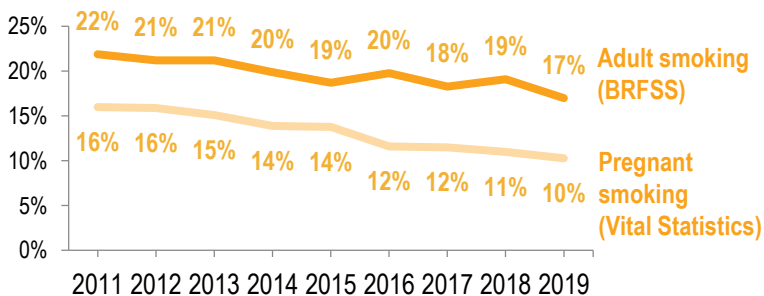
"[The] program really helps give confidence they believe in you when no one else does." – NDQuits participant

Pregnant smokers who enroll in the BMTFP have better birth outcomes than mothers in ND who smoked during pregnancy.

Through December 2019, BMTFP participants' babies had a **higher average birthweight** than the average birthweight reported by North Dakota mothers who had a baby in 2018 and reported smoking during pregnancy (7.5 lbs. vs. 7.1 lbs.).¹⁴ This is a difference of approximately 6 ounces.

"I had tried to quit smoking multiple times before and was unsuccessful. When I found out I was pregnant, I knew I needed to quit and stay quit for my baby. This program allows me to have constant support from others rather than trying to quit by myself...I have been smoke-free for two years now." – BMTFP participant

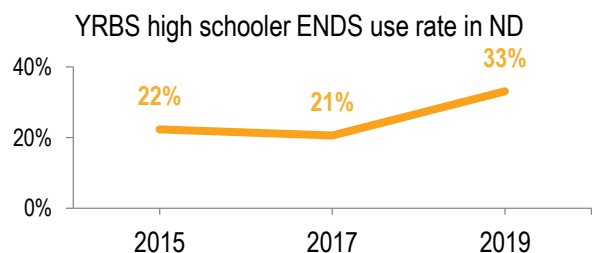
Though smoking rates have been declining, 17% of North Dakotans were still smoking cigarettes in 2019. One in ten pregnant women reported smoking during their first trimester in 2019.



While BMTFP in North Dakota has made a difference in higher average birthweights, the expenses to coordinate the program with the national BMTFP and in-state program support are high for the number of participants who can sustain a quit attempt. NDQuits has a pregnancy protocol that only enrolled 36 participants in FY20. Promotion of this protocol is an area of opportunity to continue helping pregnant women quit tobacco products.

Youth ENDS rates are an area of opportunity in tobacco cessation to reduce nicotine addiction.

NDQuits has a youth-specific program called **My Life, My Quit**, available to help youth under 18 quit ENDS and tobacco. Although 33% of high school students used ENDS in the past 30 days in 2019, only 23 youth enrolled in My Life, My Quit in FY20.



*The 95% confidence interval for the quit rate is 26.0%-35.5%. This quit rate is for December 2018-November 2019 enrollees.

Fiscal Responsibility

Tobacco prevention and control just makes sense. It is fiscally responsible to invest in efforts to prevent tobacco use initiation as well as to support tobacco users who want to quit.

Money and lives are saved from implementing evidence-based solutions.



"We want businesses to understand that the number two expense for most companies is healthcare and the biggest driver of healthcare expenses is smoking rates."



Quote by the United States Surgeon General Jerome Adams in 2019 at the Main Street Summit, Bismarck, North Dakota

Tobacco costs North Dakota much more than the revenue brought in by tobacco taxes.

Smokers do not pay for themselves with taxes. In fact, North Dakota brings in \$26.8 million annually from taxes on cigarettes and other tobacco, but tobacco use **costs the state more than twelve times that amount** (\$326 million annually).¹⁵

North Dakota's Century Code credits all revenue from the cigarette tax to the state General Fund (57-36-25 (2001)) with three cents distributed to incorporated cities based on population (57-36-31 and 57-36-32 (1993)). Funding for tobacco prevention and control is essential to implement programs that are based on evidence. These programs support cessation for those who want to quit and to prevent youth from starting to use tobacco. The time to fund tobacco has never been more urgent. With over half of North Dakota youth trying an ENDS device ([page 12](#)) and tobacco use exacerbating the length of hospital stays for tobacco users who contract COVID-19 ([page 36](#)), the costs of tobacco are high for the fiscal health of the state and for all North Dakota households.

The national estimate of smoking-related health costs and lost productivity is \$19.16 per pack of cigarettes¹⁵; North Dakota only collects a fraction of that to support costs of tobacco use to the state. North Dakota ranks **second to last in the nation** for its tax on tobacco products, putting the people of North Dakota at a disadvantage to combat the tobacco-related illnesses and lost productivity due to tobacco-related sickness or hospital stays.

\$0.44 per pack of cigarettes

28% of the wholesale purchase price for cigars and pipe tobacco

\$0.16 per ounce of chewing tobacco

\$0.60 per ounce of snuff

\$0.00 for any ENDS product

No tax or regulation of ENDS products in North Dakota means that the costs to the citizens of North Dakota using these products is unknown. ENDS and other nicotine products are being sold in North Dakota with little state regulation. Though these products contain nicotine synthesized from tobacco, North Dakota has no mechanism to track the number of products being sold, through which medium (stores, online, etc.), and to whom they are being sold.

Tobacco costs North Dakota \$326 million each year in smoking-related costs.

Nicotine addiction is expensive, starts young, and is tough to quit.

Smoking costs North Dakota businesses nearly \$6,000 per tobacco user each year.

Tobacco users take, on average, **six extra days of leave, take more breaks during the workday to smoke, and use more paid time off as compared to non-smokers.** Additionally, because tobacco use is harmful for nearly every organ in the body, it contributes to **multiple chronic conditions** such as heart disease, lung cancer, and stroke.¹⁶

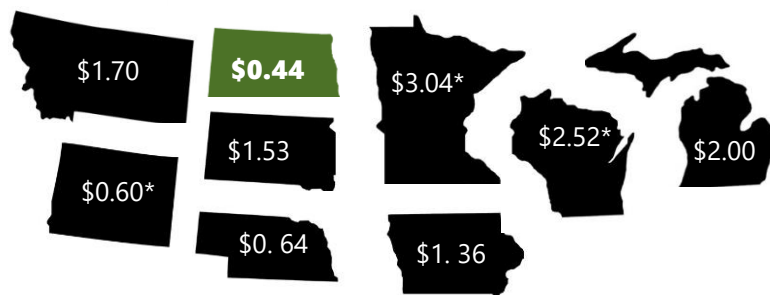
Nicotine is a highly addictive drug. Taxes on tobacco products are sometimes termed a “sin tax,” since tobacco initiation is sometimes seen as a personal choice. However, the main addictive ingredient in tobacco products, nicotine, is one of the most highly addictive drugs available. It is estimated that while 70% of tobacco users want to quit, **only 6% are ultimately successful** in staying quit. It’s widely known that quitting tobacco for good takes multiple attempts.¹⁷

Most users are addicted to nicotine by the time they are 18 years old.

Further, **nine out of ten smokers are addicted to nicotine by the age of 18 and 99% are addicted by the time they are 26 years old.** Brain development continues through the age of 25 and there is conclusive evidence that nicotine use in youth and young adults leads to changes in brain development related to attention, learning, and memory.¹⁸ In short, nicotine poisons the developing brain.

North Dakota’s tobacco tax is much lower than states in the region, and three of these states tax ENDS products.

The tax on tobacco in North Dakota is the second lowest in the United States and it does not include ENDS products. **The average state cigarette tax in the United States as of July 1, 2020 is \$1.82 per pack.** As shown below, North Dakota’s neighboring states all have higher taxes on tobacco, most by a substantial amount. Minnesota, Wisconsin, and Wyoming (indicated with an *) also passed state-level legislation that requires a tax on e-cigarettes. As of August 1, 2020, there are 25 states with this type of legislation.



Medicaid supports the cost effectiveness of tobacco cessation.

North Dakotans using Medicaid smoke at a higher rate than the general population.

Almost **40% of North Dakotans with Medicaid coverage smoke cigarettes** (39.1% or 18,017). This is **more than double** the rate of smoking in North Dakota overall (19.1%). Medicaid costs caused by smoking are \$56.9 million in North Dakota.¹⁵

Investment in cessation for North Dakotans using Medicaid is proven to be cost effective. A return-on-investment study found that **for every dollar spent on program costs, a \$2.12 return on investment to the Medicaid Program was realized** within one year of the benefits being used.^{19, 20} Tobacco cessation support by Medicaid has increased following evidence of the cost savings. Since the passing of the Affordable Care Act, Medicaid has covered cessation products such as Nicotine Replacement Therapy (e.g., patches, gum, etc.).

Starting on January 1, 2020 Medicaid made it even easier for North Dakotans to quit by covering all cessation medications (e.g., Chantix, bupropion) and removing the requirement for prior authorization from a physician. Providers are strongly encouraged to refer patients to NDQuits and/or to provide brief counseling to patients on how to successfully quit. **Since the coverage change, over 2,800 North Dakotans on Medicaid received a tobacco cessation medication and/or counseling visit.**

NDQuits helps Medicaid-insured tobacco users with their quit journey. During FY19, NDQuits served a high percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans with no insurance as compared to the state average.

19% of NDQuits participants were insured by Medicaid

28% of NDQuits participants had no insurance (compared to 18% statewide)

Opportunities exist to increase use of Medicaid benefits and to increase the cost savings. There are 46,081 adults in North Dakota who have Medicaid (American Community Survey 5-year estimates, 2018). Only 2,884 had a claim for medication or counseling, leaving an estimated 15,133 Medicaid smokers without any type of tobacco cessation support. Almost 20% of the \$326 million health care costs caused by smoking in North Dakota are paid by Medicaid. It is estimated that smoking costs Medicaid more than \$57 million (note that this estimate includes adults and children). This cost estimate was calculated by PDA in an ongoing analysis of Medicaid costs.

The NDDoH and the North Dakota Department of Human Services Medicaid Office have strengthened their collaboration. The agencies participated in a 6|18 Initiative Program from the CDC to establish a goal to allow the certified tobacco treatment specialists with a National Certificate of Tobacco Treatment Practice (NCTTP) to be recognized as Designated Providers for Medicaid. This will enable these providers to be reimbursed by Medicaid for outpatient counseling. Currently, there are at least 45 CTTS/NCTTP providers within the NDQC Grant Program.

COVID-19 has exacerbated the health and economic consequences of vaping and cigarette use.

"One worrisome impact of vaping during the COVID-19 pandemic, is that the symptoms of vaping lung injury mimic those of coronavirus."²¹

- Cleveland Clinic physician

Youth and young adults who vape or smoke are more likely to test positive for COVID-19. A recent study addressed the relationship between youth smoking and e-cigarette use and COVID-19.²² The results of this online, national survey of 13- to 24-year-olds found that **ever users of e-cigarettes were five times more likely to receive a positive COVID-19 diagnosis.** Ever dual users of e-cigarettes and combustible cigarettes were **7 times more likely to receive a positive diagnosis and 4.7 times more likely to have COVID-19 symptoms.**

Smokers are more likely to be hospitalized and have longer hospital stays due to COVID-19. North Dakotans who are **smokers have longer hospital stays** than North Dakotans who do not smoke. Looking at hospitalization data and comparing smokers and non-smokers who were hospitalized due to COVID-19:

2.8% of COVID-19 cases who were not smokers were hospitalized

7.2% of COVID-19 cases who were smokers were hospitalized

The average length of time in the hospital for non-smoking North Dakotans hospitalized for COVID-19 was **6.08 days while that rises to 7.09 days** for patients hospitalized for COVID-19 who smoke. The average inpatient costs for a nonprofit hospital in North Dakota is \$1,980 per day for nonprofit hospitals and \$4,501 per day with for-profit hospitals.²³ Calculations based on a COVID expense study by FAIR Health brief estimates that there is an \$11,000 per day charge for a hospital stay for a COVID patient in North Dakota.²⁴

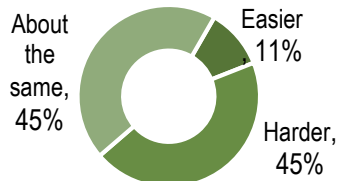
The COVID-19 pandemic appears to be affecting tobacco and ENDS users who use NDQuits in a variety of ways; while many are reporting no effect of COVID-19 on the challenge of quitting (or staying quit), others report quitting is harder, and a small number report quitting is easier.

Has the COVID-19 pandemic made it easier, harder, or about the same for you to quit/stay quit from:

e-cigarettes/vaping products (N=23)



Tobacco (N=159)



COVID-19 led to a **fear of sharing tobacco products** and ENDS, as well as trying to use tobacco products less in order to **keep one's mask clean** ("I wear a mask almost everywhere I go now and I don't want it to stink and try not to smoke while wearing it").

With no regulation of ENDS products, there is no way to capture the true cost to North Dakotans. North Dakota youth have been active in asking their legislators to increase the price of and regulate ENDS to reduce youth initiation.

The ACS-CAN, TFND, and the state's LPHUs collaborated to host the 2019 North Dakota Day at the Capitol for Tobacco Prevention. Over 150 students and their advisors from across the state attended and received advocacy training, tobacco prevention policy training, and North Dakota Legislative process and protocols training. The students hosted their district legislators for lunch and chatted with them about tobacco prevention policy best practices and what they are seeing in their local schools and communities.



A news conference held, and speakers included student advocates, ND Legislators, TFND, and ACS-CAN.

The tobacco coordinator at Jamestown's Central Valley LPHU, brought two student advocates to the Capitol during the Interim Taxation Committee Hearing in January 2020 to provide testimony on ENDS from a student's perspective, sharing what they see in their school, and asking for an increase in the price of ENDS to keep kids from using these products.



Two students testify at the January 29, 2020 Interim Taxation Committee Hearing

There is extensive evidence that e-cigarette use increases the risk of using combustible tobacco – a cause for concern with over half of North Dakota youth having tried ENDS.

"I have been seeing, for the last year and half, these devices expand to a segment of the young population that would never have thought of smoking. Last year, for the first time, e-cigarette use surpassed regular cigarette use with youth."

~ Pat McKone, regional senior director with the American Lung Association of the Upper Midwest.

A Congressionally mandated report on the public health consequences of e-cigarettes was published in 2018 from the National Academy of Science, Engineering, and Medicine. This report found "substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults."²⁵

A study just released in the journal Addictive Behaviors found that **youth who tried e-cigarettes were seven times more likely to use combustible tobacco a year later.**²⁶

We know what works to curb nicotine use in youth and young adults – whether from ENDS or from combustible tobacco like cigarettes and cigars.

- Safeguard North Dakota's **comprehensive smoke-free air law**, which protects against secondhand smoke and toxins produced by vaping
- Continue to **strengthen Tobacco 21 laws** at the local level to clarify enforcement
- **Increase the tobacco tax** to be comparable to the United States and neighboring states, as well as include ENDS products
- **Increase funding** for tobacco prevention
- **Increase access to cessation programs**, particularly for those disproportionately impacted by tobacco



American Lung Association, Proven Policies to Prevent and Reduce Tobacco Use, <https://www.lung.org/research/sotc>

Recommendations



Recommendations

Use of ENDS is at epidemic levels for youth and young adults, though the true impact on North Dakota cannot be estimated until these products are regulated through inclusion in the tax code.

Nearly all ENDS products contain some level of nicotine, which is highly addictive, and some products (e.g., JUUL) use nicotine salt which makes the products less harsh and more addictive. Further, research out of North Dakota State University (NDSU), supported by the TPCP, collected samples from all of North Dakota's shops that sold ENDS at two different time points (2015, 2019) revealed that the labeled ingredients of ENDS, including nicotine, are incorrect the majority of the time. This is consistent with research nationally which is increasingly pointing to a growing list of harmful ingredients, including nicotine, that are likely to lead to intermediate and/or long-term health effects. Three localities in the state have passed restrictions around flavored ENDS products, which are most likely to appeal to youth and young adults. North Dakota should join the 25 other states in the nation who tax ENDS products and regulate their content to protect the citizens of their states.

North Dakota has made significant progress in building systems that support evidence-based cessation support for North Dakotans wanting to quit nicotine of any form. Consider how to coordinate and deepen these multiple systems and programs to ensure all North Dakotans have access to cessation resources.

There are even more cessation resources available to North Dakotans in this biennium, as compared to 2017 – 2019. This has been a major point of success for the TPCP and the distribution of the types of cessation support is visualized on the map on [page 31](#). There are opportunities for grantees and LPHUs, which are a network of support throughout the state, to expand cessation resources, especially in regions with relatively higher levels of tobacco use. Further, the health systems work, as it continues to expand, might consider deepening relationships and buy-in from hospital administration to ensure long-term sustainability of the work that many NDQC grantees have been building for many years. Nicotine dependence is a serious, expensive, and large-scale problem and it takes multiple partners working in a coordinated, integrated manner to ensure strong cessation resources continue to be available across the state.

North Dakota TPCP has shown effectiveness in expanding cessation resources at a systems level; Medicaid users are twice as likely to be addicted to nicotine and they now have easier access to nicotine replacement therapy. The TPCP should continue to work with Medicaid and other partners to sustain tobacco control work and deepen research.

Given that tobacco is the leading cause of preventable death for North Dakotans, and despite reductions made to tobacco prevention and control funding over the last two bienniums, the TPCP has shown deep commitment to this work. For example, the NDDoH and Medicaid have deepened their work together to better reach Medicaid users through state-level policy changes. There are still 15,133 Medicaid smokers not utilizing the available tobacco cessation support (medication or counseling). Further, NDQuits served a higher percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans without insurance as compared to the state average.

Recommendations (continued)

There are serious disparities in tobacco use in some populations in the state; engagement to reach these populations is essential and North Dakota has taken important steps in the biennium to ensure resources are prioritized to reach these individuals.

In addition to the partnership with Medicaid, the TPCP has started to engage with American Indians in a new way. A new partnership with the public health program at the UND has Native Americans doing the work with North Dakota's four tribal nations and building tribal capacity to address nicotine dependence. There are opportunities to strengthen utilization of the NDQuits special protocols, to develop innovative ways to reach pregnant smokers and vapers in the state as the BMTFP is discontinued, and to engage with tobacco users in frontier and rural areas of the state. The broad education and awareness throughout the state, supported by coalitions and health communications, can build support for policies and educate on the obstacles faced by priority populations.

Building authentic youth engagement is an emerging area; during the 2019 – 2021 biennium some key activities were conducted to expand work with youth and young adults and youth leaders have emerged as new and powerful voices.

During the biennium, the YAS was expanded to two locations in 2019 and during 2020 moved forward in a virtual format due to COVID-19. The Break Free brand was developed in 2019 and throughout the biennium there were multiple venues and ways in which youth used their voices to educate and ask for improved tobacco policies, and to keep the comprehensive smoke-free air law in place. Youth engagement creates new leaders, and youth are an essential partners in prevention and control because they can educate peers on the harm of tobacco (and especially ENDS), mobilize youth and adults to take action, and they are savvy with social media and raising awareness.

Funding for broadcast media is a cost-effective strategy in North Dakota, and North Dakota specific ads are the most effective in motivating people to call NDQuits.

As funding for tobacco prevention and control was reduced by 42% in the 2017 biennium, and then reduced again in the 2019 biennium, the resources available to implement this proven strategy severely limit the program's ability to continue this strategy. The campaigns that were launched, such as Quit Week, were highly effective in increasing calls to NDQuits and raising awareness. Having limited resources to create North Dakota-specific broadcast ads, a cost-effective strategy, impacts the effectiveness of tobacco control in the state.

Continue to use data to drive decision-making, to maintain increased transparency of evaluation and research findings, and to further engagement of the TPCP partners in using this information to move forward the State Plan.

During the 2017 – 2019 biennium the TPCP was built as a diverse group of state and national partners; the building blocks developed in the last biennium were deepened during the current biennium. Numerous examples of national dissemination of North Dakota's work occurred (see Appendix D) and engagement continued of the partners despite the challenges of COVID-19. The data emerging from the two public health threats during this biennium only deepen the importance of tobacco prevention and control. The TPCP should continue to have evaluation as a partner at the table so the evaluation priorities can remain flexible and responsive to programmatic changes and the work of the partnership.

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Appendices



Supporting Documentation and Details

- p.48 A. What is the TPCP? Who does the work?***
- p.51 B. Evaluation approach and methods***
- p.54 C. Progress on the State Tobacco Plan***
- p.58 D. National dissemination of North Dakota's tobacco control efforts***
- p.61 E. Testimonials from participants in the TPCP cessation programs***

A. What is the TPCP? Who does the work?

The Tobacco Prevention and Control Partnership is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state.

Backbone of the TPCP

The North Dakota Department of Health facilitates and is responsible for the administrative functioning of the TPCP. This includes convening meetings of state and national partners quarterly; contracting with media, evaluation, and legal/policy training and technical assistance; and managing grantees at local public health units and at hospitals and health systems around the state.



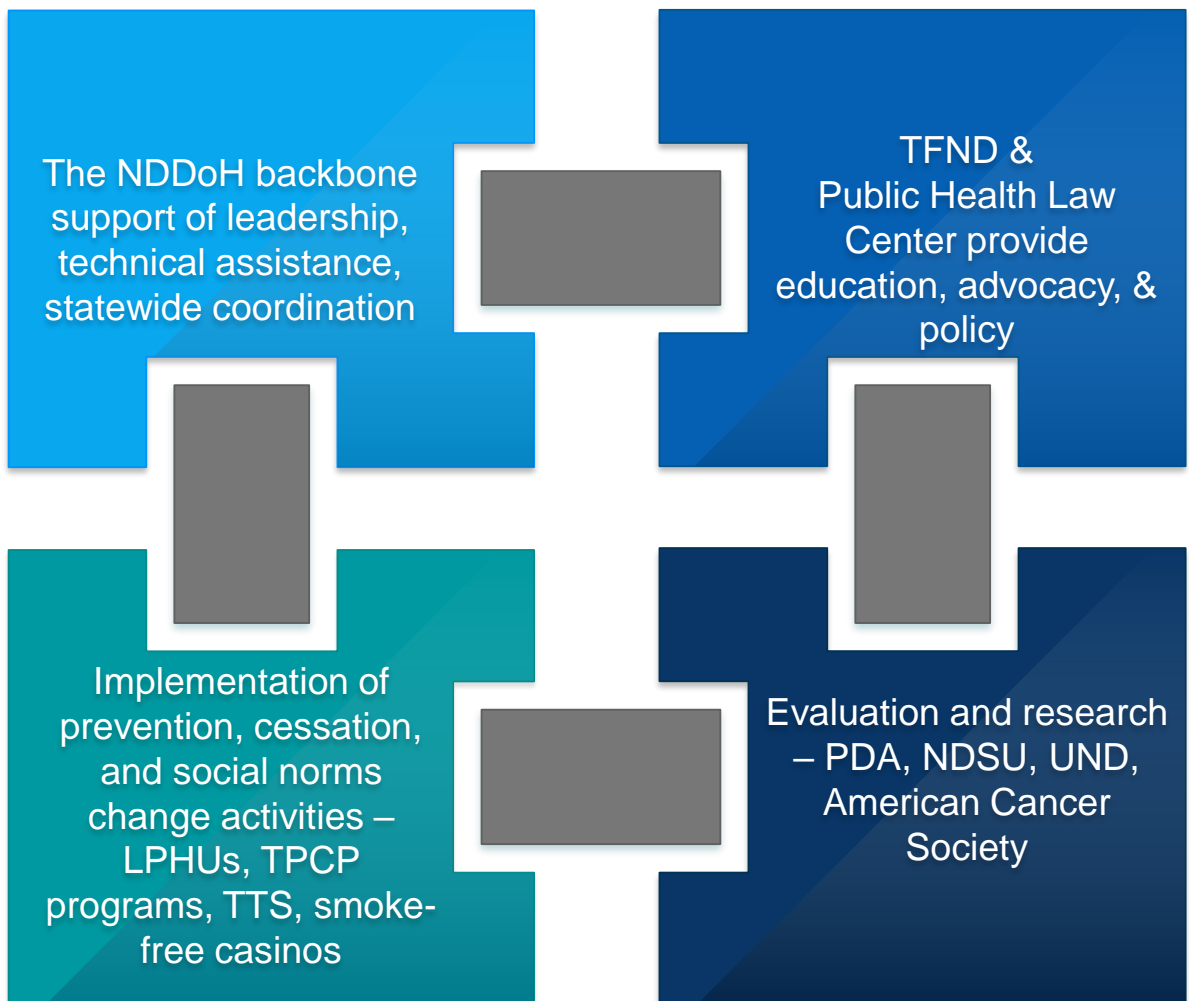
Pictured, left to right: Clint Boots (NDDoH), Neil Charvat (NDDoH), Kara Hickel (NDDoH), Kara Backer (NDDoH), Stan Glantz (University of California-San Francisco), Abby Erickson (NDDoH), Kelly Buettner-Schmidt (NDSU), Mylynn Tufté (State Health Officer at the NDDoH until May 2020).

TPCP Partners

Over 50 partners coordinate to implement the comprehensive tobacco prevention and control activities. The four goals of the TPCP are:

1. Prevent initiation of tobacco use among youth and young adults
2. Eliminate exposure to secondhand smoke
3. Promoting quitting tobacco use
4. Build capacity and infrastructure to implement a comprehensive, evidence-based tobacco prevention and control program.

The strategies to achieve these results are detailed throughout this report and in North Dakota's Comprehensive Tobacco Prevention and Control State Plan (see [Appendix C](#)), in coordination with the following partners:



B. Evaluation approach and methods

Methods in this section are included specific to the development of this synthesis report, as well as a brief summary of analyses that were conducted for specific project evaluations (and that are fully described in a separate report). PDA takes a utilization-focused approach to the evaluation, identifying the intended use of the evaluation by stakeholders and then keeping that intended use front and center throughout the evaluation process.

Approach to synthesizing the evaluation and surveillance data for this report

Who is PDA?

PDA is an evaluation and statistical consulting firm that has been conducting evaluation and research for over 35 years. The focus of PDA's work for the past two decades has been to work with states across the United States to evaluate tobacco control and prevention; PDA has been serving as the external evaluator for some or all of North Dakota's tobacco control work since 2012.

THE PDA team that contributed to this report includes:

[Melissa Chapman Haynes](#), Director of Evaluation

[Kate LaVelle](#), Senior Evaluator

[Sam Friedrichsen](#), Statistician

[Sara Richter](#), Senior Statistician

[Audrey Hanson](#), Associate Evaluator

[Lily Dunk](#), Associate Statistician

[Alyce Eaton](#), Evaluator

Overall approach

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.

How was information identified and synthesized for this report?

The PDA team started to identify key findings over the biennium in May 2020. The findings were compiled into an internal document and three themes were identified to organize the findings: innovation, community-focus, and fiscal responsibility. A face sheet was developed to identify and communicate the purpose of the report, the intended audiences, and the timeline. This was shared with the NDDoH and some additional data sources were identified for inclusion.

Over the later months of 2020, the PDA team conducted additional analysis as needed, including analysis of new data from Medicaid and an ongoing, multi-year comparative case study of local policy work over the past three years. PDA also conducted some targeted literature reviews to ensure the newest research was incorporated in this report, particularly on ENDS and vaping.

Within the three themes that organized this report, PDA identified three to five key findings within each theme. These findings included both successes as well as areas of opportunity.

A major purpose of this evaluation is to track and report on progress on the goals of the State Plan. Some of these goals are monitored quarterly, and progress is reported at least annually to the TPCP partners. The progress to date on the State Plan goals are visualized and detailed in [Appendix C](#).

Methods for specific program evaluations within PDA's comprehensive evaluation work

Full methods are found in reports that are under a separate cover. See [page 7](#) for a list of the reports that are publicly available on the NDDoH's website.

NDQuits. The primary datasets used to inform this evaluation include data extracts produced by the quitline vendor National Jewish Health: referral data, intake data, as well as follow-up survey data collected by Wyoming Survey & Analysis Center (WYSAC). In addition, PDA used surveillance results to interpret NDQuits results in light of overall trends. Specifically, PDA uses results from the Behavioral Risk Factor Surveillance System (BRFSS) and the North Dakota Adult Tobacco Survey (NDATS). Finally, PDA uses results from the North American Quitline Consortium (NAQC) annual survey as a way to understand North Dakota's results as compared to other quitlines in the United States.

NDQuits Cessation (NDQC). PDA hosts a secure, online reporting tool for the NDQC grantees to submit annual planning documents and quarterly reports. To collect the data for the quarterly progress reports, each NDQC grantee receives a link to the online data collection tool that is unique to their site. Data entry completeness and consistency is monitored, and regular updates are sent to the NDDoH. Each quarter when the data is collected, any data discrepancies are resolved through a quality assurance process. PDA then creates the individualized dashboard reports that show grantee accomplishments and program trends. The dashboard reports are specific to each grantee, highlighting data and trends unique to that grantee while also providing an overview of the data trends for the whole NDQC Program. Data from the planning document is also incorporated so grantees can monitor their progress towards their goals throughout the year. These reports are sent to the NDDoH and distributed to grantees.

BABY & ME – Tobacco Free Program (BMTFP). There are multiple data sources utilized for this evaluation. The primary source of information is appointment data for each participant that is collected by BMTFP grantees

and is recorded and entered into an online database called EvalForms. This database was launched in May 2019 to ensure accurate data collection. It is hosted and managed by PDA.

In addition, infant birthweight and mothers' gestational age data at the state level were obtained from North Dakota's annual Vital Statistics data. Finally, quarterly national calls and grantee materials (workplans, etc.) present information about participants' utilization of the program and program outcomes, which inform a larger understanding of the grantees' work.

Local Public Health. PDA maintains and updates a quarterly online tracking and reporting system to document Local Public Health Unit (LPHU) activities including: policy interventions (i.e., smoke-free multi-unit housing, tobacco-free business grounds and public places, and comprehensive tobacco-free schools), youth engagement work, retail tobacco point-of-sales activities (e.g., compliance checks), and education initiatives. From these quarterly reports, PDA creates quarterly dashboards to document collective progress of the LPHUs toward meeting objectives of the State Plan. Quarterly dashboards are combined with qualitative LPHU success stories and disseminated to the NDDoH, LPHUs, and TFND quarterly.

Health Communications. PDA conducted multiple linear regression to assess the relationship between NDQuits media investment, NDQuits broadcast TV Targeted Rating Points, and NDQuits digital impressions with incoming calls. The number of NDQuits registrations were examined by week from July 2013 – June 2020. The media data was obtained from Odney and examined weekly from July 2012 through June 2020. Finally, data was obtained from CDC on the Tips campaigns placed in North Dakota.

C. Progress on North Dakota's State Tobacco Plan

North Dakota was one of the first seven states in the United States to have a strategic, state-level plan, over 30 years ago. This plan coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature. The 2019 – 2021 North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a living document that is periodically reviewed, modified, and updated throughout the biennium.

In this section, progress on each goal of the State Plan is detailed. Approximately half of the goals have been met.



Progress on North Dakota's State Tobacco Plan

The following data represent the cumulative progress towards the 2019-2021 biennium goals through September 2020. **Blue bars indicate the goal has been met.**

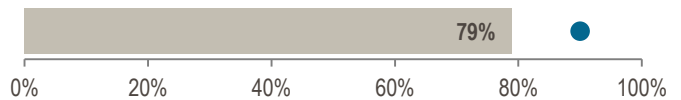
● State goal ◆ National average

Goal 1: Prevent the initiation of tobacco use among youth and young adults

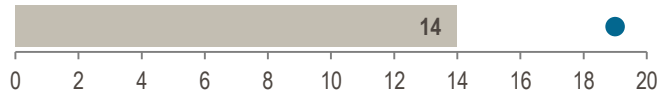
Objective 1.1: Increase price of tobacco products by the minimum amount necessary to effectively lower health impacts. Current tax rate is 44 cents.



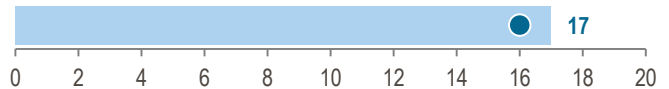
Objective 1.2: Collaborate with local education areas (LEAs) to adopt the NDDoH and North Dakota School Board Association comprehensive model tobacco-free school policy. Goal: 90% of LEAs covered.



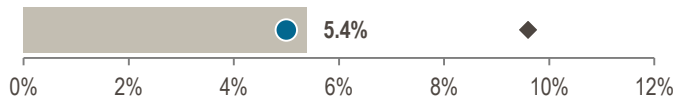
Objective 1.3: Collaborate with college campuses to adopt tobacco-free grounds policies. Goal: 19 colleges with tobacco-free grounds policies.



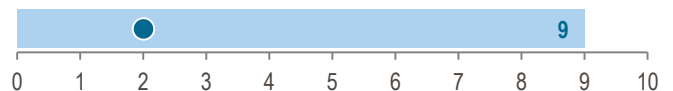
Objective 1.4: Engage youth in tobacco control efforts. Goal: 16 local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing. This number reported is for FY20 Quarter 1.



Objective 1.5: Reduce the percentage of retailers selling tobacco products to minors as determined by the Synar program to 5% or lower.*



Objective 1.6: Increase the number of local community promising practice policies/ordinances to reduce youth tobacco product initiation to 2.



*State average from Synar 2020; national average from Synar 2018.

Goal 2: Eliminate exposure to secondhand smoke

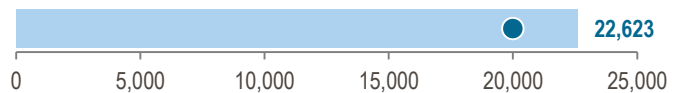
Objective 2.1: Eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

National partner, ACS-CAN and state partner, TFND, collaborated to educate on the importance of the 2012 law.

Objective 2.2: Prevent preemption in all North Dakota state tobacco prevention and control laws.

Desmond Jenson from the Public Health Law Center presented on pre-emption at both ENDS Summits. Also, TPCP partners attended the National Conference in Minneapolis in September 2019, where multiple presentations addressed preemption.

Objective 2.3: Increase number of smoke-free multi-unit housing to 20,000 housing units.



Objective 2.4: Increase the number of smoke-free policies and laws in casinos not covered by the ND Smoke-Free Law to five policies.

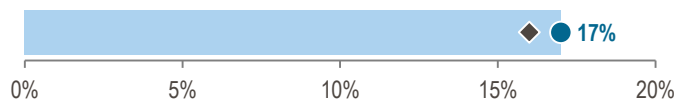


Objective 2.5: Increase the number of smoke-free policies in outdoor areas (including workplace grounds) not covered by the ND Smoke-Free Law to 250 policies.

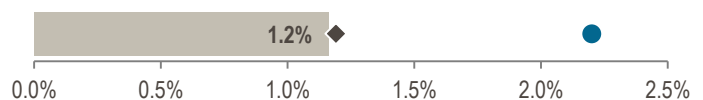


Goal 3: Promote quitting tobacco use

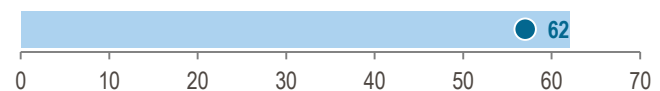
Objective 3.1: Decrease the percent of North Dakota adults who are current smokers to 17%.



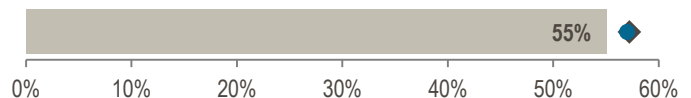
Objective 3.2: Increase the reach of NDQuits to 2.2%.



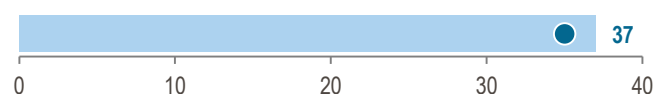
Objective 3.3: Increase the number of health care settings using the systems approach to 57.



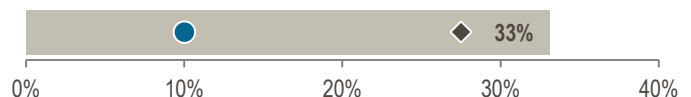
Objective 3.4: Increase the proportion of adults making quit attempts to 57%.



Objective 3.5: Increase the number of health systems and community organizations working to target special populations to 35.



Objective 3.6: Decrease the percent of North Dakota high school students who used ENDS products at least one day in the last 30 days to 10%. **



**State average from Youth Behavior Risk Survey 2019; national average from National Youth Tobacco Survey 2019.

Goal 4: Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program

Objective 4.1: 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*.

The NDDoH is not funded at CDC-recommended levels; the administrative structure of the staff is strategically prioritized to maximize the impact possible with the current resources. The State Plan has been responsive to incorporating emerging issues, such as ENDS.

Objective 4.2: 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*.

The TPCP partners were engaged in strategic planning efforts during May 2019 and again during the October 2019 quarterly partners meeting. Funding is provided to key partners to implement the State Plan activities in a manner that utilizes CDC-approved training resources and CDC Best Practices.

Objective 4.3: 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.

The health communications efforts are coordinated through two campaigns, NDQuits and BreatheND, in partnership with a North Dakota-based media contractor, Odney. Creative efforts were made to deliver strategic and targeted messages through earned and paid media. For example, TFND developed materials around ENDS that can be modified for local contexts. Further, the TPCP collaborated to place a high-impact cessation campaign called Quit Week in May 2020. During Quit Week, there were 18 more enrollments in NDQuits than the average for the past 12 weeks.

Objective 4.4: Maintain the North Dakota comprehensive statewide surveillance and evaluation plan.

This goal is met through coordinated, complementary efforts by epidemiological staff at the NDDoH and an external evaluation contractor. The external contractor maintains a comprehensive evaluation plan, annually evaluates NDQuits and other, funded tobacco programs and grantees. These reports, along with surveillance tables maintained by the tobacco epidemiologist at the NDDoH, are publicly available the NDDoH's website.

Objective 4.5: Maintain sustainability efforts for tobacco prevention and control in North Dakota.

The TPCP partners coordinate the work of the State Plan through quarterly partners meetings, multiple workgroups, and innovate activities such as the ENDS Summits. The progress on the State Plan was shared with TPCP partners by the external evaluation contractor in October 2019, July 2020, and then to a broad audience in this report.

D. National Dissemination of North Dakota's Tobacco Control Work

An important part of the TPCP's work is to share innovative work with researchers and practitioners around the tobacco control and prevention work happening in North Dakota. During the biennium, this included peer-reviewed research, national conferences, and case study recognition.

Peer-Reviewed Publications

Buettner-Schmidt, K., Muhlbradt, M., & Brierly, L. (2021). *Why not Minot: The battle over North Dakota's first smoke-free ordinance*. In D. J. Mason, Dickson, E., McLemore, M.R., Perez, A. Policy and Politics in Nursing and Health Care (8th ed., pp. 555-561). Saunders. (Invited).

Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in rural tobacco use, smoke-free policies, and tobacco taxes. *Western Journal of Nursing Research*, 41(8), 1184-1202. <https://doi.org/10.1177/0193945919828061> (Invited manuscript).

Case Study Recognition

Organization Highlighted

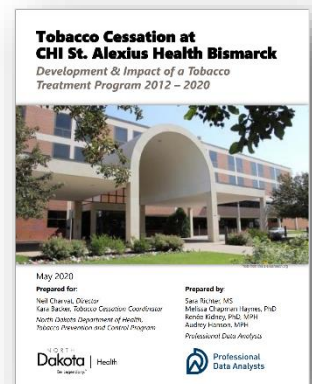
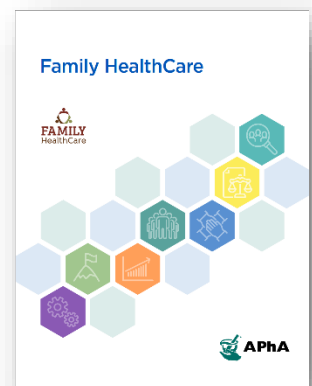
Family HealthCare
Fargo, ND
September 2020

Description

Family HealthCare was highlighted in the American Pharmacists Association's "Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions" as one of seven pharmacy practices across the nation engaged in tobacco cessation in meaningful and promising ways. https://www.pharmacist.com/sites/default/files/audience/APhAPromisingPracticesTobCess_web_2020.pdf

CHI St. Alexius Health
Bismarck, ND
September 2020

CHI St. Alexius Health was one of the first NDQC grantees and has helped shape that program. A case study examining their history establishing a strong tobacco treatment program was conducted. In September 2020, the Tobacco Control Network featured this case study in its bi-weekly newsletter. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/ND_QC_FY20_CHI-St_Alexius_Health_Case_Study.pdf

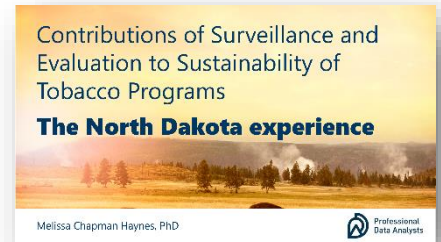


Presentations

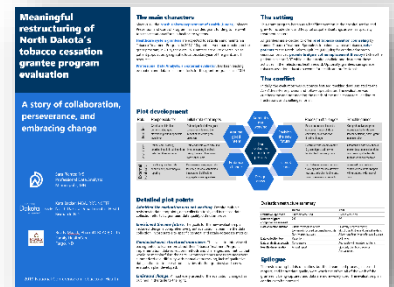
National Conference on Tobacco or Health

August 2019 | Minneapolis, MN

Melissa Chapman Haynes (PDA) gave an oral presentation entitled **“Contributions of surveillance and evaluation to sustainability of tobacco programs”** featuring the unique ways North Dakota has leveraged partnerships to expand their tobacco control and prevention program amid budget cuts.



Sara Richter (PDA), Kara Backer (NDDoH), and Brody Maack (Family HealthCare) presented a poster entitled **“Meaningful restructuring of North Dakota's tobacco cessation grantee program evaluation”** demonstrating the benefits of change and effectiveness of collaborative evaluation.



American Association of Respiratory Care Congress

November 2019 | New Orleans, LA

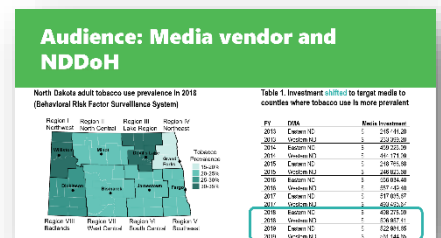
Michelle Earl (Altru Health System) gave an oral presentation entitled **“Brief interventions for respiratory therapists to treat tobacco use”** reviewing tobacco products, their effects on health, and how respiratory therapists can implement and maintain a Tobacco Treatment Program.



CDC Office on Smoking and Health Leadership & Sustainability School

August 2020 | Virtual seminar

Six PDA staff members facilitated a seminar entitled **“Communicating evidence and opportunity”** which focused on communicating evaluation processes and results as well as data visualization best practices. Many examples from North Dakota were used as exemplary cases.



E. Testimonials from TPCP Cessation Programs

North Dakota's TPCP has three cessation programs: NDQuits, the NDQuits Cessation Program, and the BABY & ME – Tobacco Free Program. Testimonials from various perspectives are regularly gathered and shared in quarterly reports, social media posts, and emails to grantees. Selected testimonials are provided in this appendix to showcase voices of participants, Tobacco Treatment Specialists, and the NDQuits coaches.

NDQuits testimonials

NDQuits Coaches

"You have to actively interrupt the behavior of quitting. That's what we are here to talk about when you call NDQuits."

- NDQuits coach

"Quitting is a challenge. It can be a scary feeling to quit, but that is a normal reaction. Just remember, it's never too late to change the rest of your life."

- NDQuits coach

NDQuits participants who successfully quit

"I quit within three weeks of starting with NDQuits. I felt like if I was going to break down and open a pack of cigarettes, somebody would be there for me. The support was there."


- NDQuits success story

"Very impressed with it and very grateful for the call backs and the people were very patient. I think it's a really great program. I'm 64 this year and started when I was 11. It was one of the hardest habits I had to quit and for my health I had to quit."

- NDQuits participant

"It gave me a positive energy to quit, to stay quit. Visiting with you guys once every two weeks helped, the text messages and all that helped."

- NDQuits participant



"NDQuits helped me quit and my counselor called once a week. Without this help, I couldn't have done it."

- NDQuits participant

Nicotine dependence is hard to quit

"I feel like the program wasn't long enough. I relapsed - I was 4 months in and couldn't keep going without. I felt kind of confident and I wasn't 100% convinced."

- NDQuits participant

"I think it has been an awesome program, I have used it several times, and this time it worked!"

- NDQuits participant

NDQC Program testimonials

Testimonials from the TTS

"Our biggest accomplishment this year was speaking at the National Respiratory Convention in New Orleans in November. I continue to have people reach out to me from all over the country asking questions and for advice with starting their program."

- Michelle Earl from Altru

"Enjoy the progress! Progress looks different for every patient, so use the progress that you notice to help motivate you and your patients on their tobacco cessation efforts."

- Heartview Foundation

"Outstanding work with the [Quit Week] campaign which engaged others in our health system other than TTS staff."

- Coal Country Community Health Center

Patient testimonials

"Thought you might like to know that I've already gone past my 1 yr. goal of no smokes. Not sure if you can see my quintet keeper, but it is over 7500 not smoked, and a savings of just about \$2100.00!!!!!"

"We saw a patient and she had been working on quitting on her own but was still struggling. After our visit, the patient felt that our counseling really helped motivate her to cut out those last few cigarettes."



Telehealth

"In the past an older male had 'stuck with the program' for a few months, but ultimately just gave up blaming the instability with his mental health. With the availability of telehealth and virtual visits, he is finally down to smoking max of 1 pack per day down from his previous 2.5. He is using NRT and Chantix and is really working hard to achieve a goal of cessation. His last few visits have been very positive and he has started talking about when he is completely quit. The frequent virtual visits have helped keep him on track and helps him keep his anxiety down by not coming into a health care facility."

- Essentia Health

"Overall, telehealth has been a positive experience due to providing access to patient care for patients not previously able to easily come to the clinic due to various issues (transportation, financial, etc.)."

- Family HealthCare

BABY & ME – Tobacco Free testimonials

#7427

Participant perspectives

"This program taught me about all the harmful chemicals that are in tobacco while providing positive encouragement to quit. I no longer have a nagging cough and have more energy to be active with my children."

- Magan W., program participant

"Receiving the diaper vouchers impacted the way I thought about things! One cigarette and starting back over is not worth anything my daughter needs."

- Jayme F., program participant

"The best part about quitting was improving my health and the money I was able to save for me and my son. Plus, what I've learned I've passed on to others."

- Shelby L., program participant

Provider perspectives

"She has been tobacco free for 612 days, has not smoked 5100 cigarettes, and has saved \$1785.00!"

"Her health is a motivator along with wanting the baby to be healthy. Has had family members die from complications related to their tobacco use and wants to have a different future ahead of her. Participant is 10/10 confident that she will remain tobacco free through pregnancy."



Bretta got help quitting from NDQuits and the BABY & ME – Tobacco Free Program after smoking for ten years. Here is her advice for smokers:

"I recommend quitting smoking to everyone, especially soon-to-be moms! If you do not think you can do it on your own, definitely utilize the options provided by your doctor and the NDQuits program! Having a good support system, along with the tools the hospital and the NDQuits program provide, I am determined that anyone will be able to quit, but you have to really want it! Do it not only for yourself but most importantly, your precious baby!"

Testimony #9044
To the
House Human Services Appropriation Committee
On
SB 2004

Good morning Chairman Nelson and members of the committee. I am Lisa Clute, Executive Officer of First District Health Unit. First District provides local public health services to Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward counties.

First District Health Unit, along with all Local Public Health Units have been stretched to our capacity and beyond throughout 2020. We are the “boots on the ground” responding to the people we serve. We have provided information pertinent to our communities needs and requests, guidance to restaurant and lodging facilities, assistance to event planners, coordinated with all the health care systems in our area to assure various access to vaccine, contact tracing, testing, fit testing, school consultations, while maintaining other disease prevention programs, WIC, substance abuse activities and environmental health services.

The vision of First District Health Unit is Healthy People in Healthy Communities. The Covid 19 pandemic upended business as usual as we responded to a virus that was little understood, spread rapidly, and caused severe illness and death in some individuals. Healthy communities were impacted by economic upheaval, uncertain educational schedules and medias, mental health challenges and loneliness. All of these are issues that First District takes seriously and into account when developing strategies and recommendations. The Board of Health defined keeping kids in school as one of their highest priorities and providing individuals tools to use to keep businesses open and communities thriving. Hence the layers of protection such as social distancing, mask use, hand hygiene, self care were recommendations we repeated often!

The Senate restored most of the tobacco funding to local public health units that was reduced in the Executive budget, maintained level funding for state aid, and maintained the dollars allocated in the Executive budget to local public health for Covid response. Local Public Health Units request the House concurs with the Senate budget as it relates to local public health.

I would be happy to answer any questions you may have.



North Dakota Veterinary Medical Association

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Testimony of Bleaux Johnson, DVM #8976

West River Veterinary Clinic, Hettinger, N.D.

701-928-0969 (c) • dr.johnson@westrivervet.com

In Support of SB 2004

March 15, 2021

Chairman Nelson and Members of the Committee,

I am a mixed animal rural practitioner in Hettinger, N.D. and am a board member of the North Dakota Veterinary Medical Association (NDVMA). I am here today on behalf of NDVMA to voice support of SB 2004 specifically as it relates to the Veterinarian Loan Repayment Program (VLRP).

As you are aware, the Governor's Executive Budget froze funding for the loan repayment programs, including the Veterinarian Loan Repayment Program, for the 2021-23 biennium. We greatly appreciated the Senate restoring that funding and would appreciate your support of fully funding the three slots annually for the Veterinarian Loan Repayment Program to meet the veterinarian needs in the rural areas of our state.

I was a 2008 recipient of the Veterinarian Loan Repayment Program and completed my four-year contract. I would like to thank you for the valuable program, explain the opportunities it created for me and my family, and provide general information on the need for the program. Attached to my testimony is additional program data.

The Veterinarian Loan Repayment Program was a major deciding factor for me coming back to North Dakota for employment. I had the opportunity to visit with a few clinics in Montana and ultimately decided to move to Hettinger largely because of the opportunity with the Veterinarian Loan Repayment Program. The salary opportunities were very similar between all the clinics I considered but the biggest difference was having the opportunity to apply for the program. Walking out of veterinary school I had around \$240,000 in student loan debt and a starting salary around \$55,000. This debt-to-income ratio made it very difficult to financially advance myself and my career. Shortly after receiving the Veterinarian Loan Repayment Program contract, I purchased my first home and within two years I became a partner at West River Veterinary Clinic, where I continue to practice today. Lastly, I got

married three years after working in Hettinger, and we now have four children. This program has given me so much more than just an opportunity to reduce my student loan debt, it gave me the opportunity to have a career, a home and most of all a family in rural North Dakota.

As an owner of a mixed animal veterinary practice, I have been fortunate enough to hire on three associate veterinarians with two being Veterinarian Loan Repayment Program recipients. They continue to practice and live in North Dakota as well. To me, this is such a valuable program to recruiting and retaining food animal veterinarians in this state especially considering less than five percent of veterinarians work exclusively in food animal medicine.

Without the program, North Dakota will struggle to find and retain food animal veterinarians. The financial opportunities for veterinarians are much greater in more urban areas that have a large focus on companion animals. This program, with priority on communities with a population less than 5,000, allows food animal practitioners an opportunity to practice medicine and help support our agricultural community while being able to still pay off student loan debts and expand their ability to develop as practice owners and leaders in their rural communities.

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 do not 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 2.26:1. As in my situation, 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.

The program has been very successful in recruiting large animal veterinarians, as well as retaining them with an overall retention rate of 69 percent after fulfilling the contract. In addition, the program has facilitated the buy-in to a practice or the starting of a practice with 48 percent of those completing their contracts becoming practice owners in North Dakota, like myself. Demand for the program is also significant. Between 2015 and 2020, applicants ranged from five to 11 for the three slots available.

Food animal veterinarians face significant costs to establish practices and these practices will not be economically viable unless there is community support. Veterinarians are needed to promote public health, protect our food supply, and to serve in rural areas. The food animal industry is vital to the economy of North Dakota. The program helps establish financial stability for veterinarians to serve in

rural areas which in turn stimulates rural economies.

I am grateful for being a participant in the Veterinary Loan Repayment Program and strongly encourage you to fully fund the program, as the Senate did, so North Dakota can continue to support three recipients annually to meet the veterinarian needs in its rural areas.

Chairman Nelson #9855

My name is Doctor Larry Burd. I am a Professor in the Department of Pediatrics at the University of North Dakota School of Medicine and Health Sciences. Thank you for the opportunity to provide testimony today. In the budget for the upcoming biennium the NDDOH did not include existing funding of \$350,458 to prevent prenatal alcohol exposure which increases risk for fetal alcohol spectrum disorder (FASD).

8.4% (1 out of 12) pregnant women in North Dakota drink throughout pregnancy. In the United States, the prevalence of FASD ranges from 1 to 5% of live births. In North Dakota, we have about 107 new cases of FASD each year. The mortality rate is over 5%. The recurrence risk within that family is increased by 77%. The annual cost of care for a child with FASD is increased by \$22,800; for adults over \$24,300. Importantly, the cost to prevent a case using our methodology is \$20,200.

FASD is a lifetime condition increasing risk for learning impairments, mental health disorders, severe health problems, and increased risk for contact with juvenile and adult corrections systems. This funding is our only funding for prevention of FASD. This funding also helps support North Dakota Fetal Alcohol Syndrome Center diagnostic clinic. The Center provides diagnostic and management services for people from North Dakota needing assessment for fetal alcohol spectrum disorder. This is the only diagnostic clinic in North Dakota.

This program has achieved international and national recognition for the innovations, effectiveness and clinical excellence. This is evidenced by our invitations and participation in the following:

Consultant, National Zero to Three Model Court Teams on identification and management of young children with fetal alcohol spectrum disorder children in foster care.

National Institute on Alcohol Abuse and Alcoholism work group on harmonization of diagnostic criteria for FASD

National Organization on Fetal Alcohol Syndrome (NOFAS) Justice Taskforce.

Ireland ENDpae which is an advocacy working group on FASD in Ireland.

Principal Investigator of the Republic of Congo Fetal Alcohol Spectrum Disorders program

Member of the Advisory Committee for the Salford Parents and Careers Education Course for Improvements in FASD Outcomes in Children (SPECIFICS).

The National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC), in collaboration with the American Academy of Pediatrics (AAP) “Potential Strategies and Opportunities for Monitoring the Proportion of Children Affected by a Fetal Alcohol Spectrum Disorder”.

This program has provided services for families from every part of North Dakota. In my forty years with the University Medical school I have evaluated and treated over 16,000 children and adults with developmental disorders and severe mental health disorders from every part of

North Dakota. We have provided hundreds of training opportunities on FASD for physicians, nurses, teachers, substance use disorder treatment programs and with corrections and court personnel.

I would like to request that you restore this funding so we can continue to provide this essential service for the citizens of North Dakota.

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/15/2021 pm
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 2:30

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Public Testimony
- Community HealthCare Association of the Dakotas (CHAD)
- Community health centers
- Ronald McDonald House

Kathy Keiser, Exec Dir, Ronald Mcdonald House (2:32 pm) testified #9218 #9217

Pam Sharp, Olsen Effertz Lobbying (2:47 pm) testified #9255

Additional written testimony: #9134 #9141

Chair Nelson closed the meeting at 2:55 p.m.

Cole Fleck, Committee Clerk



Ronald McDonald House Charities® of Bismarck

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Testimony #9218

SB 2004

House Appropriations - Human Resources Division

March 15th, 2:30 p.m.

Good afternoon Chairman Nelson and members of the House Appropriations Human Resources Division. My name is Kathy Keiser and I am Executive Director of Ronald McDonald House Charities in Bismarck and our Ronald McDonald Care Mobile. I am providing testimony in support of SB2004.

First, we would like to thank you for the generous support that we've received from the Legislature since we launched our Care Mobile program in January of 2012. We are now in our 10th year of operations and in this time, we have provided desperately need oral health care to more than 11,600 underserved children in their own neighborhoods in western North Dakota. For many of these children, we provide the only dental care that they receive.

Almost exactly one year ago on March 16th, everyone's world changed and COVID19 closed down the North Dakota schools and our Care Mobile and School Based Sealant programs were suspended.

After a 13-week suspension and a lengthy reinstatement process, we were able to re-open our Care Mobile program on June 22nd. As part of our phased plan, we opened at 50% occupancy utilizing only one operatory at a time to prevent exposing patients to one another. Of course, there was no revenue generated for 13 weeks and then there were 5 weeks at 50% Medicaid and revenue billings.

We were able to sustain our staff during this time due to the receipt of PPP funding as well as an Emergency grant from the Otto Bremer Trust. Our 2019-21 Appropriation continued to cover our supplies expenses, and it has never been more needed. Thank you for that.

Our goal for 2020 was to treat a minimum of 1,000 children and remarkably, with a 13 week+ suspension of our 40-week program and an additional 5 weeks at 50% occupancy, we were still able to treat a total 660 children on the Care Mobile and another 186 children in our School Based Sealant Program. We are back on track for 2021 and hope to treat more than 1,000 children this year

I've enclosed a copy of our Ronald McDonald Care Mobile Service Delivery Summary that will give you a better understanding of our accomplishments in 2020. Again, we deeply appreciate the support that we've received from the legislature in the past and request your positive consideration for the coming biennium.

Are there any questions? Thank you.

Kathy Keiser
Executive Director
RMHC-Bismarck

Ronald McDonald Care Mobile Service Delivery Summary
January – December 2020 (9th Year of Service) (suspended for 13 weeks + 5 weeks at 50% capacity due to COVID19)

Aggregate Data :

Number of Sites: 31 (46 in 2019)
 Total number of children seen: 660 (1,211 in 2019)
 Total number of visits/encounters: 1,191 (2,365 in 2019)
 Total number of services provided: 4,681 (8,831 in 2019)
 Total value of treatment provided: \$356,541 (\$659,863 in 2019)
 School Based Sealant (SBS) Program (with ND Dept. of Health):
 additional 186 children treated with 269 services = value of \$9,360 (program has been suspended since mid-March)

Individual Data:

Average value of services provided per child: \$551.93 (\$544.89 in 2019)
 Average cost per child to deliver RMCM services: \$736.64 (\$461.13 in 2019)
 Average number of visits per child: 1.85 (1.96 in 2018)
 Average number of services per child: 7.25 (7.30 in 2018)
 Average cost per child to deliver SBS services: \$45.70 (\$77.55 in 2019)

Detail of Services provided:

Diagnostic	Number Provided		Preventive	Number Provided		Restorative/Surgical	Number Provided	
Exams	443		Oral health education	406		Fillings	682	
X-rays	651		Cleanings	412		Stainless Steel Crowns	4	
Caries Risk Assess	123		Fluoride Treatments	400		Extractions	115	
			SBS Fluoride Varnish	608		Pulpotomies	44	
			Total:	1,008		Other	131	
Referrals	2		Sealants	1,393				
			SBS Sealants	94				
			Total:	1,487				

Demographics:

<u>Race/Ethnicity</u>	<u>Grade</u>	<u>Age</u>
Caucasian 45%	Pre-K 4%	0-2 1%
Native American 34%	K-6 83%	3-5 12%
African American 13%	7-9 7%	6-8 39%
Hispanic 5%	10-12 2%	9-11 35%
Asian 1%	13+ 4%	12-14 10%
Mixed Race/Other 2%	NA 0%	15-17 2%
		18-21 1%

Gender

Males 46%
 Females 54%

Payor Source:
 20% Medicaid
 2% Private insurance
 78% Uninsured
 (2019 figures)

Communities Served:
 Belcourt
 Bismarck
 Cannon Ball
 Dickinson
 Fort Yates
 Hebron
 Mandan
 Minot Mott/Regent
 New England
 New Town
 Selfridge
 United Tribes

Service delivery sites: 31
 Service delivery days: 124

Kathy Keiser, Executive Director, RMHC Bismarck, Kathy@rmhcbismarck.org, 701-258-5131

2021 Ronald McDonald Care Mobile Schedule				#9217
Month	date	Location	Site	Artist
Dec/Jan	28-1st	Home		
January	4th-8th	Bismarck	Dorothy Moses	First day back after Christmas Break 4th
January	11-15th	Bismarck	TJES	State Meeting this week?
January	18th-22nd	Bismarck	Dorothy Moses	No School in Bismarck the 18th
January	25th-29th	Bismarck	Myhre	
February	1st-5th	Bismarck	Will Moore	
February	8th-12th	Bismarck	Pioneer	No School in Bismarck/ND the 12th
February	15-19th	Bismarck	Grimrud	No school in Bismarck the 15th
February	22nd-26th	Bismarck	Murphy	
March	1st-5th	Bismarck	Miller	
March	8th-12th	Bismarck	Roos/Myhre	8 & 9 Roosevelt 10-12 Myhre
March	15th-19th	Bismarck	Northridge	15th No School
March	22nd-26th	Bismarck	Make-Up	
March/Apr	29th-2nd	Home		April 2nd Good Friday
April	5th-9th	Minot	Washington	No School the 5th Easter Monday
April	12th-16th	Fort Yates	SRCS	
April	19th-23rd	Mott	Mott/Regent	
April	26th-30th	Cannon B	Cannon Ball	
May	3rd-7th	Hebron	Hebron	No School in ND May 3rd
May	10th-14th	Bismarck	Make-Up	
May	17th-21st	No Oper		
May	24th-28th	Home		
May/June	31st-4th	Cannon B	Cannon Ball	31st Memorial Day/Summer Program
June	7th-11th	Cannon B	Cannon Ball	Summer School Program
June	14th-18th	Bismarck	Carries Kids	
June	21st-25th	Belcourt	Belcourt	
June	28th-2nd	Bismarck	No Operation	
June/July	5th-9th	Bismarck	No Operation	
July	12th-16th	Bismarck	Carries Kids	
July	19th-23rd	Bismarck	No Operation	
July	26th-30th	Belcourt	Belcourt	
August	2nd-6th	No Oper		
August	9th-13th	Belcourt	Belcourt	
August		Bismarck	No Operation	
August	23rd-27th	Home		
Aug/Sept	30th-3rd	Minot	Roosevelt	
September	6th-10th	Kidder 1	Tappen	Labor Day 6th
September	13th-17th	Selfridge	Selfridge	
September	20th-24th	New Town	Early childhood	
Sept/Octob	27th-1st	Dickinson	Middle School	
October	4th-8th	Cannon B	Cannon Ball	
October	11th-15th	Minot	Sunnyside	
October	18th-22nd	Standing R	SRCS	
October	25th-29th	High School	Solon	
November	1st-5th	New England	New England	
November	8th-12th	Fort Yates	St. Bernards	
November	15th-19th	Cannon B	Cannon Ball	
November	22nd-26th	Home		November 26th Thanksgiving
Nov/Dec	29th-3rd	Mandan	Mary Stark	
December	6th-10th	Mandan	Custer	
December	13th-17th	Bis/Man	Make-Up	
December	20th-24th	Home		
December	27th-31st	Home		

House Appropriations Human Services Resources Division

Testimony by:

Community HealthCare Association of the Dakotas #9255

March 15, 2021

Good afternoon, Chairman Nelson and Members of the Committee. My name is Pam Sharp, and I am representing the Community HealthCare Association of the Dakotas (CHAD). Thank you for the opportunity to be here today to speak in support of House Bill 2004.

As you may know, CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers across both states in their efforts to provide health care to underserved and low-income populations. Community health centers are non-profit, community-driven primary care clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are in health professional shortage areas (HPSA), including both rural and urban areas across North Dakota. In rural communities, health centers support a community's ability to retain local health care, supporting access to health care where rural North Dakotans live and work.

Thank you for your support for state loan repayment in SB 2004. Loan repayment programs are a great investment. A study by the American Medical Association makes the case that each physician generates an average of \$1.8 million in total economic output and \$47,655 annually in state and local tax revenue per physician. We know that nurse practitioners, physicians' assistants, dentists and behavioral health providers can have similar economic impacts. Access to local health care is also a key part of making rural areas great places to live and work and to recruiting new businesses and residents to those communities.

We are asking additional funds to be added to SB 2004, which would allow the Department of Health to provide the 1:1 match for the State Loan Repayment Program or SLRP, which is a program that allows states to receive 1:1 federal matching funds to support a state-directed program for student loan repayment. Currently, 100% of SLRP match is provided by the facility or a community organization in North Dakota. The match is a challenge for our community health centers as well as other rural clinics, therefore limiting participation in this program.

The Health Resources and Services Administration's (HRSA) Federal State Loan Repayment Program (SLRP) provides cost-sharing grants to all U.S. states and territories to operate their own loan repayment programs. These state programs offer loan repayment to primary care providers working in Health Professional Shortage Areas (HPSAs). Historically HRSA has allowed states to apply receive up to 1 million dollars, but the American Rescue Plan recently passed by Congress included a significant increase in funding for this program. North Dakota was awarded \$540,000 yearly from 2018-2022. The state had not applied for the full \$1 million that was available due to concern about inability to use the funds due to the community match. We were unable use even the \$540,000 in 2020 due to the challenge communities had with providing the match. The missed opportunity for federal match will only increase

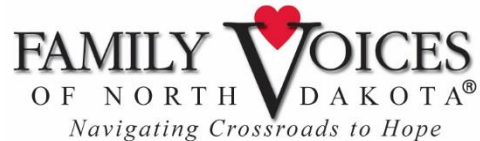


Community HealthCare Association of the Dakotas

with the increased funding that will become available. In addition, HRSA is currently slated to host another open funding round in 2022. Without action from the legislature during this session, North Dakota may miss the window to increase its participation in the program for years to come.

We have an unmet need for providers in our rural areas and health professional shortage facilities in the state. This program is critical to recruit and retain ALL health care providers serving in underserved areas of ND.

In summary, CHAD supports SB 2004 with additional funds allocated to support the SLRP match to maximize this federal program. I am willing to answer any questions the committee may have.



Testimony on SB2004
2021 Legislative Session
Rep Nelson House Appropriations Committee Chairperson

Rep Nelson and Members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota (FVND), Inc. I want to provide to you today testimony on SB 1004 and the Special Health Services (SHS) Division within the Department of Health.

National prevalence data estimates from the National Survey obtained through the Data Resource Center indicate there is an estimated 30,118 children and youth with special health care needs (CYSHCN) in ND. One in five families in North Dakota (ND) has a child with special health care needs.

Family Voices of ND provides educational, informational, and peer support to families of children with special health care needs. For many years, a vital partner for us as an organization is the Department of Health and SHS.

The Special Health Services Division has provided services to many of the families we serve for many years. A continued investment in this program is encouraged and supported. As you know SHS is administered through the Federal Block Grant Process. We hope you will consider providing increased funding for this crucial program for the state of North Dakota's children with special health care needs. The programs offered within the Department should not go unnoticed. It is our belief these services play a crucial role for families of CYSHCN in the state. Services to families often serve a role in gap filling of necessary services not otherwise obtained.

Some of these services are:

Financial Coverage Program--helps families pay for medical services for eligible children. They can help pay for health visits and tests needed to diagnose many chronic health conditions. It may also provide the specialty care that is treated for an eligible condition, based on medical and financial eligibility. When there is suspicion of a diagnosis, it is a great comfort to know there is a resource that can assist with the diagnosis and treatment.

Multidisciplinary Clinics-our staff provides outreach to families at many of the multidisciplinary clinics. We repeatedly hear from families how wonderful it is to have these clinics throughout the state. These clinics allow families to see a number of providers regarding the child's condition along with expertise in a manner that is easily accessible. Seeing providers at one time, avoiding multiple appointments decreases stress for the family. Examples of these clinics: Asthma, Down Syndrome, Cleft Palate, Spina Bifida, Cerebral Palsy, Muscular Dystrophy, and Cystic Fibrosis. Families remain positive regarding these clinics and are grateful that they are available across ND.

Russell Silver Syndrome and Metabolic Food Program- the Metabolic Food Program provides medical food and low-protein modified food products to individuals with Phenylketonuria (PKU) and Maple Syrup Urine Disease (MSUD). Russell Silver provides growth hormone treatment for children with Russell Silver Syndrome.

Care Coordination-Care coordination provided through SHS helps families access services and resources in their community, and when needed, across multiple service delivery settings. Although the primary focus of the care coordination is on the health care of the child, this service also attempts to meet the needs of the family.

There are many children who have very complex medical needs. The needs for families are many. We support increased funding to expand these services. While FVND also provides care coordination assistance, it cannot be understated, that care coordination for children with special health care needs is a vital component to continued access of services. The needs are very much increasing each and every year.

Newborn Screening- The goal of this program is to identify conditions at an early age when treatment and intervention can prevent health problems, support early development, and save lives.

Family Advisory-SHS has a family advisory committee. This committee advises and provides valuable input as family members on the ongoing services that is provided by the SHS Division. These families also provide valuable input to any changes that may take place and how would this affect families. There are not enough words that can be expressed for the valuable input of this committee. It also cannot be understated the enormous respect that the Division provides as equal collaborative partners at the table to families for their input. In my opinion a model

for other state agencies. The SHS Division truly embrace family-centered care and the components of it.

In addition to the programs that are provided through SHS, it also is charged by the federal government to monitor and provide education and services on the following six core outcomes of children with special health care needs. The SHS Division has the expertise and knowledge, as well as partners, in all these areas. We encourage the legislative body moving forward on legislation for children with special health care needs to understand the following core outcomes and the technical assistance that can be provided by SHS.

Six Core Outcomes for children with special health care needs:

1-Children with Special Health Care Needs (CSHCN) whose families are partners in shared decision-making for child's optimal health. In all of SHS' work, the value placed on family is immeasurable.

2-CSHCN who receive coordinated, ongoing, comprehensive care within a medical home. SHS has provided expertise and continues to participate in development of medical home and the importance of comprehensive care.

3-CSHCN whose families have consistent and adequate private and/or public insurance to pay for the services they need. SHS understand the critical importance of both private and public funding to assure care for this population.

4-CSHCN who are screened early and continuously for special health care needs. SHS embraces the importance of identifying and treating children early and continuously.

5-CSHCN who can easily access community-based services. Many of the issues that both SHS and FVND hear from families are access to services. In ND, in a geographically vast state, access is not always easy. ND also does not always have the specialty providers available needed by this population of children.

6-Youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work and independence. This is crucial for our youth who are transiting into adulthood.

In addition to the services that they provide within the Division, they also partner with many efforts across the state such as: Autism initiatives, Newborn Hearing Screens. The Division provides to other agencies and community members a wealth of knowledge in implementation of care for children and youth with special health care needs and disabilities.

In closing, the SHS Division is a model program that provides a great deal of services with a limited budget. I hope you would consider an increase in the investment made

to this program. It makes a huge impact for families of children with special health care needs and the children themselves. It is a model for agencies to replicate. Your ongoing support for this program is vital to families and children and youth with a chronic health condition and disability.

Additionally, as it is in another bill, I believe it would be a detrimental mistake to combine the Department of Health and the Department of Human Services.

Thank you for your consideration

Donene Feist
Family Voices of North Dakota, Director
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#9141

American Cancer Society
Cancer Action Network
218.343.8365
fightcancer.org/nd

Support testimony – SB 2004
Sara Mannerter, North Dakota Government Relations Director
American Cancer Society Cancer Action Network

Chairman Nelson and members of the Committee,

My name is Sara Mannerter and I'm the North Dakota Government Relations Director for the American Cancer Society Cancer Action Network. Thank you for your time.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer including policies targeted at improving the health of our state by reducing tobacco use.

ACS CAN recognizes that COVID-19 is serious and impacting all our lives. At this critical moment with people focused on protecting their respiratory health, we must do everything in our power to keep our communities healthy and safe—which means building strong public health infrastructure including investing in comprehensive tobacco control programs. Long after this pandemic passes, people deserve to live full, healthy lives free from the ills of tobacco use.

ACS CAN supports SB 2004, which would increase funding for tobacco control programs to at least \$13.6 million for the 2021-23 biennium.

The Problem: Tobacco Use and the Toll of Tobacco in North Dakota

Tobacco is an addictive and deadly product and tobacco use remains the nation's number one cause of preventable death. According to the U.S. Surgeon General, smoking is a known cause of cancer of the oropharynx, larynx, lung/trachea/bronchus, stomach, liver, pancreas, kidney, cervix, bladder, colon, and acute myeloid leukemia.ⁱ In fact, smoking is responsible for an estimated 26.4% of cancer deaths in North Dakota.ⁱⁱ Additionally, smokeless tobacco use can cause cancer of the mouth, esophagus, and pancreas.ⁱⁱⁱ

Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and other diseases.^{iv} People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is also a proven risk factor for cancer, COPD and heart disease, which also put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable.

Unfortunately, after years of decline, we've seen sharp increases in youth tobacco use nationwide in recent years, largely due to skyrocketing rates of e-cigarette use. At the same time, progress on previously declining youth use of other tobacco products, including cigarettes and cigars, stalled. Unfortunately, many young people who use tobacco do not identify the type they use as a tobacco

product or do not identify the tobacco product as harmful.^v Furthermore, studies have found that e-cigarette use increases the risk of youth and young adults using cigarettes^{vi, vii, viii}

Tobacco Prevention & Cessation Programs in North Dakota are Vital to Protect Youth

Due to skyrocketing rates of youth tobacco use in recent years, the decades of progress that has been made in reducing tobacco use rates in youth is now in jeopardy. Here in North Dakota 35.5% of high school students use tobacco products, including 33.1% who smoke cigarettes. Action is needed to reverse these trends. As the tobacco industry is evolving, the need for funding for tobacco prevention programs has never been greater.

Reducing Health Disparities Related to Tobacco Use

Due to historical and ongoing patterns of tobacco industry marketing to targeted populations, tobacco use, and tobacco-related disease tend to disproportionately impact some groups more than others. These differences are in large part due to the tobacco industry's targeted marketing through advertising, price discounting and other strategies.^{ix} North Dakota's Tobacco Cessation and Prevention Program has identified in their State Plan and current CDC National and State Tobacco Control five-year grant, high school students, American Indian persons, and people with lower incomes as their populations of focus and will address disparities through their policy and increased cessation efforts. Well-funded, evidence-based tobacco control programs can counter the tobacco industry's targeting while providing resources to support those trying to quit and other health programs that directly benefit populations with higher tobacco use and deaths due to tobacco, and ultimately reduce health disparities.

Historical Efforts and Evidence in Support of Comprehensive Tobacco Control in North Dakota

In the over 50 years since the first Surgeon General's report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use.

The Centers for Disease Control and Prevention (CDC) evidence-based recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit. Comprehensive tobacco control programs establish smoke-free policies and social norms, promote tobacco cessation and support those trying to quit, prevent initiation of tobacco use among prospective new users including youth and reduce tobacco-related health disparities among disparate populations.^x When appropriately funded in accordance with CDC recommendations, comprehensive tobacco control programs are able to reduce tobacco use.^{xi}

The 2014 Surgeon General's report on tobacco concluded that comprehensive statewide and community tobacco control programs are effective in preventing and reducing tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.^{xii}

It's imperative that programs are funded to protect the next generation from a lifetime of addiction.

Increasing funding for North Dakota's tobacco prevention and cessation program is crucial to prevent kids from starting to use tobacco and help people already addicted to tobacco quit.

Thanks to the decades of program implementation, surveillance, and evaluation, we now know what works best to prevent and reduce smoking and tobacco use. Extensive research shows enacting comprehensive smoke-free laws, regularly and significantly increasing tobacco taxes and adequately funding tobacco prevention and cessation programs work together to effectively reduce tobacco use and save lives. While North Dakota is facing unprecedented public health challenges, it is critical that

programs to prevent kids from starting to use tobacco and help adults quit are increased. No matter when someone quits tobacco, there are large and immediate benefits—perhaps these benefits are as important now as ever. For some people who use tobacco products, the COVID-19 crisis might provide motivation to quit; for others, trying to quit during a time of stress might be even harder. North Dakota should do everything we can to help those who choose to quit to succeed.

If we are serious about fighting the death and disease caused by tobacco, adopting SB 2004 is a critical step. Thank you for the opportunity to testify today about the state tobacco control programs, and we urge your support for increasing funding of our tobacco control program to \$13.6 million for the 2021-23 biennium to protect respiratory health.

Thank you for your time.

Sincerely,
Sara Mannerter

ⁱ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 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 Action Network. [State-Specific Smoking-Related Cancer Cases and Deaths, 2017](#). December 2020.

ⁱⁱⁱ HHS, 2014.

^{iv} Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated April 28, 2020.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

^v Agaku I, Odani S, Vardavas C, Neff L. Self-Identified Tobacco Use and Harm Perceptions Among US Youth. *Pediatrics*. 2018 Apr, 141 (4).

^{vi} U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. 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, 2016.

^{vii} National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press.

^{viii} Berry KM, Fetterman JL, Benjamin EJ, et al. Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Netw Open*. 2019;2(2):e187794.

^{ix} The Truth Initiative, Campaign for Tobacco-Free Kids, American Heart Association and American Stroke Association, American Cancer Society Cancer Action Network, American Lung Association, Americans for Nonsmokers' Rights, and Robert Wood Johnson Foundation. A report entitled *Broken Promises to Our Children: A State-By-State Look at the 1998 State Tobacco Settlement 21 Years Later*. December, 2019. Available on-line at: <https://www.tobaccofreekids.org/what-we-do/us/statereport>.

^x CDC, 2014.

^{xi} CDC, 2014.

^{xii} HHS, 2014.

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
3/25/2021 am
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 10:24 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- DOH Questions

Brenda Weisz, CFO, DOH (10:24 am) testified orally

Julie Wagendorph, Director of Food Distribution, DOH (10:25 am) testified orally

Chair Nelson closed the meeting at 11:00 a.m.

Cole Fleck, Committee Clerk

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
4/01/2021 am
House Appropriations Human
Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 10:05 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- DOH review
- DOH requests

Brenda Weisz, CFO, DOH (10:06 am) testified orally

Dirke Wilke, DOH (10:45 am) testified orally

Chair Nelson closed the meeting at 10:55 a.m.

Cole Fleck, Committee Clerk

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004
4/1/2021 pm
House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at 2:44 p.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Further Questions

Chair Nelson discussed any further questions (2:45 pm)

No Questions asked

Chair Nelson closed the meeting at 2:46

Cole Fleck, Committee Clerk

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004

4/5/2021

am

House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study

Chair Nelson Opened the meeting at

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- Amendment Review and Approval
- CLIA Director
- Funding Changes
- Medical Records

Rep Kreidt moved an amendment for salaries changes

Rep Anderson seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for CLIA Director funding changes

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		

Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for medical records system changes

Rep Anderson seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for COVID-19 funding changes

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for snow removal tractor funding

Rep Anderson seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for vital records updates

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for FTE changes

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved an amendment for temporary position changes

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Nelson moved an amendment for UND funding

Rep Mitskog seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Nelson moved an amendment for Community Health Trust fund

Rep Mitskog seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Chair Nelson closed the meeting at 9:48 a.m.

Cole Fleck, Committee Clerk

SENATE BILL NO. 2004
LISTING OF PROPOSED CHANGES TO BILL

Department - State Department of Health

Proposed funding changes:

Description	FTE	General Fund	Special Funds	Total
1 Adjusts funding for salary package		(\$57,565)	\$49,160	(\$8,405)
2 Increases funding from federal funds for the state health officer's salary		\$0	\$132,000	\$132,000
3 Removes the 5 FTE positions in Group 1 of the prioritization list provided by the department to provide 7.5 FTE positions for COVID-19. The Senate provided 12.5 FTE positions for COVID-19	(5.00)	(\$68,600)	(\$725,057)	(\$793,657)
4 Removes funding for 3 temporary COVID-19 positions to provide funding for 7 temporary COVID-19 positions. The Senate provided funding for 10 temporary COVID-19 positions		(\$160,080)	(\$324,980)	(\$485,060)
5 Removes funding for professional services related to the CLIA director. The Senate and House added a .5 FTE position to serve as the CLIA director		(\$19,200)	(\$12,800)	(\$32,000)
6 Adds funding from the community health trust fund to increase operating expenses related to the UND forensic examiner contract to provide a total of \$1,625,270, of which \$625,270 from the general fund			\$1,000,000	\$1,000,000
7 Adjusts funding source of snow removal tractor from general fund to federal funds		(\$40,000)	\$40,000	\$0
8 Adds one-time funding from special funds available from fees for operating expenses related to updating vital records system technology			\$275,000	\$275,000
9 Adjusts funding for one-time electronic medical records system capital asset from general fund to federal funds to provide one-time funding of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds		(\$128,769)	\$128,769	\$0
10 Adds one-time funding, of which \$1.5 million is from the community health trust fund and \$1.5 million is from other sources, for a statewide health strategies initiative			\$3,000,000	\$3,000,000
Total proposed funding changes	(5.00)	<u>(\$474,214)</u>	<u>\$3,562,092</u>	<u>\$3,087,878</u>

Other proposed changes:

- 1 Adds a section to require the department to use federal funding available for COVID-19 before using \$4,515,296 made available from the community health trust fund
- 2 Adds a section to provide \$1.5 million provided for the statewide health strategies initiative from the community health trust fund is contingent on the department securing dollar for dollar matching funds

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division Harvest Room, State Capitol

SB 2004

4/7/2021

am

House Appropriations Human Resources

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health; to amend and reenact section 23-01-02 of the North Dakota Century Code, relating to compensation of members of the health council; to provide for a report; and to provide for a legislative management study.

Chair Nelson Opened the meeting at 8:59 a.m.

Representative	Present	Absent
Nelson	P	
Kreidt	P	
Andersen	P	
Mitskog	P	
Schobinger	P	
Strinden	P	

Discussion Topics:

- **Review and Approval**

Rep Kreidt (9:08) Move to adopt amendment 21.0286.02001

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Rep Kreidt moved do pass as amended

Rep Strinden seconded

Roll Call Vote: 6-0-0 motion passed

Representative	Yea	Nay	Absent
Nelson	x		
Kreidt	x		
Anderson	x		
Mitskog	x		
Schobinger	x		
Strinden	x		

Chair Nelson closed the meeting at 9:22 a.m.

Additional testimony #11728

Cole Fleck, Committee Clerk

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	<u>0</u>	<u>105,538,528</u>	<u>105,538,528</u>
Total all funds	\$158,222,269	\$114,462,330	\$272,684,599
Less estimated income	<u>121,951,679</u>	<u>107,139,884</u>	<u>229,091,563</u>
Total general fund	\$36,270,590	\$7,322,446	\$43,593,036
Full-time equivalent positions	204.00	3.50	207.50"

Page 2, line 10, after "0" insert:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$100,061,769
Less estimated income	<u>1,967,554</u>	<u>94,533,493</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, after line 31, insert:

"SECTION 4. STATEWIDE HEALTH STRATEGIES - CONTINGENT APPROPRIATION. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds."

Page 3, line 13, after "580,324" insert

"Forensic examiner contract	1,000,000
Statewide health strategies initiative	1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund	\$20,837,620"
------------------------------------	---------------

Page 4, after line 10, insert:

"SECTION 8. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE.

It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Re-number accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	\$37,719,574	\$41,243,222	\$119,746	\$41,362,968
Operating expenses	32,398,526	30,334,543	1,243,000	31,577,543
Capital assets	2,164,813	2,646,393		2,646,393
Grants	53,257,292	55,249,145		55,249,145
Tobacco prevention	12,902,064	13,410,241	(219)	13,410,022
WIC food payments	19,780,000	19,900,000		19,900,000
Statewide health strategies			3,000,000	3,000,000
COVID-19		106,813,177	(1,274,649)	105,538,528
COVID-19 line of credit		25,000,000		25,000,000
Total all funds	\$158,222,269	\$294,596,721	\$3,087,878	\$297,684,599
Less estimated income	121,951,679	250,529,471	3,562,092	254,091,563
General fund	\$36,270,590	\$44,067,250	(\$474,214)	\$43,593,036
FTE	204.00	212.50	(5.00)	207.50

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Salary Increases ¹	Increases Funding for State Health Officer's Salary ²	Removes COVID-19 FTE Positions and Temporary Salaries ³	Removes Funding for Clinical Laboratory Improvement Amendment (CLIA) Director ⁴	Increases Funding for the UND Forensic Examiner Contract ⁵	Adjusts Funding Source of Snow Removal Tractor ⁶
Salaries and wages	(\$12,254)	\$132,000				
Operating expenses				(\$32,000)	\$1,000,000	
Capital assets						
Grants						
Tobacco prevention	(219)					
WIC food payments						
Statewide health strategies						
COVID-19	4,068		(\$1,278,717)			
COVID-19 line of credit						
Total all funds	(\$8,405)	\$132,000	(\$1,278,717)	(\$32,000)	\$1,000,000	\$0
Less estimated income	49,160	132,000	(1,050,037)	(12,800)	1,000,000	40,000
General fund	(\$57,565)	\$0	(\$228,680)	(\$19,200)	\$0	(\$40,000)
FTE	0.00	0.00	(5.00)	0.00	0.00	0.00

	Adjusts One-Time Funding for Electronic Medical Records ⁷	Adds One-Time Funding for Vital Records System Technology Updates ⁸	Adds One-Time Funding for Statewide Health Strategies ⁹	Total House Changes
Salaries and wages				\$119,746
Operating expenses		\$275,000		1,243,000
Capital assets				
Grants				
Tobacco prevention				(219)
WIC food payments				
Statewide health strategies			\$3,000,000	3,000,000
COVID-19				(1,274,649)
COVID-19 line of credit				
Total all funds	\$0	\$275,000	\$3,000,000	\$3,087,878
Less estimated income	128,769	275,000	3,000,000	3,562,092
General fund	(\$128,769)	\$0	\$0	(\$474,214)
FTE	0.00	0.00	0.00	(5.00)

¹ Funding is adjusted to provide salary increases of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022. The Senate provided salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300, and 2 percent on July 1, 2022.

² Funding from federal funds is added to increase the state health officer's salary.

³ Five FTE positions in Group 1 of the department's prioritization list are removed to provide 7.5 FTE positions for COVID-19. The Senate provided 12.5 FTE positions for COVID-19. In addition, funding for 3 temporary COVID-19 positions is removed to provide 7 temporary COVID-19 positions. The Senate provided funding for 10 temporary COVID-19 positions.

⁴ Funding for professional fees for the department to contract for a part-time clinical laboratory improvement amendment (CLIA) director is removed. The Senate and House added a .5 FTE position to serve as the CLIA director.

⁵ Funding from the community health trust fund is added to increase operating expenses related to the UND forensic examiner contract to provide a total of \$1,625,270, of which \$625,270 is from the general fund.

⁶ The funding source of a snow removal tractor is adjusted from the general fund to federal funds.

⁷ A portion of the one-time funding for an electronic medical records system is adjusted from the general fund to federal funds to provide total one-time funding of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds.

⁸ One-time funding from special funds available from fees is added for operating expenses related to updating vital records system technology.

⁹ One-time funding of \$3 million, of which \$1.5 million is from the community health trust fund, is added for a statewide health strategies initiative. A section is also added to provide funding from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

This amendment also adds a section of legislative intent that the department use federal funding available for COVID-19 before using \$4,515,296 made available from the community health trust fund for local public health pandemic response grants.

State Department of Health - Budget No. 301
Senate Bill No. 2004
Base Level Funding Changes

	Senate Version				House Version				House Changes to Senate Version Increase (Decrease) - Senate Version			
	FTE	General	Other	Total	FTE	General	Other Funds	Total	FTE	General	Other	Total
	Positions	Fund	Funds		Position	Fund			Positions	Fund	Funds	
2021-23 Biennium Base Level	204.00	\$36,270,590	\$121,951,679	\$158,222,269	204.00	\$36,270,590	\$121,951,679	\$158,222,269	0.00	\$0	\$0	\$0
2021-23 Ongoing Funding Changes												
Base payroll changes		(\$1,839,117)	\$5,356,027	\$3,516,910		(\$1,839,117)	\$5,356,027	\$3,516,910				\$0
Salary increase		500,723	502,492	1,003,215		443,158	551,652	994,810		(57,565)	49,160	(8,405)
Retirement contribution increase				0				0				0
Health insurance increase		6,072	6,015	12,087		6,072	6,015	12,087				0
Decreases funding for cost to continue adjustments, including a shift from professional fees to grants and adjustments to fund certain items from the community health trust fund instead of the tobacco prevention and control trust fund		1,890,945	(2,241,952)	(351,007)		1,890,945	(2,241,952)	(351,007)				0
Increases funding for state health officer's salary				0			132,000	132,000			132,000	132,000
Transfers 5 FTE positions to the Information Technology Department for the IT unification initiative, including a decrease in salaries and wages and an increase in operating expenses (The Senate transferred 4 FTE positions)	(4.00)	2,135	17,643	19,778	(4.00)	2,135	17,643	19,778				0
Adds 22.5 FTE positions, including salaries and wages totaling \$3,992,392 and other related expenses totaling \$6,846,180 to the COVID-19 line item in the department's budget (The House added 7.5 FTE positions and 7 temporary positions.)	12.50	4,459,766	6,378,806	10,838,572	7.50	4,231,086	5,328,769	9,559,855	(5.00)	(228,680)	(1,050,037)	(1,278,717)
Removes funding for professional fees related to a part time clinical laboratory improvement amendment (CLIA) director				0		(19,200)	(12,800)	(32,000)		(19,200)	(12,800)	(32,000)
Increases funding for tobacco prevention and control for professional fees and grants and increases funding from the community health trust fund for the tobacco prevention program		(1,108,000)	1,196,000	88,000		(1,108,000)	1,196,000	88,000				0
Increases funding for tobacco prevention and control grants to local public health units to provide a total of \$6.25 million from the community health trust fund			397,000	397,000			397,000	397,000				0

Decreases salaries and wages to meet the Governor's 85 percent budget	(362,706)		(362,706)	(362,706)		(362,706)			0
Removes funding for fetal alcohol syndrome grant			0			0			0
Decreases funding for grants for state loan repayment programs for professionals to provide a total of \$1,535,345 for four loan programs, of which \$940,845 is from the general fund and \$594,500 is from the community health trust fund	(823,155)	70,500	(752,655)	(823,155)	70,500	(752,655)			0
Adds funding to maintain the number of slots available in professional state loan repayment programs	585,000		585,000	585,000		585,000			0
Adjusts funding source for increase in the federal indirect rate to support agencywide costs	(1,060,000)	1,060,000	0	(1,060,000)	1,060,000	0			0
Decreases funding for professional services and grants related to private and foundation grant opportunities		(975,000)	(975,000)		(975,000)	(975,000)			0
Adds funding for costs related to the plans review program within the Life, Safety, and Construction Division		312,706	312,706		312,706	312,706			0
Adds funding from the Helmsley Charitable Trust for training to continue increased access to automatic external defibrillators for law enforcement		327,500	327,500		327,500	327,500			0
Adds funding from fees to purchase equipment in the State Laboratory		200,000	200,000		200,000	200,000			0
Adds funding from civil penalties for grants to long-term care facilities		100,000	100,000		100,000	100,000			0
Increases funding for the University of North Dakota forensic examiner contract, including \$1 million from the community health trust fund, to provide a total of \$1,625,270, of which \$625,270 is from the general fund	105,270		105,270	105,270	1,000,000	1,105,270		1,000,000	1,000,000
Adds funding for Microsoft Office 365 licensing expenses	21,542	69,891	91,433	21,542	69,891	91,433			0
Adds funding for Capitol complex rent proposal			0			0			0
Adjusts funding for bond and capital payments to provide a total of \$221,393, of which \$183,882 is from the general fund	(274,065)	(22,999)	(297,064)	(274,065)	(22,999)	(297,064)			0

Adjusts funding for extraordinary repairs to provide a total of \$136,500, of which \$30,650 is from the general fund			8,841	8,841			8,841	8,841				0
Adjusts funding for IT equipment and equipment over \$5,000 to provide a total of \$1,238,500, of which \$40,000 is from the general fund		35,205	(315,402)	(280,197)		35,205	(315,402)	(280,197)				0
Adjusts the funding source of snow removal tractor to provide funding from federal funds				0		(40,000)	40,000	0		(40,000)	40,000	0
Total ongoing funding changes	8.50	\$2,139,615	\$12,448,068	\$14,587,683	3.50	\$1,794,170	\$12,606,391	\$14,400,561	(5.00)	(\$345,445)	\$158,323	(\$187,122)
One-time funding items												
No one-time funding items				\$0				\$0				\$0
Adds one-time funding, including \$5,000,000 from the community health trust fund, for costs related to COVID-19 response (The Senate provided \$4.52 million from the community health trust fund)		4,747,045	79,485,016	84,232,061		4,747,045	79,485,016	84,232,061				0
Adds funding from federal funds for increased effort related to COVID-19			11,644,708	11,644,708			11,644,708	11,644,708				0
Adds one-time funding from fees for operating expenses related to updating vital records system technology				0			275,000	275,000			275,000	275,000
Adds one-time funding for operating expenses (\$60,000) and capital assets (\$850,000) for forensic examiner equipment and information technology upgrades		910,000		910,000		781,231	128,769	910,000		(128,769)	128,769	0
Adds one-time funding for statewide health strategies, including \$1.5 million from the community health trust fund				0			3,000,000	3,000,000			3,000,000	3,000,000
COVID-19 Line of Credit			25,000,000	25,000,000			25,000,000	25,000,000				0
Total one-time funding changes	0.00	\$5,657,045	\$116,129,724	\$121,786,769	0.00	\$5,528,276	\$119,533,493	\$125,061,769	0.00	(\$128,769)	\$3,403,769	\$3,275,000
Total Changes to Base Level Funding	8.50	\$7,796,660	\$128,577,792	\$136,374,452	3.50	\$7,322,446	\$132,139,884	\$139,462,330	(5.00)	(\$474,214)	\$3,562,092	\$3,087,878
2021-23 Total Funding	212.50	\$44,067,250	\$250,529,471	\$294,596,721	207.50	\$43,593,036	\$254,091,563	\$297,684,599	(5.00)	(\$474,214)	\$3,562,092	\$3,087,878
<i>Total ongoing changes as a percentage of base level</i>	<i>4.2%</i>	<i>5.9%</i>	<i>10.2%</i>	<i>9.2%</i>	<i>1.7%</i>	<i>4.9%</i>	<i>10.3%</i>	<i>9.1%</i>				
<i>Total changes as a percentage of base level</i>	<i>4.2%</i>	<i>21.5%</i>	<i>105.4%</i>	<i>86.2%</i>	<i>1.7%</i>	<i>20.2%</i>	<i>108.4%</i>	<i>88.1%</i>				

Other Sections in State Department of Health - Budget No. 301

	Senate Version	House Version
Borrowing authority	Section 3 allows the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If the department does not have sufficient funds to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.	Section 3 allows the State Department of Health, subject to Emergency Commission approval, to borrow up to \$25 million from the Bank of North Dakota for the purpose of responding to the COVID-19 public health emergency. Funds borrowed from the Bank of North Dakota would be appropriated to the department for testing, contact tracing, and other costs related to responding to and mitigating the COVID-19 public health emergency. If the department does not have sufficient funds to repay the Bank of North Dakota, the section would require the State Department of Health request a deficiency appropriation for the amount borrowed plus interest.
Statewide health strategies - Contingent appropriation		Section 4 is added to provide one-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies is contingent on the department securing dollar for dollar matching funds.
Insurance tax distribution fund	Section 4 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.	Section 5 identifies \$1,125,000 from the insurance tax distribution fund for rural emergency medical services grants during the 2021-23 biennium.
Community health trust fund	Section 5 is amended to identify funding provided from the community health trust fund.	Section 6 is amended to identify funding provided from the community health trust fund.
Health Council compensation	Section 6 is added to amend Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.	Section 7 amends Section 23-01-02, relating to the compensation of Health Council members, to increase daily compensation from \$62.50 to the same daily rate set for members of the Legislative Assembly.
Legislative intent - Funding for COVID-19 response		Section 8 is added to provide it is the intent of the 67th Legislative Assembly that the State Department of Health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund
Legislative Management study - Health Council Authority	Section 7 is added to provide for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.	Section 9 provides for a study of the roles of the State Health Officer, Health Council, Medical Advisory Board, and Governor as they relate to the administration of the State Department of Health.

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Brynhild Haugland Room, State Capitol

SB 2004
4/8/2021

BILL for an Act to provide an appropriation for defraying the expenses of the state department of health;

2:33 Chairman Delzer- Opened the meeting for SB 2004

Attendance	P/A
Representative Jeff Delzer	P
Representative Keith Kempenich	P
Representative Bert Anderson	P
Representative Larry Bellew	A
Representative Tracy Boe	P
Representative Mike Brandenburg	P
Representative Michael Howe	P
Representative Gary Kreidt	P
Representative Bob Martinson	P
Representative Lisa Meier	P
Representative Alisa Mitskog	P
Representative Corey Mock	P
Representative David Monson	P
Representative Mike Nathe	P
Representative Jon O. Nelson	P
Representative Mark Sanford	P
Representative Mike Schatz	P
Representative Jim Schmidt	P
Representative Randy A. Schobinger	P
Representative Michelle Strinden	P
Representative Don Vigesaa	P

Discussion Topics:

- Budget changes
- Amendment
- Community Health Trust Fund

2:34 Representative Kreidt – Explains the budget and the changes the Senate made, also explains amendment 21.0286.02002

2:57 Representative Kreidt Makes a motion to adopt the amendment

Representative Strinden Second

Further discussion

2:58 Voice Vote- Motion Carries

Representative Kreidt -Makes a motion for a Do Pass as Amended

Representative Strinden Second

Further discussion

3:00 Roll Call Vote was Taken;

Representatives	Vote
Representative Jeff Delzer	N
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	A
Representative Tracy Boe	Y
Representative Mike Brandenburg	Y
Representative Michael Howe	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Jim Schmidt	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y
Representative Don Vigesaa	Y

Motion Carries 17-2-2 Representative Kreidt will carry the bill

Additional written testimony: No Additional Testimony

3:01 Chairman Delzer- Closes the meeting for SB 2004

Risa Berube,

House Appropriations Committee Clerk

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	13,446,460	13,446,460
Total all funds	\$158,222,269	\$22,370,262	\$180,592,531
Less estimated income	<u>121,951,679</u>	<u>15,047,816</u>	<u>136,999,495</u>
Total general fund	\$36,270,590	\$7,322,446	\$43,593,036
Full-time equivalent positions	204.00	3.50	207.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, after line 31, insert:

"SECTION 4. CONTINGENT APPROPRIATION - STATEWIDE HEALTH STRATEGIES. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert

"Forensic examiner contract	1,000,000
Statewide health strategies initiative	1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund	\$20,837,620"
------------------------------------	---------------

Page 4, after line 10, insert:

"SECTION 8. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE.

It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

ReNUMBER accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	\$37,719,574	\$41,243,222	\$119,746	\$41,362,968
Operating expenses	32,398,526	30,334,543	1,243,000	31,577,543
Capital assets	2,164,813	2,646,393		2,646,393
Grants	53,257,292	55,249,145		55,249,145
Tobacco prevention	12,902,064	13,410,241	(219)	13,410,022
WIC food payments	19,780,000	19,900,000		19,900,000
Statewide health strategies			3,000,000	3,000,000
COVID-19		106,813,177	(93,366,717)	13,446,460
COVID-19 line of credit		25,000,000		25,000,000
Total all funds	\$158,222,269	\$294,596,721	(\$89,004,190)	\$205,592,531
Less estimated income	121,951,679	250,529,471	(88,529,976)	161,999,495
General fund	\$36,270,590	\$44,067,250	(\$474,214)	\$43,593,036
FTE	204.00	212.50	(5.00)	207.50

Department 301 - State Department of Health - Detail of House Changes

	Adjusts Funding for Salary Increases ¹	Increases Funding for State Health Officer's Salary ²	Removes COVID-19 FTE Positions and Temporary Salaries ³	Removes Funding for Clinical Laboratory Improvement Amendment (CLIA) Director ⁴	Increases Funding for the UND Forensic Examiner Contract ⁵	Adjusts Funding Source of Snow Removal Tractor ⁶
Salaries and wages	(\$12,254)	\$132,000				
Operating expenses				(\$32,000)	\$1,000,000	
Capital assets						
Grants						
Tobacco prevention	(219)					
WIC food payments						
Statewide health strategies						
COVID-19	4,068		(\$1,278,717)			
COVID-19 line of credit						
Total all funds	(\$8,405)	\$132,000	(\$1,278,717)	(\$32,000)	\$1,000,000	\$0
Less estimated income	49,160	132,000	(1,050,037)	(12,800)	1,000,000	40,000
General fund	(\$57,565)	\$0	(\$228,680)	(\$19,200)	\$0	(\$40,000)
FTE	0.00	0.00	(5.00)	0.00	0.00	0.00

	Adjusts One-Time Funding for Electronic Medical Records ⁷	Adds One-Time Funding for Vital Records System Technology Updates ⁸	Adds One-Time Funding for Statewide Health Strategies ⁹	Removes Federal COVID-19 Funding ¹⁰	Total House Changes
Salaries and wages		\$275,000			\$119,746
Operating expenses					1,243,000
Capital assets					
Grants					
Tobacco prevention					(219)
WIC food payments					
Statewide health strategies COVID-19			\$3,000,000		3,000,000
COVID-19 line of credit				(\$92,092,068)	(93,366,717)
Total all funds	\$0	\$275,000	\$3,000,000	(\$92,092,068)	(\$89,004,190)
Less estimated income	128,769	275,000	3,000,000	(92,092,068)	(88,529,976)
General fund	(\$128,769)	\$0	\$0	\$0	(\$474,214)
FTE	0.00	0.00	0.00	0.00	(5.00)

¹ Funding is adjusted to provide salary increases of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022. The Senate provided salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300, and 2 percent on July 1, 2022.

² Funding from federal funds is added to increase the State Health Officer's salary.

³ Five FTE positions in Group 1 of the department's prioritization list are removed to provide 7.5 FTE positions for COVID-19. The Senate provided 12.5 FTE positions for COVID-19. In addition, funding for 3 temporary COVID-19 positions is removed to provide 7 temporary COVID-19 positions. The Senate provided funding for 10 temporary COVID-19 positions.

⁴ Funding for professional fees for the department to contract for a part-time CLIA director is removed. The Senate and House added a .5 FTE position to serve as the CLIA director.

⁵ Funding from the community health trust fund is added to increase operating expenses related to the University of North Dakota forensic examiner contract to provide a total of \$1,625,270, of which \$625,270 is from the general fund.

⁶ The funding source of a snow removal tractor is adjusted from the general fund to federal funds.

⁷ A portion of the one-time funding for an electronic medical records system is adjusted from the general fund to federal funds to provide total one-time funding of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds.

⁸ One-time funding from special funds available from fees is added for operating expenses related to updating vital records system technology.

⁹ One-time funding of \$3 million, of which \$1.5 million is from the community health trust fund, is added for a statewide health strategies initiative. A section is also added to provide funding from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

¹⁰ Federal funding provided in the COVID-19 line item is removed because it is appropriated in House Bill No. 1394.

This amendment also adds a section of legislative intent that the department use federal funding available for COVID-19 before using \$4,515,296 made available from the community health trust fund for local public health pandemic response grants.

REPORT OF STANDING COMMITTEE

SB 2004, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (17 YEAS, 2 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2004 was placed on the Sixth order on the calendar.

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

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Statewide health strategies	0	3,000,000	3,000,000
COVID-19	<u>0</u>	<u>13,446,460</u>	<u>13,446,460</u>
Total all funds	\$158,222,269	\$22,370,262	\$180,592,531
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Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
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ReNUMBER accordingly

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Statewide health strategies			3,000,000	3,000,000
COVID-19		106,813,177	(93,366,717)	13,446,460
COVID-19 line of credit		25,000,000		25,000,000
Total all funds	\$158,222,269	\$294,596,721	(\$89,004,190)	\$205,592,531
Less estimated income	121,951,679	250,529,471	(88,529,976)	161,999,495
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Operating expenses				(\$32,000)	\$1,000,000	
Capital assets						
Grants						
Tobacco prevention	(219)					
WIC food payments						
Statewide health strategies						
COVID-19	4,068		(\$1,278,717)			
COVID-19 line of credit						
Total all funds	(\$8,405)	\$132,000	(\$1,278,717)	(\$32,000)	\$1,000,000	\$0
Less estimated income	49,160	132,000	(1,050,037)	(12,800)	1,000,000	40,000
General fund	(\$57,565)	\$0	(\$228,680)	(\$19,200)	\$0	(\$40,000)
FTE	0.00	0.00	(5.00)	0.00	0.00	0.00

	Adjusts One-Time Funding for Electronic Medical Records ⁷	Adds One-Time Funding for Vital Records System Technology Updates ⁸	Adds One-Time Funding for Statewide Health Strategies ⁹	Removes Federal COVID-19 Funding ¹⁰	Total House Changes
Salaries and wages				\$119,746	\$119,746
Operating expenses		\$275,000		1,243,000	1,243,000
Capital assets					
Grants					
Tobacco prevention				(219)	(219)
WIC food payments					
Statewide health strategies			\$3,000,000	3,000,000	3,000,000
COVID-19				(93,366,717)	(93,366,717)
COVID-19 line of credit					
Total all funds	\$0	\$275,000	\$3,000,000	(\$92,092,068)	(\$89,004,190)
Less estimated income	128,769	275,000	3,000,000	(92,092,068)	(88,529,976)
General fund	(\$128,769)	\$0	\$0	\$0	(\$474,214)
FTE	0.00	0.00	0.00	0.00	(5.00)

¹ Funding is adjusted to provide salary increases of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022. The Senate provided salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300, and 2 percent on July 1, 2022.

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2021 CONFERENCE COMMITTEE

SB 2004

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
4/15/2021

Senate Appropriations Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 2:30 PM.

Senators present: **Sorvaag, Bekkedahl and Mathern.**
Representatives present: **Kreidt, Strinden, Mitskog.**

Discussion Topics:

- Forensic examiner
- Consequences of FTE reductions

Rep. Kreidt explained the House changes to the bill.

Brenda Weisz, CFO, State Dept. of Health – answered committee questions.

Sheila Sandness, Legislative Council – testifying neutrally.

Senator Sorvaag closed the hearing at 2:52 PM.

Rose Laning, Committee Clerk

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2004
4/19/2021

Senate Appropriations Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 3:04 PM.

Senators present: **Sorvaag, Bekkedahl and Mathern.**

Representatives present: **Kreidt, Strinden, Mitskog.**

Discussion Topics:

- Emergency clause
- Borrowing authority
- Recruitment
- Tobacco Control Community Trust Fund

Senator Sorvaag stated the committee is close in their negotiations.

Rep. Kreidt moved to remove section 3.

Rep. Strinden second.

Brenda Weisz, CFO, DHS – answered the conference committee questions.

Senator Sorvaag – Y

Senator Bekkedahl – Y

Senator Mathern – Y

Rep. Kreidt – Y

Rep. Strinden – Y

Rep. Mitskog – Y

Roll Call vote - 6 -0-0

Rep. Kreidt suggested adding a new section 8 – recruitment aids - #11561.

Dirk Wilke, North Dakota Dept. of Health – answering committee questions.

Senator Sorvaag closed the hearing at 3:22 PM.

Rose Laning, Committee Clerk

**2021 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. SB 2004 as (re) engrossed

Senate Appropriations Committee

- Action Taken** **SENATE accede to House Amendments**
 SENATE accede to House Amendments and further amend
 HOUSE recede from House amendments
 HOUSE recede from House amendments and amend as follows
- Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Representative Kreidt Seconded by: Representative Strinden

Senators					Representatives				
			Yes	No				Yes	No
Senator Sorvaag			Y		Representative Kreidt			Y	
Senator Bekkedahl			Y		Representative Strinden			Y	
Senator Mathern			Y		Representative Mitskog			Y	
Total Senate Vote			3	0	Total Rep. Vote			3	0

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Remove section 3 - Motion Passed.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages ____ through ____ of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "to" insert "create and enact a new section to chapter 23-27 of the North Dakota Century Code, relating to emergency medical services personnel records; to"

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	13,446,460	13,446,460
Total all funds	\$158,222,269	\$22,370,262	\$180,592,531
Less estimated income	<u>121,951,679</u>	<u>15,047,816</u>	<u>136,999,495</u>
Total general fund	\$36,270,590	\$7,322,446	\$43,593,036
Full-time equivalent positions	204.00	3.50	207.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, after line 31, insert:

"SECTION 4. CONTINGENT APPROPRIATION - STATEWIDE HEALTH STRATEGIES. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert

"Forensic examiner contract
Statewide health strategies initiative

1,000,000
1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund

\$20,837,620"

Page 4, after line 10, insert:

"SECTION 8. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Protection of personal information.

A record that would identify the name, address, or electronic mail address of a licensed or certified emergency medical services personnel is an exempt record under section 44-04-18 and section 6 of article XI of the Constitution of North Dakota.

phone number

SECTION 9. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE. It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Renumber accordingly

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2004
4/20/2021

Senate Appropriations Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the state department of health.

Senator Sorvaag opened the hearing at 4:05 PM.

Senators present: **Sorvaag, Bekkedahl and Mathern.**

Representatives present: **Kreidt, Strinden, Mitskog.**

Discussion Topics:

- Statewide Health Strategies
- FTEs

Rep. Kreidt moved amendment LC 21.0286.02005 - #11561

Rep. Strinden second.

Senator Sorvaag – N

Senator Bekkedahl – N

Senator Mathern – N

Representative Kreidt - Y

Representative Strinden – Y

Representative Mitskog – Y

Roll Call vote 3-3-0 Motion fails.

Representative Kreidt moved amendment LC 21.0286.02008 - #11582

Senator Sorvaag second.

Senator Sorvaag – Y

Senator Bekkedahl – Y

Senator Mathern – Y

Representative Kreidt - Y

Representative Strinden – Y

Representative Mitskog – Y

Roll Call vote 6-0-0. Motion passed.

Representative Kreidt moved prioritizing of FTEs

Senator Bekkedahl second.

Senator Sorvaag – Y

Senator Bekkedahl – Y

Senator Mathern – Y

Representative Kreidt – Y

Representative Strinden – Y

Representative Mitskog – Y

Roll Call vote 6-0-0. Motion passed.

**Senator Bekkedahl moved that the House recede and amend; LC 21.0286.02009
Representative Kreidt second.**

**Senator Sorvaag – Y
Senator Bekkedahl – Y
Senator Mathern – Y**

**Representative Kreidt – Y
Representative Strinden – Y
Representative Mitskog – Y**

Roll Call vote 6-0-0. Motion passed.

Senator Sorvaag closed the hearing at 4:21 PM.

Rose Laning, Committee Clerk

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages ____ through ____ of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "to" insert "create and enact a new section to chapter 23-27 of the North Dakota Century Code, relating to emergency medical services personnel records; to"

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	13,446,460	13,446,460
Total all funds	\$158,222,269	\$22,370,262	\$180,592,531
Less estimated income	<u>121,951,679</u>	<u>15,047,816</u>	<u>136,999,495</u>
Total general fund	\$36,270,590	\$7,322,446	\$43,593,036
Full-time equivalent positions	204.00	3.50	207.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, after line 31, insert:

"SECTION 4. CONTINGENT APPROPRIATION - STATEWIDE HEALTH STRATEGIES. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert

"Forensic examiner contract 1,000,000
Statewide health strategies initiative 1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund \$20,837,620"

Page 4, after line 10, insert:

"SECTION 8. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Protection of personal information.

A record that would identify the name, address, or electronic mail address of a licensed or certified emergency medical services personnel is an exempt record under section 44-04-18 and section 6 of article XI of the Constitution of North Dakota. *phone number*

SECTION 9. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE. It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the Senate accede to the House amendments as printed on pages 1360-1363 of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be further amended as follows:

Page 1, line 3, after "council" insert "; to repeal subsections 5 and 6 of section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, relating to the transfer of appropriation authority to the department of health and human services"

Page 2, after line 31, insert:

"SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act includes appropriation authority for the state department of health for the biennium beginning July 1, 2021, and ending June 30, 2023. On September 1, 2022, in accordance with provisions of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, the office of management and budget shall transfer remaining appropriation authority contained in section 1 of this Act to the department of health and human services. The appropriation authority in section 1 of this Act that is transferred to the department of health and human services must be maintained and reported separately from other appropriation authority transferred to the department of health and human services."

Page 4, after line 10, insert:

"SECTION 9. REPEAL. Subsections 5 and 6 of section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, are repealed."

Renumber accordingly

CS
4122
1 of 9

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages 1360-1363 of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, replace "section" with "sections"

Page 1, line 2, after "23-01-02" insert ", 54-27-25, 61-02.1-02.1, and 61-02.1-04"

Page 1, line 2, after "Code" insert ", and section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly"

Page 1, line 3, after "council" insert ", the tobacco settlement trust fund, statewide water development project funding, bonds payable, and the transfer of appropriation authority to the department of health and human services; to repeal sections 54-27-25.1 and 61-02.1-05 of the North Dakota Century Code, relating to water development trust fund expenditures and the water development trust fund; to provide for a transfer; to provide a statement of legislative intent"

Page 1, line 3, remove "and"

Page 1, line 4, after "study" insert "; and to declare an emergency"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	<u>13,722,107</u>	<u>13,722,107</u>
Total all funds	\$158,222,269	\$22,645,909	\$180,868,178
Less estimated income	<u>121,951,679</u>	<u>15,094,783</u>	<u>137,046,462</u>
Total general fund	\$36,270,590	\$7,551,126	\$43,821,716
Full-time equivalent positions	204.00	6.50	210.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, replace lines 21 through 31 with:

"SECTION 3. CONTINGENT FUNDING - STATEWIDE HEALTH STRATEGIES.

One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds.

SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY.

Section 1 of this Act includes appropriation authority for the state department of health for the biennium beginning July 1, 2021, and ending June 30, 2023. On September 1, 2022, in accordance with provisions of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, the office of management and budget shall transfer remaining appropriation authority contained in section 1 of this Act, and any remaining appropriation authority for the state department of health in other bills approved by the sixty-seventh legislative assembly, to the department of health and human services. The appropriation authority in section 1 of this Act and appropriation authority for the state department of health from any other bill that is transferred to the department of health and human services must be maintained and reported separately from other appropriation authority transferred to the department of health and human services."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert:

"Forensic examiner contract	1,000,000
Statewide health strategies initiative	1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund	\$20,837,620
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SECTION 7. TRANSFER TOBACCO PREVENTION AND CONTROL TRUST FUND TO COMMUNITY HEALTH TRUST FUND. The office of management and budget shall transfer any moneys remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021."

Page 4, after line 10, insert:

"SECTION 9. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

- 4. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Moneys in the fund must be transferred within thirty days of receipt by the state to a community health trust fund. Moneys in the fund may be appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state.

- 2. ~~There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be used as appropriated by the legislative assembly.~~

SECTION 10. AMENDMENT. Section 61-02.1-02.1 of the North Dakota Century Code is amended and reenacted as follows:

61-02.1-02.1. Funding - Statewide water development projects - Bond issuance amount.

- 1. The priorities for the statewide water development program include municipal, rural, and industrial projects; irrigation projects; general water management projects, including rural flood control, snagging and clearing, channel improvement, recreation, and planning studies; flood control projects; and weather modification projects, which are authorized and declared to be in the public interest. The state water commission may provide the funds necessary to construct these projects from money appropriated to the state water commission from the resources trust fund; ~~the water development trust fund~~, or by issuing bonds in an amount not to exceed sixty million dollars plus the costs of issuance of the bonds, capitalized interest, and reasonably required reserves. The proceeds of any bonds issued under the authority provided in this section are appropriated to the state water commission for the purposes set forth in this section.
- 2. If the state water commission determines it is appropriate to do so, it may, in lieu of issuing or in combination with the issuance of bonds pursuant to this section or section 61-02.1-01, for all or part of the state's cost share for the projects set forth in those provisions, use funds appropriated to it from the resources trust fund ~~or the water development trust fund~~.

SECTION 11. AMENDMENT. Section 61-02.1-04 of the North Dakota Century Code is amended and reenacted as follows:

61-02.1-04. Bonds payable from appropriations and other revenues.

- 1. Principal and interest on bonds issued for flood control or reduction projects as provided in this chapter are payable from transfers to be made and appropriated by the legislative assembly from ~~the water development trust fund as provided in section 61-02.1-05~~, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of flood control or reduction projects to pay bonds issued for that project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current

biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.

2. Principal and interest on bonds issued for continued construction of the southwest pipeline project are payable from ~~transfers to be made and appropriated by the legislative assembly from the water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, or from payment from the Perkins County rural water system, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of the southwest pipeline project to pay bonds issued for the project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.~~
3. Principal and interest on bonds issued under subsection 7 of section 61-02.1-01 are payable from transfers to be made and appropriated by the legislative assembly from the ~~water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of an outlet to Devils Lake to pay bonds issued for that project, or financing a statewide water development program to pay bonds issued for that project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.~~
4. Obligations issued as provided in this chapter do not constitute a debt, liability, or obligation of the state of North Dakota or a pledge of the faith and credit of the state of North Dakota, but are payable solely from the sources as described in this chapter.

5. The state water commission shall include in its submission to the governor for inclusion by the governor in the biennial executive budget of the state for each year of the respective biennium during the term of any bonds issued as provided in this chapter an amount fully sufficient to pay the principal and interest required to be paid in each year of the biennium, if any, from moneys from non-general fund sources. Provided, that should the governor not include in the executive budget for any reason the amounts required to be included by this section, the state water commission shall request independently that the legislative assembly amend the executive budget appropriation so as to include the amounts.

6. Principal and interest on bonds issued for projects authorized pursuant to section 61-02.1-02.1 are payable from transfers to be made and appropriated by the legislative assembly from the water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.

SECTION 12. AMENDMENT. Section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, is amended and reenacted as follows:

SECTION 510. LEGISLATIVE INTENT. It is the intent of the sixty-seventh legislative assembly that:

1. Effective September 1, 2022, the state department of health merge into the department of human services and both agencies be called the department of health and human services;

2. Effective September 1, 2022, the state department of health, including the state health officer, fall under the authority of the executive director of the department of human services, now known as the executive director of the department of health and human services;

3. During the 2021-23 biennium, the executive director of the former department of human services review and reorganize the structure of the former department of human services to incorporate the former state department of health and to find efficiencies in the newly formed department of health and human services;

4. The newly formed department of health and human services is not required to reduce the full time equivalent positions of the former state department of health and department of human services;

5. ~~The office of management and budget transfer the state department of health's appropriation into the department of human services appropriation for the period beginning September 1, 2022, and ending June 30, 2023;~~
6. Section 1 of Senate Bill No. 2004, as approved by the sixty-seventh legislative assembly, shall transfer into subdivisions 1 and 2 of section 1 of House Bill No. 1012, as approved by the sixty-seventh legislative assembly, for the period beginning September 1, 2022, and ending June 30, 2023;
7. ~~The combined budget of the department of human services and state department of health be referred to the budget of the department of health and human services; and~~
8. ~~6.~~ Department of health and human services is to be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the state department of health.

SECTION 13. REPEAL. Sections 54-27-25.1 and 61-02.1-05 of the North Dakota Century Code are repealed.

SECTION 14. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE. It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Page 4, after line 20, insert:

"**SECTION 16. EMERGENCY.** The sum of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds, appropriated in section 1 of this Act for an electronic medical record system is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	\$37,719,574	\$41,243,222	\$119,746	\$41,362,968	\$41,362,968	
Operating expenses	32,398,526	30,334,543	1,243,000	31,577,543	31,577,543	
Capital assets	2,164,813	2,646,393		2,646,393	2,646,393	
Grants	53,257,292	55,249,145		55,249,145	55,249,145	
Tobacco prevention	12,902,064	13,410,241	(219)	13,410,022	13,410,022	
WIC food payments	19,780,000	19,900,000		19,900,000	19,900,000	
Statewide health strategies			3,000,000	3,000,000	3,000,000	
COVID-19		106,813,177	(93,091,070)	13,722,107	13,446,460	\$275,647
COVID-19 line of credit		25,000,000	(25,000,000)		25,000,000	(25,000,000)
Total all funds	\$158,222,269	\$294,596,721	(\$113,728,543)	\$180,868,178	\$205,592,531	(\$24,724,353)
Less estimated income	121,951,679	250,529,471	(113,483,009)	137,046,462	161,999,495	(24,953,033)
General fund	\$36,270,590	\$44,067,250	(\$245,534)	\$43,821,716	\$43,593,036	\$228,680
FTE	204.00	212.50	(2.00)	210.50	207.50	3.00

Department 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Salary Increases¹	Increases Funding for State Health Officer's Salary²	Removes COVID-19 FTE Positions and Temporary Salaries³	Removes Funding for Clinical Laboratory Improvement Amendment (CLIA) Director⁴	Increases Funding for the UND Forensic Examiner Contract⁵	Adjusts Funding Source of Snow Removal Tractor⁶
Salaries and wages	(\$12,254)	\$132,000				
Operating expenses				(\$32,000)	\$1,000,000	
Capital assets						
Grants						
Tobacco prevention	(219)					
WIC food payments						
Statewide health strategies						
COVID-19	4,068		(\$1,003,070)			
COVID-19 line of credit						
Total all funds	(\$8,405)	\$132,000	(\$1,003,070)	(\$32,000)	\$1,000,000	\$0
Less estimated income	49,160	132,000	(1,003,070)	(12,800)	1,000,000	40,000
General fund	(\$57,565)	\$0	\$0	(\$19,200)	\$0	(\$40,000)
FTE	0.00	0.00	(2.00)	0.00	0.00	0.00

	Adjusts One-Time Funding for Electronic Medical Records⁷	Adds One-Time Funding for Vital Records System Technology Updates⁸	Adds One-Time Funding for Statewide Health Strategies⁹	Removes Federal COVID-19 Funding¹⁰	Removes COVID-19 Line of Credit¹¹	Total Conference Committee Changes
Salaries and wages						\$119,746
Operating expenses		\$275,000				1,243,000
Capital assets						
Grants						
Tobacco prevention						(219)
WIC food payments						
Statewide health strategies			\$3,000,000			3,000,000
COVID-19				(\$92,092,068)		(93,091,070)
COVID-19 line of credit					(\$25,000,000)	(25,000,000)
Total all funds	\$0	\$275,000	\$3,000,000	(\$92,092,068)	(\$25,000,000)	(\$113,728,543)
Less estimated income	128,769	275,000	3,000,000	(92,092,068)	(25,000,000)	(113,483,009)
General fund	(\$128,769)	\$0	\$0	\$0	\$0	(\$245,534)
FTE	0.00	0.00	0.00	0.00	0.00	(2.00)

¹ Funding is adjusted to provide salary increases of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022, the same as the House. The Senate provided salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300, and 2 percent on July 1, 2022.

² Funding from federal funds is added to increase the State Health Officer's salary, the same as the House version.

³ Two FTE positions in Group 1 of the department's prioritization list are removed to provide 10.5 FTE positions for COVID-19, including the 7.5 FTE highest priority positions and 3 FTE positions from Group 1 of the department's prioritization list. The Senate provided 12.5 FTE positions, including the 7.5 FTE highest priority positions and all 5 FTE positions from Group 1 of the department's prioritization list. The House removed 5 FTE positions to provide the 7.5 FTE highest priority positions.

In addition, funding is removed for 5 temporary positions in Group 3 of the department's prioritization list and funding for 2 FTE positions removed in Group 1 of the department's prioritization list was converted to funding for 2 temporary positions to provide funding for 7 temporary positions, including funding for 2 temporary positions from Group 1 of the department's prioritization list and 5 temporary positions from Group 2 of the department's prioritization list. The Senate provided funding for 10 temporary positions, including all of the positions in both Groups 2 and 3 of the department's prioritization list. The House provided funding for 7 temporary positions, including 5 temporary positions from Group 1 of the department's prioritization list and 2 temporary positions from Group 2 of the department's prioritization list.

Funding for COVID-19 response is added to the COVID-19 line item in the department's budget as follows:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
10.5 FTE positions	\$354,335	\$1,481,966	\$1,836,301
7 temporary positions	436,497	948,882	1,385,379
Other operating expenses	<u>3,668,934</u>	<u>3,177,246</u>	<u>6,846,180</u>
Total	\$4,459,766	\$5,608,094	\$10,067,860
Federal funding in HB 1394	<u>0</u>	<u>(5,608,094)</u>	<u>(5,608,094)</u>
Ongoing funding in SB 2004 COVID-19 line item	\$4,459,766	\$0	\$4,459,766

The 10.5 FTE positions added include:

	<u>General Fund</u>	<u>Special Funds</u>	<u>Total</u>
1.00 FTE research analyst IV position - Fiscal and Operations	\$133,785	\$85,795	\$219,580
1.00 FTE account/budget specialist II position - Fiscal and Operations	0	172,724	172,724
1.00 FTE research analyst II position - Fiscal and Operations	68,600	85,796	154,396
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE epidemiologist II position - Medical Services	0	186,628	186,628
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE administrative staff officer III position - Healthy and Safe Communities	0	171,376	171,376
0.50 FTE senior microbiologist position - Laboratory Services	0	135,494	135,494
1.00 FTE administrative assistant I position - Laboratory Services	0	135,691	135,691
1.00 FTE laboratory technician I position - Laboratory Services	0	145,566	145,566
1.00 FTE administrative staff officer II position - Health Resources	<u>151,950</u>	<u>0</u>	<u>151,950</u>
10.50	\$354,335	\$1,481,966	\$1,836,301

⁴ Funding for professional fees for the department to contract for a part-time CLIA director is removed, the same as the House version. The Senate and House added a .5 FTE position to serve as the CLIA director.

⁵ Funding from the community health trust fund is added to increase operating expenses related to the University of North Dakota forensic examiner contract, the same as the House version, to provide a total of \$1,625,270, of which \$625,270 is from the general fund.

⁶ The funding source of a snow removal tractor is adjusted from the general fund to federal funds, the same as the House version.

⁷ A portion of the one-time funding for an electronic medical records system is adjusted from the general fund to federal funds, the same as the House version, to provide total one-time funding of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds.

⁸ One-time funding from special funds available from fees is added for operating expenses related to updating vital records system technology, the same as the House version.

⁹ One-time funding of \$3 million, of which \$1.5 million is from the community health trust fund, is added for a statewide health strategies initiative, the same as the House version. A section is also added, the same as the House version, to provide funding from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

¹⁰ Federal funding provided in the COVID-19 line item is removed, the same as the House version, because it is appropriated in House Bill No. 1394.

¹¹ A section in the bill allowing the State Department of Health to borrow up to \$25 million from the Bank of North Dakota for responding to the COVID-19 public health emergency is removed. This section and borrowing authority was included in the Senate and House versions.

This amendment also:

- Adds a section to provide, in accordance with House Bill No. 1247, the Office of Management and Budget transfer remaining appropriation authority contained in Senate Bill No. 2004 and any remaining appropriation authority for the State Department of Health in other bills to the Department of Health and Human Services. The appropriation authority transferred to the Department of Health and Human Services must be maintained and reported separately from other appropriation authority transferred to the Department of Health and Human Services. This section was not included in the Senate or House versions;
- Adds a section to provide the Office of Management and Budget transfer any money remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021. This section was not included in the Senate or House versions;
- Adds a section to amend North Dakota Century Code Section 54-27-25 to remove the tobacco prevention and control trust fund. This section was not included in the Senate or House versions;
- Adds a section to amend Section 61-02.1-02.1 to remove the water development trust fund as a funding source for State Water Commission projects. This section was not included in the Senate or House versions;
- Adds a section to amend Section 61-02.1-04 to remove the water development trust fund as a funding source for bond repayment. This section was not included in the Senate or House versions;
- Adds a section to amend Section 510 of House Bill No. 1247, as approved by the 67th Legislative Assembly, related to legislative intent regarding the merger of the State Department of Health and the Department of Human Services into the Department of Health and Human Services to remove subsections 5 and 6 of the section related to the transfer of State Department of Health appropriations to the Department of Health and Human Services. This section was not included in the Senate or House versions;
- Adds a section to repeal Sections 54-27-25.1 and 61-02.1-05 related to water development trust fund expenditures and the water development trust fund. This section was not included in the Senate or House versions;
- Adds a section of legislative intent that the department use federal funding available for COVID-19 before using the \$4,515,296 made available from the community health trust fund for local public health pandemic response grants, the same as the House version; and
- Adds a section to provide \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds, appropriated for an electronic medical record system is declared to be an emergency measure. This section was not included in the Senate or House versions.

**2021 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. **2004** as (re) engrossed

Senate Appropriations Committee

- Action Taken**
- SENATE accede to House Amendments**
 - SENATE accede to House Amendments and further amend**
 - HOUSE recede from House amendments**
 - HOUSE recede from House amendments and amend as follows**

Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Representative Kreidt Seconded by: Representative Strinden

Senators			Yes	No	Representatives			Yes	No
Senator Sorvaag				N	Representative Kreidt			Y	
Senator Bekkedahl				N	Representative Strinden			Y	
Senator Mathern				N	Representative Mitskog			Y	
Total Senate Vote			0	3	Total Rep. Vote			3	0

Vote Count Yes: 3 No: 3 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number 21.0286 . 02005 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Motion fails.

**2021 SENATE CONFERENCE COMMITTEE
 ROLL CALL VOTES**

BILL/RESOLUTION NO. **2004** as (re) engrossed

Senate Appropriations Committee

- Action Taken**
- SENATE accede to House Amendments**
 - SENATE accede to House Amendments and further amend**
 - HOUSE recede from House amendments**
 - HOUSE recede from House amendments and amend as follows**

 - Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Representative Kreidt Seconded by: Senator Sorvaag

Senators					Representatives				
			Yes	No				Yes	No
Senator Sorvaag			Y		Representative Kreidt			Y	
Senator Bekkedahl			Y		Representative Strinden			Y	
Senator Mathern			Y		Representative Mitskog			Y	
Total Senate Vote			3	0	Total Rep. Vote			3	0

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number 21.0286 . 02008 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

**2021 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. **2004** as (re) engrossed

Senate Appropriations Committee

- Action Taken**
- SENATE accede to House Amendments**
 - SENATE accede to House Amendments and further amend**
 - HOUSE recede from House amendments**
 - HOUSE recede from House amendments and amend as follows**

 - Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Representative Kreidt Seconded by: Senator Bekkedahl

Senators					Representatives				
			Yes	No				Yes	No
Senator Sorvaag			Y		Representative Kreidt			Y	
Senator Bekkedahl			Y		Representative Strinden			Y	
Senator Mathern			Y		Representative Mitskog			Y	
Total Senate Vote			3	0	Total Rep. Vote			3	0

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Prioritizing of FTEs

**2021 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. **2004** as (re) engrossed

Senate Appropriations Committee

- Action Taken**
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House amendments
 - HOUSE recede from House amendments and amend as follows
 - Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Senator Bekkedahl Seconded by: Representative Kreidt

Senators					Representatives				
			Yes	No				Yes	No
Senator Sorvaag			Y		Representative Kreidt			Y	
Senator Bekkedahl			Y		Representative Strinden			Y	
Senator Mathern			Y		Representative Mitskog			Y	
Total Senate Vote			3	0	Total Rep. Vote			3	0

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Senator Sorvaag House Carrier Representative Kreidt

LC Number 21.0286 . 02009 of amendment

LC Number 21.0286 . 04000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2004, as engrossed: Your conference committee (Sens. Sorvaag, Bekkedahl, Mathern and Reps. Kreidt, Strinden, Mitskog) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1360-1363, adopt amendments as follows, and place SB 2004 on the Seventh order:

That the House recede from its amendments as printed on pages 1360-1363 of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, replace "section" with "sections"

Page 1, line 2, after "23-01-02" insert ", 54-27-25, 61-02.1-02.1, and 61-02.1-04"

Page 1, line 2, after "Code" insert ", and section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly"

Page 1, line 3, after "council" insert ", the tobacco settlement trust fund, statewide water development project funding, bonds payable, and the transfer of appropriation authority to the department of health and human services; to repeal sections 54-27-25.1 and 61-02.1-05 of the North Dakota Century Code, relating to water development trust fund expenditures and the water development trust fund; to provide for a transfer; to provide a statement of legislative intent"

Page 1, line 3, remove "and"

Page 1, line 4, after "study" insert "; and to declare an emergency"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	13,722,107	13,722,107
Total all funds	\$158,222,269	\$22,645,909	\$180,868,178
Less estimated income	<u>121,951,679</u>	<u>15,094,783</u>	<u>137,046,462</u>
Total general fund	\$36,270,590	\$7,551,126	\$43,821,716
Full-time equivalent positions	204.00	6.50	210.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, replace lines 21 through 31 with:

"SECTION 3. CONTINGENT FUNDING - STATEWIDE HEALTH STRATEGIES. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds.

SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act includes appropriation authority for the state department of health for the biennium beginning July 1, 2021, and ending June 30, 2023. On September 1, 2022, in accordance with provisions of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, the office of management and budget shall transfer remaining appropriation authority contained in section 1 of this Act, and any remaining appropriation authority for the state department of health in other bills approved by the sixty-seventh legislative assembly, to the department of health and human services. The appropriation authority in section 1 of this Act and appropriation authority for the state department of health from any other bill that is transferred to the department of health and human services must be maintained and reported separately from other appropriation authority transferred to the department of health and human services."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert:

"Forensic examiner contract	1,000,000
Statewide health strategies initiative	1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund	\$20,837,620
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SECTION 7. TRANSFER TOBACCO PREVENTION AND CONTROL TRUST FUND TO COMMUNITY HEALTH TRUST FUND. The office of management and budget shall transfer any moneys remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021."

Page 4, after line 10, insert:

"SECTION 9. AMENDMENT. Section 54-27-25 of the North Dakota Century Code is amended and reenacted as follows:

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

- 4- There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Moneys in the fund must be transferred within thirty days of receipt by the state to a community health trust fund. Moneys in the fund may be appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state.
- 2- ~~There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east~~

~~central judicial district court in its judgment entered December 28, 1998-
[Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v-
Philip Morris, Inc. Interest earned on the fund must be credited to the
fund and deposited in the fund. Moneys received into the fund are to be
used as appropriated by the legislative assembly.~~

SECTION 10. AMENDMENT. Section 61-02.1-02.1 of the North Dakota Century Code is amended and reenacted as follows:

61-02.1-02.1. Funding - Statewide water development projects - Bond issuance amount.

1. The priorities for the statewide water development program include municipal, rural, and industrial projects; irrigation projects; general water management projects, including rural flood control, snagging and clearing, channel improvement, recreation, and planning studies; flood control projects; and weather modification projects, which are authorized and declared to be in the public interest. The state water commission may provide the funds necessary to construct these projects from money appropriated to the state water commission from the resources trust fund, ~~the water development trust fund,~~ or by issuing bonds in an amount not to exceed sixty million dollars plus the costs of issuance of the bonds, capitalized interest, and reasonably required reserves. The proceeds of any bonds issued under the authority provided in this section are appropriated to the state water commission for the purposes set forth in this section.
2. If the state water commission determines it is appropriate to do so, it may, in lieu of issuing or in combination with the issuance of bonds pursuant to this section or section 61-02.1-01, for all or part of the state's cost share for the projects set forth in those provisions, use funds appropriated to it from the resources trust fund ~~or the water development trust fund.~~

SECTION 11. AMENDMENT. Section 61-02.1-04 of the North Dakota Century Code is amended and reenacted as follows:

61-02.1-04. Bonds payable from appropriations and other revenues.

1. Principal and interest on bonds issued for flood control or reduction projects as provided in this chapter are payable from transfers to be made and appropriated by the legislative assembly from ~~the water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of flood control or reduction projects to pay bonds issued for that project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.~~

2. Principal and interest on bonds issued for continued construction of the southwest pipeline project are payable from ~~transfers to be made and appropriated by the legislative assembly from the water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the~~ resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, or from payment from the Perkins County rural water system, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of the southwest pipeline project to pay bonds issued for the project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.
3. Principal and interest on bonds issued under subsection 7 of section 61-02.1-01 are payable from transfers to be made and appropriated by the legislative assembly from the ~~water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the~~ resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose, including any federal moneys received by the state for the construction of an outlet to Devils Lake to pay bonds issued for that project, or financing a statewide water development program to pay bonds issued for that project. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.
4. Obligations issued as provided in this chapter do not constitute a debt, liability, or obligation of the state of North Dakota or a pledge of the faith and credit of the state of North Dakota, but are payable solely from the sources as described in this chapter.
5. The state water commission shall include in its submission to the governor for inclusion by the governor in the biennial executive budget of the state for each year of the respective biennium during the term of any bonds issued as provided in this chapter an amount fully sufficient to pay the principal and interest required to be paid in each year of the biennium, if any, from moneys from non-general fund sources. Provided, that should the governor not include in the executive budget for any reason the amounts required to be included by this section, the state water commission shall request independently that the legislative

assembly amend the executive budget appropriation so as to include the amounts.

6. Principal and interest on bonds issued for projects authorized pursuant to section 61-02.1-02.1 are payable from transfers to be made and appropriated by the legislative assembly from the water development trust fund as provided in section 61-02.1-05, then from transfers to be made and appropriated by the legislative assembly from revenues in the resources trust fund other than revenues from state taxes, then from appropriations of other available revenues in the then current biennium, and then from any other revenues the state water commission makes available during the then current biennium for that purpose. If sufficient funds from these sources are not available, then from transfers to be made and appropriated by the legislative assembly from the first available current biennial earnings of the Bank of North Dakota not to exceed six million five hundred thousand dollars per biennium prorated with any other bonds payable from transfers to be made and appropriated by the legislative assembly from the available current biennial earnings of the Bank of North Dakota, to be credited by the trustee to the fund established for paying principal and interest on the bonds under a trust indenture.

SECTION 12. AMENDMENT. Section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, is amended and reenacted as follows:

SECTION 510. LEGISLATIVE INTENT. It is the intent of the sixty-seventh legislative assembly that:

1. Effective September 1, 2022, the state department of health merge into the department of human services and both agencies be called the department of health and human services;
2. Effective September 1, 2022, the state department of health, including the state health officer, fall under the authority of the executive director of the department of human services, now known as the executive director of the department of health and human services;
3. During the 2021-23 biennium, the executive director of the former department of human services review and reorganize the structure of the former department of human services to incorporate the former state department of health and to find efficiencies in the newly formed department of health and human services;
4. The newly formed department of health and human services is not required to reduce the full time equivalent positions of the former state department of health and department of human services;
5. ~~The office of management and budget transfer the state department of health's appropriation into the department of human services appropriation for the period beginning September 1, 2022, and ending June 30, 2023;~~
6. Section 1 of Senate Bill No. 2004, as approved by the sixty-seventh legislative assembly, shall transfer into subdivisions 1 and 2 of section 1 of House Bill No. 1012, as approved by the sixty-seventh legislative assembly, for the period beginning September 1, 2022, and ending June 30, 2023;

Insert LC: 21.0286.02009
 Senate Carrier: Sorvaag
 House Carrier: Kreidt

7- The combined budget of the department of human services and state department of health be referred to the budget of the department of health and human services; and

~~8-6.~~ Department of health and human services is to be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the state department of health.

SECTION 13. REPEAL. Sections 54-27-25.1 and 61-02.1-05 of the North Dakota Century Code are repealed.

SECTION 14. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE. It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Page 4, after line 20, insert:

"SECTION 16. EMERGENCY. The sum of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds, appropriated in section 1 of this Act for an electronic medical record system is declared to be an emergency measure."

ReNUMBER accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2004 - State Department of Health - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	\$37,719,574	\$41,243,222	\$119,746	\$41,362,968	\$41,362,968	
Operating expenses	32,398,526	30,334,543	1,243,000	31,577,543	31,577,543	
Capital assets	2,164,813	2,646,393		2,646,393	2,646,393	
Grants	53,257,292	55,249,145		55,249,145	55,249,145	
Tobacco prevention	12,902,064	13,410,241	(219)	13,410,022	13,410,022	
WIC food payments	19,780,000	19,900,000		19,900,000	19,900,000	
Statewide health strategies			3,000,000	3,000,000	3,000,000	
COVID-19		106,813,177	(93,091,070)	13,722,107	13,446,460	\$275,647
COVID-19 line of credit		25,000,000	(25,000,000)		25,000,000	(25,000,000)
Total all funds	\$158,222,269	\$294,596,721	(\$113,728,543)	\$180,868,178	\$205,592,531	(\$24,724,353)
Less estimated income	121,951,679	250,529,471	(113,483,009)	137,046,462	161,999,495	(24,953,033)
General fund	\$36,270,590	\$44,067,250	(\$245,534)	\$43,821,716	\$43,593,036	\$228,680
FTE	204.00	212.50	(2.00)	210.50	207.50	3.00

Department 301 - State Department of Health - Detail of Conference Committee Changes

	Adjusts Funding for Salary Increases ¹	Increases Funding for State Health Officer's Salary ²	Removes COVID-19 FTE Positions and Temporary Salaries ³	Removes Funding for Clinical Laboratory Improvement Amendment (CLIA) Director ⁴	Increases Funding for the UND Forensic Examiner Contract ⁵	Adjusts Funding Source of Snow Removal Tractor ⁶
Salaries and wages	(\$12,254)	\$132,000				
Operating expenses				(\$32,000)	\$1,000,000	
Capital assets						
Grants						
Tobacco prevention	(219)					
WIC food payments						
Statewide health strategies						
COVID-19	4,068		(\$1,003,070)			
COVID-19 line of credit						
Total all funds	(\$8,405)	\$132,000	(\$1,003,070)	(\$32,000)	\$1,000,000	\$0
Less estimated income	49,160	132,000	(1,003,070)	(12,800)	1,000,000	40,000
General fund	(\$57,565)	\$0	\$0	(\$19,200)	\$0	(\$40,000)
FTE	0.00	0.00	(2.00)	0.00	0.00	0.00

	Adjusts One-Time Funding for Electronic Medical Records ⁷	Adds One-Time Funding for Vital Records System Technology Updates ⁸	Adds One-Time Funding for Statewide Health Strategies ⁹	Removes Federal COVID-19 Funding ¹⁰	Removes COVID-19 Line of Credit ¹¹	Total Conference Committee Changes
Salaries and wages						\$119,746
Operating expenses		\$275,000				1,243,000
Capital assets						
Grants						
Tobacco prevention						(219)
WIC food payments						
Statewide health strategies			\$3,000,000			3,000,000
COVID-19				(\$92,092,068)		(93,091,070)
COVID-19 line of credit					(\$25,000,000)	(25,000,000)
Total all funds	\$0	\$275,000	\$3,000,000	(\$92,092,068)	(\$25,000,000)	(\$113,728,543)
Less estimated income	128,769	275,000	3,000,000	(92,092,068)	(25,000,000)	(113,483,009)
General fund	(\$128,769)	\$0	\$0	\$0	\$0	(\$245,534)
FTE	0.00	0.00	0.00	0.00	0.00	(2.00)

¹ Funding is adjusted to provide salary increases of 1.5 percent on July 1, 2021, with a minimum monthly increase of \$100, and 2 percent on July 1, 2022, the same as the House. The Senate provided salary adjustments of 2 percent on July 1, 2021, with a minimum monthly increase of \$80 and a maximum monthly increase of \$300, and 2 percent on July 1, 2022.

² Funding from federal funds is added to increase the State Health Officer's salary, the same as the House version.

³ Two FTE positions in Group 1 of the department's prioritization list are removed to provide 10.5 FTE positions for COVID-19, including the 7.5 FTE highest priority positions and 3 FTE positions from Group 1 of the department's prioritization list. The Senate provided 12.5 FTE positions, including the 7.5 FTE highest priority positions and all 5 FTE positions from Group 1 of the department's prioritization list. The House removed 5 FTE positions to provide the 7.5 FTE highest priority positions.

In addition, funding is removed for 5 temporary positions in Group 3 of the department's prioritization list and funding for 2 FTE positions removed in Group 1 of the department's

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 House Carrier: Kreidt

prioritization list was converted to funding for 2 temporary positions to provide funding for 7 temporary positions, including funding for 2 temporary positions from Group 1 of the department's prioritization list and 5 temporary positions from Group 2 of the department's prioritization list. The Senate provided funding for 10 temporary positions, including all of the positions in both Groups 2 and 3 of the department's prioritization list. The House provided funding for 7 temporary positions, including 5 temporary positions from Group 1 of the department's prioritization list and 2 temporary positions from Group 2 of the department's prioritization list.

Funding for COVID-19 response is added to the COVID-19 line item in the department's budget as follows:

	General Fund	Special Funds	Total
10.5 FTE positions	\$354,335	\$1,481,966	\$1,836,301
7 temporary positions	436,497	948,882	1,385,379
Other operating expenses	<u>3,668,934</u>	<u>3,177,246</u>	6,846,180
Total	\$4,459,766	\$5,608,094	\$10,067,860
Federal funding in HB 1394	0	<u>(5,608,094)</u>	<u>(5,608,094)</u>
Ongoing funding in SB 2004 COVID-19 line item	\$4,459,766	\$0	\$4,459,766

The 10.5 FTE positions added include:

	General Fund	Special Funds	Total
1.00 FTE research analyst IV position - Fiscal and Operations	\$133,785	\$85,795	\$219,580
1.00 FTE account/budget specialist II position - Fiscal and Operations	0	172,724	172,724
1.00 FTE research analyst II position - Fiscal and Operations	68,600	85,796	154,396
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE epidemiologist II position - Medical Services	0	186,628	186,628
1.00 FTE health/human services program administrator III position - Medical Services	0	181,448	181,448
1.00 FTE administrative staff officer III position - Healthy and Safe Communities	0	171,376	171,376
0.50 FTE senior microbiologist position - Laboratory Services	0	135,494	135,494
1.00 FTE administrative assistant I position - Laboratory Services	0	135,691	135,691
1.00 FTE laboratory technician I position - Laboratory Services	0	145,566	145,566
1.00 FTE administrative staff officer II position - Health Resources	<u>151,950</u>	0	<u>151,950</u>
10.50	\$354,335	\$1,481,966	\$1,836,301

⁴ Funding for professional fees for the department to contract for a part-time CLIA director is removed, the same as the House version. The Senate and House added a .5 FTE position to serve as the CLIA director.

⁵ Funding from the community health trust fund is added to increase operating expenses related to the University of North Dakota forensic examiner contract, the same as the House version, to provide a total of \$1,625,270, of which \$625,270 is from the general fund.

⁶ The funding source of a snow removal tractor is adjusted from the general fund to federal funds, the same as the House version.

⁷ A portion of the one-time funding for an electronic medical records system is adjusted from the general fund to federal funds, the same as the House version, to provide total one-time funding of \$350,000, of which \$221,231 is from the general fund and \$128,769 is from federal funds.

⁸ One-time funding from special funds available from fees is added for operating expenses related to updating vital records system technology, the same as the House version.

⁹ One-time funding of \$3 million, of which \$1.5 million is from the community health trust fund, is added for a statewide health strategies initiative, the same as the House version. A section is also added, the same as the House version, to provide funding from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the House recede from its amendments as printed on pages ____ through ____ of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be amended as follows:

Page 1, line 2, after "to" insert "create and enact a new section to chapter 23-27 of the North Dakota Century Code, relating to emergency medical services personnel records; to"

Page 1, line 3, after the first semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 14 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$37,719,574	\$3,643,394	\$41,362,968
Operating expenses	32,398,526	(820,983)	31,577,543
Capital assets	2,164,813	481,580	2,646,393
Grants	53,257,292	1,991,853	55,249,145
Tobacco prevention	12,902,064	507,958	13,410,022
Women, infants, and children food payments	19,780,000	120,000	19,900,000
Statewide health strategies	0	3,000,000	3,000,000
COVID-19	0	<u>13,446,460</u>	<u>13,446,460</u>
Total all funds	\$158,222,269	\$22,370,262	\$180,592,531
Less estimated income	<u>121,951,679</u>	<u>15,047,816</u>	<u>136,999,495</u>
Total general fund	\$36,270,590	\$7,322,446	\$43,593,036
Full-time equivalent positions	204.00	3.50	207.50"

Page 2, replace lines 11 and 12 with:

"Vital records system technology updates	0	275,000
Statewide health strategies initiative	0	3,000,000
COVID-19 response	0	9,262,341"

Page 2, replace lines 14 through 16 with:

"Total all funds	\$2,057,554	\$13,447,341
Less estimated income	<u>1,967,554</u>	<u>7,919,065</u>
Total general fund	\$90,000	\$5,528,276"

Page 2, after line 31, insert:

"SECTION 4. CONTINGENT APPROPRIATION - STATEWIDE HEALTH STRATEGIES. One-time funding of \$1,500,000 appropriated from the community health trust fund for statewide health strategies in section 1 of this Act is contingent on the state department of health securing dollar-for-dollar matching funds."

Page 3, line 5, replace "\$18,337,620" with "\$20,837,620"

Page 3, after line 13, insert

"Forensic examiner contract
Statewide health strategies initiative

1,000,000
1,500,000"

Page 3, replace line 17 with:

"Total community health trust fund

\$20,837,620"

Page 4, after line 10, insert:

"SECTION 8. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Protection of personal information.

A record that would identify the name, address, or electronic mail address of a licensed or certified emergency medical services personnel is an exempt record under section 44-04-18 and section 6 of article XI of the Constitution of North Dakota.

phone number

SECTION 9. LEGISLATIVE INTENT - FUNDING FOR COVID-19 RESPONSE. It is the intent of the sixty-seventh legislative assembly that the state department of health use federal COVID-19 funds or other available funds for defraying expenses related to local public health pandemic response grants before accessing \$4,515,296 appropriated from the community health trust fund in section 1 of this Act."

Renumber accordingly

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Title.

Prepared by the Legislative Council staff for
Representative Weisz
April 19, 2021

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2004

That the Senate accede to the House amendments as printed on pages 1360-1363 of the Senate Journal and pages 1571-1573 of the House Journal and that Engrossed Senate Bill No. 2004 be further amended as follows:

Page 1, line 3, after "council" insert "; to repeal subsections 5 and 6 of section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, relating to the transfer of appropriation authority to the department of health and human services"

Page 2, after line 31, insert:

"SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act includes appropriation authority for the state department of health for the biennium beginning July 1, 2021, and ending June 30, 2023. On September 1, 2022, in accordance with provisions of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, the office of management and budget shall transfer remaining appropriation authority contained in section 1 of this Act to the department of health and human services. The appropriation authority in section 1 of this Act that is transferred to the department of health and human services must be maintained and reported separately from other appropriation authority transferred to the department of health and human services."

Page 4, after line 10, insert:

"SECTION 9. REPEAL. Subsections 5 and 6 of section 510 of House Bill No. 1247, as approved by the sixty-seventh legislative assembly, are repealed."

Renumber accordingly